



Part C Interagency Agreement

Between the

Agency of Human Services

And the

Vermont Agency of Education

Pursuant to Part C of the Individuals with Disabilities Education Act 2004

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PURPOSE

The purpose of this agreement is to define and clarify responsibilities of Vermont's Agency of Human Services (AHS) and Agency of Education (AOE) to ensure a statewide comprehensive, coordinated multi-disciplinary system of Early Intervention services for infants and toddlers with developmental delays and other disabilities. Children, families and communities are best served when agencies collaborate to facilitate relationships and local interagency collaboration.

AUTHORITY FOR THIS AGREEMENT

Child Find for children birth to age three is governed by the Part C Early Intervention Regulations (34 C.F.R. 303.321) consistent with Part B of Individuals with Disabilities Act (IDEA) (34 C.F.R. 300.128) The Vermont Agency of Education (AOE) and the Agency of Human Services (AHS) serve as co-lead agencies to ensure access to early intervention services for children birth to age three, and their families.

In Vermont, Part C of IDEA is referred to as Children's Integrated Services/Early Intervention (CIS/EI) and is responsible for the provision of early intervention services for eligible children birth to age three, and their families. Part B of IDEA requires local education agencies (LEAs) to provide a Free and Appropriate Public Education (FAPE) to eligible children and students from their third birthday through twenty-one years of age. This agreement promotes and supports collaboration between AHS and AOE so that the statewide early intervention program is coordinated and provided in the manner required by Part C)¹, and other applicable federal and state laws such as the McKinney-Vento

¹ All statutory and regulatory citations in this agreement are to those in effect at the date of execution of the agreement and as amended thereafter from time to time. The statutory and regulatory citations in this agreement will be updated to reflect the IDEA of 2004 and its implementing regulations. (2) An eligible child is a child from birth to three years of age who is at risk for and/or who experiences measurable developmental delays and/or has a diagnosed physical or mental condition that is highly likely to result in a developmental delay.

Homeless Assistance Act, Child Abuse Prevention and Treatment Act, Maternal and Child Health Title V Children with Special Health Needs, 33 V.S.A. chapters 43 and 47, and by the State of Vermont Special Education Rules as required by IDEA, this agreement articulates the roles and responsibilities of the AOE and AHS, primarily through the activities of its member departments and offices including the Department for Children and Families (DCF), Department of Health (VDH), Department of Disabilities, Aging and Independent Living (DAIL) and the Department of Vermont Health Access (DVHA) relative to the provision of early intervention services and the funding of these services.

GUIDING PRINCIPLES

Improving outcomes for infants and toddlers with developmental delays has been the shared responsibility of the AOE, AHS, CIS/EI, LEAs and other local service providers since 1991. The following principles guide the provision of early intervention services to infants, toddlers and their families.

1. The best way to meet the needs of individual children is by addressing the needs of the family.
2. Family-centered services are both a goal and a process by which families are supported in being active partners in planning outcomes and services that they and/or their children need and want.
3. Family-centered intervention is most beneficial when provided as early as possible and at the appropriate level of intensity based on need.
4. A process and services that are family-centered improve outcomes for children.
5. Individualized, well-thought out intervention services address the child's needs and strengths in the context of the family's concerns and priorities.
6. Smooth and seamless transitions from CIS/EI to Early Childhood Special Education and other early childhood and family support services are essential for improving developmental outcomes.
7. Collaboration between agencies to ensure that families are informed of their rights,

including the consent provisions of 34 CFR §303.420, the confidentiality and consent provisions of 34 CFR §303.401-417, and the opportunity to inspect and review records under 34 CFR §303.405-409 and that families and children receive available services for which they are eligible in a timely and coordinated manner improves program effectiveness.

8. Collaboration between agencies strengthens statewide implementation of CIS/EI.

CO-LEAD AGENCY RESPONSIBILITIES

The Governor designated the AHS and the AOE as co-lead agencies responsible for the general oversight of Vermont's Part C CIS/EI. To meet the needs of eligible children and their families in an effective and coordinated manner, this agreement delineates the shared and separate roles and responsibilities of the co-lead agencies.

As co-lead agencies, the AHS and the AOE will work together, as practicable, to:

1. Comply with all statutory requirements of IDEA Part C and inform LEAs and CIS/EI programs of any subsequent changes to statutes or rule;
2. Develop and /or revise, adopt and execute the State of Vermont Special Education Rules regarding the statewide CIS/EI program;
3. Collaborate on, implement and deliver to the LEAs and regional CIS/EI joint agency guidance, training and technical assistance regarding the implementation of State special education rules and evidence-based practices necessary to carry out Part C rules;
4. Collaborate on policy and funding decisions;
5. Ensure timely and accurate data collection and reporting as required by federal and state rule, including reporting on the expenditure of federal, state, and local funds spent by the AOE and the LEAs;
6. Jointly identify and act on systemic issues;
7. Work together to identify resources in support of children who require

- intensive and extensive services related to low incidence disabilities;
8. Work together to follow children who are at risk for developmental delays;
 9. Ensure timely communication of the results of delegated responsibilities of monitoring, corrective actions, complaints, and other activities;
 10. Meet at least quarterly to review existing data, information and evaluate the implementation of this agreement and Vermont's obligations under Part C and relevant provisions of Part B of the IDEA.

A. AHS is specifically assigned lead responsibility for the general administrative, operational, and financial functions of Part C of the IDEA.

As such, the AHS shall:

1. Carry out the day-to-day responsibilities for oversight, management, supervision and continuous improvement of Part C CIS/EI;
2. Monitor all Part C partners, and CIS/EI programs to ensure compliance with Part C;
3. Report known issues to the AOE for follow-up regarding child find and transition;
4. Write and submit reports, applications and plans as required by federal and or state governments;
5. Conduct financial planning and management of CIS/EI;
6. Solicit input from AOE on the development, creation, and execution of policy decisions and technical assistance that impact LEAs and regional CIS/EI, such as deciding whether to exercise options or pilots allowed under IDEA, planning for and providing professional development;
7. Develop procedures to ensure compliance with Part C requirements;
8. Identify and coordinate the use of federal, state, and local resources;
9. Provide technical assistance to LEAs and regional CIS/EI programs for the development, implementation, and effectiveness of regional Part C interagency

agreements;

10. Contribute data to reports as requested by AOE.

As a co-lead agency for Part C of IDEA, the AOE shall:

1. Provide staff resources for AOE's Part C duties described in this agreement;
2. As feasible, provide input to support AHS responsibilities;
3. Contribute data to reports, as requested by AHS;
4. Collaborate with AHS in the development, provision, and dissemination of joint agency guidance, training and technical assistance to LEAs and regional CIS/EI personnel;
5. Provide guidance to LEAs to fulfill Part C comprehensive Child Find system for children birth up to age three, as identified in this Agreement, consistent with federal and state rule;
6. Assure that corrective actions resulting from the monitoring of LEA dispute resolution activities are completed;
7. Administer mediation, administrative complaint and due process systems for families to pursue their complaints;
8. Administer educational surrogate parent program and assign an individual to act as an educational surrogate parent not more than 30 days after CIS/EI or other responsible agency determines that a child needs a surrogate VT Special Education Rule **2369**.

PUBLIC AWARENESS AND CHILD FIND

Pursuant to 34 CFR §303.300-303.303; 303.311, and VT Special Education Rule 2360.5.2, Vermont has a comprehensive child find system including policies and procedures that are also coordinated with all other major efforts by other state agencies responsible for administering the various health, social service programs and education to ensure that each and every child who may be eligible for services under Part C are identified, located,

screened, referred and evaluated. Each and every child is inclusive of native American children residing on reservations; children who are homeless, in foster care or wards of the state; children who are the subject of substantiated case of child abuse and neglect; or children identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal exposure to drugs or alcohol.

Pursuant to VSBE Rule 2350.5.2, Public Awareness and Child Find

For the purpose of this Part C Interagency Agreement, “Child Find” means the methods and procedures used by Part C CIS/EI or Part B (619) school district personnel and other entities as defined in rule to locate children birth to age three who are in need of, or potentially in need of, early intervention services operated as part of the Individuals with Disabilities Education Act (IDEA). The term refers to the efforts and activities of regional Part C CIS/EI, LEAs school district personnel and other entities as defined in rule to locate identify and refer to CIS/EI or LEAs. Child find activities include a variety of public awareness activities, outreach strategies, developmental screening, and CIS/EI and LEA joint and separate agency activities.

1. AHS will take the lead in developing and implementing public awareness activities to include outreach to primary referral sources in order to connect families to child find activities.
2. AOE will provide technical assistance to LEAs about their responsibilities for implementing public awareness activities that supplement those provided by AHS.
3. AOE will ensure that LEAs implement their child find responsibilities in accordance with their regional interagency agreement as developed consistent with Part C state rules. Child find activities may include: public awareness activities, screening procedures, and referral to CIS/EI.
4. AOE will provide AHS with information on child find activities and will meet periodically with AHS to discuss child find activities and outcomes.
5. AHS will ensure that regional CIS/EI will offer information and referral services for

children who are found ineligible for Part C.

6. AHS will ensure that a Part C central directory (34 C.F.R 303.117) is accessible to the public and includes accurate, up to date information about early intervention services, resources and entities across the state that provide these services and includes professional and parent organizations and groups that provide assistance to children birth to age three and their families.

COORDINATION OF SERVICES

AHS and AOE have joint and separate responsibilities related to oversight of the Part C early intervention program. In accordance with state regulations and this Interagency Agreement, LEAs have responsibility as a primary referral source including pre-referral screening, as described in “Pre-referral Screening Procedures” section below, while regional CIS/EI have responsibility for screening, initial evaluation to determine eligibility, and the coordination and provision of direct services to infants, toddlers, and families found eligible for Part C services.

AHS and AOE will review, through monitoring efforts, the compliance and performance of regional CIS/EIs and LEAs in maintaining and implementing regional agreements. The regional IAA defines the roles of the regional CIS/EIs, the LEAs, and other key partners. The regional IAA is developed between regional CIS/EI’s and partner LEAs.

The CIS/EI is responsible for accepting and attempting to resolve concerns and issues. The state CIS Early Intervention Administrator will be notified of any local concerns or issues. Families and providers who are unable to resolve concerns or issues with the regional CIS/EI will be provided contact information for the state office.

Each Part C CIS/EI and Part B LEA shall develop, maintain and implement a regional interagency agreement that is consistent with state rules and this interagency agreement.

Promotion of Regional Interagency Agreements

By way of this agreement for the provision of Early Intervention Services, the role and responsibilities of regional CIS/EI programs and LEAs shall be detailed and maintained in a regional interagency agreement. The regional interagency agreement must include the following:

1. Delineation of responsibilities for public awareness and child find activities including pre-referral screening to identify children and their families who may be in need of early intervention services.
 - a. Regional CIS/EI programs shall prepare, describe and disseminate resources, materials and information for families on the availability of early intervention services to all primary referral sources. Primary referral sources include but are not limited to hospitals, physicians, families, childcare providers, local education agencies, public health facilities, social service agencies, public agencies and staff in child welfare system including child protection agencies and foster care services/providers, homeless family shelters and domestic violence shelters and agencies.
 - b. LEAs shall act as a primary referral source to identify, locate, conduct pre-referral screening and refer children to CIS/EI who may be in need of early intervention services.
 - c. Develop and implement comprehensive referral procedures to ensure all children who may be eligible for early intervention services are referred by primary referral sources to regional CIS/EI as soon as possible, but in no case more than 7 days after the child has been identified as in need of a referral.
 - d. Develop and implement comprehensive developmental screening procedures to ensure all children under the age of three suspected of having a developmental delay or disability that may be in need of early intervention services undergo developmental screening.

Pre-Referral Screening § 303.320 Screening Procedures

By way of the regional interagency agreement, pre-referral screening shall be coordinated between LEAs and regional CIS/EI programs to identify, at the earliest possible age, infants and toddlers suspected of having a developmental delay and/or disability and in need of a referral to CIS/EI. As a primary referral source, LEAs must incorporate pre-referral screening procedures which may include the administration of appropriate screening tools by personnel trained to administer those tools, or appropriate documentation of a developmental concern. The following procedures shall be followed:

1. Screening must include the administration of appropriate instruments by personnel trained to administer those instruments or appropriate documentation of a developmental concern;
2. Written consent must be obtained from the parent before screening a child; and
3. Based on screening results, LEAs shall act as a primary referral source for children who are found to be in need of an initial evaluation under Part C to CIS/EI.

Referral to CIS/EI

The 45-day timeline begins as soon as a child's referral is received by the regional CIS/EI office. Based on information available at or immediately following the referral of a child to a regional CIS/EI program, CIS/EI may:

1. Determine eligibility based on review of medical or other records, or
2. Propose to screen a child referred to CIS/EI to determine whether they are suspected of having a disability.

If CIS/EI proposes to conduct a screening the following procedures shall be followed:

- a. Screening must include the administration of appropriate instruments by personnel trained to administer those instruments
- b. Prior written notice (PWN) must be provided to the parent that includes all requirements of a Part C PWN and also explains the right of the parent to request an evaluation at any point during the screening process.

- c. Written consent must be obtained from the parent before screening a child.
- d. CIS/EI must take appropriate actions based on the results of the screening:
 - i. If the child is not suspected of having a disability, provide written notice of that determination to the parent. That PWN must describe the parent's right to request an evaluation.
 - ii. If the child is suspected of having a disability, provide prior written notice to propose an initial evaluation. Once written parental consent is obtained, an evaluation and assessment of the child must be conducted.
- 3. Propose an initial Part C evaluation, or
- 4. If the parent of the child requests and consents to an evaluation at any time during the screening process, evaluation of the child must be conducted, even if the early intervention program has determined the child is not suspected of having a disability.
- 5. If the child is not suspected of having a disability, provide information to the parent on other appropriate community resources that may be supportive to their role of child's first and most important teacher.
- 6. Upon completion of the multidisciplinary all-domain assessment the child's IFSP/One Plan team, including the family, will conduct a meeting to determine eligibility, and begin development and implementation of early intervention strategies including: duration and intensity, approach and location of services.
 - a. IFSP/One Plan team must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these must be the service coordinator (consistent with §303.343(a) (1))
 - b. Each IFSP/One Plan may include services beyond the early intervention services described in 34 CFR§303.13 Services included in an IFSP/One Plan that are not described in 34 CFR §303.13 are services for which fees may be charged.
- 7. The CIS referral and Intake team is notified of the status of the CIS/EI referral at the next scheduled meeting.

TRANSITION

Pursuant to 34 CFR §303.344(h) of the final IDEA Part C Regulations, the AOE and AHS ensure that regional CIS/EI and LEA representatives participate in transition planning conferences for those children who may require Part B early childhood special education services. The family's service coordinator is responsible for initiating the transition planning conference. A transition plan will be developed that includes both the steps and the services needed to assure a smooth and effective transition for the child and his/her family.

IDEA Part C Early Childhood Transition Requirements

Notification of Transition at Age Three

1. Between six months and ninety days before the child's third birthday, the regional CIS/EI program will provide written notification (child's name, date of birth, and parent name, address, and telephone number) to the LEA where the child resides that the child on his/her third birthday will reach the age of eligibility for services under IDEA Part B and the IFSP/One Plan team has determined the child is 'potentially eligible' for Essential Early Education (EEE) services.
 - a. Potentially Eligible, for the purposes of transition at age three, is determined by the IFSP/One Plan team within six months of a child's third birthday. Evidence is based on on-going assessment measures and use of a State approved diagnostic instrument. A child shall be considered potentially eligible for EEE services if the child demonstrates at least a 25% delay in one or more of the following developmental domains:
 - Speech and language development (receptive and/or expressive communication; including articulation, fluency and/or voice);
 - Adaptive development;
 - Social or emotional development;
 - Physical development including gross or fine motor skills; and/or
 - Cognitive skills such as perception, memory, processing and

reasoning.

2. **Regional CIS/EI Notification to Part C State Office:** Between six months and ninety days before the child's third birthday, the regional CIS/EI program will provide written notification (child's name, date of birth, and parent name, address, and telephone number) to the Part C State office only for children who are receiving Part C services and who may be potentially eligible for services under Part B.
3. **Part C State Notification:** Between six months and not fewer than ninety days before the child's third birthday, the Part C State office will provide written notification (child's name, date of birth, and parent name, address, and telephone number) to the AOE for children who are receiving Part C services and who are considered potentially eligible for services under Part B. The Part C State office will report this information monthly to the AOE.

Late Referral Procedures

1. If the regional CIS/EI program determines that a child is eligible for early intervention services and may be potentially eligible to receive Part B services more than 45 days but fewer than 90 days before that child's third birthday, the regional CIS/EI program must provide transition notification to the LEA where the child resides as soon as possible
2. If the regional CIS/EI program determines that a child is eligible for early intervention services more than 45 days but fewer than 90 days before that child's third birthday the regional CIS/EI must provide transition notification as soon as possible to the Part C state office after determining eligibility.
3. The Part C state office will provide written notification as soon as possible to the SEA for all children determined eligible for early intervention services more than 45 days but fewer than 90 days before their third birthday.
4. If a child is referred to the regional CIS/EI fewer than 45 days before their third birthday, the regional CIS/EI program is not required to conduct an evaluation, assessment or initial IFSP/One Plan meeting. If a child may be potentially eligible

for Part B services, the regional CIS/EI, with parental consent, must refer the child to the LEA where the child resides.

5. If a child is referred to the regional CIS/EI fewer than 45 days before their third birthday and may be potentially eligible for Part B services, the regional CIS/EI must notify, with parental consent, the Part C state office, LEA, and SEA as soon as possible.
6. With parental consent, the Part C state office will provide written notification as soon as possible to the AOE for all children referred fewer than 45 days before their third birthday and who may be potentially eligible for Part B services.

Transition Conference

The AOE and AHS shall ensure that regional CIS/EI and LEA representatives participate in transition planning conferences for those children who are considered potentially eligible for Part B EEE services at age three.

1. With family approval, the regional CIS/EI shall conduct a transition conference for a child with disabilities who is receiving Part C services and who will be exiting the Part C program not fewer than ninety days, and at the discretion of all parties not more than nine months, before the child's third birthday to discuss any services the child may receive under Part B EEE services.
2. Prior to or at the transition conference, families will be provided information about parental rights and procedural safeguards for Part B.
3. If a child is not potentially eligible for Part B EEE services, with the family's approval, the regional CIS/EI program shall make reasonable efforts to convene a conference with the family and community-based providers to discuss other appropriate services that the child may receive.
4. The transition conference must include the regional CIS/EI IFSP/One Plan providers, the family of the child and a LEA representative.

5. The transition conference or meeting to develop the transition plan must meet the IFSP/One Plan meeting requirements and that the transition conference and the IFSP/One Plan meeting may be combined.

Procedures for Transition Plan:

AOE and AHS shall ensure that regional CIS/EI and LEA representatives participate in transition planning conferences for children who may be potentially eligible for Part B EEE services. The family's service coordinator is responsible for initiating and scheduling the transition planning conference.

1. IFSP/One Plan team, inclusive of the family, shall develop the transition plan and include steps and services to be taken to support the smooth transition of the child from Part C to Part B.
2. The IFSP/One Plan team shall develop a transition plan, as part of a child's IFSP/One Plan, not fewer than ninety days, but at the discretion of all parties up to nine months, prior to the third birthday for all children exiting Part C. The transition plan shall include the following steps and services:
 - a. A review of program options for the child for the period from the child's third birthday through the remainder of the school year;
 - b. Discussion with and training of parents, as appropriate, regarding future options and other matters related to the child's transition;
 - c. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting;
 - d. Identification of transition services and other activities that the IFSP/One Plan Team determines are necessary to support the transition of the child.

Eligibility for EEE Services at Age Three

1. In order to ensure a seamless and effective transition for children with disabilities who receive Part C services and are potentially eligible for Part B services, the AOE will ensure that the LEA provides each child entering Part B EEE services from Part C services an Individualized Education Plan (IEP) developed and implemented by the child's third birthday. The IEP shall include all required components as listed in Rule 2363.8.
2. If a child's birthday occurs during the summer, the child's IEP team shall develop the IEP prior to the end of the current school year in order to have the IEP in effect at the beginning of the new school year. If it is necessary for the child to receive uninterrupted services over the summer months, the IEP team shall determine the date when services begin.
3. A child shall be eligible for EEE services at age three, if the child received consistent (e.g., one 60 minute intervention session per week) specialized instruction, developmental therapy services or speech and language services through an IFSP/One Plan and the child:
 - a. Demonstrates a 25% developmental delay, as measured by ongoing assessment and use of a State approved diagnostic instrument, administered by qualified professionals, in one or more of the following developmental domains:
 - Speech and language development (receptive and/or expressive communication; including articulation, fluency and/or voice);
 - Adaptive development;
 - Social or emotional development;
 - Physical development, including gross or fine motor skills; and/or
 - Cognitive skills such as perception, memory, processing and reasoning;or
 - b. The child has a medical condition which may result in significant delays by the child's sixth birthday, and the school based Evaluation Planning Team (EPT) has determined that the child is in need of Part B EEE services.

4. For the purposes of this section, “medical condition” means a condition diagnosed by a licensed physician such as but not limited to autism, cerebral palsy, Down syndrome, attention deficit disorder with hyperactivity that may result in significant delays by the child’s sixth birthday.
5. If the child previously received Part C services, a meeting notice of the initial IEP meeting will be sent to the CIS/EI Part C service coordinator, or other CIS/EI service representative at the request of the parent.
6. For all children who transition from CIS/EI Part C services to Part B EEE services, the IEP team must consider the IFSP/One Plan content when developing the initial IEP (including the natural environments statement).

Part C Records Forwarded to LEA

Within ninety days of the child’s third birthday and with parental consent, copies of the following IFSP/One Plan records shall be sent to the LEA where the child resides:

1. A signed consent from the parent to release identifying information to the LEA;
2. Evaluation and procedures used to determine child’s potential eligibility for Part B EEE services;
3. IFSP/One Plans; and
4. Pertinent ongoing assessment reports and contact notes.

FINANCIAL RESPONSIBILITIES

Pursuant to 20 U.S.C. §1435, 34 C.F.R. 303.521(b), and other pertinent federal and state regulations and rules, children and their families eligible under Part C are entitled to child find; a timely, comprehensive, multidisciplinary evaluation; and an IFSP/One Plan including service coordination pursuant to 20 U.S.C. §1436, eligible children and their families shall receive required early intervention services described in their IFSPs/One

Plan, developed consistent with this agreement and federal and state regulations and rules.

A. General Administration of Federal Part C Funds and Assurances

1. Non-supplantation: Acceptance of Part C funds requires that federal funds are used to supplement state and local funds expended to eligible children and their families; federal funds are not to be used to supplant state and local funds. See 34 CFR §303.225(a) (2).
2. Maintenance of Effort: Annually, the AHS and AOE will provide assurance that Part C funds will be used to supplement the level of state and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those state and local funds. See 20 USC §1437(b)(5)(B) As the agency specifically assigned lead responsibility for the general administrative, operational, and financial functions of Part C of the IDEA, AHS and AOE have responsibility for ensuring that maintenance of effort requirements are met.
3. AHS is responsible for the administration of funds, as described below. To the extent that other federal and state funds do not cover the costs associated with the administration of the Part C and the implementation of the AHS responsibilities under this agreement, the AHS will use Part C funds under the payer of last resort provision set out below.

B. AHS has responsibility as follows:

1. AHS will monitor actual and budgeted levels of state, local, and other federal funds. Allowance may be made for decreases in the number of eligible children and unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.
2. AHS will conduct an analysis of the total state actual expenditures and budget information for Part C.

3. AHS will consult with AOE on any potential shortfalls in state, local and other federal funds budgeted for child find and other Part C activities.
4. AHS will ensure that budgeted levels of state, local, and other federal funds for Vermont's Part C activities for the current year are not less than the actual expenditures from these funds for the prior year.

C. AOE has responsibility as follows:

1. AOE will collect actual expenditures and budget information related to Part C find activities including: public awareness activities; pre-referral screening, referral to CIS/EI and any other Part C activities executed by LEAs and report this information to AHS.
2. Absent allowable decreases, AOE will instruct LEAs that have budgeted a lesser amount for Part C child find activities to resume required Part C child find activities.
3. AOE will ensure its Part B maintenance of effort which shall encompass Part C child find activities including: public awareness activities; screening, referral to CIS/EI).

D. Payer of Last Resort

Part C funds are expended consistent with the requirements of 34 CFR §§303.500 and 303.510. These provisions require that Part C funds are spent only for Part C activities when no other federal, state, local or private source is available.

1. When determining ability to pay for public and private insurance premiums, deductibles or co-pays there is financial assistance available to all families through the System of Payments.
2. The system of payments policies must include an assurance that families will not be charged any more than the actual cost of the Part C services. (Factoring in any amount received from other sources for payment of that service. §303.521(a) (4) (iii).
3. The system of payments must include an assurance that families with public

insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance.

4. Therefore Part C or other funds may be used to pay for costs such as the premiums, deductibles, or co-payments. §303.521(a)(6).

Conditions and Terms of Reimbursement

Federal Part C funds may not be used to satisfy a financial commitment for services which would have been paid for from another public or private source, except that these Part C funds may be used to prevent a delay in the timely receipt of appropriate early intervention services; such an expenditure will be reimbursed by the agency which has the ultimate responsibility for the payment. If a child is not able to obtain early intervention services, the CIS/EI responsible for developing the child's IFSP/One Plan shall provide or pay for these services for the child in a timely manner. Reimbursement can then be claimed pursuant to 34 CFR §303.122 and 303.510(b).

E. General Administration transfer of funds

Annually to comply with federal Maintenance of Effort regulations, §303.225(b) and in accordance with the IAA or other agreements between AHS and AOE, AHS and AOE may transfer funds to each other to maintain the level of fiscal effort from year to year to pay for Part C duties described in this agreement

F. Funding for Coordination and Early Intervention Services

Consistent with 34 CFR§303.501, AHS shall use federal Part C funds to maintain, implement and enhance capacity for a statewide system of early intervention for eligible children and their families, including, but not limited to, provision of early intervention

services as described in 34 CFR §303.13 and service coordination as described in 34 CFR §303.34.

The following are funding sources for services that may appear in an IFSP/One Plan are consistent with §303.520 policies related to use of public benefits or insurance or private insurance to pay for Part C services :

1. Medicaid and Private Insurance: Families who have Medicaid or Private Insurance and will be asked to provide written consent to use their benefits.
2. Families not currently enrolled in Medicaid will be encouraged to apply; ultimately, the families decide whether or not to apply and whether to consent to use Medicaid or private insurance to pay for services.
 - a. If eligible for Medicaid, including Early Periodic Screening and Diagnostic Treatment or EPSDT, and with the family's consent, Medicaid will be used to pay for early intervention services, as described in 42 U.S.C. § 1396d (a) and § 1396d(r) (5).
 - b. Medicaid is specifically available as a source of funding for services that appear in an IFSP/One Plan. See 42 U.S.C. § 1396d(r) (1) (B) and 42 U.S.C. § 1396d (a) (6) and (7).
 - c. Other federal and state related resources AHS will utilize, as appropriate, other resources consistent with the payer of last resort provision as set out above.

Resources may include:

- i. Children's Integrated Services
- ii. Maternal and Child Health/Title V
- iii. Children with Special Health Needs/Title V
- iv. Early Periodic Screening and Diagnostic Treatment
- v. Early Head Start

G. AOE Financial Responsibilities

AOE is responsible to ensure that LEAs are fulfilling and funding Part C child find

activities including: public awareness activities; pre-referral screening, referral to CIS/EI required by 34 CFR §§303.115, 303.302, and 303.303. To the extent that LEAs voluntarily agree to provide early intervention services pursuant to their regional plans, AOE shall inform LEAs of possible funding sources for such elected activities. AOE is responsible to provide to the AHS financial information required for OSEP and state reporting purposes regarding Part C activities fulfilled by the AOE and LEAs.

AOE Ensuring Child Find Activities Conducted by LEAs:

1. Part B funds: The AOE receives Federal Part B funds that may be used by LEAs to conduct Part C child find activities including: public awareness activities; pre-referral screening, referral to CIS/EI).
2. EEE State Grant – If there are funds available, LEAs may utilize EEE State Grant funds for Part C child find activities including: public awareness activities; screening, referral to CIS/EI.
3. Other Funding: To the extent that the above funds do not cover the LEA costs associated with conducting child find activities described in this agreement, LEAs will pursue other federal funds and state funds necessary to meet their responsibilities.

AOE Payer of Last Resort

AOE will ensure that Part B and Part C funds expended by AOE and LEAs are expended consistent with the relevant IDEA Payer of Last Resort requirements: Part B funds, allowable for child find expenses, shall be used pursuant to 34 CFR § 300.162 so that each non-educational public agency, including state Medicaid, must precede the financial responsibility of the LEA. Part C funds are expended consistent with the requirements of 34 CFR §§ 303.222 and 303.510. These provisions require that Part C funds are spent only for Part C activities when no other federal, state, local or private source is available.

DISPUTE RESOLUTION RELATIVE TO THE IMPLEMENTATION OF THE INTERAGENCY AGREEMENT

The dispute resolution process for both intra- and interagency disputes about payments for services or other matters related to Vermont's Part C program will be fulfilled in compliance with 34 CFR §§ 303.430-303.434. This dispute resolution process does not replace the procedural safeguards—due process, mediation, and administrative complaint—available to families.

AHS and AOE are responsible for resolving intra- and interagency disputes regarding financial responsibility for services or other matters related to Vermont's Part C program according to the following procedures:

1. Staff of the involved agency(ies) attempts to resolve the dispute within 30 days.
2. If it appears by the 30th day that the involved agency(ies) will not be able to resolve the dispute, the following will occur:
 - a. The CIS/EI, LEA representative or agency representative will submit a written explanation of the dispute to the deputy commissioner of Department for Children and Families, Child Development Division and the Agency of Education's division directors of Integrated Support for Learning and General Supervision and Monitoring.
 - b. Within 15 days, the CDD deputy commissioner and AOE division directors shall meet in person or by phone to resolve the dispute consistent with this interagency agreement and related federal and state statute and regulations.
 - c. Within 5 days of reaching the resolution, written notification of the resolution will be provided to the parties, as well as the chairperson of the ICC and the chairperson of the special education advisory council.
 - d. If the deputy commissioner and division directors are unable to agree on a resolution or if either party to the complaint disagrees with the resolution;

the dispute may be appealed to the Secretary of AOE and Commissioner of AHS. Appeals must be brought to the Secretary of AHS and Commissioner of AHS no later than 45 days from the date of the decision.

- e. The Secretary and Commissioner may resolve the issues on appeal and render a written decision or may arrange for a hearing pursuant to Chapter 25 of Title 3. If a hearing is held, it shall be conducted by a hearing officer appointed by the Secretary and Commissioner. The Secretary and the Commissioner may affirm, reverse, or modify the proposals of the hearing officer.
3. During the pendency of an interagency dispute, the CIS/EI is responsible to provide the services required by the approved IFSP/One Plan for eligible children and their families.
4. Nothing in this agreement shall be construed to limit any existing substantive or procedural protections of state or federal law or regulations.

QUARTERLY AND ANNUAL REVIEWS

The Part C state administrator and the state 619 Coordinator will meet quarterly to review existing data and evaluate the implementation of this agreement and submit a brief report to the Commissioner of DCF and Secretary of AOE. The Secretary of AOE and the Commissioner of AHS, or their designees, will meet annually to review existing data and evaluate the implementation of this agreement in order to improve results for eligible children with disabilities and their families.

NON DISCRIMINATION

The parties shall comply with all applicable state and federal non-discrimination laws and regulations including the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973 and Vermont's Public Accommodations Act.

AMENDMENTS OR MODIFICATIONS

Any provision in this agreement may be rendered null and void by changes in federal or state law that prevent either or both parties from fulfilling the terms of the agreement. If this circumstance should arise, each party agrees to notify the other as soon as reasonably possible. During the term of the agreement, either party that is a signatory to this agreement may submit a written request to amend or modify this agreement. When such a request is made, the parties shall meet without unnecessary delay to consider the proposed amendment.

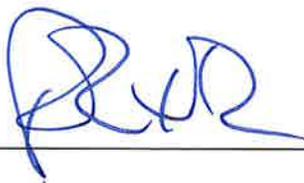
TERM

July 1, 2014 until federal legislation require change or all parties agree that changes are necessary



Secretary
Agency of Human Services

Date: 11/07/2014



Secretary
Agency of Education

Date: 10-24-14

Glossary of Terms

Agency of Human Services – AHS

Agency of Education – AOE

Vermont State board of Education – VSBE

Department for Children and Families – DCF

Vermont Department of Health – VDH

Department for Disabilities, Aging and Independent Living – DAIL

Department of Vermont Health Access – DVHA

Children’s Integrated Services – CIS

Children’s Integrated Services/Early Intervention - *CIS/EI Part C in Vermont*

Essential Early Education, Part B 619—EEE

Local Education Agency – LEA

Early Intervention Program – CIS/EI

IFSP/One Plan – In Vermont the IFSP is called a One Plan