

**COMPARISON OF FEDERAL REGULATIONS,
VIRGINIA CODE AND VIRGINIA PART C POLICIES AND PROCEDURES RELATED TO INFRASTRUCTURE
DRAFT**

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<p style="text-align: center;">Purpose of Early Intervention Program</p>		
<p>Sec. 303.1 Purpose of the early intervention program for infants and toddlers with disabilities.</p> <p>The purpose of this part is to provide financial assistance to States to—</p> <p>(a) Maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;</p> <p>(b) Facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);</p> <p>(c) Enhance the States' capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and</p> <p>(d) Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically under represented populations, particularly minority, low-income, inner city, and rural populations.</p>		

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Minimum Components of Statewide System – System for Serving All Eligible Children		
<p>Sec. 303.160 Minimum components of a statewide system.</p> <p>Each application must address the minimum components of a state system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State. The minimum components of a statewide system are described in Secs. 303 through 303.176.</p>		<p>SYSTEM FOR SERVING ALL ELIGIBLE CHILDREN</p> <p>The Lead Agency (DMHMRSAS) ensures that in Virginia:</p> <ol style="list-style-type: none"> a. A policy has been adopted and is being implemented to ensure that <i>appropriate early intervention services are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the state;</i> and (34 CFR 303.160) b. A statewide system that meets the requirements of Part C is in effect. (34 CFR 303.140) <p>2. Part C does not apply to any child with disabilities receiving FAPE (Free Appropriate Public Education) with funds under Section 619 of Part B of IDEA (Individuals with Disabilities Education Act).</p>
Lead Agency		
<p>Sec. 303.500 Lead agency establishment or designation.</p> <p>Each system must include a single line of responsibility in a lead agency that—</p> <ol style="list-style-type: none"> (a) Is established or designated by the Governor; and (b) Is responsible for the administration of the system, in accordance with the requirements of this part. <p>Sec. 303.522 Identification and coordination of resources.</p> <ol style="list-style-type: none"> (a) Each lead agency is responsible for-- <ol style="list-style-type: none"> (1) The identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources; and (2) Updating the information on the funding 	<p>2.2-5304. (Effective October 1, 2001) Lead agency's duties.</p> <p>To facilitate the implementation of an early intervention services system and to ensure compliance with federal requirements, the Governor shall appoint a lead agency. The duties of the lead agency shall include:</p> <ol style="list-style-type: none"> 1. Promulgating regulations and adopting the policies and procedures as necessary to implement an early intervention services system and assure consistent and equitable access to such services, including, but not limited to, uniform statewide procedures on or before January 1, 2002, for public and private providers to determine parental liability and to charge fees for early intervention services in accordance with federal law and regulations, in consultation with other participating agencies; the regulations 	<p>Infrastructure (page 12 of General Applications Section of Virginia Policies and Procedures)</p> <ol style="list-style-type: none"> 1. House Bill 817 (HB 817), passed by the Virginia General Assembly in 1992, amended Title 2.1 of the Code of Virginia and thus codified Virginia's commitment to the development of an interagency system of early intervention services for infants and toddlers with disabilities and their families and the infrastructure needed to ensure implementation. The Code of Virginia assigns to the State agencies involved in the provision of, or payment for, early intervention 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 Lead Agency serving as facilitator and insurer of compliance. Also codified are the Virginia Interagency Coordinating Council

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<p>sources in paragraph (a) (1) of this section, if a legislative or policy change is made using any of those sources.</p> <p>(b) The Federal funding sources in paragraph (a) (1) of this section include-</p> <ol style="list-style-type: none"> (1) Title V of the Social Security Act (relating to Maternal and Child Health); (2) Title XIX of the Social Security Act (relating to the general Medicaid Program, and EPSDT); (3) The Head Start Act; (4) Parts B and H of the Act; (5) The Developmental Disabilities Assistance and Bill of Rights (Pub. L. 94-103); and (6) Other Federal programs. <p>Sec. 303.400 General responsibility of lead agency for procedural safeguards.</p> <p>Each lead agency shall be responsible for—</p> <ol style="list-style-type: none"> (a) Establishing or adopting procedural safeguards that meet the requirements of this subpart; and (b) Ensuring effective implementation of the safeguards by each public agency in the State that is involved in the provision of early intervention services under this part. 	<p>shall be adopted in accordance with the provisions of the Administrative Process Act (§ 2.2-4000 et seq.);</p> <ol style="list-style-type: none"> 2. Providing technical assistance to localities in the establishment and operation of local interagency coordinating councils; and 3. Establishing an interagency system of monitoring and supervising the early intervention services system. <p>(1992, c. 771, § 2.1-764; 2001, cc. 562, 844.)</p>	<p>(VICC), the Early Intervention Agencies Committee (EIAC), and the forty (40) local interagency coordinating councils (LICCs) that coordinate Part C early intervention systems at the local level.</p> <ol style="list-style-type: none"> 2. The Code of Virginia clearly specifies that the 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 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. 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: <ol style="list-style-type: none"> 4. Collaboratively develop policies for recommendation to State agency directors/commissioners; 5. Recommend annual priorities for the Part C program to State agency directors/commissioners; 6. Ensure provision of training and technical assistance to LICCs and to local participating agency counterparts regarding integration of Part C requirements with current practices; 7. Review quarterly expenditures and develop funding recommendations to State agency directors/commissioners;

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		<p>8 Assist with state-level interagency review of local budgets for Part C funds; and</p> <p>9. Assist with monitoring of the interagency system of early intervention services as required by federal Part C regulations.</p>
Interagency Collaboration and Responsibility – Including Fiscal Responsibility and Assurances		
<p>Sec. 303.125 Fiscal control.</p> <p>The statement must provide assurance satisfactory to the Secretary that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this part.</p> <p>Sec. 303.143 Designation regarding financial responsibility.</p> <p>Each application must include a designation by the State of an individual or entity responsible for assigning financial responsibility among appropriate agencies.</p> <p>Sec. 303.526 Policy for contracting or otherwise arranging for services.</p> <p>Each system must include a policy pertaining to contracting or making other arrangements with public or private service providers to provide early intervention services. The policy must include-</p> <p>(a) A requirement that all early intervention services must meet State standards and be consistent with the provisions of this part;</p> <p>(b) The mechanisms that the lead agency will use in arranging for these services, including the process by which awards or other arrangements are made; and</p> <p>(c) The basic requirements that must be met by any individual or organization seeking to provide these services for the lead agency.</p>	<p>§ 2.2-5301. (Effective October 1, 2001) Secretaries of Health and Human Resources and Education to work together.</p> <p>The Secretaries of Health and Human Resources and Education shall work together in:</p> <ol style="list-style-type: none"> 1. Promoting interagency consensus and facilitating complementary agency positions on issues relating to early intervention services; 2. Examining and evaluating the effectiveness of state agency programs, services, and plans for early intervention services and identifying duplications, inefficiencies, and unmet needs; 3. Analyzing state agency budget requests and any other budget items affecting early intervention services; 4. Proposing ways of realigning funding to promote interagency initiatives and programs for early intervention services; 5. Formulating recommendations on planning, priorities, and expenditures for early intervention services and communicating the recommendations to the Governor and state agency heads; 6. Formulating joint policy positions and statements on legislative issues regarding early intervention services and communicating those positions and statements to the General Assembly; and 7. Resolving interagency disputes and assigning financial responsibility in accordance with Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.). <p>(1992, c. 771, § 2.1-761; 2001, c. 844.)</p> <p>§ 2.2-5302. (Effective October 1, 2001) Early intervention agencies committee.</p> <p>An early intervention agencies committee shall be established to ensure the implementation of a</p>	<p>Fiscal Agent</p> <ol style="list-style-type: none"> 1. 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: <ol style="list-style-type: none"> a. 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; b. 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 c. Adhere to its own agency requirements for managing funds including audits, contracting for services, interagency transferring of funds, purchasing supplies/equipment, etc. 2. 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

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	<p>comprehensive system for early intervention services. The committee shall be composed of the Commissioner of the Department of Health, the Director of the Department for the Deaf and Hard-of-Hearing, the Superintendent of Public Instruction, the Director of the Department of Medical Assistance Services, the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Commissioner of the Department of Social Services, the Commissioner of the Department for the Blind and Vision Impaired, the Director of the Department for Rights of Virginians with Disabilities, and the Commissioner of the Bureau of Insurance within the State Corporation Commission. The committee shall meet at least twice each fiscal year and shall make annual recommendations to the Secretary of Health and Human Resources and the Secretary of Education on issues that require interagency planning, financing, and resolution. Each member of the committee shall appoint a representative from his agency to serve on the Virginia Interagency Coordinating Council.</p> <p>(1992, c. 771, § 2.1-762; 2001, c. 844.)</p>	<p>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.</p> <p>3. 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.</p> <p>4. 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.</p>
Prohibition Against Supplanting		
<p>Sec. 303.124 Prohibition against supplanting.</p> <p>(a) The statement must include an assurance satisfactory to the Secretary that Federal funds made available under this part will be used to supplement the level of State and local funds expended for children eligible under this part and their families and in no case to supplant those State and local funds.</p> <p>(b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to</p>	<p>§ 2.2-5307. (Effective October 1, 2001) Existing funding levels.</p> <p>Any federal funds made available through Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and any state funds appropriated specifically for Part H (C) services shall supplement overall funding for services currently provided under Part of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.).</p> <p>(1992, c. 771, § 2.1-768; 2001, c. 844.)</p> <p>§ 2.2-5308. (Effective October 1, 2001)</p>	<p>From Component Xi of Virginia's Policies and Procedures</p> <p>a. Contract for Continuing Participation in Part C Early Intervention for Infants and Toddlers with Disabilities and Their Families–</p> <p>LICCs through the local fiscal agent/intermediary submit annual contracts for continuing participation in the Part C program. Each contract packet includes a scope of work, specified deliverables, budget information detailing how funds will be used to meet requirements and local needs, and information about local participating agencies/providers. Contracts also include both fiscal and programmatic assurances as well as terms and conditions of the award with applicable signatures</p>

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<p>the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available.</p> <p>Allowance may be made for—</p> <p>(1) Decreases in the number of children who are eligible to receive early intervention services under this part; and</p> <p>(2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.</p>		<p>This assurance is addressed in the Local Contract Item 4.2 Reference CFR 34 303.124.</p>
Payor of Last Resort		
<p>Sec. 303.527 Payor of last resort.</p> <p>(a) Non-substitution of funds. Except as provided in paragraph (b) of this section, funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of C of the Act. Therefore, funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local or private source.</p> <p>(b) Interim payments—reimbursement.</p> <p>(1) If necessary to prevent delay in the timely provision of services to an eligible child or the child's family, funds under this part may be used to pay the provider services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.</p> <p>(2) Payments under paragraph (b) (1) of this section may be made for--</p> <p>(i) Early intervention services as described in Sec. 303.12;</p> <p>(ii) Eligible health services (see Sec. 303.12); and</p> <p>(iii) Other functions and services authorized</p>		<p>Component Xiii of Virginia's Policies and Procedures, Pages 112-113.</p> <p>11. The Lead Agency ensures that Part C funds are used as payor of last resort.</p> <p>a. Except as provided in paragraph (b)(1) of this section, funds under Part C are not used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source including any medical program administered by the Secretary of Defense but for the enactment of Part C of the Act. Therefore, funds under Part C are used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.</p> <p>b. Part C funds are used for interim payments pending reimbursement.</p> <p>(1) If necessary to prevent a delay in the timely provision of services to an eligible child or the child's family, funds under Part C are used to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.</p> <p>(2) Payments under paragraph (b)(1) of this section may be made for:</p> <p>(a) Early intervention services, as described in §303.12;</p> <p>(b) Eligible health services (see §303.13); and</p>

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<p>under this part, including child find, evaluation and assessment.</p> <p>(3) The provisions of paragraph (b) (1) of this section do not apply to medical services or "well-baby" health care (see Sec. 303.13 (c) (1)).</p> <p>© Non-reduction of benefits. Nothing in this part may be construed to permit a State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (SSA) (relating to maternal and child health) or title XIX of the SSA (relating to Medicaid for children eligible under this part) within the State.</p>		<p>(c) Other functions and services authorized under Part C, including child find, and evaluation and assessment. (34 CFR 303.527(b))</p> <p>(3) The provisions of paragraph (b)(1) of this section do not apply to medical services or "well-baby" health care as described under Health Services in the regulations.</p> <p>c. Nothing in this part has been construed to permit Virginia to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for children eligible under this part) within Virginia. (34 CFR 303.527(c))</p> <p>12. The lead agency ensures that proceeds from public or private insurance are not treated as program income for purposes of 34 CFR 80.25. (34 CFR 303.520)</p> <p>13. The lead agency ensures that if a public agency spends reimbursements from Federal funds (e.g., Medicaid) for services under this part, those funds are not considered State or local funds for purposes of the provisions contained in §303.124. (34 CFR 303.520)</p> <p>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.</p>

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Reports, Records and Data Collection		
<p>Sec. 303.121 Reports and records.</p> <p>The statement must provide for—</p> <p>(a) Making reports in such form and containing such information the Secretary may require; and</p> <p>(b) Keeping such records and affording such access to those records as the Secretary may find necessary to assure compliance with the requirements of this part, the correctness and verification of reports and the proper disbursement of funds provided under this part.</p> <p>Sec. 303.540 Data Collection.</p> <p>(a) Each system must include the procedures that the State uses to compile data on the statewide system. The procedures must—</p> <p>(1) Include a process for—</p> <p>(i) Collecting data from various agencies and service providers in the State;</p> <p>(ii) Making use of appropriate sampling methods, if sampling is permitted; and</p> <p>(iii) Describing the sampling methods used, if reporting to the Secretary; and</p> <p>(2) Provide for reporting data required under section 618 of the Act that relates to this part.</p> <p>(c) The information required in paragraph (a) (2) of this section must be provided at the time and in the manner specified by the Secretary.</p>		<p>Component XVI. Data Collection</p> <p>A. Policies</p> <p>1. The Lead Agency (DMHMRSAS) has developed and implemented a data collection system that specifies the procedures that Virginia uses to compile data on the statewide system necessary to fulfill federal reporting requirements and for other state reporting purposes. The data collection system:</p> <p>a. Includes a process for collecting data from various agencies and service providers in Virginia, using and describing appropriate sampling methods; and</p> <p>b. <i>Provides for the reporting of data required under Section 618 of the Act that relates to Part C.</i> The Lead agency reports the <i>information required in paragraph (a)(2) of 34 CFR 303.530</i> to the federal agency <i>at the time and in the manner</i> specified by the federal agency. (34 CFR 303.540)</p> <p>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.</p>

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Virginia Interagency Coordinating Council		
<p>Sec. 303.600 Establishment of Council.</p> <p>(a) A State that desires to receive financial assistance under this part shall establish a State Interagency Coordinating Council.</p> <p>(b) The Council must be appointed by the Governor. The Governor shall ensure that the membership of the Council reasonably represents the population of the State</p> <p>(c) The Governor shall designate a member of the Council to serve as the chairperson of the Council or require the Council to do so. Any member of the Council who is a representative of the lead agency designated under Sec. 303.500 may not serve as the chairperson of the Council.</p>	<p>§ 2.2-2664. Virginia Interagency Coordinating Council; purpose; membership; duties.</p> <p>A. The Virginia Interagency Coordinating Council (the council) is established as an advisory council, within the meaning of § 2.2-2100, in the executive branch of state government. The purpose of the council shall be to promote and coordinate early intervention services in the Commonwealth.</p> <p>B. The membership and operation of the Council shall be as required by Part H (C) of the Individuals with Disabilities Education Act 20 U.S.C. § 1471 et seq.). The agency representatives shall be appointed by the member of their agency who serves on the early intervention agencies committee. Agency representatives shall regularly inform their agency head of the Council's activities and the status of the implementation of an early intervention services system in the Commonwealth.</p>	<p>(Page 17 of the General Applications Requirements Section of Virginia Policies and Procedures) State Interagency Coordinating Council</p> <ol style="list-style-type: none"> 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 services to infants and toddlers with disabilities and their families ("participating State agencies"). VICC membership is consistent with 2. The VICC is comprised of twenty-seven (27) 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. 3. The VICC designates one of its members to serve as the chairperson. The chairperson may not be a representative of the Lead Agency. 4. VICC by-laws (included as Appendix E) 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 may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under Virginia law. 5. federal requirements for State councils and ensures reasonable representation of the population of Virginia.

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Local Interagency Coordinating Councils	<p>§ 2.2-5305. (Effective October 1, 2001) Local interagency coordinating councils.</p> <p>A. The lead agency, in consultation with the Virginia Interagency Coordinating Council, shall establish local interagency councils on a statewide basis to enable early intervention service providers to establish working relationships that will increase the efficiency and effectiveness of early intervention services. The membership of local interagency councils shall include designees from the following agencies who are authorized to make funding and policy decisions: community services board, department of health, department of social services, and local school division. These designees shall designate additional council members as follows: at least one parent representative who is not an employee of any public or private program that serves infants and toddlers with disabilities; representatives from community providers of early intervention services; and representatives from other service providers as deemed appropriate. Every county and city may appoint a representative to the respective local interagency coordinating council.</p> <p>B. The duties of local interagency coordinating councils shall include:</p> <ol style="list-style-type: none"> 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 alternative funding sources; 4. Facilitating the development of interagency agreements and supporting the development of service coalitions; 5. Assisting in the implementation of policies and procedures that will promote interagency collaboration; 6. Developing local procedures and determining mechanisms for implementing policies and 	<p>From General Application Requirements Section of Virginia's Policies and Procedures (pages 12-16)</p> <p>4. 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.</p> <p>5. 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.</p> <p>6. Currently, there are community-based early intervention services in Virginia serving infants and</p>

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	<p>mechanisms for implementing policies and procedures in accordance with state and federal statutes and regulations; and</p> <p>7. Implementing consistent and uniform policies and procedures on or before January 1, 2002, for public and private providers to determine parental liability and to charge fees for early intervention services pursuant to regulations, policies and procedures adopted by the lead agency in § 2.2-5304.</p> <p>C. Localities shall not be mandated to fund any costs under this chapter either directly or through participating local public agencies.</p> <p>(1992, c. 771, § 2.1-766; 2001, cc. 562, 844.)</p> <p>§ 2.2-5306. (Effective October 1, 2001) Duties of local public agencies.</p> <p>Local public agencies represented on local interagency coordinating councils are responsible for:</p> <ol style="list-style-type: none"> 1. Providing services as appropriate and agreed upon by members of the local interagency coordinating council; 2. Maintaining data and providing information as requested to their respective state agencies; 3. Developing and implementing interagency agreements; 4. Complying with applicable state and federal regulations and local policies and procedures; and 5. Following procedural safeguards and dispute resolution procedures as adopted by the Commonwealth. <p>(1992, c. 771, § 2.1-767; 2001, c. 844.)</p>	<p>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.</p> <p>7. 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.</p> <p>8. The Code of Virginia requires that LICC membership include designees from each local CSB, department of health, school division, and department of social services who are authorized to make funding and policy decisions. This core group of members designate additional council members as follows:</p> <ol style="list-style-type: none"> a. At least one (1) parent representative who is not an employee of any public or private agency which serves infants and toddlers with disabilities; b. Representatives from community providers (public and private) of early intervention services; and c. Representatives from other service providers as deemed appropriate. <p>9. Each city and county may appoint an elected official to the respective LICC.</p> <p>10. 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.</p> <p>11. Duties of LICCs, in accordance with the Code of Virginia, include but are not limited to:</p>

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		<p>a. Identifying existing early intervention services and resources;</p> <p>b. Identifying gaps in the service delivery system and developing strategies to address these gaps;</p> <p>c. Identifying alternate funding sources;</p> <p>d. Facilitating the development of interagency agreements, local contracts, and memoranda of understanding, and supporting the development of service coalitions;</p> <p>e. Assisting in the implementation of policies and procedures that will promote interagency collaboration; and</p> <p>f. Developing and implementing local policies and procedures (including mechanisms) for implementing policies and procedures in accordance with State and federal statutes, regulations, and policies and procedures.</p> <p>12. Each LICC is strongly encouraged to be staffed by a local council coordinator. 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:</p> <p>a. Coordinating the people and resources necessary to maintain an integrated, comprehensive service delivery system that meets State priorities for Part C system implementation;</p> <p>b. 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;</p> <p>c. 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;</p>

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		<p>d. Providing direction, structure, and support to LICC activities;</p> <p>e. 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</p> <p>f. 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.</p> <p>13. 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:</p> <p>a. Presiding at all council meetings. (To encourage and maintain effective group participation, the chairperson shall use Robert's Rules of Order);</p> <p>b. Serving as the LICC's official representative;</p> <p>c. Utilizing a clear, group-oriented process for determining the goals and direction of the LICC and for making decisions;</p> <p>d. 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;</p> <p>e. Cooperating and coordinating with the local council coordinator to maintain an effective two-way flow of information between the State and locality to</p>

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		<p>keep council members knowledgeable about State and federal activities and initiatives, and to enhance the relationship between the LICC and the Lead Agency;</p> <p>f. Delegating responsibility when appropriate and necessary; and</p> <p>g. Carrying out other duties as determined by local operational procedures, such as jointly supervising the local council coordinator.</p> <p>14. 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:</p> <p>a. 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;</p> <p>b. 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</p> <p>c. Adhere to its own agency requirements for managing funds including audits, contracting for services, interagency transferring of funds, purchasing supplies/equipment, etc.</p> <p>15. 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</p>

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		<p>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.</p> <p>16. 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.</p> <p>17. 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.</p> <p>18. 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.</p> <p>19. 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</p>

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		<p>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.</p> <p>20. 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.</p> <p>21. 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.</p>

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Supervision and Monitoring of Programs		
<p>Sec. 303.501 Supervision and monitoring of programs.</p> <p>(a) General. Each lead agency is responsible for—</p> <p>(b) The general administration and supervision of programs and activities receiving assistance under this part; and</p> <p>(2) The monitoring of programs and activities used by the State to carry out this part, whether or not these programs or activities are receiving assistance under this part, to ensure that the State complies with this part.</p> <p>(c) Methods of administering programs. In meeting the requirements in paragraph (a) of this section, the lead agency shall adopt and use proper methods of administering each program, including-</p> <p>(1) Monitoring agencies, institutions, and organizations used by the State to carry out this part;</p> <p>(2) Enforcing any obligations imposed on those agencies under part of the Act and these regulations;</p> <p>(3) Providing technical assistance, if necessary, to those agencies, institutions, and organizations; and</p> <p>(4) Correcting deficiencies that are identified through monitoring.</p>		<p>Component XI. Supervision, Monitoring and Evaluation of Programs</p> <p>A. Policy</p> <p>The Lead Agency (DMHMRSAS):</p> <p>(1) <i>Is responsible for the general administration and supervision of programs and activities receiving assistance under Part C, and monitoring and evaluating programs and activities used to carry out Part C in Virginia, whether or not the programs and activities are receiving assistance under Part C and, ensures that the State complies with Part C.</i></p> <p>2. <i>Has adopted and uses proper methods of administering each program within Virginia including:</i></p> <p>a. <i>Monitoring of agencies, institutions, and organization used by Virginia to carry out Part C;</i></p> <p>b. <i>Enforcement of any obligations imposed on those agencies under Part C of the Act and these regulations;</i></p> <p>c. <i>Providing technical assistance, if necessary, to those agencies, institutions, and organizations;</i></p> <p>d. <i>Correction of deficiencies that are identified through monitoring; and (34 CFR 303.501)</i></p> <p>e. <i>Ensuring that the data gathered during monitoring will be used to effect local continuous improvements in the local provision of services.</i></p>
Comprehensive System of Personnel Development		
<p>Sec. 303-360 Comprehensive system of personnel development.</p> <p>(a) Each system must include a comprehensive system of personnel development.</p> <p>(b) The personnel development system under this part must—</p> <p>(1) Be consistent with the comprehensive system of personnel development required</p>		<p>Component VIII. Comprehensive System of Personnel Development (CSPD)</p> <p>A. Policies</p> <p>1. The Lead Agency (DMHMRSAS) <i>ensures that a Part C CSPD has been established in accordance with the following provisions:</i></p> <p>a. <i>Be consistent with the comprehensive system of personnel development required under Part B of the act (34 CFR 3000.380 through 3000.382);</i></p>

FEDERAL REGULATIONS 34 CFR PART 301	VIRGINIA CODE	VIRGINIA PART C POLICIES AND PROCEDURES
<p>under Part B of the Act (34 CFR 300.380 through 300.387);</p> <p>Sec. 303.361 Personnel standards.</p> <p>(d) As used in this part—</p> <p>(1) Appropriate professional requirements in the State means entry level requirements that--</p> <p>(i) Are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services; and</p> <p>(ii) Establish suitable qualifications for personnel providing intervention services under this part to eligible children and their families who are served by the State, local, and private agencies.</p>		<p>b. <i>Provide for preservice and inservice training to be conducted on an interdisciplinary basis to the extent appropriate;</i></p> <p>c. <i>Provide for the training of a variety of personnel needed to meet the requirements of Part C, including public and private providers, primary referral sources, paraprofessionals and assistants, and persons who will serve as service coordinators; and</i></p> <p>d. <i>Ensure that the training provided relates specifically to:</i></p> <p>(1) <i>Understanding the basic components of early intervention services available in Virginia:</i></p> <p>(2) <i>Meeting the interrelated social or emotional, health, development, and educational needs of eligible children under Part C;</i></p> <p>(3) <i>Assisting families in enhancing the development of their children and in participating fully in the development and implementation of IFSPs; and</i></p> <p>(34CFR 303.360)</p> <p>4. Increasing competencies in the areas of family-centered practice, team functioning, and interagency collaboration.</p>
	<p>Licensure as home care organization not required.</p> <p>Notwithstanding the provisions of § 32.1-162.9, no person who provides early intervention services in accordance with this chapter shall be required to be licensed as a home care organization in order to provide these services in a child's home.</p> <p>(1999, cc. 640, 684, § 2.1-768.1; 2001, c. 844.)</p>	