

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

June 27, 2006

Revised April 16, 2007

Revised June 22, 2012

Revised June 16, 2014

Revised March 4, 2015

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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 300.124 and State Rule: 2360.5) 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.

As co-lead agencies the State is responsible for monitoring and enforcement of federal regulations, State rules, and have in place system of Transition services as defined in section 34 C.F.R. 303.209 (b) and in compliance with FERPA 99.35(a)(3).

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 Homeless Assistance Act,

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 who experiences observable and measurable developmental delays as defined in Part C Special Education Rules (2360.5.1) and/or has a diagnosed physical or mental condition that is highly likely to result in a developmental delay.

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 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 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. This Agreement considers the following aspirational principles: *Supporting Each and Every Young Child's Full and Equitable Participation Guiding Principles* available at:

<https://buildingbrightfutures.org/?s=Supporting+Each+and+Every+Young+Child%E2%80%99s+Full+and+Equitable+Participation+Guiding+Principles>

Further, AHS and AOE agree:

1. Family-centered Early Intervention 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.
2. Family-centered intervention is most beneficial when provided as early as possible and at the appropriate level of intensity based on need.
3. A process and services that are family-centered improve outcomes for children.
4. Individualized, well-thought out intervention services address the child's needs and strengths in the context of the family's concerns and priorities.
5. Smooth and seamless transitions from CIS/EI to Early Childhood Special Education (ECSE) and other early childhood and family support services are essential for improving developmental

outcomes.

6. 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.
7. Collaboration between agencies strengthens statewide implementation of CIS/EI.
8. Working collaboratively towards a Comprehensive System of Personnel Development supports IDEA by promoting ongoing recruitment, retention and professional development of early intervention providers.

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. Vermont has a comprehensive system for child-find including policies and procedures for children birth-21. To identify, screen, and meet the developmental needs of children birth to three and their families who may be eligible for services through Vermont's Part C CIS/EI 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 for Part C services in Vermont delivered by CIS/EI;
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. Provide technical assistance and guidance to LEAs and regional CIS/EI programs for the

- development, implementation, and effectiveness of regional Part C interagency agreements;
5. Collaborate on policy and funding decisions;
 6. Ensure timely and accurate data collection, electronic data sharing cross-agency and reporting as required by federal and state rule, and any additional data sharing as agreed upon by AHS and AOE per the Memorandum of Understanding Between the Agency of Human Services and its Constituent Departments and the Agency of Education dated October 17, 2018;
 7. Jointly identify and act on systemic issues;
 8. Work together to identify resources in support of children who require intensive and extensive services related to low incidence disabilities;
 9. Ensure timely communication of the results of delegated responsibilities of monitoring, procedural safeguards, corrective actions, and other activities;
 10. The Secretary of AOE and the Secretary of AHS, or their designees, will meet at least annually 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 in order to improve results for eligible children with disabilities and their families;
 11. Ensure representatives from both agencies are full participants in the Vermont Interagency Coordinating Council, and any other state-wide initiatives related to special education populations.
 12. Write and submit a status report on Part C and relevant Part B data annually to the Vermont legislature as agreed upon between AHS and AOE.

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

As such, 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. Monitor all Part C partners and CIS/EI programs to ensure that procedures for filing

administrative complaints, corrective action plans, finding/s and resolution are completed in a timely manner, adhered to and enforced;

4. Report known issues to AOE for follow-up regarding Child Find and Transition;
5. Write and submit reports, applications and plans as required by federal and or state governments;
6. Conduct financial planning, monitoring, and management of CIS/EI;
7. 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, and planning for and providing professional development;
8. Develop and implement procedures to ensure compliance with Part C requirements;
9. Provide technical assistance to 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, AOE shall:

1. Provide staff resources for AOE's Part C duties described in this agreement;
2. As appropriate, 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 and transition activities as identified in this Agreement, consistent with federal and State rule;
6. Administer mediation, administrative complaint and due process systems for families to pursue their complaints;
7. 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;
8. Provide technical assistance to LEAs for the development, implementation, and effectiveness of regional Part C interagency agreements;

9. Develop and maintain as feasible state longitudinal data, including incorporating data provided from AHS CIS/EI.

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:

1. AOE will ensure LEAs have guidance and technical assistance to carry out their responsibilities for Child Find, as primary referral sources including “Universal Developmental Screening” activities as stated in the section below, and Transition.
2. AHS will ensure Regional CIS/EI have guidance and technical assistance to carry out their responsibilities to verify Universal Developmental Screening has been or needs to be completed, and, if warranted, conduct screening and/or an initial evaluation to determine eligibility for Part C CIS-EI is responsible for the coordination and provision of direct services to infants, toddlers, and families found eligible for Part C services, and Transition.
3. AHS and AOE will review, through each agency’s respective monitoring efforts, and work jointly as needed, to ensure the compliance and performance activities outlined in regional interagency agreements developed and implemented by regional CIS/EI programs and LEAs.
4. AHS will ensure that data regarding LEA notifications are transferred to AOE monthly in the agreed-upon electronic format.

DISPUTE RESOLUTION

1. 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:
 - a. 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

- complaints—available to families.
- b. Staff of the involved agency(ies) attempts to resolve the dispute within 30 days.
 - c. If it appears by the 30th day that the involved agency(ies) will not be able to resolve the dispute, the following will occur:
 - The State CIS Early Intervention Administrator and 619 Coordinator will be notified by phone or in writing of any local concerns or issues between the regional CIS/EI and LEAs that cannot be resolved.
 - The State CIS Early Intervention Administrator and 619 Coordinator will work together to provide support to regions to resolve any inter-agency issues or concerns they are unable to resolve themselves within 30 days of being notified of the concern or issue.
 - d. If the State CIS Early Intervention Administrator and 619 Coordinator are unable to resolve the regional concerns to the satisfaction of CIS/EI or the LEA representative, the region may submit a written explanation of the dispute to the Deputy Commissioner of Department for Children and Families, Child Development Division (CDD) and the Agency of Education's (AOE) division directors of Integrated Support for Learning and General Supervision and Monitoring.
 - 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.
 - 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 Vermont Interagency Coordinating Council and the chairperson of the Special Education Advisory Council.
 - e. 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 the Department for Children and Families (DCF). Appeals must be brought to the Secretary of AOE and Commissioner of DCF no later than 45 days from the date of the decision.
 - 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.

2. 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.
3. Nothing in this agreement shall be construed to limit any existing substantive or procedural protections of state or federal law or regulations.
4. AHS and AOE are responsible for working together to resolve family complaints related to Vermont's Part C program in accordance with State Rule 2365.2.12 and the following procedures:
 - a. The State CIS Early Intervention Administrator and 619 Coordinator will be notified of any mediation, administrative complaints and due process for families that are formally submitted through the AOE complaint process.
 - b. In cases where either entity, the State CIS Early Intervention Administrator or 619 Coordinator, receives the complaint directly, that entity will forward that complaint to the AOE Counsel designee and copy their counterpart in the AHS.
 - c. Throughout mediations, complaints or other due process proceedings, the AOE Counsel designee will keep both the State CIS Early Intervention Administrator and 619 Coordinator informed.
 - d. The State CIS Early Intervention Administrator and 619 Coordinator will check in together at least monthly during any active mediation, complaint, or due process proceedings.

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 activities 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.

For the purpose of this Part C Interagency Agreement, “Child Find” means the methods and activities used by CIS and Part C CIS/EI personnel 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 CIS, Part C CIS/EI, LEAs and other entities as defined in rule to locate, identify, screen, 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, through Help Me Grow/211, or the equivalent, and CIS, will implement public awareness activities including outreach to primary referral sources in order to connect families to Child Find activities.
2. AOE will provide technical assistance to LEAs about their Child Find 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 and Universal Developmental Screening activities, and referral to CIS/EI as warranted.
4. AHS will ensure that regional CIS/EI personnel offer information and referral to other local services/resources, including Help Me Grow/211, for children who are found ineligible for Part C.
5. AHS and AOE will ensure that a Part C CIS/EI and LEA agency and personnel central directory (34 C.F.R 303.117) is accessible to the public and includes up to date information about Part C and Part B (619) services and resources.

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 evaluations; and a One Plan, including service coordination, pursuant to 20 U.S.C. §1436. Children determined eligible for Part C and their families shall receive required early intervention services described in their One Plan, developed consistent with this agreement and federal and State regulations, rules, and State system of payments.

A. General Administration of Federal Part C Funds and Assurances

1. Non-supplantation: Acceptance of Part C 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. in accordance 34 CFR §303.225(a) (2).
2. 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 AHS responsibilities under this agreement, 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. AHS 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 State's System of Payments.
2. The State's System of Payments policies 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 (34 CFR §303.521(a) (4) (iii)).
3. The State's System of Payments includes an assurance that families with public insurance or benefits, or private insurance are not charged disproportionately more than families who do not have public insurance or benefits, or private insurance.
4. Therefore, Part C or other federal, State or local funds may be used to pay for costs such as the premiums, deductibles, or co-payments (34 CFR§303.521(a)(6)) in accordance with Vermont's System of Payments.

D. AHS Conditions and Terms of Reimbursement

Federal Part C funds are not 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 Part C services, the CIS/EI program responsible for developing the child's 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) by the CIS/EI program responsible for developing the child's One Plan and in accordance with Vermont's System of Payments.

E. AHS 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 One Plan, 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.
 - 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 One Plan. See 42 U.S.C. § 1396d(r) (1) (B) and 42 U.S.C. § 1396d (a) (6) and (7). Families not currently enrolled in Medicaid will be encouraged and supported to apply. Ultimately, families decide whether or not to apply and whether to consent to use Medicaid or private insurance to pay for services.

2. AHS Payor of Last Resort: 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
 - vi. State General Fund

F. 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 AHS financial information required for OSEP and State reporting purposes regarding Part C activities fulfilled by the AOE and LEAs.

G. AOE Ensuring Child Find Activities Conducted by LEAs:

1. Part B funds: 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. ECSE State Grant – If funds are available, given the LEA has complied with IDEA Part B requirements for three through five-year old's, then LEAs may utilize ECSE 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.

H. 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.

Part C Regional Interagency Agreements Shall Include

Each Regional Part C CIS/EI program and Part B LEA shall develop, maintain and implement a regional interagency agreement that is consistent with state rules and this interagency agreement. 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. Identification of and delineation of responsibilities for any sharing of data between the regional CIS/EI programs and LEA's and assurances that any such data sharing is done in compliance with both the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and The Family Educational Rights and Privacy Act of 1974 (FERPA).
2. Identification of and delineation of responsibilities for sharing any child-specific documentation or information between the regional CIS/EI programs and LEA's and assurances that this is done in compliance with both HIPAA and FERPA.
3. 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 including:
 - a. identification of processes for the preparation, and dissemination of resources, materials and information for families on the availability of early intervention services to all primary referral sources (2360.5.2(3)).
 - b. identification of processes for receiving and responding to referrals for children identified as the subject of a substantiated case of child abuse or neglect, or children identified as directly affected by illegal substance or alcohol abuse or withdrawal symptoms resulting from prenatal exposure (34 CFR 303.303(b) and the Comprehensive Addiction and Recovery Act of 2016), including developmental screening procedures if one has not already been conducted and referrals to CIS/EI regardless of the screening results for more information on CIS/EI services and follow-up supports.

- c. As a primary referral source, LEAs act to identify, locate, conduct pre-referral screening for children suspected of having a developmental delay or disability (34 CFR § 303.320, and 2360.5.2 (a)(3)(v)) and based on screening results, refer children who may be in need of early intervention services to the appropriate regional CIS/EI program where the child resides. LEAs will use the CIS/EI referral form (<http://cispartners.vermont.gov/forms>) and include a copy of the screening summary and results.
4. Delineation of roles and responsibilities between the CIS/EI regional agency and the LEA to support seamless C to B Transition and LEA notification for children who may be eligible at age three. In accordance with the 34 CFR §303.344(h), responsibilities shall include:
 - a. Assurances that all CIS/EI and LEAs access the on line training modules as needed, available at: <https://education.vermont.gov/sites/aoe/files/documents/part-c-to-part-b-AC-version.pdf>.
 - b. Procedures CIS/EI will use for assessing evidence from State-approved evaluation tools, family/caregiver input, and ongoing assessment of development to indicate if the child may be eligible for Part B services so that an LEA notification can be made.
 - c. Procedures CIS/EI will use for sending notification to the LEA of children who may be eligible between 180 and 90 calendar days prior to the child's 3rd birthday
 - d. Procedures or processes CIS/EI will use to coordinate Transition Conferences, including attaining parent/guardian permission, between 180 and 90 calendar days from the child's third birthday. This includes methods/processes for notifying the LEA if parent/guardians do not provide permission for the Transition Conference.
 - e. Procedures or processes for CIS/EI to send documentation to the LEA needed to support the LEA's determination of eligibility for Part B, 619 (2361.2(1)) utilizing AOE form: "*IDEA Part C to B Transition...*" at least 10 calendar days prior to the Transition Conference. This includes methods/processes for notifying the LEA if parent/guardians do not provide permission for the transfer of documentation.
 - f. Procedures for CIS/EI to effectively prepare families to attend the Transition Conference including using the "Moving on Booklet" and any other relevant materials and other resources.

- g. Procedures or processes by which the LEA will attend the Transition Conference and will inform parents/guardians of their rights under Part B.
- h. LEA process for adhering to, using, and completing the AOE form: “*IDEA Part C to B Transition...*”
- i. Procedures or processes for completion of an IEP by the LEA for all children the LEA determines eligible by the child’s 3rd birthday (2360.5.10). This shall include methods for the LEA to include CIS/EI at any subsequent meeting if necessary and with the parent/guardian permission.
- j. Development of procedures between the LEA and CIS/EI regarding programs being affected by school consolidation or other changes to address updates to the Regional IAA including: Child Find and Transition processes. Given any jurisdiction change(s) under Act 46, procedures shall include how the LEA will communicate with their respective CIS/EI regional program(s) to ensure processes for Child Find and C to B Transition are effective.

NON-DISCRIMINATION

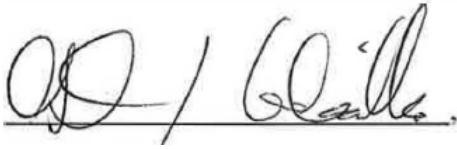
The parties shall comply with all applicable state and federal non-discrimination laws and regulations including the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973 and Vermont’s Public Accommodations Act.

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.

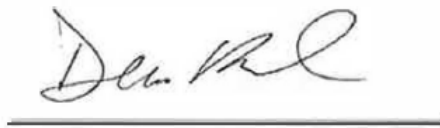
TERM

March 14, 2019 until federal legislation require change or all parties agree that changes are necessary.



Al Gobeille
Secretary
Agency of Human Services,

Date: 18 MAR 19



Daniel M. French, Ed.D.
Secretary
Agency of Education

Date: March 15, 2019

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*

Early Childhood Special Education, Part B 619—ECSE

Local Education Agency – LEA

Early Intervention Program – CIS/EI

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