

A. Definitions

- 1. *Act: Individuals with Disabilities Education Act (IDEA), including changes made by the Individuals with Disabilities Education Improvement Act, which reauthorized the IDEA in 2004.* (34 CFR 303.6)
- 2. Administrative complaint: A written, signed complaint by an individual or organization alleging violation(s) of policies and procedures by:
 - a. Any public agency that receives Part C funds;
 - b. Other public agencies that are involved in Virginia’s early intervention system;
 - c. Private service providers who receive Part C funds on a contract basis from a public agency to carry out a given function or provide a given support or service; and
 - d. Private Part C participating agencies that have agreed to abide by Part C policies and procedures by signing local or state interagency agreements or memoranda of understanding to that effect.
- 3. *Assessment: The ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify:*
 - a. *The child's unique strengths and needs and the supports and services appropriate to meet those needs; and*
 - b. *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.* (34 CFR 303.322(b)(2))
- 4. *Assistive technology device: Any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities. The term does not include a medical device that is surgically implanted, or the replacement of such device.* (34 CFR 303.12(d)(1) and 20 USC 1402(1)(B))
- 5. *Assistive technology services: Any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:*
 - a. *The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;*
 - b. *Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by children with disabilities;*
 - c. *Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;*
 - d. *Coordinating and using other therapies, interventions, supports or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;*
 - e. *Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and*
 - f. *Training or technical assistance for professionals (including individuals providing early intervention supports and services) or other individuals who provide supports and services to or are otherwise substantially involved in the major life functions of individuals with disabilities.* (34 CFR 303.12(d)(1))

Deleted: <#>Aide: An individual who may be employed to support providers of early intervention services in their day-to-day activities and who are under the supervision of a professional staff member.¶
 ¶
 <#>Appropriate professional requirements:¶
 <#>Are based on the highest requirement in Virginia applicable to the profession or discipline in which a person provides early intervention services; and¶
 Establish suitable qualifications for personnel providing early intervention services under Part C to eligible children and their families who are served by State, local and private agencies. . . . (34 CFR 303.361 (a)(1))¶
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6. Audiology includes:

- a. Identification of children with auditory impairment, using at risk criteria and appropriate audiological screening techniques;
- b. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- c. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- d. Provision of auditory training; aural rehabilitation; speech reading and listening device orientation and training; and other services;
- e. Provision of services for the prevention of hearing loss; and
- f. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices. (34 CFR 303.12 (d)(2))

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Deleted: <#>Children: Infants and toddlers with disabilities as that term is defined in §303.16 (see definition of infants and toddlers with disabilities). . (34 CFR 303.7)¶

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Deleted: <#>Council: The State Interagency Coordinating Council in Virginia (VICC). . (34 CFR 303.8)¶

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Deleted: <#>Developmental areas:¶ <#>Cognitive development,¶ <#>Physical development, including fine motor, gross motor, vision and hearing,¶ <#>Communication development,¶ <#>Social or emotional development; or¶ <#>Adaptive development. . (34 CFR 303.16(a)(1)¶

<#>Developmental delay: See Component I of the Policies and Procedures section of this application for the definition of developmental delay.¶

<#>Discipline: See "Profession".¶

<#>Dispute: An interagency disagreement about payments for a given service or other matters related to Virginia's early intervention program.¶

<#>Early intervention program: The total effort in Virginia that is directed at meeting the needs of children eligible under this part and their families. . (34 CFR 303.11)¶

<#>Early intervention services:¶

<#>Services that:¶ <#>Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;¶

<#>Are selected in collaboration with the parent(s);¶

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Deleted: <#>Family support: Assistance provided to families in order to strengthen their capability to maintain their infant or toddler in their own... [2]

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7. Consent: See "Informed Consent".

(34 CFR 303.401(a))

8. Days: Refers to calendar days unless clearly specified otherwise.

(34 CFR 303.9)

9. Evaluation: The procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in §303.16, including determining the status of the child in each of the developmental areas. (34 CFR 303.322(b)(1))

10. Family: Is defined according to each family's definition of itself.

11. Family assessment: Identification of the family's resources, priorities and concerns relative to enhancing the development of the child.

12. Family training, counseling, and home visits: Services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development. (34 CFR 303.12 (d)(3))

13. Functional Assessment: Assessment of the child's ability to participate in everyday learning activities within the context of family and community life.

14. Health services: meaning:

- a. Services necessary to enable a child to benefit from the other early intervention supports and services under this part during the time that the child is receiving the other early intervention supports and services.
- b. The term includes:
 - (1) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
 - (2) Consultation by physicians with other service providers concerning the special health care needs of eligible children that need to be addressed in the course of providing other early intervention supports and services.
- c. The term does not include the following:
 - (1) Services that are:
 - (a) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or

- (b) *Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).*
- (2) *Devices necessary to control or treat a medical condition.*
- (3) *Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.* (34 CFR 303.13)

15. Homeless children: Has the meaning given the term homeless children and youths in Section 75 (42 USC 11434a) of the McKinney-Vento Homeless Assistance Act, as amended, 42 USC 11431 et seq.:

- a. Individuals who lack a fixed, regular, and adequate nighttime residence; and
 - b. Includes
 - (1) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - (2) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
 - (3) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (4) migratory children (as the term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless because the children are living in circumstances described in (1) – (3) above.
- (34 CFR 300.19)

16. Impartial person: Applies to a mediator or hearing officer. One who:

- a. Is not an employee of any agency or program involved in the provision of early intervention supports and services or care of the child; and
- b. Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

A person who otherwise qualifies under this definition is not an employee of an agency solely because the person is paid by the agency to implement the disagreement resolution process. (34 CFR 303.421(b))

17. Individualized family service plan (IFSP): A written plan for providing early intervention supports and services to eligible children/families that:

- a. Is developed jointly by the family and appropriate qualified personnel providing early intervention supports and services;
- b. Is based on the multidisciplinary evaluation and assessment of the child and the assessment of the strengths and needs of the child's family, as determined by the family and as required in 34 CFR 303.322; and
- c. Includes supports and services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child and the other components listed under 34 CFR 303.344. (34 CFR 303.340(b)(1-3))

18. Informed clinical opinion: The opinions of professionals who possess appropriate training, previous experience with evaluation and assessment, sensitivity to cultural needs, and the ability to elicit and include family perceptions; and who use qualitative and quantitative information gathered during the evaluation/assessment process to form their opinion.

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Deleted: <#>Highest requirement: The highest entry-level academic degrees in the state applicable to a specific profession or discipline needed for state approval or recognition, licensure, registration or other requirements that apply to a profession/discipline.¶
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 <#>IEU: An Intermediate Educational Unit. [Note: Virginia has no IEUs.]¶
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Deleted: *Include or including: The items named are not all of the possible items that are covered whether like or unlike the ones named.* (34 CFR 303.15)¶
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 <#>Individual child complaint: Complaint by a parent relating to the identification, evaluation, or the placement or provision of appropriate early intervention services.¶
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19. Informed consent: Informed consent occurs when:

- a. The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;
- b. The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and
- c. The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. (34 CFR 303.401(a))

20. Local Lead Agency: Public agency that, under contract with DMHMRSAS, administers local Part C funds and fulfils the requirements of the Local Contract for Continuing Participation in Part C.

21. Local Participating Agency/Provider: Any public agency or its contract agency/provider providing early intervention supports and services or other activities according to Part C policies and procedures to Part C eligible children and their families, or another public/private agency/provider who so agrees by interagency agreement or memorandum of understanding.

22. Local Interagency Coordinating Council: Entities established on a statewide basis by the DMHMRSAS, in consultation with the Virginia Interagency Coordinating Council, to advise and assist the local lead agencies and to enable early intervention service providers to establish working relationships that will increase the efficiency and effectiveness of early intervention supports and services.

23. Medical services only for diagnostic or evaluation purposes: Services provided by a licensed physician to determine a child's developmental status and need for early intervention supports and services. (34 CFR 303.12(d)(5))

24. Multidisciplinary: The involvement of two or more disciplines or professions in the provision of integrated and coordinated supports and services, including evaluation and assessment activities in 34 CFR 303.322, and development of the IFSP in 34 CFR 303.342. (34 CFR 303.17)

25. Native language: When used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible under Part C.

26. Natural environment(s): Settings that are natural or normal for the child's age peers who have no disability. (34 CFR 303.18)

27. Nursing services: Nursing services include:

- a. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- b. The provision of nursing care to prevent health problems, restore or improve functioning and promote optimal health and development; and
- c. The administration of medications, treatment, and regimens prescribed by a licensed physician. (34 CFR 303.12(d)(6))

28. Nutrition services include:

- a. Conducting individual assessments in:

Deleted: <#>Infants and toddlers with disabilities:¶
 <#>Individuals from birth through age two who need early intervention services because they:¶
 <#>Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:¶
 <#>Cognitive development;¶
 <#>Physical development, including fine motor, gross motor vision and hearing;¶
 <#>Communication development;¶
 <#>Social or emotional development; or¶
 <#>Adaptive development; or¶
 <#>Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.¶
 <#>The term may also include, at a State's discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided.¶
 ¶
 NOTE: The phrase "a diagnosed physical or mental condition that has a high probability of resulting in developmental delay" ... applies to a condition if it typically results in developmental delay. Examples of these conditions include chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infecti... [3]

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Deleted: <#>LEA: Local Education Agency¶

¶
Lead Agency: The Virginia Depa... [4]

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Deleted: <#>Local Fiscal Agent/Intermediary: A local fiscal agent/intermediary is designated by each local interagency coordinating cou... [5]

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- (1) *Nutritional history and dietary intake;*
 - (2) *Anthropometric, biochemical, and clinical variables;*
 - (3) *Feeding skills and feeding problems; and*
 - (4) *Food habits and food preferences;*
 - b. *Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (a) of this section; and*
 - c. *Making referrals to appropriate community resources to carry out nutrition goals.*
- (34 CFR 303.12(d)(7))

29. Occupational therapy: *Services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:*

- a. *Identification, assessment, and intervention;*
 - b. *Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and*
 - c. *Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.*
- (34 CFR 303.12(d)(8))

30. Parent: Means:

- a. *A biological or adoptive parent of a child;*
- b. *A foster parent, unless State law, regulations, or contractual obligations with a State or local entity prohibit a foster parent from acting as a parent;*
- c. *A guardian generally authorized to act as the child's parent, or authorized to make educational decisions for the child (but not the State if the child is a ward of the State);*
- d. *An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or*
- e. *A surrogate parent who has been appointed in accordance with Section 300.519 or Section 639(a)(5) of the Act.*

(34 CFR 300.30(a))

31. Personally identifiable information:

- a. *The name of the child, the child's parent, or other family member;*
 - b. *The address of the child;*
 - c. *A personal identifier, such as the child's or parent's social security number; or*
 - d. *A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.*
- (34 CFR 303.401(c))

32. Physical therapy: *Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:*

- a. *Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;*
- b. *Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and*
- c. *Providing individual and group services or treatment to prevent, alleviate, or compensate for*

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Deleted: <#>Paraprofessional: Currently in Virginia, paraprofessionals are early intervention generalists, physical therapy assistants, and occupational therapy assistants.¶

Deleted: A natural or adoptive parent of a child, a guardian, a person acting as a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or a surrogate parent who has been assigned in accordance with § 303.406.

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Deleted: Unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the Act if:¶ <#>The natural parent(s)' authority to make the decisions required of parents under the Act has been extinguished under State law; and¶ <#>The foster parent-¶ <#>Has an ongoing, long-term parental relationship with the child;¶ <#>Is willing to make the decisions required of parents under the Act;¶ <#>Has no interest that would conflict with the interests of the child.¶ (34 CFR 303.19(b))¶

Deleted: ¶ <#>Participating State Agencies: The State agencies identified in the Code of Virginia which are responsible for ensuring the implementation of a comprehensive system for early intervention services.¶

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movement dysfunction and related functional problems. (34 CFR 303.12(d)(9))

33. Policies: *State statutes, regulations, Governor's orders, directives by the State Lead Agency, or other written documents that represent Virginia's position concerning any matter covered under Part C. Virginia's policies include:*

- a. Virginia's commitment to develop and implement the statewide system; (see § 303.150)
- b. Virginia's eligibility criteria and procedures (see § 303.300)
- c. A statement that, consistent with § 303.520 (b):
 - (1) Provides that supports and services under this part will be provided at no cost to parent(s), except where a system of payments is provided for under Federal or State law; and
 - (2) Identifies the system of payments, including Family Cost Participation procedures.
- d. Virginia's standards for personnel who provide supports and services to children eligible under this part (see § 303.361);
- e. Virginia's position and procedures related to contracting or making other arrangements with service providers under Subpart F of 34 CFR 303; and
- f. Other positions that Virginia has adopted related to implementing any of the other requirements under Part C. (34 CFR 303.20)

Deleted: <#>Point of entry: The initial contact by the family with the early intervention system.¶
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Deleted: that will be charged for early intervention services and the basis for those fees;

34. Psychological services: *Psychological services include:*

- a. Administering psychological and developmental tests, and other assessment procedures;
- b. Interpreting assessment results;
- c. Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- d. Planning and managing a program of psychological services, including psychological counseling for children and parent(s), family counseling, consultation on child development, parent training, and education programs. (34 CFR 303.12(d)(10))

Deleted: <#>Profession: (Also referred to as "discipline.") A specific occupational category that;¶
<#>Provides early intervention services to eligible children/families;¶
<#>Has been established or designated by the Commonwealth of Virginia; and¶
<#>Has a required scope of responsibilities and degree of supervision.¶

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35. Public agency: *The State Lead Agency and any other political subdivision of Virginia that is responsible for providing early intervention supports and services to children eligible under Part C and their families.* (34 CFR 303.21)

36. Qualified: *Any individual who has met Virginia approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention supports and services.* (34 CFR 303.22)

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37. Qualified personnel: *Early intervention supports and services must be provided by qualified personnel, including:*

- a. Audiologists;
- b. Early Intervention Assistants;
- c. Family therapists;
- d. Nurses;
- e. Occupational therapists;
- f. Orientation and mobility specialists;
- g. Physical therapists;
- h. Pediatricians and other physicians;
- i. Psychologists;
- j. Registered dieticians;
- k. Social workers;
- l. Special educators, including teachers of the deaf;

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- m. *Speech-language pathologists; and*
- n. *Vision specialists, including ophthalmologists and optometrists.*
(34 CFR 303.12(e) and 20 USC 1432(F))

NOTE: This list of personnel is *not exhaustive*. *Qualified personnel may include such personnel as paraprofessionals and parent-to-parent support personnel.*
(34 CFR 303.12 NOTE)

38. *Secretary*: When used in italics, refers to the U.S. Secretary of the Department of Education or official or employee of the Department acting for the Secretary under a delegation of authority (EDGAR – 34 CFR 77.1).

39. *Service coordination*: *Service coordination means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and supports and services that are authorized to be provided under the State's early intervention program.*
(34 CFR 303.23)

40. *Single Point of entry*: The single entity in each local Part C system where families and primary referral sources make initial contact with the local Part C system.

41. *Social work services*: *Social work services include:*

- a. *Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;*
- b. *Preparing a social or emotional developmental assessment of the child within the family context;*
- c. *Providing individual and family-group counseling with parent(s) and other family members, and appropriate social skill-building activities with the child and parent(s);*
- d. *Working with those problems in a child's and family's living situation (home, community, and any center where early intervention supports and services are provided) that affect the child's maximum utilization of early intervention supports and services; and*
- e. *Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention supports and services.*
(34 CFR 303.12(d)(12))

42. *Special instruction*: *Special instruction includes:*

- a. *The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;*
- b. *Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;*
- c. *Providing families with information, skills, and support related to enhancing the skill development of the child; and*
- d. *Working with the child [and family] to enhance the child's development.*
(34 CFR 303.12(d)(13))

43. *Speech-language pathology*: *Speech-language pathology includes:*

- a. *Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;*

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Deleted: <#>Respite Care: Respite care includes temporary child care services that are short-term and non-medical in nature, provided either in or out of the home. These services are designed to provide temporary relief to the primary caregiver.¶

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Deleted: <#>Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for:¶
<#>Coordinating all services across agency lines; and¶
<#>Serving as the single point of contact in helping parent(s) to obtain the services and assistance they need.¶
<#>Service coordination is an active, ongoing process that involves:¶
<#>Assisting parent(s) of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;¶
<#>Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;¶
<#>Facilitating the timely delivery of available services; and¶
<#>Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.¶
<#>Activities include:¶
<#>Coordinating the performance of evaluations and assessments;¶
<#>Facilitating and participating in the development, review, and evaluation of individualized family service plans;¶
<#>Assisting families in identifying available service providers;¶
<#>Coordinating and monitoring the delivery of available services;¶
<#>Informing families of the availability of advocacy services;¶
<#>Coordinating with medical and health providers; and¶
<#>Facilitating the development of a transition plan to preschool services or other, if appropriate.¶
<#>Employment and assignment d... [7]

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- b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
- c. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

(34 CFR 303.12(d)(14))

44. State Lead Agency: The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) serves as the state lead agency for Part C in Virginia.

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45. Surrogate parent: A person appointed in accordance with procedures set forth to provide children who are in legal or physical custody of the State, whose parent(s) cannot be identified and/or whose whereabouts are unknown, with the protection of their rights.

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46. Transition: The entry or exit of children and families to and from early intervention supports and services.

Deleted: <#>Temporary (or interim) service coordinator: The temporary service coordinator is assigned at the point of entry, and is responsible for scheduling an initial evaluation and assessment. If the child is found eligible for Part C services, the temporary service coordinator schedules the initial IFSP meeting within forty-five (45) days of referral for the evaluation and assessment and provides written notice to the parent(s) or guardians.¶

47. Transportation and related costs: Transportation and related costs include the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention supports and services.

(34 CFR 303.12(d)(15))

48. Vision services: Vision services mean:

- a. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
- b. 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 training, and additional training necessary to activate visual motor abilities.

(34 CFR 303.12(d)(16))

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49. Ward of the State: A child who is a foster child, a ward of Virginia or is in the custody of a public child welfare agency. The term does not include a foster child who has a foster parent covered by the definition of "parent." A ward of Virginia is a child for whom parental rights have been terminated by the court or whose parents have permanently entrusted them to a local department of social services.

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(34 CFR 300.45)

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B. Infrastructure

1. The Virginia Code, §§ 2.2 -2664 and 2.2-5300 through 2.2-5308 (available at www.infantva.org), codifies Virginia’s commitment to the development and implementation of an interagency system of early intervention supports and services for infants and toddlers with disabilities and their families and the infrastructure needed to ensure implementation. The Virginia Code assigns to the State agencies involved in the provision of, or payment for, early intervention supports and services to infants and toddlers with disabilities and their families (“participating State agencies”) shared responsibility for the development and implementation of the Part C system, with a Governor-designated State Lead Agency serving as facilitator and insurer of compliance. Also codified are the Virginia Interagency Coordinating Council (VICC), local lead agencies that coordinate Part C early intervention systems at the local level, and local interagency coordinating councils (LICCs) that provide advice and assistance to the local lead agencies.
2. The Virginia Code clearly specifies that the State Lead Agency has the single line of responsibility for administering the statewide, comprehensive, coordinated, multidisciplinary, interagency service delivery system for infants and toddlers with disabilities and their families under Part C, including the administration of funds provided under Part C. The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) is the State Lead Agency for Part C in Virginia. In Virginia, the Governor assigns financial responsibility for Part C and has designated the Secretary of Health and Human Resources and the Secretary of Education to carry out this responsibility.
3. In accordance with the Virginia Code, the State Lead Agency contracts with local lead agencies to facilitate implementation of local early intervention supports and services statewide. The local lead agency must be a public agency selected by the local interagency coordinating council. The duties of the local lead agency include the following:
 - a. Establishing and administering a local system of early intervention supports and services that meets all federal Part C requirements and Virginia policies and procedures governing provision of early intervention supports and services;
 - b. Implementing consistent and uniform policies and procedures for public and private providers to determine parental liability and to charge fees for early intervention supports and services pursuant to regulations, policies and procedures adopted by the State Lead Agency; and
 - c. Managing federal and state Part C early intervention funds allocated from the State Lead Agency for the local early intervention system, including contracting or otherwise arranging for supports and services with local early intervention service providers.
4. The State Lead Agency, in consultation with the Virginia Interagency Coordinating Council (VICC), has established local interagency coordinating councils on a statewide basis to advise and assist the local lead agencies and to enable early intervention service providers to establish working relationships that will increase the efficiency and effectiveness of early intervention supports and services.
 - a. The Virginia Code requires that LICC membership include designees from each local community services board (CSB), department of health, school division, and department of social services who are authorized to make funding and policy decisions. These designees designate additional council members as follows: at least one (1) parent representative who is not an employee of any public or private agency which serves infants and toddlers with disabilities; representatives from community providers (public and private) of early intervention supports and services; and representatives from other service providers as deemed appropriate. Each city and county may appoint an elected official to the respective

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- <#>Collaboratively develop policies for recommendation to State agency directors/commissioners; ¶
- <#>Recommend annual priorities for the Part C program to State agency directors/commissioners;¶
- <#>Ensure provision of training and technical assistance to LICCs and to local participating agency counterparts regarding integration of Part C requirements with current practices;¶
- <#>Review quarterly expenditures and develop funding recommendations to State agency directors/commissioners;¶
- <#>Assist with state-level interagency review of local budgets for Part C funds; and¶
- <#>Assist with monitoring of the interagency system of early intervention services as required by federal Part C regulations.¶

¶

<#>Virginia's service delivery structure has traditionally been decentralized. The development and implementation of early intervention programs across the State was facilitated by local initiative in the 1970s. In 1980, prevention/early intervention was recommended as a core service for the forty (40) local ... [8]

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LICC.

- b. Duties of LICCs, in accordance with the Virginia Code, include advising and assisting the local lead agency in the following:
 - (1) Identifying existing early intervention services and resources;
 - (2) Identifying gaps in the service delivery system and developing strategies to address these gaps;
 - (3) Identifying alternate funding sources;
 - (4) Facilitating the development of interagency agreements, local contracts, and memoranda of understanding, and supporting the development of service coalitions;
 - (5) Implementing policies and procedures that will promote interagency collaboration; and
 - (6) Developing local procedures, and determining mechanisms for implementing policies and procedures in accordance with State and federal statutes, regulations, and policies and procedures.

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 <#>LICCs facilitate partnerships to promote a comprehensive, family-centered, interagency system of early intervention services in each geographic region of Virginia. Such partnerships are formed to coalesce and realign interagency resources in order to build service capacity to meet the needs of infants and toddlers with disabilities and their families in each community.¶
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5. Each local lead agency must sign an annual Local Contract for Continuing Participation in Part C (available at www.infantva.org) with the State Lead Agency. Requirements for the local lead agency, in accordance with the Local Contract for Continuing Participation in Part C include, but are not limited to, the following:

- a. Submitting an annual budget and budget justification narrative for review and approval of the State Lead Agency prior to the beginning of the fiscal year.

Based upon this approved budget, funds are disseminated from the State Lead Agency to the local lead agency. The local lead agency must provide to the State Lead Agency expenditure reports as required in the annual Local Contract for Continuing Participation in Part C. The State Lead Agency has established guidelines pertaining to mid-year budget revisions and requires local lead agencies to submit proposed revisions when such revisions exceed a pre-determined cumulative percentage.

- b. Assuming responsibility for the proper disbursement and management of Part C funds. If funds are disbursed by the local lead agency to other agencies/ providers, then contracts must be used to ensure that fiscal accountability is maintained and that all Part C policies and procedures and federal Part C assurances are met by all agencies/providers receiving and expending Part C funds.
- c. Submitting annually to the State Lead Agency signed fiscal and programmatic assurances.
- d. Having in place written local policies and procedures where required by the State policies and procedures. Each local lead agency must also have in place written local mechanisms to ensure that federal Part C assurances (e.g., non-supplanting, payor of last resort, etc.) are met.
- e. Having in place local interagency agreement(s) which delineate each agency's and/or provider's responsibilities related to compliance with federal, State, and local regulations and policies and procedures; all Part C assurances; provision of systems components (e.g., public awareness, data collection, etc.); and provision of Part C supports and services. Some local agencies/ providers may have their responsibilities outlined in a contract rather than an interagency agreement or memorandum of understanding.
- f. Reviewing annually their local policies and procedures (including mechanisms) and their local interagency agreements, contracts, and memoranda of understanding. Changes to any of these items are submitted to the State Lead Agency for review in accordance with timetables established in the Contract.
- g. Adhering to the requirements of Virginia's Part C General Supervision and Monitoring System.
- h. Providing required data to the State Lead Agency.

6. Each local lead agency must employ a local Part C system manager to coordinate and provide

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oversight for the local Part C system. The roles and responsibilities of the Local Part C System Manager include, but are not limited to, the following:

- a. Serving as a liaison between the local Part C system and the State Lead Agency;
- b. Serving as a liaison between the local interagency coordinating council and the local lead agency;
- c. Clearly describing and explaining the service delivery considerations and approach associated with individualizing Part C early intervention supports and services in everyday routines, activities and places to a wide variety of people in order to move the system forward in adopting these practices;
- d. Working in partnership with families, agencies, and professionals to maintain a local service delivery system that provides individualized, family-centered supports and services for all eligible children and their families;
- e. Providing oversight of local service delivery trends to monitor individualization of supports and services;
- f. Assisting the local lead agency in continuously monitoring projected Part C expenditures based upon active IFSPs and available reimbursement sources;
- g. Facilitating continuous local system improvement through collection, use and interpretation of data; and
- h. Assisting the local lead agency in completing local contract requirements.

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Deleted: The local council coordinator is an advocate of the Part C system at the local level and is employed by any local agency as determined by the LICC. Offers of employment and termination as well as supervision are encouraged to be joint decisions of the hiring agency and the LICC and are specified in local operational procedures for each LICC. Responsibilities of the local council coordinator include:¶

- <#>Coordinating the people and resources necessary to maintain an integrated, comprehensive service delivery system that meets State priorities for Part C system implementation;¶
- <#>Serving in partnership with parents and professionals to promote a family-centered approach at the local, regional, and State level. The coordinator facilitates the development of procedures and activities in which family members are valued participants and decision-makers in all aspects of council functions and community planning;¶
- <#>Clearly describing and explaining the vision of a comprehensive, family-centered, collaborative system of early intervention in accordance with Part C to a wide variety of people;¶
- <#>Providing direction, structure, and support to LICC activities;¶
- <#>Cooperating with the LICC chair to maintain an effective two-way flow of communication between the State and locality to keep council members knowledgeable about State and federal activities and initiatives, and to enhance the relationship between the LICC and the Lead Agency; and¶

Serving as facilitator of the local Part C allocation, with the direction and approval of the LICC, in close coordination with the local fiscal agent/intermediary.

Deleted: <#>Each LICC is required to elect a chairperson to preside over council operations. The chairperson may serve a one-year or a two-year term, the length to be chosen by the LICC. A vice-chairperson may also be elected, at the option of the LICC, to fulfill the duties of the chairperson in the event of the chairperson's absence. Any member of the LICC may serve as chairperson and/or vice-chairperson. It is expected, however, that parents, a variety of service providers (both public and private), and the geographic and cultural diversity of the communities served will be represented as the position of chairperson rotates among LICC members. D(... [9]

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C. State Interagency Coordinating Council

1. In order to meet Federal requirements for receiving financial assistance under Part C of the Individuals with Disabilities Education Act (IDEA), the Commonwealth has established the Virginia Interagency Coordinating Council (VICC) to provide advice and assistance to the State Lead Agency and to other State agencies involved in the provision of, or payment for, early intervention supports and services to infants and toddlers with disabilities and their families (“participating State agencies”). VICC membership is consistent with federal requirements for State councils and ensures reasonable representation of the population of Virginia.

2. The VICC is comprised of twenty-~~two~~ (22) members. ~~Non-State agency representatives of the~~ VICC are appointed by the Governor for three-year terms. These individuals may be re-appointed by the Governor for one (1) additional three-year term. State agency representatives of the VICC are designated by their agency directors/commissioners, who are appointed by the Governor.

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3. The VICC designates one of its members to serve as the chairperson. The chairperson may not be a representative of the State Lead Agency.

4. VICC by-laws (available at www.infantva.org) ~~outline nomination processes and roles of officers, committees, and other operational procedures.~~ The by-laws specify, in accordance with 34 CFR 303.604, that *no member of the VICC shall cast a vote on any matter that is likely to provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under Virginia law.*

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5. The VICC is composed as follows:

a. *At least twenty percent (20%) of the members are parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one (1) parent member is the parent of an infant or toddler with a disability or a child with a disability aged 6 or younger;*

b. *At least twenty percent (20%) of the members are public or private providers of early intervention supports and services. At least one (1) will be a representative of the local Part C system managers;*

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c. *At least one (1) member is from the Virginia legislature;*

d. *At least one (1) member is involved in personnel preparation;*

e. *At least one (1) member is from each of the State agencies involved in the provision of, or payment for, early intervention supports and services to infants and toddlers with disabilities and their families. These State agency representatives have sufficient authority to engage in policy planning and implementation on behalf of such agencies. In Virginia, the participating State agencies include:*

(1) Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS);

(2) Department of Health (VDH);

(3) Department of Education (DOE);

(4) Department of Social Services (DSS);

(5) Department of Medical Assistance Services (DMAS);

(6) Department for the Deaf and Hard-of-Hearing (VDDHH);

(7) Department for the Blind and Vision Impaired (DBVI);

(8) Office for Protection and Advocacy (VOPA); and

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- (9) State Corporation Commission (SCC), Bureau of Insurance.
- f. *At least one (1) member is from the State educational agency responsible for preschool services to children with disabilities and who has sufficient authority to engage in policy planning and implementation on behalf of that agency;*

The Virginia Department of Education (DOE) is responsible for preschool services to children with disabilities.

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- g. *At least one (1) member is from the agency responsible for the State Medicaid program.*

The Department of Medical Assistance Services (DMAS) is responsible for the State Medicaid program.

- h. *At least one (1) member is from the agency responsible for the State ~~regulation~~ of health insurance;*

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The State Corporation Commission (SCC), Bureau of Insurance is responsible for the State ~~regulation~~ of health insurance.

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- i. *At least one (1) member is from a Head Start Agency or program in Virginia;*
- j. *At least one (1) member is from a State agency responsible for child care;*

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The Virginia Department of Social Services (DSS) is responsible for child care.

- k. *At least one (1) member is a representative designated by the Office of Coordinator for Education of Homeless Children and Youths*

- l. *At least one (1) member is from the State child welfare agency responsible for foster care;*

The Virginia Department of Social Services (DSS) is responsible for foster care.

- m. *At least one (1) member is from the State agency responsible for children's mental health; and*

The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) is responsible for children's mental health.

- n. *Other members selected by the Governor, including a representative from the Bureau of Indian Affairs (BIA), or where there is no BIA-operated or BIA-funded school, from the Indian Health Service or the tribe or tribal council (34 CFR 303.601)*

The current listing of VICC members is available at www.infantva.org.

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- 6. VICC meetings are held at least quarterly. Council meetings are announced in the *Virginia Register*, and through an announcement to local lead agencies and local system managers. Meetings are held in various locations throughout Virginia, as feasible, and are open and accessible to the public. Public comment periods are provided at each meeting. Interpreters for the deaf and other necessary services for both VICC members and participants are provided as necessary and upon request. The VICC may use Part C funds to pay for these services.

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- 7. Subject to the approval of the Governor, the VICC may prepare and approve a budget using funds under this part to:
 - a. Conduct hearings and forums;
 - b. Reimburse members of the council for reasonable and necessary expenses for attending council meetings and performing council duties (including child care for parent representatives);
 - c. Pay compensation to a member of the council if the member is not employed or must forfeit wages from other employment when performing official council business;
 - d. Hire staff; and
 - e. Obtain the services of such professional, technical, and clerical personnel as may be necessary to carry out its functions under Part C.

Except as outlined above, council members shall serve without compensation from funds available under Part C. (34 CFR 303.602)

- 8. Functions of the VICC shall include:
 - a. Advising and assisting the State Lead Agency in the development and implementation of the policies that constitute the statewide system;
 - b. Assisting the state lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State;
 - c. Assisting the state lead agency in the effective implementation of the statewide system, by establishing a process that includes—
 - (1) Seeking information from service providers, service coordinators, parents and others about any Federal, State or local policies that impede timely service delivery; and
 - (2) Taking steps to ensure that any policy problems identified under paragraph (a) (3) (i) of this section are resolved; and
 - d. To the extent appropriate, assisting the state lead agency in the resolution of disputes. (34 CFR 303.650)

- 9. The VICC shall advise and assist the state lead agency in the —
 - a. Identification of sources of fiscal and other support for services for early intervention programs under this part;
 - b. Assignment of financial responsibility to the appropriate agency; and
 - c. Promotion of the interagency agreements under Sec. 303. 523
 - d. Preparation and submission of an annual performance report to the Governor and to the Secretary on the status of early intervention programs for infants and toddlers with disabilities and their families operated within Virginia. (34 CFR 303. 651)

- 10. The VICC is authorized to advise and assist the State Lead Agency and the Virginia Department of Education regarding the provision of appropriate supports and services for children from birth through age five, inclusive. The VICC may advise appropriate agencies in Virginia with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention supports and services in Virginia. (34 CFR 303.650)

NOTE: At-risk infants and toddlers are not eligible for Part C early intervention supports and services in Virginia.

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NOTE: Federal regulations require the VICC to prepare and submit an annual report to the Governor and to the Secretary on the status of Virginia’s early intervention program for infants and toddlers with disabilities and their families. However, in an effort to reduce the reporting burden on States, the Office of Management and Budget has approved the “Interagency Coordinating Council Certification of Annual Report” form. In Virginia, the Lead Agency, with input from the VICC, including the ... [10]

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Deleted: The Virginia Part C system currently does not serve at-risk infants and toddlers.

Deleted: <#>The Council’s mission statement and statement of philosophy support the belief that parents have the primary responsibility for decisions affecting their infant or toddler and that services must be family centered and respect the dignity and integrity of the family system. The Council’s mission statement is as follows:¶ ... [11]

**REQUIREMENTS RELATED
TO COMPONENTS OF A STATEWIDE SYSTEM**

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*Developmental areas:**Cognitive development;**Physical development, including fine motor, gross motor, vision and hearing;**Communication development;**Social or emotional development; or**Adaptive development.*

(34 CFR 303.16(a)(1))

Developmental delay: See Component I of the Policies and Procedures section of this application for the definition of developmental delay.

Discipline: See "Profession".

Dispute: An interagency disagreement about payments for a given service or other matters related to Virginia's early intervention program.

Early intervention program: The total effort in Virginia that is directed at meeting the needs of children eligible under this part and their families.

(34 CFR 303.11)

*Early intervention services:**Services that:**Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;**Are selected in collaboration with the parent(s);**Are provided:**Under public supervision;**By "qualified personnel" as defined in §303.21, including the types of personnel listed in the definition below;**In conformity with an individualized family service plan;**At no cost, unless, subject to §303.520(b)(3), Federal or Virginia law provides for a system of payment by families, including a schedule of sliding fees; and Meet the standards of Virginia including the requirements of Part C.*

(34 CFR 303.12(a))

To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. As used in this section, natural environments means settings that are natural or normal for the child's age peers who have no disability.

To the extent appropriate, service providers in each area of early intervention services included in this section are responsible for:

*Consulting with parent(s), other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;**Training parent(s) and others regarding the provision of those services; and**Participating in the multidisciplinary/interdisciplinary/transdisciplinary team's assessment of a child and child's family and in the development of integrated goals and outcomes for the IFSP.*

(34 CFR 303.12(c))

Early intervention services include:

Assistive technology devices and assistive technology services;

Audiology;
Family training, counseling, and home visits (services provided by social workers, psychologists and other qualified personnel);
Health services;
Medical services only for diagnostic or evaluative purposes;
Nursing services;
Nutrition services;
Occupational therapy;
Physical therapy;
Psychological services;
Service coordination services;
Social work services;
Special instruction;
Speech-language pathology;
Transportation and related costs; and
Vision services.

Note: This list of services is *not exhaustive*. *Early intervention services may include such services as the provision of respite and other family support services.*

(34 CFR 303.12 NOTE)

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Family support: Assistance provided to families in order to strengthen their capability to maintain their infant or toddler in their own home.

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Infants and toddlers with disabilities:

Individuals from birth through age two who need early intervention services because they:

Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:

Cognitive development;

Physical development, including fine motor, gross motor vision and hearing;

Communication development;

Social or emotional development; or

Adaptive development; or

Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

The term may also include, at a State's discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided.

NOTE: The phrase "a diagnosed physical or mental condition that has a high probability of resulting in developmental delay" ... applies to a condition if it typically results in developmental delay. Examples of these conditions include chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances,

including fetal alcohol syndrome; and severe attachment disorders.

NOTE: Children who are at risk may be eligible under Part C if a State elects to extend services to that population, even though they have not been identified as disabled.... States have the authority to define who would be "at risk of having substantial developmental delays if early intervention services are not provided."

In defining the "at risk" population, States may include well-known biological and environmental factors that can be identified and that place infants and toddlers "at risk" for developmental delay. Commonly cited factors include low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, and a history of abuse or neglect.

It should be noted that "at risk" factors do not predict the presence of a barrier to development, but they may indicate children who are at higher risk of developmental delay than children without these problems.

(34 CFR 303.16)

Informed clinical opinion: The opinions of qualified personnel from a variety of disciplines, chosen on the basis of child and family strengths and needs.

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LEA: Local Education Agency

Lead Agency: The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) serves as the lead agency for Part C in Virginia

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Local Fiscal Agent/Intermediary: A local fiscal agent/intermediary is designated by each local interagency coordinating council to administer local Part C interagency funds. The local fiscal agent/intermediary must be any public agency willing to administer the funds and carry out specified duties.

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Local interagency coordinating councils (LICCs), composed of families and public and private agency representatives, are responsible for promoting interagency collaborative planning and interagency sharing of responsibilities for the development and implementation of the comprehensive early intervention service system in each locality. There are forty (40) LICCs across the state

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Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for:

Coordinating all services across agency lines; and

Serving as the single point of contact in helping parent(s) to obtain the services and assistance they need.

Service coordination is an active, ongoing process that involves:

Assisting parent(s) of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;

Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

Facilitating the timely delivery of available services; and

Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Activities include:

*Coordinating the performance of evaluations and assessments;
Facilitating and participating in the development, review, and evaluation of individualized family service plans;
Assisting families in identifying available service providers;
Coordinating and monitoring the delivery of available services;
Informing families of the availability of advocacy services;
Coordinating with medical and health providers; and
Facilitating the development of a transition plan to preschool services or other, if appropriate.*

Employment and assignment as follows:

Service coordinators may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of this part. A State's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed above.

*Service coordinators must be persons who, consistent with § 303.344(g), have demonstrated knowledge and understanding about:
Infants and toddlers who are eligible under this part;
Part C of the Act and the regulations in this part; and
The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.*

The directors and commissioners of the participating State agencies form the Early Intervention Agencies Committee (EIAC). To ensure that interagency responsibilities related to policy development, financing and implementation of Part C are met by the participating State agencies, an interagency management team for Part C was established.

The Early Intervention Interagency Management Team (EIIMT) is comprised of individuals appointed from each participating State agency to carry out the following duties on behalf of the State agency directors/commissioners:

Collaboratively develop policies for recommendation to State agency directors/commissioners;

Recommend annual priorities for the Part C program to State agency directors/commissioners;

Ensure provision of training and technical assistance to LICCs and to local participating agency counterparts regarding integration of Part C requirements with current practices;

Review quarterly expenditures and develop funding recommendations to State agency directors/commissioners;

Assist with state-level interagency review of local budgets for Part C funds; and

Assist with monitoring of the interagency system of early intervention services as required by federal Part C regulations.

Virginia's service delivery structure has traditionally been decentralized. The development and implementation of early intervention programs across the State was facilitated by local initiative in the 1970s. In 1980, prevention/early intervention was recommended as

a core service for the forty (40) local Community Services Boards (CSBs) by the Commission on Mental Health and Mental Retardation (Bagley Commission). CSBs are agencies of local governments which are funded, monitored and evaluated by DMHMRSAS.

Historically, the CSBs were the primary providers of early intervention services in Virginia. These CSBs have received State mental retardation funds targeted for early intervention services since the early 1980s. When Virginia began its development and implementation of its statewide Part C system, the CSBs became part of the local interagency Part C system and members of the LICCs. Like all LICC members, the CSB must now function and provide Part C services within the context of LICC operating procedures and in accordance with local interagency agreements for Part C. While CSBs continue to receive State funds from DMHMRSAS to provide early intervention services, they must now comply with Part C regulations in order to receive those funds. A performance contract is completed annually by each CSB and is one mechanism by which monitoring and other data are provided to DMHMRSAS. Hence, CSBs are accountable to DMHMRSAS in the same way any local public agency is to its counterpart. Furthermore, CSBs are accountable through the LICC to DMHMRSAS as the Lead Agency for Part C in Virginia.

Currently, there are community-based early intervention services in Virginia serving infants and toddlers with disabilities and their families in each of the CSB jurisdictions (see Appendix B). Services are offered through infant programs as well as other public and private agencies/providers in each community.

In accordance with Title 2.1 of the *Code of Virginia*, LICCs are responsible for promoting local interagency collaborative planning and interagency sharing of responsibilities in developing and implementing Virginia's comprehensive, coordinated early intervention service delivery system.

Each LICC is required to elect a chairperson to preside over council operations. The chairperson may serve a one-year or a two-year term, the length to be chosen by the LICC. A vice-chairperson may also be elected, at the option of the LICC, to fulfill the duties of the chairperson in the event of the chairperson's absence. Any member of the LICC may serve as chairperson and/or vice-chairperson. It is expected, however, that parents, a variety of service providers (both public and private), and the geographic and cultural diversity of the communities served will be represented as the position of chairperson rotates among LICC members. Duties of the LICC chairperson must include the following:

- Presiding at all council meetings. (To encourage and maintain effective group participation, the chairperson shall use Robert's Rules of Order);
- Serving as the LICC's official representative;
- Utilizing a clear, group-oriented process for determining the goals and direction of the LICC and for making decisions;
- Providing leadership to local community efforts to implement a collaborative and coordinated system, and providing guidance to LICC members in identifying and implementing strategies for addressing barriers and enhancing successful ways of providing services and supports;

Cooperating and coordinating with the local council coordinator to maintain an effective two-way flow of information between the State and locality to keep council members knowledgeable about State and federal activities and initiatives, and to enhance the relationship between the LICC and the Lead Agency;
Delegating responsibility when appropriate and necessary; and
Carrying out other duties as determined by local operational procedures, such as jointly supervising the local council coordinator.

Each LICC is required to designate a local fiscal agent/intermediary to administer Part C interagency funds at the local level. The local fiscal agent/intermediary is a local public agency identified by the LICC that is under contract with DMHMRSAS to carry out the following activities:

Administer the funds; implement and comply with Part C fiscal assurances; and, in conjunction with other local participating agencies/providers, implement and comply with programmatic assurances;
Complete and submit necessary reporting requirements to procure allocated Part C funds from the Lead Agency (i.e., providing quarterly expenditure reports to the LICC); and
Adhere to its own agency requirements for managing funds including audits, contracting for services, interagency transferring of funds, purchasing supplies/equipment, etc.

Decisions about how its share of Part C and State general fund dollars will be spent rest with the LICC, of which the fiscal agent/intermediary is a member. Each LICC through the local fiscal agent/intermediary must submit an annual budget and budget justification narrative for review and approval of the Lead Agency prior to the beginning of the fiscal year. Based upon this approved budget, funds are disseminated from the Lead Agency to the local fiscal agent/intermediary. The local fiscal agent/intermediary must provide to the LICC a quarterly expenditure report, which the LICC then provides to the Lead Agency. LICC expenditures are reviewed and monitored by the Lead Agency on an ongoing basis and by the EIIMT on a quarterly basis. The Lead Agency has established guidelines pertaining to mid-year LICC budget revisions and requires LICCs to submit proposed revisions when such revisions exceed a pre-determined cumulative percentage.

It is the fiscal agent/intermediary's responsibility to be accountable for the proper disbursement and management of funds. If funds are disbursed by the fiscal agent/intermediary to other agencies/ providers, then contracts must be used to ensure that fiscal accountability is maintained by all agencies/providers receiving and expending Part C funds.

The local fiscal agent/intermediary must submit annually to the Lead Agency signed fiscal and programmatic assurances as part of the LICC's contract to receive continued funding.

LICCs are required to have in place a set of written policies and procedures for Part C, which include both federal and State policies and procedures.

In addition, every LICC must have interagency agreement(s) which delineate each agency's and/or provider's responsibilities related to compliance with federal, State, and local regulations and policies and procedures; compliance with all Part C assurances; provision of systems components (e.g., public awareness, data collection, etc.); and provision of

direct services. Local interagency agreements are based on the framework set by the state-level interagency agreement. The most recent State agreement was signed in September, 1996 to continue the full implementation of a statewide, community-based, interagency system of early intervention services for all eligible children and their families. While the State interagency agreement identifies some specific responsibilities for particular agencies, such as assigning joint responsibility for child find to DMHMRSAS and the Department of Education, it primarily identifies services that each agency may provide through its local counterparts. Given what each of the participating State agencies has agreed may be provided by their agency and/or local counterparts, each of the forty LICCs has facilitated the development of local interagency agreements which identify the specific responsibilities of local public and private agencies in that community. Some local agencies/ providers may have their responsibilities outlined in a contract rather than an interagency agreement or memorandum of understanding.

In order to ensure that federal Part C assurances (e.g., non-supplanting, payor of last resort, etc.) are met statewide within the context of Virginia's locally-driven system, every LICC has established written mechanisms for meeting each of those assurances. Local agencies/providers participating on LICCs, including local fiscal agents/intermediaries, ensure compliance with these assurances, as indicated by signature on the submission of the LICC's annual contract for continuing Part C participation.

In order to receive continued funding under Part C, LICCs are required to annually review their local policies and procedures (including mechanisms) and their local interagency agreements, contracts, and memoranda of understanding. Changes to any of these items are submitted annually to the Lead Agency for review.

Page 14: [10] Deleted

Kyla Patterson

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Advising and assisting the Lead Agency in the preparation of applications and amendments thereto;

Advising and assisting the Virginia Department of Education regarding the transition of toddlers with disabilities to preschool and other appropriate services;

Advising and assisting the Lead Agency in the development of strategies that promote full participation, coordination, and cooperation of all appropriate agencies;

Advising and assisting the Lead Agency regarding interagency disputes; and

Advising and assisting the Lead Agency regarding problems that impede timely and effective service delivery and taking steps to ensure that any identified policy problems are resolved.

NOTE: Federal regulations require the VICC to prepare and submit an annual report to the Governor and to the Secretary on the status of Virginia's early intervention program for infants and toddlers with disabilities and their families. However, in an effort to reduce the reporting burden on States, the Office of Management and Budget has approved the "Interagency Coordinating Council Certification of Annual Report" form. In Virginia, the Lead Agency, with input from the VICC, including the participating State agencies, prepares the annual performance report and, once finalized, presents the report to the VICC Chairperson for review. The "Interagency Coordinating Council Certification of Annual Report" form is signed by the Chairperson and submitted with Virginia's annual performance report.

Page 14: [11] Deleted

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The Council's mission statement and statement of philosophy support the belief that parents have the primary responsibility for decisions affecting their infant or toddler and that services must be family centered and respect the dignity and integrity of the family system. The Council's mission statement is as follows:

To advise and offer guidance in planning the comprehensive system of early intervention services defined in Part C of the Individuals with Disabilities Education Act Amendments of 1992 and to ensure the implementation and evaluation of the coordinated, statewide, interagency, multidisciplinary system of services which enhances the capacity of families to meet the needs of their infants and toddlers.

The Council's statement of philosophy sets the tone for the advice and guidance that it offers to the Lead Agency, as follows:

Infants and toddlers and their families have unique needs. Meeting those needs is a fundamental human right and responsibility of all families and a responsibility of our society.

Infant, toddler and family needs should be identified early and families should have access to services as soon as needed.

The needs of infants, toddlers and their families can be so complex that they cannot be met effectively by a single agency, provider, or discipline.

In order for service delivery to be comprehensive and coordinated, agencies and service providers need the skills and support necessary to work as a team to pool information and resources.

The availability of appropriate early intervention services should be consistent throughout the Commonwealth of Virginia.

Service delivery personnel must be sensitive to the cultural diversity among families and responsive to their varying levels of ability to participate with and to advocate for their child.

Families have the right to define their membership, the right to privacy and confidentiality, and the right to respect for themselves and their values.

Families have the right to professional honesty and information so that they can best determine their needs and choose among service options.

In order to provide for the needs of infants and toddlers and their families, the Commonwealth must actively recruit and train adequate numbers of personnel, maintain high professional standards and provide continuing education for practicing interventionists.