

# MAINE STATE LEGISLATURE

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INTERAGENCY AGREEMENT  
between  
THE MAINE DEPARTMENT OF  
EDUCATION  
and  
THE MAINE DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
2010

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*NOTE: This draft reflects a refined purpose, structure/format incorporated after a review of twelve states interagency agreements, pertinent text from the Maine DHHS Blue Book of 2009 and pertinent text from the draft MOU (2009).*



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*Plan of Action (for 2010)*

Action	Responsible Party	MOU Reference
Develop, through the Maine Advisory Council for the Education of Children with Disabilities (MACECD), the structure and mechanisms for communication and coordination among the three levels of the service delivery system (State, Regional, and Local)	DHHS DOE	II.A
Develop procedures for involving parents in the Maine Advisory Council for the Education of Children with Disabilities (MACECD), regional CDS Boards, the Expanding Opportunities Committee and other related boards, commissions, and advisory committees specific to different agencies.	DHHS DOE	II.B
Adopt a common child referral and identification system pursuant to IDEA 2004, consistent with Maine Department of Education Reg. 101	DHHS DOE	II.D
Develop a comprehensive training calendar <a href="http://ecetrainingcalendar.muskie.usm.maine.edu/public/main.aspx">http://ecetrainingcalendar.muskie.usm.maine.edu/public/main.aspx</a>	DHHS DOE	II.E
Develop standard policies and procedures, shared technical assistance and shared staff development	DHHS DOE	II.F
Establish and maintain formal mechanisms for the communication of information about their service activities among the departments and with their respective regional and local service providers and consumers	DHHS DOE	II.F
Attach listing of all conditions screened for and conditions rising to a risk for developmental delay	DHHS	III.B.1.b
DHHS adopts rules to determine timely referral to CDS	DHHS	III.B.2.a
DOE offers single point of contact for DHHS to use to make referrals	DOE	III.B.2.a
Articulate procedures to share the staff and expertise of the two agencies regarding screening the developmental status of young children through our existing initiatives and programs	DHHS DOE	III.D
Collaborate and prepare a plan for the development of a data collection system that provides for consistency and uniformity among the departments	DHHS DOE	III.H
Develop and implement policies and procedures for the early intervention and early childhood special education system of services supports	DHHS DOE	IV

## I. DEFINITIONS OF TERMS CONTAINED WITHIN IDEA

1. **Child Development Services System.** "Child Development Services System" means regional sites, or their successor sites, and the state intermediate educational unit under section 7209, subsection 3, or its successor, established to ensure the provides of child find activities, early intervention services and free, appropriate public education services to eligible children.
2. **Child with a disability.** "Child with a disability" means:
  - a. For children from birth to under 3 years of age:
    - i. A child who needs early intervention services because the child has a significant developmental delay, as measured by both diagnostically appropriate instruments and procedures, in one or more of the following areas: cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development; or
    - ii. A child with a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, with the condition being such that the child needs early intervention services.
  - b. For children at least 3 years of age and under 20 years of age evaluated in accordance with the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1414, subsections (a) to (c) as measured by both standardized, norm-referenced diagnostic instruments and appropriate procedures with delays or impairments such that the children need special education:
    - i. A child at least 3 years of age and under 6 years of age with a significant developmental delay, at the discretion of the intermediate educational unit or school administrative unit, as defined in rules adopted by the department, in one or more of the following areas: cognitive development; physical development, including vision and hearing; communication development; social or emotional development; adaptive development; or
    - ii. A child with at least one of the following:
      - a. Mental retardation
      - b. Hearing impairment, including deafness
      - c. Speech or language impairment
      - d. Visual impairment, including blindness
      - e. Serious emotional disturbance
      - f. Orthopedic impairment
      - g. Autism
      - h. Traumatic brain injury
      - i. Other health impairment
      - j. Specific learning disabilities
      - k. Deafness and blindness

## 1. Multiple disabilities

3. **Early intervention services.** "Early intervention services" means developmental services that are provided under public supervision; are provided at no cost except where federal or state law provides for a system of payments by families, including a schedule of sliding fees; are designed to meet the developmental needs of a child with a disability, as identified by the individualized family service plan team, in one or more areas including physical development, cognitive development, communication development, social or emotional development and adaptive development; meet the standards of the State; are provided by qualified personnel; to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and are provided in conformity with an individualized family service plan.
4. **Free, appropriate public education.** "Free, appropriate public education" means special education and related services that are provided at public expense, under public supervision and direction and without charge; meet the standards of the department; include an appropriate preschool, elementary school or secondary school education in the State; and are provided in conformity with the individualized family service plan or individualized education program. Preschool children with disabilities who reach 5 years of age between September 1st and October 15th who are already receiving free, appropriate public education through the Child Development Services System and whose parents choose, in accordance with rules adopted by the commissioner, not to enroll those children in kindergarten until the start of the following school year must have free, appropriate public education available to them through the Child Development Services System for one additional school year.
5. **Intermediate educational unit.** "Intermediate educational unit" means an entity that meets the definition of intermediate educational unit in the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1402, (23) as in effect prior to June 4, 1997 and that is a public authority, other than a local educational agency, under the general supervision of the department, that is established for the purpose of providing free public education on a regional basis and that provides special education and related services to children with disabilities within the State. An intermediate educational unit is considered a local educational agency under federal law. The Child Development Services System regional sites are organized as intermediate educational units. In this State, a local educational agency is a school administrative unit. For purposes of this chapter all references to school administrative units include intermediate educational units.
6. **Regional site.** "Regional site" means a locally governed regional intermediate educational unit established to ensure the provision of services to children with disabilities under this chapter.
7. **Related services.** "Related services" means special education transportation and such developmental, corrective and other related services, as defined by the commissioner, as are required to assist children with disabilities to benefit from their special education programs.
8. **Special education.** "Special education" means specially designed instruction, at no cost to parents, to meet the unique needs of children with disabilities; as defined by the commissioner, including:
  - a. Instruction conducted in the classroom, in the home, in hospitals and institutions and in other settings; and

- b. Instruction in physical education.
9. **Special education facility.** "Special education facility" means a public or private school, or portion of a public or private school, intended for use in meeting the educational and related needs of children with disabilities.
  10. **State licensed agency.** "State licensed agency" means an institution or facility licensed by the State to provide education, emotional or mental health services, alcohol or drug rehabilitation, boarding care or other child care services to a person between the ages of 5 and 20 years. It includes:
    - a. Facilities under Title 22, chapter 1661; and
    - b. Community mental health services under Title 34-B, chapter 3, subchapter 3.
  11. **Residential child care facility.** "Residential child care facility" is a facility defined in Title 22, section 8101, subsection 4.
  12. **Special education program.** A "special education program" is a full-time or part-time educational program designed to provide an equal educational opportunity to children with disabilities through the delivery of special education services by qualified individuals.
  13. **Special education services.** "Special education services" are educational services provided by qualified individuals as defined by the commissioner. Special education services must be provided by qualified individuals employed or contracted by the school administrative unit.

[Authority: 20-A MRSA §7001]

## **II. FEDERAL AND STATE STATUTORY AND REGULATORY AUTHORITY FOR THIS MOU**

The Federal law requires cooperation among State agencies responsible for the administration and/or supervision of both Title V (Maternal and Child Health) and Title XIX (The Medical Assistance Act or Medicaid) of the Social Security Act. As a condition of receiving Federal funds under Parts C and B of the Individuals with Disabilities Education Act (IDEA), the State is directed to ensure cooperation among state agencies involved in delivering supports and services to infants, toddlers and preschoolers with disabilities or developmental delay and their families. Therefore, this agreement is to document the DOE and DHHS commitment to cooperate and coordinate as required by State and Federal statutes and regulations.

### **A. Federal and State Statutes that Relate to the Maine DOE**

#### **1. Federal Statutes and Regulations**

- 20 USC § 1400 et seq / (The Individuals with Disabilities Education Act, ("I.D.E.A.,")) addresses early intervention and special education and related services for children with disabilities or developmental delays. IDEA, Part C, provides financial assistance to states to develop and implement a comprehensive, coordinated, community-based, interagency statewide system of supports and services for infants and toddlers with disabilities and their families; to facilitate the coordination of payment for early intervention services from Federal, State, local and private sources (including public and private insurance); to enhance State capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers.
- Part B of IDEA ensures that all children with disabilities have available to them a free, appropriate, public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living; to ensure that the rights of children with disabilities and parents of such children are protected; and to assist States, localities, educational service agencies and federal agencies to provide for the education of all children with disabilities.
- 34 Code of Federal Regulations - Parts B and C

#### **2. Maine Statutes and Regulations**

- 20-A MRSA §§7001-7006; §§7201-7210; §§7251-7252
- Maine Department of Education Reg. 101 (June 22, 2009)

### **B. Federal and State Statutes that Relate to the Maine DHHS**

#### **1. Federal Statutes and Regulations**

- The Developmental Disabilities Assistance and Bill of Rights Act, Amendments of 2000, assure that individuals with developmental disabilities and their families participate in the design of and have access to culturally competent services, supports and other assistance and

- opportunities that promote independence, productivity and integration and inclusion into the community.
- Title IV-B of the Social Security Act provides Federal funding for general child welfare services to children and families who meet eligibility criteria. Title IV-B, Subpart 2, Supporting Safe and Stable Families, provides a capped entitlement to states for community-based family support services, time-limited family re-unification services, adoption promotion and support services.
  - Title IV-A of the Social Security Act provides emergency assistance for families with children who are at risk of placement out of the home.
  - Title IV-E of the Social Security Act and Supplemental Security Income (SSI) enables states to provide foster care and adoption assistance for children who otherwise would be eligible for aid to families with dependent children.
  - Title V of the Social Security Act, Section 505 (2) (E) allows for participation with other state programs involved with the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services authorized under Title XIX to ensure that there is no duplication of effort; in the arrangement and carrying out of coordination agreements described in Section 1902 (a) (11), relating to coordination of care and services available under this Title and Title XIX; in coordinating activities within the state with programs carried out under this Title and related Federal grant programs such as Supplemental Food Program for Women, Infants and Children (WIC), related educational programs, and other health and developmental disability programs.
  - Title V of the Social Security Act, Section 505(a)(1)(A-D), Maternal and Child Health Block Grant to States, OBRA '89 requirement: to provide and promote family-centered, community-based, coordinated care including care coordination services for children with special health care needs and to facilitate the development of community based systems of services for such children and their families.
  - Title XIX of the Social Security Act (grants to states for Medical Assistance Programs), Section 1902 (a) (11) (A), provides for the entering into cooperative arrangements with the State Departments responsible for administering and/or supervising the administration of services to ensure maximum utilization of such services and provides Federal funding for EPSDT for children who meet eligibility criteria.
  - Title XX of the Social Security Act provides a block grant to states for the provision of social services.
  - The January 1990 Consolidation of the Child Nutrition Act requires the Supplemental Food Program for Women, Infants and Children (WIC) to coordinate with other state programs such as well-child care, maternal and child health care, EPSDT and Medicaid.
  - The Child Care and Development Block Grant and the Child Welfare At-Risk Child Care Program, both enacted under OBRA '90

- The Head Start Act including the Head Start Program Performance Standards, 45 CFR 1304 and 45 CFR 1305 and the Head Start Program Performance Standards for Children with Disabilities, 45 CFR 1308.
- Section 5082 of the Omnibus Budget Reconciliation Act of 1990, the Child Care and Development Fund (eff. 1998) provides child care subsidies for low-income families and funds for activities to improve the quality of child care and to increase the availability of early childhood development programs and before and after school care services.
- The Keeping Children Safe Act of 2003 amended CAPTA, the Child Abuse Prevention and Treatment Act (PL 108-36)
- Public Law 102-321, The Mental Health Block Grant, provides requirements concerning the targeting of mental health services, including children with severe emotional disturbances, as well as coordination of mental health services across relevant agencies.
- The Americans with Disabilities Act (ADA) of 1990 provides a basis for ensuring the civil rights of all people with disabilities, including infant, toddlers and preschoolers with disabilities or developmental delay, to access to both public and private accommodations.

2. **Maine Statutes**

- 34-B MRS §15002. Children's Mental Health Program.
- PL 1997, c. 790, Pt. A.

C. **Case Law that Affects DOE and DHHS**

K.S. v. Harvey, District Court, D. Me., 1:08-cv-199. The settlement involved factions to assure the provision of notices to MaineCare eligible clients of CDS regarding their right to seek different or additional services through MaineCare. It included a system of referral through the Prior Authorization Unit of the Office of MaineCare Services.

### III. DESCRIPTION OF AGENCY AND PROGRAM RESPONSIBILITIES INDIVIDUALLY, AS SEPARATE DEPARTMENTS

#### A. Department of Education

The Commissioner of Education is a member of the Children's Cabinet, established under law to encourage the coordination of policies and programs for Maine children and families.

- The Department of Education is designated as the state education agency responsible for carrying out the State's obligations under the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1400 et seq., as amended. The department and every school administrative unit, intermediate educational unit, public school or other public agency that receives federal or state funds to provide early intervention or free, appropriate public education services to children with disabilities shall comply with the federal Individuals with Disabilities Education Act, as amended, and all federal regulations adopted under the Act.
- The Department of Education supervises the Child Development Services System. The Child Development Services System means regional sites, or their successor sites, and the state intermediate educational unit under section 7209, subsection 3, or its successor, established to ensure the provision of child find activities, early intervention services and free, appropriate public education services to eligible children. The Child Development Services System under the supervision of the Department of Education ensures the provision of child find and early intervention free appropriate public education (FAPE) services to eligible children statewide through an agreement relationship between the Department of Education and each regional site. The Maine Advisory Council for the Education of Children with Disabilities [MACECD] serves as the advisory body for the Commissioner pursuant to 20 USC 1412(a)(21) and 1441 of the Individuals with Disabilities Education Act [IDEA].
- Specifically with regard to children birth through age 5, the Department serves as the lead agency for the statewide system pursuant to 20 United States Code, Section 1435, including the identification and coordination of all available resources within the State for services to eligible children from birth to under 3 years of age, and exercises general supervisory authority over child find as provided in 20 United States Code, Section 1412 (a) (3) and the provision of a free, appropriate public education to children at least 3 years of age and under 6 years of age. The Commissioner is responsible for:
  - Developing and adopting rules necessary to carry out the provisions of the federal Individuals with Disabilities Education Act, Part B, Section 619 and Part C, 20 United States Code, Section 1400 et seq.
  - Ensuring legal and policy compliance throughout the early childhood special education program by reviewing or performing regular audits of program records.
  - Ensuring fiscal compliance throughout the early childhood special education program by reviewing or performing regular audits of program records.

- Developing an action plan with timelines to achieve compliance with federal or state law. The department may assume temporary responsibilities for operations at a regional site that fails to meet compliance requirements.
- The Commissioner of Education is required under Maine law to establish and supervise a State intermediate educational unit to perform the following duties:
  - The state intermediate educational unit is established as a body corporate and politic and as a public instrumentality of the State for the purpose of conducting child find activities as provided in 20 United States Code, Section 1412 (a) (3) for children from birth to under 6 years of age, ensuring the provision of early intervention services for eligible children from birth to under 3 years of age and ensuring a free, appropriate public education for eligible children at least 3 years of age and under 6 years of age. For the period from July 1, 2006 to September 30, 2007, the state intermediate educational unit shall perform the following statewide coordination and administration functions:
    - i. Establish standard policies and procedures for a statewide salary and benefits administration system, including personnel classifications, position descriptions and salary ranges, and a standard package of health, retirement and other fringe benefits for Child Development Services System personnel, which must be included in the annual entitlement plan described in subsection 1 beginning in fiscal year 2006-07;
    - ii. Develop a statewide salary and benefits administration system and perform the payroll functions for Child Development Services System personnel;
    - iii. Establish a centralized system for statewide fiscal administration to be implemented by September 1, 2006. The state intermediate educational unit shall establish internal controls and implement accounting policies and procedures in accordance with standards set forth by the State Controller;
    - iv. Develop and implement a centralized data management system to be fully operational beginning July 1, 2007;
    - v. Establish a standard, statewide template for regional site contracts with therapeutic service providers, including policies and procedures for the review of contracts, that must be included in the annual entitlement plan described in subsection 1, beginning in fiscal year 2006-07;
    - vi. Refine program accountability standards for compliance with federal mandates that must be included in the annual entitlement plan described in subsection 1, including the development of a performance review system to monitor and improve regional site performance through the use of efficiency ratings aligned with the accountability standards and through a compliance plan that requires the regional site to address the unmet needs of eligible children in accordance with specific targets and time frames;
    - vii. Design and implement a statewide plan to provide professional development and training to Child Development Services System personnel; and
    - viii. Employ professional and other personnel, including those necessary to ensure the implementation of the centralized fiscal and data

management systems. All state intermediate educational unit employees are employees for the purposes of the Maine Tort Claims Act.

**B. Department of Health and Human Services**

The Commissioner of Health and Human Services is a member of the Children's Cabinet established under Maine law to encourage the coordination of policies and programs for Maine children and their families.

**1. Office of Child and Family Services**

The Office of Child and Family Services (OCFS) serves Maine's children and their families through the Divisions of Child Welfare, Children's Behavioral Health, Early Childhood, and Public Service Management.

**a. Children's Behavioral Health**

The State mental health authority is the Department of Health and Human Services, with the focal point for children's mental health in the Division of Children's Behavioral Health Services. The statutory authority for the Children's Mental Health Program is cited in PL 1998, c. 790, as amended. Children's Behavioral Health supports and, as part of its responsibilities, serves children age birth through five who have developmental disabilities or demonstrated developmental delays, and children and adolescents birth through 20 years of age, who have treatment needs related to severe emotional disorders, mental retardation, autism spectrum disorders, developmental disabilities or emotional and behavioral needs. CBHS provides a comprehensive array of habilitation and treatment services through contracted community-based agencies to the extent of available resources.

**b. Early Childhood Division**

The Early Childhood Division administers the programming for child care and Head Start, Maine Families Home Visiting Program, Child Abuse and Neglect Prevention Councils and the Early Childhood Comprehensive Systems Initiative.

**c. Child Welfare Division**

The Child Welfare Division promotes the long-term safety and well-being of children in permanent families. This work is guided by the Office of Child and Family Services Practice Model which emphasizes child safety, first and foremost, and is based upon the belief that parents have a right and responsibility to raise their own children; that children are entitled to live in safe and nurturing families, preferably with parents or relatives whenever possible; and that all children deserve a permanent family.

**2. Maine Center for Disease Control and Prevention (MeCDC)**

The MeCDC is Maine's public health agency. The public health approach to address health problems involves spending our shared health resources on those interventions that are cost-effective. The goal is to maximize health gain from available resources. For most health issues, a public health approach involves:

- Identifying and addressing the underlying risk factors and priority populations;
- Assessing cost and effectiveness of interventions;

- Implementing policies for rationing interventions and ensuring that limited resources are spent in identified high priority areas; and
- Assuring quality of service delivery.

The Division of Family Health is Maine's designated entity for assuring systems of care and services for the Maternal Child Health population through the MCH Block Grant. Programs within the Division of Family Health relevant to this MOU include:

- i. Public Health Nursing
- ii. Children with Special Health Needs (CSHN)
  1. MaineCare Member Services Age 0 to 21
  2. Birth Defects
  3. Newborn Hearing Screening
  4. Newborn Bloodspot Screening

### **3. Office of MaineCare Services (OMS)**

MaineCare is Maine's Medicaid program. Medicaid nationally is the largest payer of health care services. State Medicaid programs must provide mandatory services, as outlined by the Center for Medicare and Medicaid Services, to eligible people in the state. Services should be reasonably accessible statewide and the Medicaid recipients (MaineCare Members) must be able to choose their providers as provided in rule. Eligibility is handled by the Office of Integrated Access and Support. To fulfill its management responsibility, the MaineCare program enrolls physicians, hospitals and other facilities that provide medical care, as well as allied health professionals and medical and pharmaceutical suppliers.

- a. **Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program** is the child health component of Medicaid, and is designed to improve the health of low-income children, by financing appropriate and necessary pediatric services. OMS and the Title V (Maternal and Child Health) program at the MCDC have close working agreements to assure better access to and receipt of the full range of screening, diagnostic, and treatment services.

### **4. Office of Integrated Access and Support (OIAS)**

The Office of Integrated Access and Support assists Maine citizens to meet their basic needs while providing opportunities to achieve independence, employability, safety and health. OIAS determines eligibility for all entitlement programs, collects child support, and assists with disability determination. Programs are supported in many ways. The TANF Block Grant provides federal funds to states to assist families with children as they move toward self support.

- a. **Temporary Assistance for Needy Families (TANF)** helps needy, dependent, deprived children and their caretakers. It provides funds to meet basic needs of the child while cared for at home.
- b. **ASPIRE (Additional Support for People In Retraining and Employment)** Parents receiving TANF must make a plan to get a job and move toward independence. Based on the individuals' abilities and the local job market, ASPIRE gauges and develops job skills and provides training, so the recipient can succeed.

## **IV. STATEMENT OF PURPOSE**

This interagency agreement is entered into by the Department of Education (DOE), the Lead Agency (responsible for provision of EIS under Part C and the SEA with the obligation to ensure the provision of special education and related services under Part B) and the Department of Health and Human Services (DHHS) in response to requirements of the Individuals with Disabilities Education Improvement Act (IDEIA 2004). The Departments of Education (DOE) and of Health and Human Services (DHHS), as members of the Children's Cabinet and Maine Children's Growth Council, mutually agree to execute their respective authority and responsibilities with respect to the establishment and implementation of statewide policies, procedures, and practices to ensure that all children in Maine birth to 5 who are eligible for early intervention or special education and related services are identified, located, and evaluated. The agreement supports the provision of early intervention services to children birth to 3 and their families and the provision of a free appropriate public education (FAPE) to children 3 to 5.

The Department of Health and Human Services (DHHS) recognizes that its comprehensive services supplement early intervention needs of young children and their families and will actively participate as a member of the Monitoring Team, coordinate referrals and share data with the Department of Education (DOE).

The cosigners are committed to the principle that children with disabilities are children first and to the extent possible are enabled to participate in the full range of activities in integrated family, community and education settings with their typically developing peers. The Agreement encourages a balance between flexibility of services and resources while maintaining quality and uniformity throughout the state.

## **V. STATEMENT OF THE PARTIES' MUTUAL GOALS WITH REGARD TO THE IMPLEMENTATION OF IDEIA**

DHHS and DOE are committed to active interagency collaboration that results in expedited identification and service delivery under IDEIA to the extent of available resources. The goals that are essential to successful provision of services to children birth through five include parent involvement, non-duplication of services, service delivery based on the developmental needs of children, interagency coordination and adherence to the principles of the IDEIA 2004 governing the placement and transition of children in the Infant/Toddler Birth-Through-Two-Year-Old Program (Part C) and the Preschool Three-Through-Five-Year-Old Program (Part B Section 619).

The parties agree to administer Maine's early intervention [B-2] and early childhood special education [3-5 year old] services in accordance with rules, policies and procedures that reflect their commitment to the goals described in this section.

### **A. Interagency Coordination**

Interagency coordination is essential at all levels of the service delivery system (State, Regional, and Local). Therefore, the parties will develop, through such bodies as the Maine Advisory Council for the Education of Children with Disabilities (MACECD), the structure and mechanisms for communication and coordination among the three levels. In addition the parties will inform the Maine Children's Growth Council

regarding the implementation of the state level and the local level collaborative activities, as well as the implementation of interagency agreements and memoranda of understanding.

### **B. Parent Involvement**

Parents hold the primary responsibility for the development of their children. The best interests of children are served when parents and service providers work in partnership. Therefore, services should accommodate families, rather than families accommodating the services. The parties will promote and encourage parental involvement in all facets of the service delivery system in the following ways:

- Develop procedures for involving parents in the Maine Advisory Council for the Education of Children with Disabilities (MACECD), regional CDS Boards, the Expanding Opportunities Committee and other related boards, commissions, and advisory committees specific to different agencies.
- Support involvement of parents in local and regional advisory groups, boards, and commissions.
- Promote and cooperatively develop resources for parents in all services, including training, support, and information such as the central directory of services for birth through two.
- Support the involvement of parents in the planning and provision of information and training for families and professionals.

### **C. Service Delivery Based on the Developmental Needs of Children**

Service coordinators, multidisciplinary teams, and service providers must work closely with parents to assure that children are served in least restrictive and most normalized environments in which their developmental needs are met and services are designed to meet these needs appropriately. The parties jointly will develop policies and procedures to make this principle operational.

For infants and toddlers, evidence-based early intervention services are designed to emphasize helping their family members or other caregivers to maximize the child's learning opportunities in everyday activities, routines, and interactions with familiar people.

The child's early intervention team, represented by one primary service provider or primary coach, provides support and coaching to family members or caregivers that helps them to gain competence, confidence and the capacity to help their child to grow and develop. Other team members may make joint visits to the family with the primary coach when additional expertise is needed, and all team members are available to coach one another in regular team meetings.

Interventions must employ practices that have been reliably shown to have desired outcomes in conditions similar to those of the family we're working with.

The degree of contact with children without disabilities will be determined in consultation with parents or guardians keeping in mind the individual needs of the child as documented by the Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). Service delivery for children 0-2, whenever possible and appropriate, will occur in the child's natural environment. Service delivery for children 3-5, whenever possible and appropriate, involve the use of non-specialized programs, such as Head Start, private preschools and licensed child care centers and licensed homes with non-disabled peers.

The child's program environment will be one that addresses the full range of developmental needs of the child. Ongoing consultation and specialized services by service providers as specified by the IFSP/IEP will be available to the personnel in the child's natural environment or educational placement.

Services will be accessible to children and families; they will be in close proximity to where families live; attitudinal and architectural barriers will be eliminated; service models that meet children needs will be available; and service delivery schedules will be flexible to balance the needs of the family with the availability of service provision. Services under Part B will occur in the Least Restrictive Environment with supplemental aids and services provided within this educational setting.

Parents will be actively involved in the determination of service options, as well as aspects of the placement and transition processes. Services available from the participating Departments will be offered and explained to parents to assist them in making informed decisions.

#### **D. Developmental/Educational Placement and Transition**

The parties, as Departments participating in the Part C Program (Infant/Toddler Birth through Two-Year-Old Program) and/or the Part B, Section 619 Program (Preschool Three- through Five-Year-Old Program) will use the following major principles to guide the referral and transition processes:

- Common confidentiality and information release practices will be used in order to allow for the expeditious sharing of relevant child and family specific material.
- A common child referral and identification system pursuant to IDEIA 2004, consistent with Maine Department of Education Reg. 101, will be adopted.

#### **E. Professional Development**

The parties will develop a comprehensive training calendar (<http://ecetrainingcalendar.muskie.usm.maine.edu/public/main.aspx>) which will be posted on each Department's web page. In particular the parties will continue to implement the professional development related to the Expanding Inclusive Educational Opportunities initiative.

#### **F. Non-Duplication**

The parties will promote and ensure collaborative service planning and delivery by their regional and local service providers through the development of standard

policies and procedures, shared technical assistance and shared staff development. Joint funding of state, regional, and local services that are the responsibilities of the parties will be practiced wherever state, regional, local and federal resources are available and applicable law and policies allow the joint funding of the respective departments.

The parties will establish and maintain formal mechanisms for the communication of information about their service activities among their departments and with their respective regional and local service providers and consumers. These mechanisms will include, but not be limited to, participation in the MACECD and collaboration with CDS regional site boards and other regional groups, coordinated use of publications, periodic meetings of their management staff, and provision of state and regional training and orientation sessions for local providers and others. The Department will optimize the use of the Expanding Inclusive Opportunities website. (<http://www.umaine.edu/ExpandInclusiveOpp/default.htm>)

#### **G. Work within the Broader System Goals of Maine Children's Growth Council**

The parties agree that it is critical to set and implement the goals of serving young children with disabilities within the context of the broader early childhood systems change plan of the Maine Children's Growth Council. Using the federal Maternal and Child Health Bureau State Early Childhood Comprehensive Systems Grant (ECCS) and the national resources at hand, the Maine Children's Growth Council (MCGC) seeks to achieve sustainable social and financial investment in the healthy development of young children and their families. Goals cannot be inconsistent with the requirements within the Federal IDEA and State Regulations.

Supporting the statutory charge of the MCGC, Maine state agencies have been making steady progress toward a comprehensive and humane early childhood system through interdepartmental dialogue and action. Collaboration has improved through work on newborn screening, metabolic screening, birth defects registry and reporting. Both departments provided leadership to a working stakeholder group to address the disconnections for families of children with Pervasive Developmental disorder through the LEAN process. The departments have improved shared understandings of children affected by child abuse and premature birth and are working to make the necessary changes so the state-administered systems can best support optimal social, emotional and cognitive development. Finally, the inclusion of children with special needs in early care and education settings has fostered improved communications about professional development, technical assistance, and community involvement.

## **VI. ROLES OF AGENCIES IN SYSTEM COORDINATION AND IMPLEMENTATION**

There are a number of roles and responsibilities which are essential to the successful implementation of a comprehensive, coordinated services system for young children and their families. These include public awareness, child find and referral procedures, case

management, screening, evaluation and assessment, individualized service plans, transition, comprehensive system of personnel development, and data collection.

Recognizing the collaborative intent of the early intervention and early childhood special education system, the parties agree to work toward removing the barriers to coordination and collaboration in order to enable both Departments to better identify local needs for collaboration and to determine parameters for sharing staff expertise and resources.

The parties agree to the development of local Memoranda of Understanding between Regional CDS Sites and DHHS that identify the roles and responsibilities of each agency in the areas of public awareness, child find and informed referral networks, transitions, joint activities, and the resources each is able to bring to those joint activities. These roles and responsibilities are described in this section.

#### **A. Public Awareness**

The parties will cooperate in public awareness and child find activities to inform the general public about the availability of services to young children from birth through five with disabilities and their families. This includes the coordination of efforts for a Central Directory for information on resources and programs, the dissemination of child find and screening materials and the provision of technical assistance to local communities in support of community screening, outreach activities and the development of informed referral networks. The parties will collaborate in meeting the financial responsibility for funding their required components of public awareness and child find. By joining efforts and pooling resources, they recognize that they are better able to maximize available resources and provide a needed service to children and families.

#### **B. Child find and Referral**

The parties will recognize a wide variety of primary referral sources within the birth to under age six child find system and will continue to develop an informed referral network on the state and local level. The parties will coordinate their efforts in developing an informed referral network within the State that extends to other health and social service agencies.

##### **1. For MeCDC programs**

Specifically, linkages for referrals will occur between the Newborn Hearing Program, Birth Defects Program and the Newborn Bloodspot Screening Program of the Department of Health and Human Services and the central CDS intake site in order to ensure timely referrals. The point of contact for CDS within the Maine CDC Children with Special Health Needs Program will be the Coordinator for the Newborn Blood Spot Screening, the Coordinator for the Newborn Hearing and the Coordinator for the Birth Defects programs. These programs are collectively grouped under the statutory description of the "Prevention of Handicapping Conditions".

##### **a) *Premature Birth***

On discharge from the newborn nursery, the Department of Health and Human Services will collaborate with hospitals, maternity homes

and other maternity services to refer newborn infants born prematurely to CDS as they are at increased risk for subsequent cognitive disabilities. Children born extremely prematurely are at higher risk of severe developmental delay, mental retardation and autism. Even moderately premature birth, being born just 3 or 4 weeks early (so-called late pre-term birth), can put a child at risk for delays in development. DHHS will make the referral to the CDS Central Referral Coordinator.

The Department shall supply data at least annually to the Child Development Services System on how many children were born extremely premature, very premature or late premature. The Child Development Services System may make direct contact with the families who are referred. The referrals may take place electronically. For purposes of quality assurance and improvement, the Child Development Services System shall supply to the Department of Health and Human Services Children with Special Health Care Needs Program at least annually aggregate data on the number of children that were referred under this subsection who were screened, the number of children found eligible for early intervention services and the number of children found not to be eligible for early intervention services.

*b) The MeCDC Newborn Surveillance Systems (includes bloodspot screening, new born hearing and birth defects)*

These include **bloodspot screening, newborn hearing and birth defects** receives results of screening tests on all newborn infants. Conditions that may rise to the risk of a child having delays in development shall be referred to CDS. When a test is confirmed positive for a condition that may result in developmental delay, referral of the child to CDS shall take place within 1 week of receipt of confirmation of the test results. The Department shall refer a newborn infant to the Child Development Services System if at least 6 months have passed since an initial positive test without specific nature of the metabolic abnormality's having been confirmed. The Child Development Services Central Referral Coordinator under supervision of the State Director of Child Development Services in the Department of Education is the point of contact for the Department of Health and Human Services referrals. The Child Developmental Services System may make direct contact with the families who are referred. The referrals may take place electronically.

For purposes of quality assurance and improvement, the Child Development Services System shall supply to the Department of Health and Human Services aggregate data at least annually on the number of children referred under this subsection who are found eligible for early intervention services and on the number of children

found not to be eligible for early intervention services. In addition, the Department shall supply data at least annually to the Child Development Services System on how many children in the metabolic detection program were screened and how many were found to have a metabolic disorder. The requirement in this section that a newborn infant be tested for the presence of metabolic abnormalities that may be expected to result in subsequent cognitive disability does not apply to a child if the parents of that child object on the grounds that the test conflicts with their religious tenets and practices.

1. Information in the referral to CDS will include: name of the specific condition, child's name, parent/guardian name and contact information
2. CDS shall inform the child's medical home of the referral and coordinate care
3. DHHS shall refer to the Child Development Service System children with confirmed abnormality of bloodspot screening who may be eligible for early intervention
4. DHHS shall supply data at least annually to CDS on the number of children born in the State of Maine
5. For a child whose parent or legal guardian objects on the basis of sincerely held religious beliefs, the Department may not require the reporting of information about that child to the Central Registry or enter into the Central Registry information regarding birth defects of that child
6. DHHS will supply annual data to CDS regarding number of children entered into the Central Registry

2. For OCFS Programs

a) *CAPTA and Infants Affected by Substances in Utero (Department of Ed 101, IV, A)*

The Keeping Children Safe Act of 2003 amended CAPTA, the Child Abuse Prevention and Treatment Act (PL 108-36), which requires that the Maine DHHS refer to the regional offices of Child Development Services (CDS) within two days a child under the age of 3 who is involved in a substantiated case of child abuse or neglect or who is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Child Welfare/ DHHS District Responsibilities will follow *Child Welfare Services Policy IV. C-2. Response to Infants Affected by Illegal Substance Abuse Effective 7/13/04.*)

All reports from health care providers alleging that an infant has been born that is affected by illegal substance abuse or that has displayed withdrawal symptoms resulting from prenatal drug exposure (legal or illegal substances) will have the report type of "drug affected baby."

No matter who does the fact finding the following determinations must be made:

- That the infant was affected by or addicted to one or more substances.
- Whether the infant received appropriate medical care immediately after birth.
- That there is or is not a safe plan of care for the infant in the immediate future.

The Child Welfare district will clearly communicate to the referral source the requirement to record in their records the above determinations. They will also be informed that:

1. DOE/CDS should keep an account of children referred because of exposure to child abuse and a separate account of children referred due to exposure to substances in utero.
2. DHHS Office of Child and Family Services, Division of Child Welfare, has responsibility for the central registry (MACWIS) for these children
3. DHHS will adopt rules to determine timely referral to CDS
4. DOE will offer a single point of contact for DHHS for CAPTA referrals
5. CDS shall make direct contact with the families of these children
6. CDS will report to Child Welfare for follow up on any/all cases (screened, evaluated, etc.), which rise to the level of concern for neglect ( the mandated child abuse and neglect report process)
7. The Office of Child and Family Services will supply annual data to CDS regarding the number of children entered into the registry
8. DOE will annually supply aggregate data regarding the areas below to the CDC
  - a. Number of children referred under this who were
  - b. Screened by CDS-not referred for further evaluation
  - c. CDS could not make contact with the parents
  - d. Parent refusal for services based on sincerely held religious belief
  - e. Number of children referred for evaluation
  - f. Number eligible under IDEA
  - g. Number of children ineligible under IDEA
  - h. Type of Service
  - i. Frequency /intensity of services
  - j. Services refused by family
  - k. Services not accessed by family
9. CDS sites are trained by DHHS in mandated reporting procedures and processes regarding child abuse and neglect
10. DHHS/CDS will consider collaborative training

11. CDS provides training regarding IDEIA and eligibility to DHHS staff including but not limited to DHHS Case managers
12. DHHS Office of Child and Family Services will provide a single point of contact point to DOE for referral of children identified under CAPTA

*b) Head Start*

Head Start and CDS have a Head Start/ DOE Interagency Agreement to provide a framework for collaboration between Head Start and CDS in order to assure the following:

1. Head Start participation with the regional CDS Sites in meeting the federal obligations of child find and provisions of FAPE;
2. Joint training of staff and parents;
3. Procedures for referral/evaluations, meetings and placement decisions;
4. Improved identification of service needs and joint development of resources to provide services;
5. Efficient, effective, non-duplicative service delivery and provision of high quality services; and
6. Continuity of service and smooth transitions.

This agreement shall be reviewed at least annually if deemed necessary by the DOE and Head Start review committee to assess the status and impact of the agreement, and where necessary, develop a revised agreement reflecting agreed-upon changes. Local MOU's are developed and approved to implement this agreement at the local level as well, for efficient, consistent, statewide delivery of services.

**C. Case Management**

**1. Individual with Disabilities Education and Improvement Act (IDEIA) – (Department of Education/CDS)**

*a) Part C*

(1) B-2 Case Manager acts as a CDS site point-of-contact; communicates program information to parents; assists and enables children birth through two to access services authorized under Maine's early intervention system. They work as a part of a team to meet the requirements of the Individuals with Disabilities Education Act of 2004 (IDEA) for Part C and Maine Unified special Education regulations, Chapter 101. This individual does have written authorization to commit the agency's funds for Part C.

*b) Part B*

(1) 3-5 Case Manager Level I assists parents and their children aged three through five to access the services and procedural safeguard that are authorized under Maine's special education system. They work as a part of a team to meet the requirements of the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA) for Part B and Maine Unified Special Education Regulations, Chapter 101. This individual does not have written authorization to commit the agency's funds. In this case a CDS individual with authorization to commit funds must be present at a meeting where decisions are being made.

(2) 3-5 Case Manager Level II assists parents and their children aged three through five to access the procedural safeguards and services that are authorized under Maine's special education system. They work as a part of a team to meet the requirements of the Individuals with Disabilities Education and Improvement Act of 2004 (IDEIA) for Part B and Maine Unified Special Education Regulations, Chapter 101. This individual does have written authorization to commit the agency's 619 funds.

**2. K.S. v. Harvey, District Court, D. Me., 1:08-cv-199**

The complaint alleged that CDS, in administering certain services funded by MaineCare to Medicaid-eligible families, was not following Medicaid requirements, such as providing all necessary medical services for children (under the Medicaid EPSDT requirements) or ensuring families their choice of provider. The settlement involved notices to MaineCare eligible clients of CDS regarding their right to seek different or additional services through MaineCare as well as a system of referral through the Prior Authorization Unit of the Office of MaineCare Services.

As of April 1, 2009 procedures were put in place for referrals to Office of MaineCare Services under K.S. v. Harvey.

**a) Role of CDS**

CDS determines eligibility and provides services under the Individuals with Disabilities Education and Improvement Act (IDEIA). This law makes sure that every child who needs them gets early intervention services (age birth to 2) or special education services (age 3 to 5). CDS's role is limited to the assurance of developmental or educational services each child is entitled to under IDEIA. In situations where services go beyond those necessary for FAPE, CDS provides notice letters on DHHS letterhead to MaineCare eligible families or to families who may be eligible for MaineCare, as follows:

- (1) A short (two-page) letter is given to the family if CDS determines that the child is not eligible for CDS services.

(2) A longer (three-page) letter is given to the family at the time CDS team determines what services will be included in the IFSP/ or IEP.

(3) If, after reviewing the notice, the family requests that CDS refer them to MaineCare, CDS will assist the family to call a toll free number on the notice letter to connect to a Prior Authorization nurse in the Office of MaineCare Services.

(4) Upon request by the parents, CDS will copy the CDS file and mail it to: Office of MaineCare Services, Prior Authorization Unit, 442 Civic Center Drive, Augusta, ME 04333.

(5) CDS will obtain a signed authorization from the family allowing this to occur.

(6) (Note: It is anticipated that much of the information CDS has in its file will also be required by MaineCare to consider the family's request for services. Therefore, to avoid duplication of effort and delay, the family should be urged to release the CDS file to MaineCare.)

(7) CDS will note in the child's file the following

- i. that the notice was given,
- ii. whether the family requested a referral and,
- iii. whether ( with date) the referral was made.

*b) Role of DHHS/, Office of MaineCare*

(1) MaineCare makes a determination and pays for physical or behavioral health services for children that are medically necessary and available for reimbursement under the State Medicaid Plan.

(2) Parents may request that MaineCare pay for these services, even though CDS has determined that the services are not necessary for the child's early intervention or education under IDEA.

(3) Upon receipt of referral/request, the Prior Authorization nurse in the Office of MaineCare Services will obtain information from CDS to identify the family, the services (if any) that CDS has approved, and the services being requested.

(4) MaineCare may decide to deny a request to pay for services.

(5) If MaineCare denies the request, the parent can appeal the decision through DHHS by calling the OMS Prior Authorization Unit Help Line (1-800-321-5557, Option 5).

*c) Targeted Case Management (TCM) - (DHHS)*

Utilizes a child-centered and family-focused process to develop and coordinate individual support plans and monitor services to be provided to a child and his/her family or guardian. This process is undertaken with participation and consultation from the family, a multidisciplinary team of professionals, and other support people chosen by the family, child and team. The listed programs qualified for TCM are:

*a) Office of Child and Family Services (OCFS)*

- (6) Child Welfare
- (7) Children's Behavioral Health
- (8) Early Childhood

*c) Maine Center for Disease Control and Prevention*

- (1) Division of Family Health
- (2) Division of Public Health Systems

**D. Evaluation and Assessment**

The responsibilities for ensuring evaluations under IDEA are completed rests with the CDS system. The parties support this process through maximization of resources. Through communication, cooperation, coordination and collaboration, the agencies will minimize duplication in this area by articulating procedures to share the staff and expertise of the two agencies regarding screening the developmental status of young children through our existing initiatives and programs. These include: the CDS regional baby teams, preschool teams, public health nurses, home visitors, Touch Points, child care and Head Start screening. This work will reference 'Supporting Maine's Infants and Toddlers: Guidelines for Learning and Development and State of Maine Early Childhood Learning Guidelines' and will include any adoption of National Early Childhood Standards to assure high quality standards across settings. The two Departments will support programs that result in measurable outcomes for children with disabilities based upon the standards.

The DHHS Office of Child and Family Services will support the DOE's initiative for the utilization of the Child Outcome Summary Form (COSF) or its successor to document children's achievement related to the USDOE, OSEP performance and compliance indicators. The two Departments will collaborate to help to assure that children enter school ready to succeed.

**E. Individualized Plan Development**

The DOE/CDS regional site personnel will provide written notification of IFSP/IEP meetings early enough to ensure that relevant agency personnel, including DHHS case workers, will have an opportunity to attend; and to ensure that IFSPs/IEPs are

developed consistent with the requirements of Maine DOE Reg. 101 that a CDS case manager is identified, and that the IFSP/IEP includes the name of the CDS case manager and is forwarded to other relevant agencies in compliance with the relevant requirements of confidentiality.

The DOE will ensure that the implementation of the IFSP/IEP is monitored and the flow of information between CDS Sites and all relevant DHHS personnel will be maintained in an efficient and timely manner. The parties will ensure assistance to families in service coordination activities as defined in the IFSP/IEP.

#### **F. Transition of Children Age 2**

The parties will work together as appropriate to ensure that the following Department of Education regulatory provision is implemented:

(A) To ensure a smooth transition for toddlers receiving early intervention services under this part (and children receiving those services under part 635(c)) to preschool, school, other appropriate services, or exiting the program, including a description of how—

(i) The families of such toddlers and children will be included in the transition plans required by subparagraph (C); and

(ii) The lead agency designated or established under section 635(a)(10) will—

(I) notify the local educational agency for the area in which such a child resides that a child will shortly reach the age of eligibility for preschool services under part B, as determined in accordance with State law;

(II) in the case of a child who may be eligible for such preschool services, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency not less than 90 days (and at the discretion of all parties, not more than 9 months) before the child is eligible for the preschool services that the child may receive.

The CDS System will ensure that all children age two who have been identified through the child find process as meeting the eligibility criteria for early intervention services have an IFSP meeting at least 90 days prior to the child's third birthday for the purpose of developing an IFSP for implementation when the child turns age three. The parties will ensure that a continuum or alternative placements is available to meet the needs of children with disabilities and that alternative placements, as well as supplementary services are available to the extent necessary to implement the IEP for each child with a disability in the least restrictive environment appropriate to that child's needs. The parties will ensure that discussions and training of parents regarding further placements and other matters related to the child's transition, as well as procedures to prepare the child for changes in service delivery, will be conducted.

Complete transition guidance can be found at:

<http://www.maine.gov/education/speced/cds/adminltrs/adminlet16.pdf>

### **G. Transition of Children to Public School**

The DOE will ensure that the following Department of Education regulatory provision is implemented:

- (a) The regional CDS system is responsible to convene a joint IEP Team Meeting in the spring of the year prior to a child's right to enroll in a public school. The receiving SAU will be responsible for the facilitation, plan development, and prior written notice for this joint meeting.
- (b) The regional CDS system is responsible for extended school year services which are specified on a child's IEP until the start of the regular school year and the child's eligibility for enrollment in the public school.
- (c) The SAU responsible for the provision of FAPE to an eligible child who resides within a district and who turns five on or before October 15<sup>th</sup> begin the first day that children attend classes at the start of the school year. [Maine Department of Education Reg. 101 VI.2c(2)]

### **H. Data Collection**

The parties will ensure the establishment and maintenance of child records, relative to both child find and the provision of early intervention services and early childhood special education, in a manner consistent with the requirements set forth in Maine Department of Education Reg. 101 and other relevant confidentiality requirements incorporated by reference therein.

The parties will jointly prepare a plan for the development of a de-identified data collection system that provides for consistency and uniformity among the departments. This will occur in the recording and exchange of information among the parties, both at the state level for purposes of efficient planning and resource use and non-duplication of efforts, and at the local level, for purposes of comprehensive and appropriate service delivery to children and non-duplication of efforts, exchange of relevant agency expertise and ease of access to services for families. Staff of the respective Departments will be trained to ensure the quality of data collection. The data collection includes all federally required aggregate collections and honors the rules set forth by HIPAA and FERPA.

## **VII. FISCAL RESPONSIBILITY**

The parties agree that federally mandated screening, evaluation, assessment, IFSP /IEP development, service coordination, case management, and procedural safeguards, under IDEIA will be provided to eligible children birth through five. Other services available in the early intervention and early childhood special education system will be provided in accordance with the respective Department program requirements and to the extent of available resources.

The parties agree that because the programs serving children in Maine's early intervention and early childhood special education system are operated under a diverse set of State and federal regulations, funds available under IDEIA will be used to supplement and increase the provision of services and supports and will in no case be used to supplant state and federal

funds insofar as the Departments have control of such funds. To that end, the parties agree to the goals described in this section and will participate in, develop and maintain an interdepartmental plan that outlines funds and their sources as they are available for early intervention and early childhood special education services to be provided by the parties.

- To provide collaboration in the development of quality models that serve children with developmental delays in early childhood developmental programs and in the provision or training for early childhood providers to ensure children with developmental delays have access to natural environments or least restrictive environments, such as child care centers where children without disabilities participate.
- To coordinate local interagency efforts regarding outreach identification, screening, multidisciplinary assessment and eligibility determination for families served by the local agencies who request such services.
- To use available funds, public and private, as appropriate to develop and achieve the provision of services and supports for eligible children as described in the child's Individualized Family Service Plan [IFSP] or Individualized Education Program [IEP].
- To provide age appropriate preventive health services to assist in the reduction of risks for childhood injury and disease.
- To provide service coordination/case management to children eligible for services as described in the child's Individualized Family Service Plan or Individualized Education Program.
- To coordinate activities of the early intervention and early childhood special education system or services and supports which include the development and implementation of policies and procedures for the early intervention and early childhood special education system of services supports.
- To support State and local advisory councils in order to assure the implementation of a coordinated, comprehensive, interagency early intervention and early childhood special education system of services supports.
- To maintain a Central Directory of information and referral resources to ensure access to information for families with children with disabilities and developmental delays B-2. In Maine the Central Registry is connected to 211.
- To coordinate a public education initiative throughout the State that increases the awareness of the effectiveness, need and availability of early intervention and early childhood special education services and supports.

- To ensure an interagency child identification process to identify, locate, and evaluate young children to determine eligibility for early intervention and early childhood special education services and supports.
- To provide training to state and local community agencies and organizations to ensure the implementation of the early intervention and early childhood special education system within Maine.

### **VIII. Cross Agency Review**

A regular review will be undertaken by a cross-department Monitoring Team to ensure implementation of the provisions of this agreement both at the State and at the local level. The Team will be comprised of staff from each department from state and regional levels. The review will be undertaken by June 30, 2011 and each year thereafter. The team will include the recommendations from any Legislative Resolves.

#### **A. Responsibility**

- Development of a management plan and a schedule to ensure review of the Agreement hereinafter referred to as the Agreement, annually and /or sooner if requested by one of the parties.
- Development of an outline for procedures for the timely review of the Agreement to include a process for obtaining information from affected state programs and services, consumers and other stakeholders.
- Development of methods to ensure timely and accurate identification of barriers or problems encountered in the implementation of this Agreement.
- Development of a revised Agreement, if appropriate.
- Development of methods for communicating any revisions to the Agreement to affected parties,
- Provision of training and/or technical assistance or other methods to ensure good faith and compliance with the provisions set forth in this Agreement.
- Referral of unresolved disputes to the co signers of this agreement for resolution within the framework of their separate and/or joint dispute resolution processes.

#### **B. Report**

The report of the review of the interagency agreement will be shared with the respective Commissioners of the Departments of Education and Health and Human Services to allow them to report to the Children's Cabinet as well as for their respective staff to report to the Maine Children's Growth Council.

### **IX. INDIVIDUAL CHILD FAMILY COMPLAINTS AND INTER-AND INTRA-AGENCY DISPUTE RESOLUTION**

The Parties will utilize the Monitoring Team as the vehicle for resolving interagency disputes at both the State and local levels. Departmental processes will be honored when addressing disputes. If unable to resolve the concern will be forwarded to both commissioners.

**X. ACTIONS REQUIRED TO IMPLEMENT THIS AGREEMENT**

The parties agree to disseminate this agreement to their respective local agencies, i.e. the regional CDS Sites, Preventive Health Program agencies, Public Health Nursing and Maternal and Child Health agencies, Public Health Districts, the Office of Child and Family Services, and the local agencies, as the basis for the local Memoranda of Understanding to which the parties have committed themselves in this agreement. Local Memoranda of Understanding will be finalized and submitted to the respective Departments no later than September 1, 2010.

**XI. SIGNATURES**

The parties agree that this Interagency Agreement will be in effect from October 15, 2010 through October 15, 2015.

*Angela Faherty*

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Angela Faherty, Commissioner  
Maine Department of Education

*10/20/10*

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Date

*Brenda Harvey*

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Brenda M. Harvey, Commissioner  
Department of Health and Human Services

*10/18/10*

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Date