

**North Carolina Interagency Agreement for the
Provision of Services to Children with or at Risk for
Disabilities Ages Birth through Five and their Families
Under Parts C and B of IDEA**

North Carolina Interagency Coordinating Council

Revised Document, October 2000

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I. PURPOSE STATEMENT

The purpose of this agreement is to ensure cooperation in the development of a statewide, comprehensive, coordinated, collaborative, multidisciplinary, and interagency service delivery system for children with disabilities ages birth through Pre-Kindergarten five and their families.

This interagency agreement is designed to specify the roles and responsibilities of the participating agencies related to the specific services required and provide guidance for their implementation. All the parties to this agreement will be referred to as agencies.

This agreement is entered into by the following agencies:

BEGINNINGS for Parents of Children Who are Deaf or Hard of Hearing, Inc.

Division of Child Development of the Department of Health and Human Services

Division of Medical Assistance of the Department of Health and Human Services

Division of Mental Health, Developmental Disabilities and Substance Abuse Services of the Department of Health and Human Services

Division of Public Health of the Department of Health and Human Services

Division of Early Intervention and Education of the Department of Health and Human Services

Division of Services for the Deaf and Hard of Hearing of the Department of Health and Human Services

Division of Services for the Blind and Visually Impaired of the Department of Health and Human Services

Division of Social Services of the Department of Health and Human Services

Division TEACCH of the University of North Carolina at Chapel Hill

Eastern Band of the Cherokee Indians

Exceptional Children Division of the Public Schools of North Carolina

Head Start*

North Carolina Council on Developmental Disabilities

North Carolina Partnership for Children

The two lead agencies for IDEA are the Exceptional Children Division of the Public Schools of North Carolina for the Preschool Three Through Pre-Kindergarten Five-Year-Old Program (Part B, Section 619)**, and the Division of Early Intervention and Education of the Department of Health and Human Services for the Infant-Toddler Birth Through Two-Year-Old Program (Part C)***.

* Head Start includes the East Coast Migrant Project.

** Part B, Section 619 will be referred to as the "Preschool Program" in this document.

*** Part C will be referred to as the "Infant-Toddler Program".

Note: The Agreement reflects a recent major reorganization within the Department of Health and Human Services, a new agency, the Division of Early Intervention and Education was established. It administers many of the early intervention services previously managed by the Divisions of Public Health, Services for the Blind, and Services for the Deaf and Hard of Hearing. It also carries out the state level lead agency responsibilities for the Infant-Toddler Program. Local responsibilities continue to be assigned to the Area Mental Health, Developmental Disabilities, and Substance Abuse Programs.

II. **AUTHORITY**

The responsibilities and activities delineated in this agreement are referenced and supported in the following state and federal statutes and policies:

- A. Individuals with Disabilities Education Act (IDEA);
- B. Public Law 103-230: Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1993;
- C. Title XIX: Medicaid, and Title V: Maternal and Child Health, of the Social Security Act;
- D. North Carolina General Statute 115 C, Article 9: Special Education;
- E. North Carolina General Statute 122 C: Mental Health Statutes;
- F. North Carolina General Statute 143 B-177 through 179: The Council on Developmental Disabilities;
- G. Public Law 93-644: The Head Start Community Partnership Act;
- H. Sessions Laws of 1971, Chapter 1007: An Act to Establish a Special Program for the Training and Education of Children with Severe Learning, Communication, and Behavior Disorders;
- I. State Early Intervention Legislation: GS122C – 112(a)(13) and GS143B – 179.5
- J. Americans with Disabilities Act (ADA)
- K. North Carolina Smart Start Legislation: General Statute 143B-168.10 and .11
- L. Section 504 of the Rehabilitation Act of 1973

III. OPERATING PRINCIPLES

There are a number of fundamental operating principles which are essential to the successful provision of services and which should be reflected in all of the stated activities of the agencies. These include family centeredness, non-duplication of services, service delivery based on the developmental needs of children, and the importance of a coordinated array of services and supports (formal and informal) designed around each child's, and whenever applicable, family's unique needs and choices, and provided in that family's community. They also involve interagency coordination and the principles governing the developmental/educational placement and transition of children in the Infant-Toddler and the Preschool Programs.

A. Family-Centeredness

1. *Note: The term parent will be used throughout this document and can refer to biological, adoptive, foster parents or guardians, surrogates, or other caregivers.
2. Parents hold the primary responsibility for the development of their children and are the constant in their lives while the service systems and personnel within those systems vary. The best interests of children are served when parents and service providers work in partnership. This includes providing families complete information about the available full range of service choices and options. Therefore, services should accommodate families rather than families accommodating the services. Service delivery should build upon families' strengths and resources, placing decision-making responsibility with families in partnership with the involved agencies. Services must support the family's efforts to mobilize their resources to meet their needs, using empowering, help-giving practices. Services and supports are to be provided in the most natural settings for the child and family, enhancing access to local resources in the community. They should combine and complement existing public and private resources with natural and informal supports provided by families and friends, resulting in a total community-resource approach. Finally, each family has its own unique needs, and these needs change continuously. Service for families must be individualized and flexible to accommodate the dynamic nature of each family.
3. The agencies shall develop procedures to promote and encourage family-centeredness in all facets of the service delivery system in the following ways:
 - a) Develop procedures for involving parents in the mandated North Carolina Interagency Coordinating Council, and other related boards, commissions, and advisory committees specific to different agencies;
 - b) Support participation of parents on local, regional and statewide task forces, advisory groups, boards, and commissions, in all facets of service delivery -

initial development, coordination, implementation and evaluations through the adoption of policies that:

- call for scheduling of meetings at times and places convenient to parents,
- allow the use of stipends for families, and
- establish a goal of at least 10% parent membership on all such groups

- c) Develop policies to ensure comprehensive parental participation in the development of the Individualized Family Service Plan (IFSP) and the Individualized Education Program (IEP) and that family strengths and needs are addressed in the IFSP;
- d) Promote and cooperatively develop resources for parents in all services related to IDEA including training, support, individual assistance, and information and provide information about these resources to parents during the eligibility determination process in their native language if necessary;
- e) Support the involvement of parents in the planning and provision of information and training for families and professionals; and
- f) Develop and provide technical assistance and training and reference materials in a manner to nurture, encourage, enable, and support the orientation of the early intervention system to a family-centered approach.

4. Cultural Diversity

The statewide system of early intervention for children shall recognize the significance that culture plays in peoples' lives and reflect sensitivity to the cultures of all participants. The cultural responsiveness of the early intervention system shall be enhanced through ongoing review and capacity building of all aspects of this system. Such aspects include, but are not limited to, child find, public awareness, policy development, professional development, child and family assessment, and ongoing service provision.

B. Non-Duplication

1. The agencies shall develop policies and provide local interagency guidance which promote the utilization of existing service providers. New services development must be done in concert with the coordinative agency as defined in Section V.D. The coordinative agency will utilize the process described in the Roles of Agency with Coordinative Responsibility for Services Section V.D.
2. This process shall assure that a new service is developed of the type referenced in the Specific Services Section V.A. when that service is not being provided by existing public or private resources, or when the service cannot be purchased from existing providers who meet the applicable standards or requirements.

3. The agencies shall develop a joint statewide implementation plan for the types of services referenced in Section V which are required by Parts C and B of IDEA.
4. The agencies shall promote and ensure collaborative service planning and delivery by their regional and local service providers through the development of standard procedures, policy guidance, and staff development.
5. Joint funding of state, regional, and local services referenced in Section V and the related responsibilities of the agencies shall be practiced wherever local, state, and federal resources are available and applicable policies allow.
6. The agencies shall establish and maintain formal mechanisms for the communication of information about their activities related to the services referenced in Section V between the agencies and with their respective regional and local service providers and consumers. These mechanisms shall include, but not be limited to, participation in the State Interagency Coordinating Council and comparable regional groups, use of existing publications, periodic meetings of their management staff, and provision of state and regional training and orientation sessions for local providers and others.

C. Service Delivery Based on the Developmental Needs of Children

1. Child Service Coordinators, multidisciplinary teams, and service providers must work closely with parents in assuring that children are served in those natural environments in which their developmental needs and their families needs are met. The agencies shall jointly develop policies and procedures to operationalize this principle.
2. Serving children with disabilities in settings with children without disabilities will be determined collaboratively with parents or guardians keeping in mind the individual needs of the child as documented by the Individualized Family Service Plan (IFSP) and Individualized Education Program (IEP). Service delivery systems should include the use of services designed for all children, such as Head Start, public/private preschools, licensed child care centers, family child care homes, family resource centers, etc.
3. The environment shall address the full range of developmental needs of the child. Ongoing consultation and specialized services by service providers as defined in the Definitions of Specific Services Section V.A. and as specified by the IFSP and IEP will be available to the personnel in the child's placement.
4. Services should be accessible to children and families by ensuring that:
 - a) they are located close to where families live;
 - b) attitudinal barriers are challenged;
 - c) service models that meet children's needs are available;

- d) service delivery schedules and environments are flexible to meet the family's needs; and
- e) interpreters are available where needed to ensure communication access

D. New Service Development

Service planning and implementation shall be consistent with the principles and goals contained in the "Comprehensive Plan for Services and Supports for Persons with Developmental Disabilities" and the "Comprehensive Plan for Children with Mental Illness" as adopted by the General Assembly and "Procedures Governing Programs and Services for Children With Disabilities" as adopted by the state Board of Education.

E. Interagency Coordination

Interagency coordination is essential at all levels of the service delivery system: state, regional, local, and child and family. Therefore, the agencies shall develop the structure and procedures for communication and coordination among these levels. At all these levels, the agencies shall collaborate in the development of procedures to involve private providers (and their organizations) in all aspects of the system. Special emphasis shall be placed on their inclusion in child find efforts.

1. State Level

- a) The agencies shall support participation in and representation on the Interagency Coordinating Council by their appropriate staff.
- b) The Department of Health and Human Services and the Public Schools of North Carolina as lead agencies shall identify the necessary personnel or resources for the related staff work of the Council.
- c) The agencies shall identify staff members to participate in interagency leadership meetings focused on the implementation of IDEA.
- d) The agencies shall encourage the provision of consultative services to other private and public providers.

2. Local Level

The agencies shall support local interagency initiatives in the development of service delivery programs and procedures, promote the development and maintenance of local interagency coordinating councils through the formation of policies, regulations, training, support, technical assistance, and encourage the commitment of staff time and financial support. As the regulations and policies are developed, the following concepts should be included:

- a) Diversity of membership representation, including parents, local child care agencies and child care initiatives, advocacy group representatives,

adolescents/adults with disabilities, and personnel from area mental health, developmental disabilities and substance abuse programs, local health departments, local and regional diagnostic agencies, school systems, other public and private early intervention agencies, departments of social services, medical care providers, Head Start programs, parent support programs, and representatives from appropriate local government bodies;

- b) Diversity of membership also includes gender, ethnicity, and culture;
- c) When local coordinating councils are not limited specifically to birth through five early childhood issues, assurances should be made that the existing council has the time, flexibility, and personnel to devote to concerns for birth through Pre-Kindergarten five-year-olds, such as appointing a subcommittee for early childhood services;
- d) The policies and guidance shall emphasize the following as important responsibilities of the Local Interagency Coordinating Council (LICC):
 - i) child specific service planning as needed;
 - ii) service system needs assessment - identifying gaps in local services;
 - iii) service system planning - developing approaches to implementing new, expanded, or modified services to address these gaps;
 - iv) service system evaluation - developing and implementing interagency approaches to different kinds and levels of evaluations;
 - v) assessing inservice training needs of local professionals and parents and developing collaborative plans to respond to these needs;
 - vi) organizing and implementing child find and public awareness activities;
 - vii) developing local interagency agreements; and
 - viii) developing local procedures related to service delivery.

Parent participation and guidance is a vital component of all local systems development and evaluation efforts.

F. Developmental/Educational Placement and Transition

- 1. Agencies participating in the Infant-Toddler Program or the Preschool Program shall use the following major principles to guide the implementation of placement and transition processes:
 - a) These processes should be as simple, seamless, and efficient as possible and focus on the needs of the whole family. Thus, agencies should consider a referral to any one of them as a referral to the entire system, common

confidentiality and information release practices should allow for the expeditious sharing of relevant child and family specific material, a common unique child identification system should be adopted; and

- b) Parents shall be actively involved in and informed of all aspects of the placement and transition processes. They shall also have the right to full and equal participation in the process for identification and selection of services for which their child is eligible.

IV. OPERATING PROCEDURES

There are two fundamental sets of operating procedures which are critical to the successful provision of services to children with disabilities ages birth through pre-Kindergarten. These include procedures for the developmental/educational placement and transition process into the Preschool and Infant-Toddler Programs and fiscal procedures related to the provision of services.

A. Developmental/Educational Placement and Transition
1. Entry Into the Infant-Toddler Program

The signatory agencies to this agreement agree to support the establishment of a “Consortium” in each county to assure that the referral, evaluation, family and child rights notification, IFSP development, service coordination and intervention processes are available to infants and toddlers and their families. The local Health Department, the Developmental Evaluation Center and the Area Mental Health, Developmental Disabilities and Substance Abuse Program shall form the core membership of each Consortium.

The signatory agencies shall develop Consortium guidelines including recommendations regarding the inclusion of other relevant agencies, the inclusion of a family advocate (preferably the parent of a child with or at risk for disabilities), and operating procedures that conform to the principles espoused in this Interagency Agreement.

These guidelines shall also include a specific focus on the evaluation and entry process into the Infant-Toddler Program. This process will include:

- a) The commitment of all signatory agencies to refer all potentially eligible children to the consortium within two working days of identification.
- b) The commitment of all signatory agencies to develop procedures and public awareness and child find activities to ensure that all public and private primary referral sources, especially hospitals and physicians, make referrals within the two-day time period.
- c) The commitment of the Division of Early Intervention and Education, through its Developmental Evaluation Centers (DEC), to assure that the required multidisciplinary evaluation for eligibility determination is completed in a time period sufficient to allow the eligibility determination and IFSP development within 45 days of referral. In meeting this responsibility, the Division and the DECs will:
 - i) Establish, publish and update criteria for enrollment of agencies to provide multidisciplinary evaluation for entry into the Infant-Toddler Program, including minimum qualifications of persons conducting assessments. This shall include specific cooperative agreements

with publicly supported evaluation services such as those provided by Division TEACCH; the Division of Services for the Deaf and Hard of Hearing; the Division of Services for the Blind; and Area Mental Health, Developmental Disabilities and Substance Abuse Programs.

- ii) Establish, publish, and update testing criteria and assessment procedures for meeting the definitions for children entering into the system. Such criteria will include guidelines for selecting assessment instruments which are culturally appropriate and areas of focus for the assessment process.
- d) The commitment of the Division of Early Intervention and Education through its Developmental Evaluation Centers to maintain a registry of all children entered into the Infant-Toddler Program and provide a report to the state lead agency in a manner prescribed by that agency.
- e) The commitment of the Area Mental Health, Developmental Disabilities and Substance Abuse Program to assure that the Consortium convenes to make a determination regarding eligibility within 45 days of referral. Those involved in the determination should include the family and others requested by the family, members of the Consortium, and evaluation personnel and potential intervention providers if different from Consortium members. For children deemed eligible, the Consortium shall establish procedures to ensure that a Child Service Coordinator is designated and the IFSP is developed within the 45 day time period.
- f) The commitment of the Division of Public Health through local health departments to assure that children eligible for the Infant-Toddler Program and their families receive child service coordination and Health Check services for eligible children in participating catchment areas.
- g) The commitment of all consortium members to assure that the families of children deemed not eligible for the Infant-Toddler Program shall receive information and referral to all available services that may be related to the child's and family's needs including Health Check services for eligible children in participating catchment areas.
- h) The commitment of the signatory agencies to accept evaluations from providers from other states provided that content and timeframe requirements are met.
- i) The commitment of the signatory agencies to develop and implement procedures to ensure that families of children who are deaf and hard of hearing who are eligible for early intervention receive timely and consistent information about BEGINNINGS services.

Note: In situations where the child is referred to the Infant-Toddler Program within 3 months of the third birthday, the following steps should be taken:

- a) The Consortia should fully explain the Infant-Toddler eligibility process, available services and parent rights.
- b) The consortia should share similar information regarding the Preschool Program
- c) If the family makes an informed decision not to be considered for the Infant-Toddler Program but does wish to pursue Preschool services, the established Preschool referral procedures should be initiated instead of those for the Infant-Toddler Program. These include planning for the necessary evaluations. A representative of the LEA (Local Education Agency) should be involved in these decisions.
- d) If the family wishes to be considered for participation in the Infant-Toddler Program, The Infant-Toddler Program's eligibility determination procedures are to be followed.

2. Entrance Into the Preschool Program for Those Children Not Enrolled in the Infant-Toddler Program

The local lead agency for services for three-through Pre-Kindergarten five-year-olds shall be the Local Education Agency (LEA), the single portal of entry for placements into the Preschool Program. Children eligible for the Preschool Program are those with disabilities who are ages 3 and 4 or who turn 5 after October 16, and are ineligible for public school kindergarten. To facilitate the entry of children into the system, the Individualized Education Program (IEP) Team, as defined in "Procedures Governing Programs and Services for Children with Disabilities", will establish a process for referral, assessment, and placement of all eligible children who are entering the Preschool Program.

- a) Based on referrals from parents and agencies, the Local Education Agency shall initiate the assessment and placement process.
- b) The Local Education Agency shall initiate an evaluation of the child by a multidisciplinary team. The evaluation shall be conducted using a family centered approach. The Developmental Evaluation Centers, the Regional TEACCH Centers, and other public evaluation teams shall be available to assist the Local Education Agency in the provision of those evaluations to ensure that they are completed within the required time frames.
- c) The LEA shall convene the IEP Team. This team includes:
 - i.) Parent, guardian, or surrogate parent
 - ii.) The Child Service Coordinator, referring agency personnel, or representative from the current service provider.
 - iii.) Special education teacher
 - iv.) Regular early childhood teacher or service provider (if the child is or may be participating in the regular education environment);

- v.) LEA representative
 - vi.) Person knowledgeable about the child's test results (DEC or LEA representative); and
 - vii.) Others who are appropriate, including those invited by the family.
- d) Responsibility for the placement process ultimately rests with the LEA. Placement must occur within 90 days of referral, if the child is eligible.
- e) Evaluations from other providers from other states are acceptable for entry into the Preschool Program provided that content and timeframe requirements are met.
3. Transition from Infant-Toddler Program to the Preschool Program
- a) Six Months Prior to Child's Third Birthday
- i.) Child Service Coordinator contacts the Local Education Agency (LEA) to discuss transition and possible eligibility for preschool services.
 - ii.) Child Service Coordinator contacts the Developmental Evaluation Center (DEC) to begin the evaluation process if child has or is suspected of having a disability.
 - iii.) The transition meeting may occur at this time if all parties agree.
- b) Ninety Days Prior to Child's Third Birthday:
- i.) Child Service Coordinator convenes a transition planning meeting with the following persons:
 - LEA representative
 - Parent
 - Representative from the evaluation agency if the child has been evaluated
 - Any other person or service providers who might help support and develop the transition plan.

Note: The transition plan is part of the Individualized Family Service Plan (IFSP).
 - ii.) Transition Planning Meeting May Include the Following Steps:
 - Referral may be made to the LEA and they may begin official paperwork if all the evaluations have been completed. (From official referral to placement should be no more than 90 days.)
 - If more evaluations are needed for eligibility determination at this time, then DEC's are responsible for completing evaluations until the child turns 3 at which time they would work with the school system to complete the evaluations.

- IEP development and possible placement options may be discussed.
 - Transition plan is reviewed or updated to ensure that
 1. Infant-Toddler Program services continue until third birthday
 2. Upon third birthday, Preschool Program services become available to eligible children.
- c) One Month Prior to Child’s Third Birthday
- i) Preschool IEP team may convene a meeting with the following persons:
 - Parent, guardian or surrogate parent
 - The Child Service Coordinator, referring agency personnel or representative from current service provider
 - Special education teacher
 - Regular early childhood teacher or service provider (if the child is, or may be, participating in the regular education environment)
 - LEA representative
 - Person knowledgeable about test results (DEC or LEA representative)
 - Other people who are appropriate
 - ii) The Preschool IEP team gives rights to the parent (to become effective on third birthday and finalizes:
 - Official referral – if not done earlier
 - Eligibility determination – if all evaluations have been completed (When eligibility is determined, the IEP must be written within 30 days.)
 - IEP – actual document may be completed and signed at this time to begin on child’s third birthday
 - Placement – placement decisions may be made with official forms signed by parents.
 - iii) Children turning three during the school year may continue to receive Infant-Toddler Program services in the same setting for the remainder of that school year, if the following conditions apply:
 - The placement is requested by the family.
 - The placement is deemed appropriate by the IEP team and documented on the IEP (or IFSP if used by the LEA);
 - The service is available; and
 - There is a plan agreed upon by the Infant-Toddler Program and the IEP team for joint payment for services. Example: The Infant-Toddler Program may continue to provide prior levels of the primary service, such as the special education provided by Developmental Day, with schools paying for additional services as determined to be necessary. The LEA

assumes responsibility for assuring the Free, Appropriate, Public Education (FAPE).

- d) Upon the Child's Third Birthday:
 - i) IEP becomes effective – a free, appropriate public education. (If child becomes eligible over the summer, an IEP may be written for services to begin at the beginning of the school year if the child is not eligible for extended school year.)
 - ii) IEP team has ensured a smooth transition from Infant-Toddler Program services to Preschool Program services.
4. Transition for Children Not Eligible for the Preschool Program
- a) The Child Service Coordinator, with the approval of the family, convenes a planning meeting to discuss other possible services that the child and family may need and qualify for and to develop a transition plan.
 - b) Meeting participants include the family, Child Service Coordinator and representatives from any such services.

Note: For additional information, see Bulletin #32 of the “North Carolina Infant-Toddler Program Manual and the NC Procedures Governing Programs and Services for Children with Disabilities.”

5. Other Transitions

The agencies are committed to developing policies and providing training and technical assistance to promote successful transitions of other kinds such as:

- a) those into other needed community services for toddlers not eligible for preschool services,
- b) those from preschool services to kindergarten,
- c) between home and hospital,
- d) between communities, and
- e) between home and center based services

The agencies are committed to working closely with families of eligible infants, toddlers and preschoolers moving from other states or communities to use as much of the existing IFSP/IEP as possible, if content guidelines are met.

B. Fiscal Issues

1. Service Fees

a) Infant-Toddler Program

When infants or toddlers are provided screening, child service coordination, evaluations and assessments related to determining initial and ongoing eligibility, the child's levels of functioning in the developmental areas, services needed to meet child needs and family resources, concerns and priorities, staff services related to the development, review, and evaluation of the IFSP, and implementation of procedural safeguards, the agencies agree not to impose fees on the families utilizing these services. Fees cannot be charged for child find related activities. Fees based on a sliding scale may be charged for other services in accordance with state statutes and agency regulations. The agencies will encourage consideration of the recommendations of the ICC Sliding Scale Fee Task Force in fee-related policies for those services for which fees are utilized. Note: More information about fee provisions for children under three may be found in Bulletin #29 of the "North Carolina Infant-Toddler Program Manual."

b) Preschool Program

When preschoolers who meet the eligibility requirements established by the State Board of Education are receiving education services under the Preschool Program, families will not be charged fees for screening, evaluation, instruction, specialized services/related services, transportation, or any services related to special education as included in the IEP.

When evaluation services are requested for the purpose of determining eligibility for preschool services, fees shall not be charged.

For other preschool children not eligible under the definitions established by the Public Schools of North Carolina for this age group, fees may be charged for non-evaluative services in accordance with state statutes or policies established by the involved agencies.

2. Maintenance of Effort

Unless existing state or federal program policies, rules or standards prohibit, the agencies shall develop policies and procedures to ensure that, for the services identified in Section V, for eligible infants, toddlers, and preschoolers:

- a) annual levels of applicable state, federal, and local services and funds under their administrative control shall not be less than those in the preceding fiscal year;

- b) federal funds available under the Infant-Toddler Program or the Preschool Program of IDEA will not be used to supplant state, local, or other federal funds under their administrative control; and
- c) maintenance of effort expectations are applied for each of the age groups specified in IDEA, with IDEA funds being the payer of last resort.

V. SPECIFIC SERVICES

The following services shall be provided by the agencies on a recommended or required basis: child_service coordination, early identification and screening, family counseling and therapy, multidisciplinary evaluations and assessment, special instruction/education, consultation to other agencies, alternative residential care, before/after school-summer services, transportation, respite care, child care, central directory of resources, assistive technology services and devices, audiological/hearing, medical services and assessment, nursing, speech, physical, occupational therapy, psychology social work, parent training and information, vision, nutrition and health. The identification of which services are required and which are recommended by the Infant-Toddler and Preschool Programs is contained in Section V.B.

Family support services are not reflected as a separate service as they are felt to be an integral component of each of those listed. Family support services include, but are not limited to, parent education, provision of information, individual and peer group support activities, and sibling training and support activities.

Also, all services should be provided in as culturally sensitive a manner as possible.

The following definitions provide a general description of the services. For additional information see the “North Carolina Infant-Toddler Program Manual” for this age group and “Procedures Governing Programs and Services for Children With Disabilities” for preschoolers.

Required services must be made available if included in the IFSP or IEP. Recommended services are those identified as needed by the child and family but not required by the Infant-Toddler or Preschool Program.

A. Definitions of Specific Services

1. **Adaptive Physical Education** . A diversified program of activities specially designed for an individual who meets eligibility criteria for special education and/or related services and is not able to participate safely and/or successfully in the regular physical education program.
 - (1) Physical education is the development of:
 - (a) skills leading to physical and motor fitness
 - (b) fundamental motor skills and patterns
 - (c) skills in aquatics, dance and individual and group games and sports (including intramural and lifetime sports.)
 - (2) Physical education includes special physical education, adapted physical education, movement education and motor development.
2. **Alternative Residential Care** means the provision of living arrangements outside of the child’s home. The duration of this placement is of varying lengths of time, dependent upon the needs of the child and family. Specific service models include,

but are not limited to, specialized foster care, children's group homes, specialized community residential centers, and co-parenting.

3. **Assistive Technology Services and Devices**

An assistive technology device is any piece of equipment, product or system, or any supply or material that has been purchased commercially, that has been modified, or that has been customized or adapted which is used to increase, maintain, or improve the functional capabilities of any child with a disability. Assistive technology services are services that are provided in the selection, development, or training in the use of an assistive technology device. Assistive technology services include:

- a) an evaluation of the assistive technology needs of a child, which includes an evaluation of the functioning of a child in his natural setting;
- b) the acquisition (this includes purchasing, leasing, or any manner in which the device may be provided) of assistive technology devices for children;
- c) choosing, adapting, repairing, maintaining, or customizing assistive technology devices for children;
- d) the coordination or use of services or therapies with assistive technology devices;
- e) the provision of training or technical assistance for a child or for his family; and
- f) the provision of training or technical assistance for other service providers or professionals or other individuals who are significantly involved in the care and or education of children with disabilities who are in need of assistive technology services.

4. **Audiological/Hearing Services** include any service or equipment that may be necessary to address a child's needs with relation to auditory skills. Hearing services include:

- a) the evaluation of hearing status;
- b) the identification of children with hearing loss through appropriate audiological screening techniques;
- c) determination of the range, nature and degree of hearing loss and communication function through the use of appropriate audiological screening procedures;
- d) the referral for appropriate medical or other professional attention for the remediation, habilitation and/or rehabilitation of the children with the hearing loss;

- e) the provision of habilitative activities, such as language habilitation, auditory training, speech reading, hearing evaluation and conservation, and hearing aid or assistive listening device orientation;
- f) the creation and administration of programs for prevention of hearing loss;
- g) the counseling and guidance of children (where appropriate), parents and teachers regarding hearing loss; and
- h) the determination of the child's need for group and individual amplification, selection and fitting of an appropriate aid, listening or vibrotactile device, and evaluation of the effectiveness of these devices.

This service does not include the hearing component of the multidisciplinary evaluation needed for entry into the Infant-Toddler and Preschool Programs.

- 5. **Before/After School-Summer Services** means provision of recreational and rehabilitative activities for school-aged children during the summer months when the schools are not in operation or immediately before or after the school day.
- 6. **Central Directory of Resources** means the computerized resource center available through a toll-free number to parents, families and professionals in the state. The directory contains information and materials about services, agencies, multicultural resources, and other resources for children with disabilities and information about parent groups across the state.
- 7. **Child Care** means the provision of regularly scheduled protection, care and developmental experiences to children birth to 18 years, for a portion of the day for more than 4 but less than 24 hours, in the child's own home, in the home of a caregiver, or in a child care facility.
- 8. **Child Service Coordination** refers to services and assistance provided by a Child Service Coordinator to a child eligible under the Infant-Toddler, the Preschool Program and the child's family that include:
 - a) coordinating and monitoring all services, including evaluation, medical and health services, across agency lines;
 - b) serving as a single point of contact in helping parents obtain the services and assistance they need;
 - c) assessing child and family concerns, resources, and priorities on an on-going basis;
 - d) initiating the IFSP process and taking responsibility for the development, implementation and review of the IFSP;

- e) assisting parents of eligible children in identifying and gaining access to the early intervention services and other services identified in the IFSP;
 - f) facilitating the timely delivery of available services;
 - g) facilitating the transition (including the development of a transition plan) for the Infant-Toddler Program to the Preschool Program or other programs by the age of three;
 - h) assessing the child service coordination needs of the child and family on an on-going basis;
 - i) informing families of the availability of advocacy services and all child and family rights under the Infant-Toddler Program and assisting with dispute resolution, if needed; and
 - j) participating in the IEP process if requested.
9. **Consultation to Other Agencies** means training and technical assistance provided to staff of public or private agencies and programs. It focuses on enhancing the capacity of personnel and programs to serve children with disabilities. Provision occurs in a variety of formats, including individual instruction on site, training workshops, written material development, etc.
10. **Early Identification and Screening** is the procedure utilized to ensure that all children with disabilities or who are at risk for developmental delay or atypical development regardless of the severity or type, and who are in need of special education and related services are identified, located, and evaluated. This includes public awareness and child find type activities such as sharing information about the Infant-Toddler and Preschool Program with primary referral sources (e.g. physicians, child care providers).
11. **Family Counseling and Therapy** are those services provided, as appropriate, by social workers, psychologists, play therapists, guidance counselors, child and family mental health professionals, and other qualified personnel to assist the family of a child eligible for the Infant-Toddler Program or Preschool Program, to understand the disabilities of the child and to assist the family in the enhancement of the child's development and to facilitate healthy parent-child interaction and relationships. These services should take the form of formal, therapeutic interventions and are to be designed specifically to meet the emotional, social, and behavioral development needs of children and their families.
12. **Health Services** refer to those health-related services necessary for a child to benefit from the other early intervention services under the Infant-Toddler Program or Preschool Program during the time that the child is receiving the other early intervention services. These services may be provided by physicians or nurses and

are differentiated from required medical services in that health services are those that identify and address disabilities as outlined above and are not diagnostic or evaluative in nature. For additional information about Health Services under the Infant-Toddler Program, see Bulletin #15 of the “Infant-Toddler Program Manual.”

13. **Medical Services** refers to services only for evaluation or diagnostic purposes for the determination of a child’s eligibility, developmental status, and need for early intervention services. Services are provided by a licensed physician or other appropriately trained and/or supervised health provider.
14. **Multidisciplinary Evaluation and Assessment** is defined as an evaluation that involves two or more disciplines or professionals in the provision of integrated and coordinated assessment.
 - a) **Evaluation** is defined as the procedure used by appropriate qualified personnel to determine:
 - i) a child’s initial and continuing eligibility under the Infant-Toddler Program or Preschool Program;
 - ii) the status of the child in each of the following areas:
 - cognitive development;
 - physical development, including gross and fine motor function, vision, and hearing;
 - communication development;
 - social-emotional development; and
 - adaptive skills;

Note: Evaluation procedures for preschoolers vary some by type of exceptionality. For complete information see “Procedures Governing Programs and Services for Children With Disabilities”.

- b) **Assessment** is defined as the ongoing procedure used by appropriate qualified personnel throughout the period of a child’s eligibility under the Infant-Toddler or Preschool Program to determine:
 - the child’s unique strengths and needs and the services appropriate to meet those needs, and
 - the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of their infant or toddler with a disability.

If intervention services including special instruction or assistive technology are indicated by the results of the assessment or evaluation, these service needs contribute to the development of the IEP/IFSP.

- c) **Medical Component**

- i) Infants and Toddlers-The provision of a medical perspective of the child's development including a review of pertinent records related to the child's current health status and medical history and report. It may be provided by a physician, physician extender, or a nurse who has completed the Child Health Training Program for Registered Nurses taught under the Division of Public Health. It includes vision and hearing assessment.
- ii) Preschoolers-Evaluations in this area must be conducted by appropriately trained and/or licensed health professionals and may include one or more of the following areas, as indicated through screening procedures:
 - audiological;
 - ophthalmological/optometric;
 - orthopedic;
 - medical (significant health conditions affecting development); and/or
 - neurological.

15. **Nursing Services** (Infant-Toddler Program) are defined as and include:

- a) evaluation of a child's health status for the purpose of providing nursing care, which includes the identification of patterns of human response to actual or potential health problems;
- b) provision of nursing care for the prevention of health problems, the restoration or improvement of functioning, and the promotion of optimal health and development of the child; and
- c) administration of medications, treatments, and regimens prescribed by a licensed physician.

16. **Nutrition Services** (Infant-Toddler Program) are comprised of and include:

- a) A review of medical management and an evaluation of medical and psychosocial history and intervention plan, as they impact on nutrition interventions.
- b) A diagnostic nutritional assessment which may include:
 - i) anthropometric, biochemical and clinical variable;
 - ii) feeding skills and feeding problems;
 - iii) food habits and food preferences;
 - iv) analysis of dietary and nutrient intake and history;
- c) Development of an individualized nutrition care plan, which may include:
 - i) recommendations for nutrient and calorie modifications;
 - ii) calculation of a therapeutic diet

- iii) referral to other care providers
 - c) Intensive counseling on nutritional/dietary management of nutrition-related medical conditions
 - e) Consultation with primary care provider
17. **Occupational Therapy** includes the services necessary to address the functional needs of children related to adaptive development, adaptive behavior and play, sensory, motor, and postural development. The intent of these services is to assist in the improvement of a child's functional ability to perform tasks in the home, the school, and in community settings. These services include:
- a) identification, screening, assessment, direct therapy, and consultation.
 - b) adaptation of the environment, and the selection and design of assistive and orthotic devices whose purpose is to facilitate development and promote the acquisition of functional skills;
 - c) the prevention or minimization of the impact of initial or future impairment, delay in development, or the loss of any functional ability.
 - d) provision of in-service education and information to families, school personnel, and community and state agencies to assist with problem solving, program planning, and priority setting.
18. **Orientation and Mobility Training** is teaching students with visual impairments how to travel safely and independently and to remain oriented to a wide variety of both familiar and unfamiliar indoor and outdoor environments. For young children, orientation and mobility is teaching concept development as it relates to body movement, spatial awareness, knowledge of the environment, attitude toward independence, and travel skills. If the IEP Team so decides, orientation and mobility may be appropriate for students with disabilities who are not visually impaired.
19. **Parent Training and Information** refers to programs that provide training, information and individual assistance to parents to help them access the range of options, programs, services and resources available at the national, state and local levels to assist infants, toddlers, children and youth with disabilities and their families.
20. **Physical Therapy** includes those services necessary to address the promotion of sensorimotor function through the enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- a) screening, evaluating, and assessing for the purpose of identifying movement dysfunction;
- b) obtaining, interpreting, and integrating information appropriate to program planning for the alleviation of, prevention of, or compensation for movement dysfunction and related functional problems; and
- c) providing individual or group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- d) provision of inservice training for involved personnel, communicating with state and community agencies, and education of parents and guardians.

21. **Psychological Services** include:

- a) administrating psychological and developmental assessments, and other evaluation procedures;
- b) interpreting assessment results;
- c) obtaining, integrating, and interpreting information about child behavior, and child and family conditions that are related to learning, mental health, and development;
- d) planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and educational programs; and
- e) as part of a therapeutic program for children, consultation, training, and support offered to caregivers or other child care professionals in addition to parents in order to support a child's development in all relevant settings.
- f) screening and identification of children with or at risk for disabilities
- g) developing strategies for prevention of learning and behavior problems

22. **Respite Services** are those which provide periodic and temporary care of a child with disabilities. It may extend from several hours to a month in duration. Special models of service delivery include, but are not restricted to, companion sitters, private homes, or center-based programs. Respite is different from on-going child care in that it is intermittent and time limited in nature.

23. **Social Work Services** include:

- a) completing home visits to assess the environment and the prevailing patterns of parent-child interactions;

- b) preparing a social or emotional developmental assessment of the child within family context;
- c) providing individual and family group counseling with parents and other family members, and appropriate social skill building activities for both the child and the parent(s);
- d) working with problems in a child's and family's living situation (not only home and community, but in any center where early intervention services are provided) which affect the child's maximum utilization of early intervention services; and
- e) identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

24. **Special Instruction/Education**

- a) **Infants-Toddlers**
Individually designed education, training, or high-risk intervention activities based on the unique strengths and needs of the child and family, if applicable, as identified in the multidisciplinary evaluation. The focus is on the major developmental areas and individual family needs. It occurs in two primary types of settings: home-based or center-based. Center based options must be inclusive. Inclusive is defined as ensuring opportunities for planned and ongoing contact with children without disabilities.

Special instruction includes:

- i) designing learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social intervention;
- ii) planning a curriculum which includes the interaction of personnel, peers, families, materials, equipment, etc. that lead to achieving the outcomes in the child's IFSP;
- iii) providing families with the information, skills, and support that are related to the enhancement of skill development in the child;
- iv) working directly with the child to enhance his development; and
- v) consulting with other professionals working with the child.

If requested by the parents of an infant or toddler, assistance in identifying center based programs must also be provided.

Note: This service may also be referred to as “Outpatient Treatment” or “High Risk Intervention” in some of the participating agency publications.

- b) **Preschoolers**
Special Education is specially designed instruction, at no cost to the parent, to meet the unique needs of the child with a disability, including classroom instruction, instruction in physical education, home instruction, instruction in hospitals and institutions, and instruction in other settings. The term includes speech pathology, if the service consists of specially designed instruction, at no cost to the parent, to meet the unique needs of a child with a disability, and is considered “special education” rather than a “related service” under State standards. Specially designed instruction means adapting content or delivery of instruction to:
 - a) address the unique needs of an eligible student that result from the student’s disability; and
 - b) ensure access of the student to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the Local Education Agency that apply to all students.

Note: For both age groups services should be planned and provided in natural environments.

- 25. **Speech-Language Therapy** is defined as and includes:
 - a) the identification of children with communicative or oropharyngeal disorders and delays in the development of communication skills, including the diagnosis and appraisal of specific disorders and delays related to communication skills;
 - b) the referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in the development of communication skills;
 - c) the provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in the development of communication skills.
- 26. **Supplementary Aids and Services** means aids, services, and other supports that are provided in the regular education classes or other education-related settings to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate within the least restrictive environment requirements.
- 27. **Transportation** includes the cost of travel (including mileage reimbursement, transportation by common carrier, taxi, or other means) in addition to other costs (e.g. tolls and parking expenses) that are incurred or necessary to enable an eligible

child to receive multidisciplinary evaluations, special instruction/education, and specialized therapies. For children under three, additional information is contained in Technical Assistance Bulletin #31-Transportation of the “North Carolina Infant-Toddler Program Manual.”

28. **Vision Services** include:

- a) the evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
- b) the referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- c) communication skills training, orientation, and mobility training for all environments, visual training, independent living skills, and additional training necessary to activate visual motor abilities. It also includes Braille inventory training to determine appropriate reading medium (regular print, large print, or Braille) and providing intervention to assist the child in developing skills in the appropriate medium.

This service does not include the vision component of the multidisciplinary evaluation needed for entry into the Infant-Toddler and Preschool Program.

B. Required and Recommended Services for the Infant-Toddler and Preschool Program

1. Required Services

Infant-Toddler	Preschool
Assistive Technology Services and Devices	Adaptive Physical Education
Audiological/Hearing	Assistive Technology Services
Child Service Coordination	Audiology/Hearing
Early Identification and Screening	Early Identification and Screening
Family Counseling and Therapy	Health Services
Health Services	Medical Services for Evaluation
Medical Services for Evaluation/Assessment	Multidisciplinary Evaluations
Multidisciplinary Evaluations	Occupational Therapy
Nursing	Orientation and Mobility
Nutrition Services	Parent Training and Information*
Occupational Therapy	Physical Therapy
Parent Training and Information*	Psychology
Physical Therapy	Special Instruction/Special Education
Psychology	Speech/Language Therapy
Respite Services	Supplementary Aids and Services
Social Work Services	Transition
Special Instruction/Special Education	Transportation
Speech/Language Therapy	Vision
Transition	
Transportation	
Vision	

* NOTE: This is a state level requirement.

2. Recommended Services

Infant-Toddler	Preschool
Alternative Residential Placement	Alternative Residential Placement
Before/After School-Summer Services	Before/After School-Summer Services
Child Care	Child Service Coordination
Consultation to Other Agencies	Consultation to Other Agencies
Financial Assistance	Family Counseling and Therapy
Genetic Services	Respite Services
Housing Assistance	Social Work Services
Immunizations	
In Home Support	
SSI Referral	
Well Child Care	
WIC-Supplemental foods and nutrition	

C. Roles of Lead Agencies:

Infant-Toddler Program - Division of Early Intervention and Education, Department of Health and Human Services (See comments, page 5.)

Preschool Program - Exceptional Children Division, Public Schools of North Carolina

1. Administration of federal early intervention funds and assignment of financial responsibility among appropriate agencies through the development of interagency agreements.

2. Development of interagency agreements with other involved public or private service providers to ensure availability of statewide comprehensive, coordinated, interagency early intervention system.
3. Establishment of general policies and standards for early intervention services in such areas as child eligibility requirements, service delivery, personnel certification and licensure procedures, monitoring compliance of these policies and standards by all parties involved, ensuring that deficiencies are corrected, and developing a data collection system.
4. Development, implementation, and evaluation of a personnel development and training plan. Provision of technical assistance to all involved state agencies and service providers.
5. Documentation of unmet service system and personnel needs, identification of additional fiscal, personnel, and other resources to meet needs.
6. Development of procedures for appointment of surrogate parents.
7. Coordination of system complaint resolution procedures and preparation of final rulings on interagency disputes and individual or organization complaints.
8. Notification of parents in their native language whenever necessary, by publication and otherwise, of procedures concerning the collection, maintenance, and use of confidential information and of their rights under the Family Education Rights and Privacy Act (FERPA).
9. Planning and coordination of statewide child find and public awareness activities. The focus of these activities shall include underserved populations.
10. Provision of personnel and fiscal support to the State Interagency Coordinating Council.
11. Identification and training of persons to serve as mediators and hearing officers for IFSP/IEP related disputes.

D. Roles of Agency with Coordinative Responsibility for Services Referenced in Section V.A.

1. Recommended Services
 - a) Identification of all existing public and private service providers for each service and establishment of statewide policies and practices to ensure use of these service providers, and development of agreements with these providers.

- b) Implementation of a statewide interagency process, through pulling together the service providers, to identify the principal gaps in the state programs related to the particular service and development of plans for addressing these gaps. These plans shall address fiscal, personnel, and other resource needs. These activities are to be done in conjunction with the lead agency if the coordinative agency is different from the lead agency. When service needs exceed the combined capacities of the agencies, identification of additional needed fiscal, personnel, and other resources is the responsibility of the lead agency.
- c) Maintenance of a listing of all the available providers of that particular service and the specific roles, requirements and constraints of each if applicable.
- d) Development of definitions and standards related to the particular services. This shall be done in conjunction with relevant public and private providers and with the lead agency and shall be done in accordance with the operating principles of the Interagency Agreement.
- e) Development of procedures and policies for the purpose of ensuring that the local agencies carry out the activities related to the four items above.
- f) When infants and toddlers are served, development of procedures to ensure that a representative of the Coordinative Agency or a designee sign the IFSP.
- g) Provision of oversight and input to ensure that state and federal requirements are met.

2. Required Services

All of the roles listed above, and:

- a) Provision of, or payment for, or otherwise assuring the availability of that service to eligible children when it is not available from one of the existing providers.

E. Roles of Agencies with Service Provision Responsibilities

1. Recommended and Required Services

- a) Providing and/or paying for services as identified in Section V.A. within the limits delineated in Section IV.B.;
- b) Expanding services if they feel they have the capacity to do so and if done in concert with the lead and/or coordinative agency for the particular service;

- c) Securing and funding translation services for the services it is providing for children and families whose primary communication is not spoken English;
- d) Assisting the coordinative agency to document unmet service needs;
- e) Consulting with the parent, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area; and
- f) Training the parent and others regarding the provision of those services.
- g) Participating at the state and local level in the Infant-Toddler Program Community Review process and comparable Preschool compliance review procedures.

F. Responsibilities of the Division of Child Development

- 1. Purchasing child care services for eligible children with disabilities when resources are available;
- 2. Identifying child care centers and homes interested in and capable of providing care for children with disabilities;
- 3. Providing training to involved field staff on identification of children with disabilities and appropriate referral procedures.
- 4. Providing consultation to related agencies and child care programs on appropriate child care practices, design of space, equipment, day care regulations, etc., that may affect children with disabilities;
- 5. Promoting public awareness of integration of children with and without disabilities and awareness of IDEA;
- 6. Participating in and supporting staff development activities related to integrating infants, toddlers, and preschoolers with and without disabilities and
- 7. Providing consultation to “Smart Start” partnerships and related local agencies on inclusion of children with disabilities and strategies to facilitate coordinated and combined funding.
- 8. Promoting participation by child care providers in the IFSP/IEP process

G. Responsibilities of North Carolina Partnership for Children

- 1. Promoting the inclusion of children with disabilities through:
 - a) Establishment of funding policies that allow inclusive activities,

b) Review of local plans to ensure needs of children with disabilities are integrated into local planning.

c) Supporting or providing training and technical assistance activities

H. Charts of Specific Agency Activities Related to Specific Services

The following charts illustrate the specific roles each agency plays in the delivery of the required and recommended specific services defined in Section V.A. of the Agreement.

1. Infant-Toddler Program

a) Coordinative Agency

Service	Agency
Assistive Technology Services & Devices	Division of Public Health
Audiological Services	Division of Early Intervention and Education*
Child Service Coordination	Division of Public Health
Early Identification & Screening	Division of Public Health*
Family Counseling & Therapy Services	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Health Services	Division of Public Health
Medical Services	Division of Public Health
Multidisciplinary Evaluations & Assessments	Division of Early Intervention and Education
Nursing Services	Division of Public Health
Nutrition Services	Division of Public Health
Occupational Therapy	Division of Early Intervention and Education*
Parent Training/Information	Division of Early Intervention and Education
Physical Therapy	Division of Early Intervention and Education*
Psychological Services -Evaluation -Services	Division of Early Intervention and Education Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Respite Services	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Social Work Services	Depends on nature of service being provided
Special Instruction	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Speech/Language Therapy	Division of Early Intervention and Education*
Transportation	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Vision Services -Evaluations -Services	Division of Early Intervention and Education Division of Early Intervention and Education

* DPH and DEIE will plan and carry out collaboratively the following systems responsibilities: policy development, professional development, service needs assessment

b) Service Provider Agencies

Services	Agencies
Alternative to Residential Care	DCD, DSS, MH/DD/SAS, DMA, NCPC
Assistive Technology Services and Devices	MH/DD/SAS, DSD/HH, DCD, DMA, PH, Head Start, NCPC, DEIE
Audiology/Hearing	PH, DCD, DMA, Head Start, NCPC, DEIE
Before & After School-Summer Services	Head Start, DCD, DSS, MH/DD/SAS, DMA, NCPC
Child Care	Head Start, MH/DD/SAS, DSS, DCD, NCPC
Child Service Coordination	Head Start, MH/DD/SAS, DCD, DSS, DMA, PH, NCPC, DEIE
Consultation to Other Agencies	PH, Head Start, TEACCH, DCD, DSS, DMA, MH/DD/SAS, NCPC, BEG, DEIE
Early Identification & Screening	Head Start, MH/DD/SAS, TEACCH, DCD, DSS, DMA, PH, NCPC, BEG, DEIE
Family Counseling & Therapy	PH, Head Start, DSB, TEACCH, DCD, DSS, MH/DD/SAS, DMA, NCPC
Health	Head Start, MH/DD/SAS, DCD, DMA, PH, NCPC, DEIE
Medical	Head Start, MH/DD/SAS, TEACCH, DCD, DMA, PH, NCPC, DEIE
Multidisciplinary Evaluations/Assessments	Head Start, MH/DD/SAS, DSD/HH, TEACCH, DCD, DMA, PH, NCPC
Nursing	DCD, DMA, PH, Head Start, NCPC
Nutrition	Head Start, DCD, DMA, PH, NCPC
Occupational Therapy	Head Start, MH/DD/SAS, DCD, DSS, DMA, PH, NCPC, DEIE
Parent Training/Information.	PH, Head Start, TEACCH, DCD, DSS, MH/DD/SAS, DMA, NCPC, BEGINNINGS, DEIE
Physical Therapy	Head Start, MH/DD/SAS, DCD, DSS, DMA, PH, NCPC, DEIE
Psychology	Head Start, TEACCH, DCD, DSS, MH/DD/SAS, DMA, PH, NCPC, DEIE
Respite Care	DCD, MH/DD/SAS, DMA, NCPC
Social Work	PH, Head Start, MH/DD/SAS, TEACCH, DCD, DSS, DMA, PH, NCPC, DEIE
Speech/Language Therapy	Head Start, MH/DD/SAS, TEACCH, DCD, DSS, DMA, PH, NCPC, DEIE
Transportation	Head Start, DCD, DSS, MH/DD/SAS, DMA, NCPC, DEIE
Vision	DCD, DMA, PH, Head Start, NCPC, DEIE

Note: DCD, DMA, and NCPC do not provide any of the listed services directly. Rather, they provide financial support for these services.

2. Preschool Program

a) Coordinative Agency

Public Schools of North Carolina is the Coordinative Agency for all services except the Multidisciplinary Evaluation/Assessments. The Division of Public Health has this responsibility.

b) Service Provider Agencies

	Agency
Adaptive Physical Education	Head Start, MH/DD/SAS, DCD, DMA, NCPC, DPI, DEIE
Alternative to Residential Care	DCD, DSS, DMA, NCPC
Assistive Technology Services and Devices	PH, MH/DD/SAS, DCD, DMA, Head Start, DPI, NCPC, DEIE
Audiology/Hearing	PH, DCD, DMA, Head Start, DPI, NCPC, DEIE
Before & After School-Summer Services	Head Start, DPI, DCD, DSS, DMA, NCPC
Child Care	Head Start, MH/DD/SAS, DSS, NCPC, DCD
Child Service Coordination	Head Start, MH/DD/SAS, DPI, DCD, DSS, DMA, NCPC, PH, DEIE
Consultation to Other Agencies	PH, Head Start, MH/DD/SAS, TEACCH, DCD, DSS, DMA, DPI, NCPC, BEG, DEIE
Early Identification & Screening	Head Start, MH/DD/SAS, DPI, TEACCH, DCD, DSS, DMA, NCPC, BEG, DEIE
Health	PH, Head Start, MH/DD/SAS, DCD, DMA, DPI, NCPC, DEIE
Medical	Head Start, MH/DD/SAS, DPI, TEACCH, DCD, DMA, NCPC, DEIE
Multidisciplinary Evaluations/Assessments	Head Start, MH/DD/SAS, DPI, TEACCH, DCD, DMA, NCPC, DEIE
Nursing	PH, DCD, DMA, Head Start, NCPC
Nutrition	Head Start, DCD, DMA, PH, NCPC
Occupational Therapy	PH, Head Start, MH/DD/SAS, DCD, DSS, DMA, DPI, NCPC, DEIE
Orientation and Mobility	Head Start, MH/DD/SAS, DCD, DMA, NCPC, DPI, DEIE
Parent Training/Information	PH, Head Start, MH/DD/SAS, TEACCH, DCD, DSS, DMA, DPI, NCPC, BEG, DEIE
Psychology	PH, Head Start, MH/DD/SAS, TEACCH, DCD, DSS, DMA, DPI, NCPC, DEIE
Social Work	PH, Head Start, MH/DD/SAS, TEACCH, DCD, DSS, DMA, DPI, NCPC, DEIE
Speech/Language Therapy	PH, Head Start, MH/DD/SAS, TEACCH, DCD, DSS, DMA, DPI, NCPC, DEIE
Supplementary Aids and Services	Head Start, MH/DD/SAS, DCD, DMA, NCPC, DPI, , DEIE
Transportation	Head Start, MH/DD/SAS, DCD, DSS, DMA, DPI, NCPC, DEIE

Vision	DCD, DMA, Head Start, DPI, NCPC, DEIE
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Note: DCD, DMA, and NCPC do not provide any of the listed services directly. Rather they provide financial support for these services.

KEY:

BEG=BEGINNINGS for Parents of Children Who are Deaf or Hard of Hearing

DCD=Division of Child Development

DEIE=Division of Early Intervention and Education

DMA=Division of Medical Assistance

DPI=Public Schools of North Carolina

DSB=Division of Services for the Blind

DSD/HH=Division of Services for the Deaf and Hard of Hearing

DSS=Division of Social Services

MH/DD/SAS=Division of Mental Health, Developmental Disabilities and Substance Abuse Services

NCPC=North Carolina Partnership for Children

PH=Division of Public Health

TEACCH=Treatment and Education of Autistic and Related Communication Handicapped Children

Coordinative and service provider agencies assume financial responsibilities for services listed as described in Section V.A., V.D., and V.E.

VI. SYSTEM ORIENTED ISSUES

There are a number of system-oriented issues which are essential to the successful provision of services and which are addressed in this section of the agreement. These include program standards, personnel training, referral procedures, and child find efforts including public awareness, head count, and data collection.

A. Program Standards and Monitoring

Each lead agency will invite and encourage participation by other agencies, the Interagency Coordinating Council, and parent representatives in the development and review of the following:

- ◆ service definitions
- ◆ program standards
- ◆ child eligibility
- ◆ personnel certification or licensure; and
- ◆ related technical assistance materials

All of the agencies providing services referenced in the Specific Services Section V.A. to eligible children in the 0-2 and 3-5 year old age range shall do so in accordance with applicable federal and state standards.

Each of the agencies shall develop written procedures for monitoring and evaluation of those early intervention services it provides and those provided by its subcontractors. These procedures will include promotion of joint interagency reviews at the state and local levels. Agencies providing services to infants and toddlers shall participate in the planning, implementation and evaluation of the Infant-Toddler Program Community Review Process.

The two lead agencies shall investigate possibilities for planning and implementing joint reviews where appropriate.

B. Personnel Training

The agencies will collaborate with one another, the Interagency Coordinating Council, and other appropriate groups (e.g. universities), in planning, developing, and conducting in-service training and in advising the higher education system regarding pre-service training related to young children with disabilities and their families. Coordination of planning efforts will be on-going but formal evaluation of these efforts will occur at least annually. The lead agencies will ensure that the process occurs. Coordination will include but not be limited to needs assessment, training content, selection of faculty, and scheduling, evaluation, and dissemination of information. They shall also jointly assess personnel certification/licensure standards, and procedures to identify specific areas for coordination and commonality wherever appropriate.

The agencies will co-sponsor with the Interagency Coordinating Council an annual conference focusing on critical issues in early intervention. Each conference will address a theme of common interest to participants.

Agencies serving infants, toddlers and preschoolers shall jointly plan, implement and support orientation for new professionals. Agencies serving infants and toddlers shall establish procedures to ensure completion of this training by service providers within one year of employment. Agencies serving preschoolers shall develop procedures to ensure completion of the B-K Licensure Program by service providers.

C. Referral Procedures

The agencies will explore ways to reduce redundant information collection regarding families and children, and to provide a common database regarding clients served. This will include an examination of the feasibility of collecting a common set of information and using common forms.

D. Child Find Efforts

1. Public Awareness

The agencies will plan and implement cooperatively a public awareness effort regarding early identification and services to children with disabilities and their families which reflects the cultural diversity of the state. This effort will build upon earlier activities (e.g. the Interagency Coordinating Council Public Awareness Plan). The lead agencies will ensure that this occurs.

2. Head Count

The agencies will design a collaborative process for: (a) obtaining unduplicated counts of served children and eligible children in need of services and (b) transmitting the data to the lead agency in a timely fashion. The lead agencies will coordinate served and unserved counts for their respective age groups.

E. Common Forms

The agencies will review all forms used for services to determine where common ones can be developed, identify examples of common forms and disseminate information regarding such forms.

F. Unmet Service Needs

The agencies shall develop procedures to identify and document all unmet service needs and develop plans to address these needs on an annual basis

VII. DISPUTE RESOLUTION

A. Preschool Three Through Pre-Kindergarten Five-Year-Old Program

In the event of a difference of opinion in any matter related to the implementation of this agreement for preschoolers ages three through Pre-Kindergarten five-year-old, procedures cited on page 10, Section K, entitled “Difference of Opinion Between Programs Regarding Educational Placement,” of the document Cooperative Agreements between the Public Schools of North Carolina and the North Carolina Department of Health and Human Services, will be followed.

B. Infant-Toddler Systemic Disputes

Systemic Infant-Toddler disputes do not involve concerns and disagreements between parents and the involved Infant-Toddler Program agencies concerning IFSP development and service delivery for an individual child. These are addressed through each Agency’s due process provisions. Rather, the systemic disputes involve the following two types of system level disputes:

1. Interagency disagreements regarding such issues as responsibility for service provision or compliance with the interagency agreements; and
2. Infant-Toddler system complaints when an individual or organization believes that an agency of the state or a local agency has violated a state or federal infant-toddler program requirement.

The complete procedures to be utilized for these two types of dispute are contained in Bulletin #34 and #35 respectively of the “North Carolina Infant-Toddler Program Manual”.

VIII. CHILD DATA

A. Infant-Toddler Program

1. The Division of Public Health agrees to establish and maintain a statewide data system reflecting all children served under the Infant-Toddler Program. Specific responsibilities include entering the data and providing reports on a quarterly basis to the Area Mental Health, Developmental Disabilities and Substance Abuse Programs, the Infant-Toddler lead agency. The reports shall provide summaries on a county, Area Program, Developmental Evaluation Center Catchment Area, and statewide basis.
2. The Infant-Toddler Program lead agency shall develop jointly with the Division of Public Health the content elements for the data system and procedures and timeframes for data entry.
3. All signatory agencies to this agreement serving eligible infants and toddlers agree to participate in this child data system.

B. Infant-Toddler Program and Preschool Program

1. The Division of Early Intervention and Education; the Division of Public Health; and the Exceptional Children Division agree to establish and implement a common child-linked data system that will connect all existing databases including the one established for the Single Portal procedure.

IX. EFFECTIVE DATE

This document will be effective on December 1, 1999. Formal review will occur at least annually based on this date.

X. ATTACHMENTS

A. Definition for "Child With or at Risk for Disabilities"

For the purpose of this Agreement and for services for birth through age five-years-old under IDEA, there will be two separate definitions for "child with or at risk for disabilities" currently defined by the two lead agencies. Under the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the eligibility categories of Developmental Delay, Potential and Established risk, and Atypical development as defined in Bulletin #16 of the "North Carolina Infant-Toddler Program Manual" shall be utilized. Those three and four year olds, and five-year-olds not eligible for kindergarten served under the Public Schools of North Carolina, Exceptional Children Division shall meet the eligibility definitions contained in Section .1501 of "Procedures Governing Programs and Services for Children with Disabilities".

I. PUBLIC SCHOOLS OF NORTH

CAROLINA

Mike Ward, Superintendent

Date

The Exceptional Children's Support Team

Lowell Harris, Director

Date

II. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

H. David Bruton, M.D., Secretary

Date

The Division of Mental Health, Developmental Disabilities
and Substance Abuse Services

John F. Baggett, Director

Date

The Division of Services for the Blind

John De Luca, Director

Date

The Division of Social Services

Kevin Fitzgerald, Director

Date

The Division of Services for the Deaf and Hard of Hearing

George McCoy, Director

Date

The Division of Child Development

Stephanie D. Fanjul, Director

Date

The Division of Medical Assistance

Paul R. Peruzzi, Director

Date

The Council on Developmental Disabilities

Holly Riddle, Director

Date

Division of Public Health

Ann Wolfe, M.D., Director

Date

Division of Early Intervention and Education

Fay Agar, Superintendent

Date

III. OTHER

Division TEACCH

Gary Mesibov, Ph.D., Director

Date

North Carolina Interagency Coordinating Council

Sandy Steele, Co-Chairperson

Date

Susan Peele, Co-Chairperson

Date

Head Start

Anthony Witherspoon, President
N.C. Head Start Association

Date

East Coast Migrant and
Seasonal Head Start Project

Geraldine O'Brien, Executive Director

Date

Eastern Band of the
Cherokee Indians

Joyce Dugan, Chief

Date

BEGINNINGS for Parents of
Children Who are Deaf or
Hard of Hearing, Inc.

Jo-Ann Bernardo, Director

Date

North Carolina Partnerships for Children, Inc.

Karen Ponder, Director

Date