



Date: February 1, 2022

Source of Report: [LD 255 \(Resolve 2021, Chapter 110\)](#) Resolve, Directing the Department of Education To Develop a Plan for the Provision of Early Intervention Services

Topic: Plan for the Provision of Early Intervention Services

Context

LD 255 required the Maine Department of Education (Maine DOE) to develop a plan for early intervention services through a quasi-independent government agency structure, with the Maine DOE providing oversight as the lead agency; conduct an analysis of the federal Extended Part C option of the Individuals with Disabilities Education Act (IDEA) and make recommendations for services for children 3 years of age with disabilities; and establish an advisory committee to counsel the Maine DOE on the plan for early intervention services.

This report was prepared by the Maine DOE Special Services team during the COVID-19 pandemic, an extraordinary time for Maine's education system requiring an unprecedented level of support, technical assistance, and emergency management. The current Part C program meets the sixteen federally required components of IDEA for a statewide, comprehensive system of early intervention services for infants and toddlers with disabilities. The most recent letter of approval from the U.S. Department of Education is attached as Appendix C.

There are challenges in meeting the requirements of LD 255 while preserving all of the effective aspects of the existing program implementation of the Part C program for infants and toddlers and the existing structure. The definition of an Independent Educational Unit (IEU) existed in the federal IDEA statute and regulations since 1986. When IDEA was reauthorized in the late 1990s the definition was only allowed to be used by states that had utilized the structure prior to 1997. Maine began to use the definition in 1991. Given the federal provision about prior usage, the structure can continue to be used and modified, but not dropped and then restarted. Therefore, as a transition of the Part C system is planned over a period of time the State IEU must remain in place until such time as the children ages three to five fully transition to the school administrative units (SAUs). The State IEU can then be modified to be part of the refined structure for only the Part C program. At that time new statutory provisions will need to be implemented to include the means by which a board of the quasi-state agency, the State IEU and the Department of Education function as a cohesive structure.

When addresses each aspect of the resolve, the Special Services Department reviewed the implementation plan included in Public Consulting Group's (PCG) report, issued in Winter 2020. Table 1 reflects PCG's components aligned to the timeline developed by the Department of Education. The Unified Timeline Plan in Appendix B reflects a change from the three-year plan, recommended by PCG, to a four-year plan developed by the Special Services Department in collaboration with the advisory group. The Department recognizes that, while most of the elements in the LD 255 timeline will be completed sooner, some of the work is continuing over a longer period of time.

Table 1

PCG Implementation Components	DOE Timeline Plan Inclusive of PCG Components
<ul style="list-style-type: none"> • State Lead Agency • Administrative Office • Early Intervention Program Regulations • Service Coordination • Reconstitute the Interagency Coordinating Council 	Consideration for Department of Education (Lead Agency)
No specific PCG components for IEU but SIEU recognized as a quasi-state agency	Consideration for State IEU (SIEU)
<ul style="list-style-type: none"> • EI Program Brand Name • Branded Campaign • Child Find Plan Eligibility Criteria	Formation of Board
<ul style="list-style-type: none"> • Consolidated Regional Office Structure • EI Provider Agency Contracts 	Staffing Considerations
<ul style="list-style-type: none"> • MaineCare Billing Expansion • MaineCare Early Intervention Policies • Early Intervention Rate Study • EI Private Insurance Statute • Central Billing System 	Fiscal Considerations
<ul style="list-style-type: none"> • Competencies, Training, & Practice-Based Coaching 	Complete Guidance & Training

Section 1: SERVICES PLAN FOR EARLY INTERVENTION

Background and Existing Programming

Existing Part C Program & Structure

In July of 1994, Maine began the implementation of Part C of IDEA. In order to maintain the Part C program, the Maine DOE submits a Part C application to the U.S. Department of Education’s Office of Special Education Programs (OSEP) each year. The annual application outlines how the state will continue to meet all federal statutory and regulatory obligations of the Part C program. The Maine DOE’s Part C Coordinator and the Director of Special Services routinely meet with OSEP staff.

Nationally Recognized Program

Over the past two years, Maine’s Part C program for infants and toddlers has been shared with other states and countries as a model of excellence. These recent recognitions have occurred because of the significant refinements to Maine’s program that have occurred in the past two years. Since 2019, the Part C team has enhanced coordination across child servicing agencies, hospitals, and physicians’ practices to increase referrals to the early intervention system; cross-agency collaboration to update and expand Maine’s list of established conditions that make children under age 3 automatically eligible for early intervention services; and the inclusion of Maine’s early intervention program on the referral form for CradleMe, a free referral system that is available to all birthing families in Maine to help connect them with the right services to meet the needs of their baby and family. The inclusion of the intervention referral forms integration into the CradleMe system has yielded a 164% increase in referrals made to Part C by hospitals in 2021 and an increase of 48% in the number of infants (birth to age 1) enrolled in Maine’s Part C program from 10/1/20 to 10/1/21.

Memoranda of Understanding (MOU) between Maine DOE and the Department of Health and Human Services (DHHS)

Since August of 2016, a Memorandum of Understanding has articulated the coordinated responsibilities of the Maine DOE and the Maine Department of Health and Human Services (DHHS) in serving infants and toddlers in Maine. The purpose of the MOU is to continue and enhance a collaborative approach between the two departments with respect to the establishment and implementation of statewide policies, procedures and practices to ensure that all children in Maine, ages birth to five, are identified, located, screened/evaluated, and, if eligible, receive timely and appropriate services in accordance with IDEA and its regulations, as well as Maine statutes and regulations including 20-A M.R.S. §7001 *et. seq.* and the Maine Unified Special Education Regulation (“MUSER”).

The current MOU is attached in Appendix C. An updated MOU is in the process of review and refinement by the respective departments.

Actions

Formation and Work of the Advisory Committee

Immediately following the conclusion of the 130th first session, the Special Services team launched a nomination process to ensure all required advisory committee membership roles were promptly filled. The Maine DOE also contracted with an independent facilitator to ensure meaningful support would be provided to the advisory committee throughout the fall and winter of 2021. The Maine DOE provided an opportunity for the public to attend each of the five advisory committee meetings and posted the materials and recordings of each meeting on the CDS webpages (<https://www.maine.gov/doe/learning/cds/>).

Information relating to the members of the Advisory Committee and meeting dates and materials provided are attached to this Report as Appendix A.

Refining the Quasi-Independent Government Agency

As reflected above in the explanation of the utilization of the federal term “independent educational unit,” there needs to be a transition of the existing State IEU that coincides with the full transition of the provision of services to children with disabilities ages 3-5 under Part B, Section 619 to the SAUs in Maine. The refined State IEU will function in a similar manner as it relates to the provision of services to eligible children and with Department of Education oversight of the federal IDEA statutory and regulatory requirements. As a quasi- state agency there will be a board for advising the State IEU, which is a new part of the structure. Other quasi-state agencies, such as the Maine Education Center for the Deaf and Hard of Hearing and Maine School for Science and Math, also have boards.

Establishment and appointment of an independent board for the quasi-independent government agency.

When establishing and appointing an independent board for the quasi-independent government agency, the following definitions should be taken into consideration:

Quasi-independent state entity. "Quasi-independent state entity" means an organization that has been established by the Legislature as an independent board, commission or agency to fulfill

governmental purposes and that receives revenues that are derived, in whole or part, from federal or state taxes or fees. 5 M.R.S. § 12021(5).

CDS is already identified as a quasi-independent state entity in 5 M.R.S. § 12021(6)(A).

The **State Intermediate Educational Unit (SIEU) (proposed)** is established as a body corporate and politic and as a public instrumentality of the State for the purpose of identifying, evaluating and providing early intervention services to eligible infants and toddlers with disabilities from birth to under age three and their families. The exercise by the SIEU of the powers conferred by this chapter is the performance of an essential public function by and on behalf of the State. The State IEU currently exists in 20-A section 7209 (3) and could be put in a separate section of statute to set up the structure for the Part C program.

The quasi-independent state entity, the State IEU, needs a board of directors. The details of the steps needed to be addressed for the board are contained in the unified timeline (Appendix B).

Advisory Committee Input Related to the Governing Board:

The Advisory Committee met on January 25, 2022, to review the Department’s ideas for the governing board of the State IEU. The AAG for the Department gave a presentation about what was required to establish an independently-governed State IEU, and breaks were taken throughout the presentation for Committee input. Prior to the meeting, Committee members received a copy of the PowerPoint used by the AAG, as well as samples of statutes creating other education agencies with governing boards for reference. The Advisory Committee provided the roles and responsibilities that would need to be in place for the board, that Department of Education and the State IEU. These roles have been included in the unified timeline for LD 255 following the meeting.

During that Advisory Committee meeting, members recognized that in the same manner as the SAUs are overseen by the DOE for the implementation of the federal statutory and regulatory provisions of IDEA by general supervision/monitoring, the Part C entity should operate in a similar way in that it should be monitored by the DOE. Based on these discussions, the responsibilities between the State IEU and the DOE are outlined in Table 2.

Table 2

State IEU Responsibilities	Maine DOE Responsibilities
<ul style="list-style-type: none"> • Direct provision of Part C: <ul style="list-style-type: none"> ○ Child find ○ Child count ○ Identification ○ Evaluation ○ Development of IFSP ○ Provision of early intervention services ○ Extended Part C option ○ Procedural safeguards • Referrals outside of Part C system • Transition to Part B • Data collection/maintenance of education record • Professional development 	<ul style="list-style-type: none"> • Lead Agency (per federal statute) • System of Personnel Development • Public Awareness Program • Funding Mechanism/reimbursements • Rulemaking (M/S) <ul style="list-style-type: none"> ○ Definition of Developmental Delay ○ Child find, identification, evaluation, provision of early intervention services, natural environments ○ Personnel qualifications ○ Procedural safeguards • Ensure compliance with Part C by monitoring/oversight of SIEU

	<ul style="list-style-type: none"> • Submit annual application to USDOE; SPP/APR • Interagency agreements/coordination of resources across agencies • State Interagency Coordinating Council (SICC)
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Statewide, comprehensive system of early intervention services for infants and toddlers with disabilities: Minimum Requirements & Responsible Entities

Part C of the IDEA includes 16 required components for a statewide system. 20 U.S.C. §1435. The Department of Education is required to report on these components annually as part of the approval process for Maine’s Part C grant. Maine is fully meeting the 16 required components of Maine’s Part C program and will continue to do so under a refined system.

In developing the plan, the Department carefully considered the appropriate entity or entities to assume responsibility for each of the 16 components. The summary of how Maine satisfies each of the required components as well as the entities responsible for the components is included in Appendix C.

The letter from the US Department of Education in Exhibit C and the 16 required components were shared with the Advisory Committee during the January 11, 2022 meeting and highlighted again at the January 25 meeting.

16 Minimum Components Required Under Part C

1. A rigorous definition of the term “developmental delay”

Maine’s definition of “developmental delay” is contained in Section VII.1.A of MUSER:

Developmental Delay

(1) Definition. An infant or toddler with a disability means an individual under three years of age who needs early intervention services because the individual is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome. [20 USC 1432(5)(A)]

For children B-2 with diagnosed physical or mental conditions that are not included in the list in the definition above, each child’s diagnostic evaluation must include demonstration that the child has a high probability to have a developmental delay resulting from that condition. The diagnostic evaluation of that condition will demonstrate the severity and chronicity of the condition which can then be discussed by the team to determine its impact on eligibility.

The level of developmental delay required for eligibility will be defined as any of the following (unless the measures used, such as hearing and vision tests, have different criteria for establishing abnormal development):

(a) A delay of at least 2.0 or more standard deviations below the mean in at least one of the five areas of development listed above; or

(b) A delay of at least 1.5 standard deviations below the mean in at least two of the five areas of development listed in 1(A)(1), above. [20 USC 1435(a)(1)]

ENTITY RESPONSIBLE IN PLAN: The Department of Education will remain responsible for the definition as it resides in MUSER, the Department's major substantive rule.

2. Appropriate early intervention services based on scientifically based research, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian and homeless infants and toddlers.

Early intervention services are described in detail in Sections X.1 and XI of MUSER. Maine has adopted and is fully implementing all components of Dr. Robin McWilliam's Routines-Based Early Intervention (RBEI) model with fidelity. RBEI is an evidence-based model for family-centered intervention in natural environments, which consists of 5 main components: (1) Understanding the family ecology (e.g., ecomap), (2) Functional intervention planning (e.g., Routines-Based Interview), (3) Integrated services (e.g., Primary Service Provider), (4) Effective home visits (e.g., Routines-Based Home Visits), and (5) Collaborative consultation to childcare (e.g., integrated services). As described by McWilliam on his blog at <http://naturalenvironments.blogspot.com/2018/07/overview-of-routines-based-model.html>, the Routines-Based Model is "a collection of practices that, together, provide a unified approach to working with young children with disabilities and their families" that emphasize (a) children's functioning in their everyday routines and (b) supporting families.

Maine also offers early intervention services from providers trained in the Early Start Denver Model (ESDM) to children with a diagnosis of autism spectrum disorder (ASD). ESDM is a behavioral therapy for children with autism between the ages of 12-48 months and is based on the methods of applied behavior analysis (ABA). Under this model, parents and providers use play to build positive and fun relationships. Through play and joint activities, the child is encouraged to boost language, social, and cognitive skills. In FFY19, Maine expanded its evidence-based practices to include the parent-implemented version of ESDM for children diagnosed with, or showing early signs of, ASD. Parent-implemented ESDM uses the same methods as ESDM but, in contrast, is focused on helping parents and other primary caregivers learn to support the child's learning via use of ESDM strategies during everyday activities at home.

ENTITIES RESPONSIBLE: The Department will remain responsible for the description of early intervention services in MUSER. The State IEU will be responsible for implementing appropriate early intervention services in accordance with MUSER, and the Department of Education will be responsible for monitoring and oversight of the State IEU to ensure compliance.

3. Timely and comprehensive multidisciplinary evaluation of needs of children and family-directed identification of the needs of each family.

Maine's multidisciplinary evaluation is described in Section IV.1.E.(1), (2) of MUSER. Maine has recently transitioned from the Battelle Developmental Inventory – 2nd Edition (BDI-2) to the Battelle Developmental Inventory – 3rd Edition (BDI-3) as the primary standardized tool used to determine Part C eligibility. In addition to the BDI-3, which evaluates the child's development across 5 developmental domains (e.g., cognitive, personal-social, motor, adaptive, and communication), Maine also conducts Dr. Robin McWilliam's Routines-Based Interview (RBI) to assess child and family functioning.

ENTITIES RESPONSIBLE: The Department will remain responsible for the description of the multidisciplinary evaluation in MUSER. The State IEU will be responsible for conducting multidisciplinary evaluations in accordance with MUSER, and the Department of Education will be responsible for monitoring and oversight of the State IEU to ensure compliance.

4. Individualized family service plan and service coordination.

The components of an Individualized Family Service Plan (IFSP) are contained in Section IX.1 of MUSER. An IFSP is developed for all eligible infants/toddlers in Maine. Under the federal requirements of IDEA, IFSPs must be developed within 45 days of referral to Part C. Maine demonstrated 93% compliance with this indicator in FFY19, with an average compliance rating of 95% since FFY16. IFSPs are entered into and then auto generated from the Maine Child Information Network Connection System, known as CINC, which is the central data management system currently utilized by Maine's Part C program. Each regional Early Intervention Services (EIS) program has a designated number of Service Coordinators who are responsible for helping the family receive the services and supports needed and to ensure that the family's and child's rights are protected. This service is free to families who qualify for Early Intervention Services.

ENTITIES RESPONSIBLE: The Department will remain responsible for the description of the IFSP in MUSER. The State IEU will be responsible for developing and implementing IFSPs and the Department of Education will be responsible for monitoring and oversight of the State IEU to ensure compliance.

5. Comprehensive child find and referral system.

Maine's child find system and referral is outlined in Section IV.1 of MUSER. Referrals are currently made to Part C using a variety of methods, including a centralized referral phone number, an online referral form, and a referral form that can be completed electronically or by hand and then faxed, emailed, or mailed to the central office or regional EIS program office. Through a MOU with DHHS, all infants identified with a condition on the Established Conditions for the Purposes of CDS Early Intervention Eligibility list, as well as all infants found to be at risk for a development delay, are referred to Part C. Also, through this MOU, DHHS' Office of Child and Family Services automatically refers all children under the age of three who are victims in cases of substantiated child abuse and/or neglect, or are part of the same household, to Part C per the Child Abuse and Prevention Treatment Act (CAPTA).

To expand upon Maine's current child find and referral system, the Part C Coordinator worked collaboratively with staff from DHHS and the Maine CDC in the fall of 2021 to have Maine's early intervention program added to the request form for CradleME, a

referral system that helps connect birthing families with home-based services. It is also anticipated that the Part C child find and referral system will be further improved with the implementation of Help Me Grow, a model for improving access to existing resources and services for expectant parents and families with young children, in Maine. Additionally, an Early Childhood Comprehensive System (ECCS): Health Integration Prenatal-to-Three Program is being implemented in Maine. The ECCS, through a grant awarded from the U.S. DHHS, will allow Maine, with leadership from the Maine CDC Office of Maternal and Child Health, to use this funding opportunity to increase referrals to, and utilization of, prenatal-3 programs.

ENTITIES RESPONSIBLE: The Department will remain responsible for the description of Maine's child find and referral system in MUSER and maintaining the MOU with DHHS. The State IEU will be responsible for implementing child find, and the Department of Education will be responsible for monitoring and oversight of the State IEU to ensure compliance.

6. Public awareness program focusing on early identification of infants and toddlers with disabilities and providing information to parents of infants and toddlers through primary referral sources.

The Department has budgeted \$566,000 from the American Rescue Plan (ARP) funds that were allocated to Part C for child find, public awareness, and reorganization activities. These include rebranding, a robust marketing campaign, a new website for Maine's Early Intervention Program, promotional videos to increase public awareness, table materials for conferences/workshops and community events, translation of written materials into Maine's top 10 languages, and reorganization needs (i.e., accounting system, creating a separate set of policies and procedures, data system, etc.). The Part C Coordinator is also working in collaboration with Nancy Cronin, Maine's Act Early Ambassador, to promote early identification of delays and disabilities using materials from the CDC's campaign "Learn the Signs. Act Early."

ENTITY RESPONSIBLE: The Department will remain responsible for conducting the public awareness program.

7. Central directory of public and private EI services, resources, and research and demonstration projects.

211 Maine provides a comprehensive, statewide directory of over 8,000 health and human services available in Maine. The Children's Cabinet, a state-level, cross-departmental/cross agency committee tasked with identifying statewide priorities and developing and implementing a multi-year strategic plan addressing Maine's most pressing child-related issues, is developing a Referral Services guide that will list all the services and resources available to young children and their families in Maine.

ENTITY RESPONSIBLE: The Department will be responsible for ensuring the availability of a central directory of public and private EI services, resources, and research and demonstration projects in Maine.

8. Comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources.

All new Part C staff and contracted providers currently receive initial training on all components of RBEI (e.g., family ecology, child and family needs assessment, participation-based outcomes, routines-based home visits, and collaborative consultation to childcare) with ongoing fidelity checks to ensure all components of RBEI are provided to infants/toddlers and their families with fidelity. Early Start Denver Model (ESDM) and parent implemented ESDM providers receive training and ongoing support from a certified consultant to ensure delivery of these evidence-based practices with fidelity. Subsequent focused trainings are developed and implemented for individual and/or groups of staff and contracted providers based on the specific needs identified through these ongoing fidelity checks. In addition to the quarterly state-level trainings, the Early Intervention Program Managers develop and implement site-level trainings and collaborate with outside agencies to provide ongoing professional development specific to the needs of their regional teams, allowing providers to gain knowledge and resources to help meet a wider variety of needs at both the child and family level and, therefore, produce better child and family outcomes. A total of \$607,273 has been budgeted from the American Rescue Plan (ARP) funds that were allocated to Part C for professional development and improvements to Maine's current comprehensive system of personnel development (CSPD). Planned activities include a variety of targeted professional development for Part C staff and providers, as well as the development of training modules for the various components of RBEI to create a more formal and sustainable CSPD. Additionally, primary referral sources are currently trained as part of the state-wide outreach plan that was developed and implemented in January of 2021.

ENTITY RESPONSIBLE: The State IEU will be responsible for designing and implementing a statewide plan to provide professional development and training to SIEU personnel. The Department will be responsible for overseeing the development and implementation of a comprehensive system of personnel development.

9. Policies and procedures: to ensure that personnel are appropriately and adequately prepared and trained; qualification standards; paraprofessionals and assistants; address personnel shortages.

In the current Part C training and fidelity system, the regional Early Intervention Program Managers provide training in the components of RBEI and complete ongoing fidelity measures for all Part C staff and contracted providers at their respective sites (see the training and fidelity process described in #8 above for more information). Training and fidelity is documented and tracked in a state-wide database that contains, at the individual Part C Provider level, dates on which trainings were provided, dates on which fidelity checks were administered, and the score achieved on those fidelity checks. As the current database has become outdated with advances in technology, a new database to track training and fidelity is included in the planned activities for the \$45,000 that was budgeted from the American Rescue Plan (ARP) funds that were allocated to Part C for data collection/compliance monitoring. Additionally, the development and implementation of a credentialing system for early intervention providers is included in the \$607,273 that was budgeted from the Part C ARP funds for professional development and improvements to Maine's CSPD.

ENTITY RESPONSIBLE: The Department will be responsible for defining the qualifications for all personnel involved in Part C, including early intervention service providers, in MUSER. The State IEU, in conjunction with its Board of Directors, will be

responsible for developing policies and procedures to ensure that all Part C personnel meet qualification standards in accordance with MUSER.

10. Single line of authority in a lead agency designated or established by the governor for carrying out:

1. General administration and supervision
2. Identification and coordination of all available resources
3. Assignment of financial responsibility to the appropriate agencies
4. Development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes
5. Resolution of intra- and interagency disputes
6. Development of formal interagency agreements

The single line of authority requirement is currently met with Child Development Services, under the supervision of the Maine Department of Education, as the lead agency for the provision of Maine's Part C program. To continue to meet this requirement, the Part C system would need to be governed under an intermediate educational unit (IEU) with regional locations that would serve as system points of entry for Part C and one state office. The state office would need to be responsible for maintaining a central data management system, system-wide policies and procedures, system-wide contracts for service providers, and centralized fiscal services.

Under the current Part C system, CDS implements the General Supervision System that was developed in conjunction with MDOE. Monitoring, findings, corrections and implementation of Individuals with Disabilities Education Act (IDEA) and Maine Unified Special Education Regulation (MUSER) are the primary responsibilities for the CDS Data Manager, under the direction of the Part C State Coordinator and State Director of the State Intermediate Educational Unit (IEU). Under the current General Supervision System, all 9 regional sites are monitored, provided letters of findings, required to submit corrective action plans, and awarded determinations annually. The CDS State IEU has adopted the Part B due process procedures and utilizes the MDOE Due Process office to fulfill the requirements under Part C of IDEA.

Regional Early Intervention Program Managers (EIPMs) conduct ongoing, regular file and data system reviews using designated tools (e.g., compliance reports from CINC, file audit checklists, etc.) to ensure completeness and accuracy of data monthly. EIPMs use the data in the statewide database, CINC, combined with ongoing supervision of staff and contracted providers, to identify and resolve site-specific compliance issues as they are identified throughout the year. Additionally, the EIPMs interpret letters of findings and, in conjunction with the Site Director, develop, implement, and monitor corrective action plans at the site-level.

ENTITY RESPONSIBLE: The Department will remain responsible for the financial oversight of the State IEU. The State IEU, in conjunction with its Board of Directors, will be responsible for developing and implementing a centralized system for statewide fiscal administration.

11. Policy pertaining to contracting or otherwise arranging for services

Service provision under the current Part C system is done through a combination of employees and contracted providers. Regional sites contract with outside providers as necessary so that early intervention services are available to all eligible infants/toddlers and their families, as well as to ensure compliance with the Part C federal indicators for timely delivery of evaluations and services. The current policy for contracting with outside service providers could easily be modified or adopted to continue ensuring the availability of services for all eligible infants/toddlers and their families when restructuring Maine's Early Intervention Program.

ENTITY RESPONSIBLE: The State IEU, in conjunction with its Board of Directors, will be responsible for designing and implementing a standard, statewide template for contracts with early intervention service providers, including policies and procedures for the review of contracts. The Department will be responsible for overseeing the State IEU's entry into interagency agreements, including agreements that define the financial responsibility of each agency for paying for early intervention services and procedures for resolving interagency disputes.

12. Procedure for securing timely reimbursement of funds

The Director of Finance for the Office of Special Services at the Maine Department of Education assumed fiscal oversight of the current Part C system in spring/summer of 2021. All fiscal policies and procedures are under review/revision, including the procurement policies. The current Cash Management Policy under Child Development Services (CDS) consists of the following:

CDS is significantly funded through State of Maine appropriation and Federal IDEA grants. Each fiscal year a cash flow work plan is developed to include State of Maine funds "payment plan" which is essentially a planned disbursement to CDS every two weeks. Federal IDEA grants are reimbursement requests after the expense is incurred; generally occurring after mid-fiscal year. CDS bills MaineCare and Private Insurance for qualifying services performed by employed/rendered providers monthly.

CDS has real time access to our Bangor Savings Bank accounts: checking (including a sweep investment) and payroll accounts. The Accounts Payable Supervisor accesses previous day balance reports daily, passing this report on to the Finance Director daily. The Accounts Payable Supervisor documents cash flow daily and reports to the Finance Director weekly.

The Finance Director uses the previous balance report daily to monitor cash receipts and ensure all bank credits are included in the bi-weekly cash receipt batch entry. The Finance Director reconciles cash monthly (within five days of end of month) providing the Accounts Payable Supervisor with a reconciled cash balance monthly which is reconciled to daily cash flow documentation.

ENTITY RESPONSIBLE: The State IEU, in conjunction with its Board of Directors, will be responsible for developing fiscal policies and procedures in accordance with Part C of IDEA. The Department will be responsible for financial oversight of the State IEU.

13. Procedural safeguards

Maine's procedural safeguards policy is addressed in Chapter 101 – Maine Unified Special Education Regulations (MUSER):

All SAUs shall adopt and implement procedural safeguards contained in 34 CFR 300.500-300.520 and 300.530-300.537. All SAUs must distribute the notice of procedural safeguards set forth in Appendix 1 of this rule at the time specified in the notice.

Independent Educational evaluations, Attorneys' fees and discipline are not applicable to children and their families' birth through age two. The parents of a child eligible under the Part C program may determine whether they, their child, or other family members will accept or decline any early intervention service under this rule, and may decline such service after first accepting it, without jeopardizing other early intervention services under this rule.

For Part C, the Dispute Resolution process includes Early Intervention providers.

NOTE: Throughout Appendix 1, areas in which Maine's Special Education Regulations exceed the federal statute are indicated by italics.

The current Part C system has a procedural safeguards document that is reviewed and given to all families following referral to Part C (either during the intake/eligibility process or sent with a Written Notice when the file is being closed) and is reviewed on an annual basis. There is also a companion document, a condensed, family-friendly summary of the procedural safeguards, that is given to families in conjunction with the procedural safeguards.

ENTITY RESPONSIBLE: The Department will remain responsible for the Dispute Resolution process and defining Maine's procedural safeguards policy in MUSER. The State IEU will be responsible for ensuring that parents are provided with procedural safeguards as required by Part C of IDEA and in accordance with MUSER.

14. System for compiling data on the early intervention system

The Maine Child Information Network Connection System, known as CINC, is the central data management system currently utilized by Part C staff and providers. This system tracks children in every phase of the early intervention process and provides critical data at the state, regional site, and provider agency levels. CINC is a dynamic system that continues to be updated and/or modified to meet the data collection and reporting needs of Maine's Part C system. \$45,000 has been budgeted from the American Rescue Plan (ARP) funds that were allocated for Part C for upgrades to the current data system and compliance monitoring tools. Maine DOE is exploring options for a state-wide data system for all children (birth to age 22) receiving early intervention and special education services in Maine.

ENTITY RESPONSIBLE: The State IEU, in conjunction with its Board of Directors, will be responsible for developing and implementing a centralized Part C data management system.

15. State interagency coordinating council

Maine's Interagency Coordinating Council (ICC) was reinvigorated under new CDS leadership in late 2020/early 2021. There is currently a total of 30+ SICC members with Deborah Rooks-Ellis, an Associate Professor of Early Intervention/ Special Education at the University of Maine, acting as the Chair. The Part C Coordinator utilizes the ICC to solicit broad stakeholder input on the State Performance Plan/Annual Performance Report (SPP/APR), including revisions and setting targets. In addition, the

ICC also discusses Part C trends and helps to identify priorities for Maine's Part C program. The ICC meets at least quarterly with more frequent meetings held as needed (i.e., monthly meetings in the fall of 2021 to complete the target setting process). The ICC meeting schedule and notes from previous meetings can be accessed on the CDS website at <https://www.maine.gov/doe/learning/cds/icc>.

ENTITY RESPONSIBLE: The Department will be responsible for establishing and supporting a state interagency coordinating council in accordance with Part C of IDEA.

16. Policies and procedures to ensure that to the maximum extent appropriate, early intervention services are provided in natural environments except when early intervention cannot be achieved satisfactorily in a natural environment

Maine's policy and procedure for the provision of early intervention in natural environments is addressed in Chapter 101 – Maine Unified Special Education Regulations (MUSER):

To the maximum extent appropriate, early intervention services 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 (IFSP). [20 USC 1432(a)(4)(G,H)]

Consideration for a service to be provided outside of the child's natural environment occurs when the child's outcomes cannot be met or if progress is not being adequately made in the natural environment. If the IFSP team determines that services must be provided outside of the natural environment, a justification must be provided in the IFSP. If it is determined that early intervention services are to be provided outside of the natural environment, the IFSP team must continue to discuss placement and return services to the natural environment when it is determined to be appropriate.

ENTITY RESPONSIBLE: The Department will remain responsible for the description of the provision of early intervention services in natural environment in MUSER. The State IEU will be responsible for ensuring that early intervention services are provided in natural environments to the maximum extent appropriate in accordance with MUSER, and the Department of Education will be responsible for monitoring and oversight of the State IEU to ensure compliance.

Advisory Committee Input Related to 16 Minimum Components:

The Advisory Committee met on January 25, 2022, to review the Department's ideas for the assignment of roles to the Department and the State IEU. The AAG for the Department gave a presentation that included the Department's initial proposed assignment of the 16 components of the statewide system, and breaks were taken throughout the presentation for Committee input. Prior to the meeting, Committee members received a copy of the PowerPoint used by the AAG, as well as a copy of the existing statute establishing the Child Development Services System for reference.

The Advisory Committee provided suggestions for the role of the governing board and its executive director, as well as membership considerations for both voting and non-voting members. Roles of the board for consideration included development of bylaws, term limits, statutory ability to hire executive director. The committee felt the State IEU would direct the

provision of Part C services. The Department of Education would: serve as the lead agency as it does currently, ensure compliance with the 16 components of the Part C program, monitor the State IEU, coordinate resources across other agencies, maintain interagency agreements, ensure the State Interagency Coordinating Council meets on a regular basis, ensure a system of personnel development, ensure a public awareness is in place, implement funding mechanisms and develop rules to include a definition of developmental delay, Child Find, identification of eligible children, evaluation, provision of service, personnel qualifications and procedural safeguards. The Advisory Committee felt the Part C system should adopt the Part B procedural safeguards for consistency, which is permitted by federal IDEA statute (Table 2).

Implementation Timeline for Statutory and Regulatory Changes

A unified timeline was developed that incorporated elements from the three resolves, LD 135, LD 255, and LD 386. The timeline identifies the resources needed, as well as when statutory or regulatory changes should be considered (Appendix B).

Advisory Committee Input on Timeline

Following the Advisory Committee meetings for LD 386 and 255 on January 24th and 25th respectively the Department developed a timeline for all three Resolves, as the necessary implementation steps are in many cases interrelated and need to move with a level of comparability in terms of timing.

The Advisory Committee members reported understanding the interrelatedness of the tasks outlined in the unified timeline. Some members would have liked further detail.

Analysis of the Federal Extended Part C Option and Recommendation for Services for Children Three Years of Age with Disabilities

The federal Extended Part C option allows parents of eligible children to choose to continue to receive early intervention services through Part C, delaying FAPE through Part B. This option is limited, applying to those children who previously received services in Part C, who turn three, and who have been determined to be eligible for preschool services pursuant to Part B. The Advisory Group met to consider whether to apply to OSEP to utilize the Extended Part C Option, and if applying for the Extended Part C option, to consider the applicable duration of the extended option: from age three until the beginning of the school year following the child's third, fourth, or fifth birthday.

The federal Extended Part C option

The Extended Part C option applies to children who previously received services in Part C, who turn three, and who have been determined to be eligible for preschool services pursuant to Part B. Parents of eligible children may choose to continue to receive early intervention services through Part C, in lieu of FAPE through Part B, from their child's third birthday until one of three future dates.

Each state determines the applicable duration of the extended option (OSEP has provided guidance that it can also be applied to a subset of children turning three such as children turning three over the summer):

- (i) From age three until the beginning of the school year following the child's third birthday;

(ii) From age three until the beginning of the school year following the child's fourth birthday; or

(iii) From age three until the beginning of the school year following the child's fifth birthday.

The entire federal extended Part C option regulation can be found here:

<https://sites.ed.gov/idea/statute-chapter-33/subchapter-iii/1435/c>

Parents who choose the extended Part C option continue to receive early intervention services on an IFSP, with the addition of an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills. Parents who choose the Extended Part C option can change their mind and request a transition to Part B/FAPE at any time.

OSEP provides some funds for states that have an approved Extended Part C option. Approval is based on the Part C application, which is due in the spring of any given year.

In analyzing whether the Extended Part C option was right for Maine, the Department considered the following information:

- Two states/territories, Maryland and the District of Columbia currently implement the Extended Part C Option – both to age 4.
- The number of children served by the two states/territories implementing this option was shared in “*State Strategies for Seamless Service Delivery and Transition Implementing the Extended Part C Option*”, a December 2018 OSEP sponsored presentation.
 - MD – data from 2009 to 2017 showed the percent of children served in the Extended Part C option compared to the Oct 1 count was between 11.03-15.09%. 15.09% was in 2011.
 - DC – data from 2014 – 2017 showed the percent of children served in the Extended Part C option compared to the October 1 count was between 9.29 – 14.87%.
 - Assuming that Maine considered the Extended Part C option to the start of the school year after the child turned 3, and looking at 15% of children served in Part C on the fall count date in Maine, ***it is estimated that 87 children might participate in this option.***
- Use of the Extended Part C option does not impact Part B funds.
- IDEA Part B funds, and/or state funds can support the Extended Part C option
 - Maine would need to determine how to provide any additional funds for the Extended Part C option beyond the federal IDEA funds.

The Department also considered the following arguments for and against the Extended Part C option:

- Providing the Extended Part C option will require additional staff and training, given the requirement that pre academic skills be provided in natural environments. “Pre academic skills” are not defined under the law, and the Department of Education will need to support existing and additional Part C staff with technical assistance in this area linking to the Maine Early Learning and Development Standards (MELDS).
- By delaying Part B services, families are effectively choosing to delay Free Appropriate Public Education (FAPE).

- There is a provision in the proposed federal budget that would allow all 3 year- old children who qualify for Part C services to delay transitioning to Part B until the fall after their 3rd birthday; if that bill passes the Extended Part C option will be unnecessary if the choice would be available only until the school year after the child's third birthday.
- There will not be enough federal money to cover the costs associated with training, application, overhaul of current data systems, billing, timelines, specialized outcomes, and impact on evaluations.

Recommendation for the Extended Part C Option

Based on the discussions and feedback from the Advisory Group and research of the two other states that currently implement the Extended Part C Option, The Department of Education recommends applying to OSEP to utilize the Extended Part C option until the fall after the child's 3rd birthday. While this would increase staffing and training needs, it would support a more natural transition time for children who have birthdays in the middle of the school year. CDS estimates 80-90 children, and their families may avail themselves of this option while remaining free to change their minds at any point. We do think some families will want to continue with early intervention services and transition at a time consistent with the start dates of public schools and preschools.

Maine DOE does not recommend extending Part C services beyond the school year after the child's 4th birthday because it will delay preschool programming and potentially impact kindergarten readiness. It should be noted that Biden's Appropriations bill becomes law, there would be no need to apply to OSEP as all states could automatically extend Part C until the school year after the child's 3rd birthday.

Based on the feedback from the Advisory Group and discussions and research of other states, Maine DOE recommends transitioning three-year old special education services to SAUs with a strategic plan to support this transition that would occur over a several year period. By taking ownership of children in Part B earlier, SAUs can ensure that children have the critical services they need prior to entering school. The transition would create consistency of the delivery of services and help schools navigate community needs in order to prioritize educational planning.

Initial fiscal analysis of adopting the Extended Part C Option based on the data analysis conducted, indicates the need for approximately eight additional staff members to support this initiative. A conservative estimate of these additional staff members is approximately \$900,000. There would also be additional costs associated with curriculum, training, and informational materials.

The Advisory Committee met on two occasions to review potential options for the provision of special education services for three-year old children. After substantial discussion, the advisory committee supported a transition of special education services for three-year old's from CDS to SAUs. The Option 2: Hybrid Model would be in place through the final transition of services for three-year old children to SAUs.

Advisory Committee Input:

The Advisory Committee met on January 11, 2022, to discuss the Extended Part C option. A slide deck with the information about the Part C Option was sent in advance of the meeting and had been provided in the first Advisory Committee meeting and had been posted on the CDS

website. On two occasions, the Advisory Committee discussed the pros and cons of the Part C Option, the implications for multiple transitions for families, and concerns that the option is not for all children. The Part C option is limited to those children who have been in Part C and who are eligible for Part B, Section 619. The Committee unanimously agreed to apply for the Extended Part C Option. A poll was taken at the January 11, 2022 meeting to determine the Advisory Group’s choice of the age to which the option would be offered. At that time the poll suggested all participants were interested in applying for the Part C Option to either 3 or 4 years of age. This will necessitate an application to the U.S. Department of Education this Spring to receive approval.

The Advisory Committee met on two occasions to review potential options for the provision of special education services for three-year old children. After substantial discussion, a majority of the advisory committee supported a transition of special education services for three-year old’s from CDS to SAUs. The Option 2: Hybrid Model would be in place through the final transition of services for three-year old children to SAUs.

The discussion points from the work done with the Advisory Group are highlighted below:

- Using the hybrid model would allow SAUs, with the administrative oversight, to begin to understand what is entailed in support three-year old children.
- The hybrid model is being piloted to address unmet need for preschool special education children (20-A section 7252-A).
- Once SAUs have an idea of what the provision of services will be, there will be more consistency between preschool and school-aged services.
- Option 2 (hybrid model) would allow time for SAUs to transition to become fully responsible via “as outlined in” Option 3.
- Option 2 (hybrid model) could offer an opportunity for SAUs to build relationships with outside agencies and providers.
- Having a separate agency supporting 3 year olds would increase the number of transitions/ IEP meetings for parents.
- Earlier development of relationships between families and SAUs.
- Keeping an agency like CDS overseeing 3 year olds would be more of the same.
- SAUs would partner with preexisting agencies to provide preschool services and maintain administrative oversight.
- SAUs would have more opportunity to utilize internal resources, which may be more cost effective than a separate agency funded by the state.

Table 3

Option 2 Hybrid Model	Option 3 SAU Responsible
<ul style="list-style-type: none"> • FAPE obligation on SAU /DOE • Oversight by Maine DOE • Individualized by SAU • Choice in the following: <ul style="list-style-type: none"> ○ Provision of service ○ Staffing ○ Administrative oversight ○ Eligibility requirements including evaluation, child find, eligibility meeting ○ Transportation ○ Data system choice ○ Support referrals 	<ul style="list-style-type: none"> • FAPE obligation on SAU • Maine DOE monitors SAU • SAU responsible for enrolled children in catchment area • Each SAU would determine how to provide services for 3-year-old children • Could create regional preschools • Continue to contract with preschool providers for services • Provide staffing • Provide transportation

<ul style="list-style-type: none">○ Coordinate services○ Case Management○ Facilitate transition from Part C to Part B	<ul style="list-style-type: none">● Facilitate transition from Part C to Part B
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The Department carefully considered the Advisory Committee’s preference for extending the Extended Part C option to the beginning of the school year after the child’s 4th birthday, but ultimately concluded, for the reasons described above, to recommend a limited extension to the beginning of the school year after the child’s 3rd birthday.

Contact:

Erin Frazier

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APPENDIX A
Advisory Committee and Committee Meeting Summaries

Advisory Committee on the Independent Review of the State’s Early Childhood Special Education Services - LD 255	
Name	Designation
Carole Martin	Independent Facilitator
Nancy Cronin, Chair	Representative from the Maine Developmental Disabilities Council
Heather Marden	Representative from the Maine Association for the Education of Young Children
Dr. Roberta Lucas	State Director, Child Development Services System
Andrea Richards	Representative/Member from the Maine Association for Community Service Providers
Andrea Richards	Representative from the Maine Association for Community Service Providers – Contracted Service Provider
Sarah Forster	Designee, Attorney General
Dr. Amy Belisle Sarah Squirrell	Designee, Department of Health and Human Services
Megan Barnes	Representative for the Maine Head Start Directors
Carrie Woodcock	Representative from the Maine Parent Federation
Rita Furlow	Representative from the Maine Children’s Alliance
	Representative from the Maine Speech Language and Hearing Association
Jillian O’Brien	Representative from the Maine Occupational Therapy Association
Technical Assistance and Support	
Erin Frazier	State Director of Special Services Birth to 22
Nicole Madore	State Early Childhood Specialist
Marcy Whitcomb	State Early Childhood Specialist
Jamie Michaud	State Part C Coordinator

Gail Page	CDS Regional Site Director
Lori Whittemore	CDS Regional Site Director
Barbara Browne	CDS Regional Site Director
Pamela Scribner	CDS Regional Site Director
Denise Howell	CDS Regional Site Director
Sarah D'Amico	CDS Regional Site Director
Gail Page	CDS Regional Site Director
Becky Gilman	CDS Regional Site Director
Heather Henderson	CDS Regional Site Director
Amy Bragg	CDS Regional Site Director
Deborah Mullis	Special Education Consultant

Timeline and Steps for Advisory Committee Formation and Meeting Summaries

July 2021

Maine Department of Education (DOE) initiated internal planning for the advisory committee

August 2021

DOE requested nominations to advisory committee and sent a save the date

DOE continued internal planning on LDs.

DOE contracted with external facilitator to support advisory committee work

October 27, 2021

First Advisory Committee meeting

- Review of LD 255 Resolve
- Establishing Chair
- Current service provision (federal to SAU) and Early Intervention/FAPE
- Feedback on what's working/not working in Part C and Part B
- Proposed Service Provision/Structures Option for Part C and Part B
- Information on Administrative Oversight vs. Provision of Service
- Options and initial feedback for 3-year-olds, quasi state agency, hybrid, SAU
- Other state data and Maine projections re: Considerations for Extended Part C option
- Feedback – pros/cons considering Extended Part C

November 22, 2021

Second Advisory Committee meeting

- Review of advisory group charge of LD 255
- Review of options and feedback for 3-year-olds
- Elimination of Option 1, based on feedback
- Hybrid transitioning to full implementation presented for feedback
- Proposed timeline and advisory committee feedback
 - Quasi Gov Agency - build and propose January 2022 – January 2023
 - Renaming/Rebranding Part C to Maine Early Intervention Services July 2022
 - Application to OSEP for approval following year May 2022
 - 3 year-old service plan (joint w/ LD 255 and LD 386) in proposal to Ed Committee February 2022
 - AG and DOE review and draft changes to statute(s) and regulatory changes January 2022 – January 2023

December 2021

Third Advisory Committee meeting scheduled for 12/20/21 – canceled on 12/17/21 and rescheduled for January

January 6, 2022

Supporting information for January 11 mtg sent to advisory committee members

- Annual Part C Determination Letters (meets requirements) from OSEP
- 16 Components with information on each component
- LD 255 Proposed Timeline, including financial component considerations

January 11, 2022

Third Advisory Committee meeting

- Chair shared primer questions doc with members and elicited questions for additional information or clarification needed from DOE
- Polled group for age preferences for Extended Part C
- 3 year-old options – feedback from advisory group

January 20, 2022

Provided information for 1/25 meeting presentation and discussion

- Part C Current Statute
- Models for other Maine quasi agency educational units (MCDHH, MSSM)
- Slide deck with information for IEUs from AAG Forster

January 21, 2022

Response to Advisory Committee questions

Note: Since there was considerable overlap in membership between the advisory committees for LD 386 this response document was sent to all but two members of the LD 255 advisory committee. Information was relevant to both legislative documents and responded to questions from both advisory groups.

January 25, 2022

Fourth Advisory Committee meeting

- AAG Sarah Forster presented information on who, what, why, when, where, how of forming a quasi-state education unit for Part C
- Presented draft language for “State Independent Education Unit”
- Importance of retaining IEU status for Part C (from 1991)
- Board structure/feedback, voting and non-voting members/roles/appointment of board members/hiring of executive director
- Board member input from advisory group
- Additional staff needs for SIEU – Exec Dir, Treasurer/business office/shared services/contractors
- Feedback on structure and functions of the SIEU
 - Questions re: ICC, Early Intervention for ME, due process in Part C
- State statutory and regulatory process – next steps

January 26, 2022

Extension granted for LD 255 reported to advisory group

February 8, 2022

Provided materials for 2/15

- Unified timeline for LD135, LD255, LD 386
- Conceptual framework for statute
- CDS/DHHS MOU

February 15, 2022

Fifth Advisory Committee meeting

- Integration of LD 135, 255, and 386 timelines and legislative considerations
- Conceptual Framework revised state statute
- Recommendation for Extended Part C through beg of school year after child’s third birthday – reviewed in-process federal preschool revisions affecting this decision
- DHHS/DOE MOU
- Chair elicited comments/concerns from advisory committee members
 - Clarification to concern about 16 components as compliance and Part C program excellence
 - Noted concern about timeline challenge for 3-year-olds – assumed that it will happen after 4 year-olds for most SAUs
 - Noted concern that conceptual framework is not enough information (Leg. liaison noted that the Ed Committee will give the approval to continue with the development of the statute being planned for January 2023, per the timeline
 - Would like to view report prior to presentation to Committee

February 28, 2022

Joint meeting with LD 255 and LD 386 Advisory Committees to review summary of upcoming report components and recommendations to be presented to the Joint Committee on Education and Cultural Affairs.

APPENDIX B

Unified Timeline

Timelines for 135, 255, 386 - Version 2 - Mar1

<https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/Unified%20Timeline%20135%2C%20255%2C%20386%20-%20Mar1.pdf>

APPENDIX C

Memorandum of Understanding Between
Department of Education-Child Development Services
and
Department of Health and Human Services

A. Purpose

This interagency agreement is entered into by the Department of Education (DOE), Child Development Services (CDS) and the Department of Health and Human Services (DHHS). The Departments 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 ages birth to five are identified, located and evaluated and receive timely and appropriate services.

B. Program Descriptions

1. Child Development Services

The Child Development Services system is an Intermediate Educational Unit that provides both Early Intervention (ages birth to three) and Free Appropriate Public Education (FAPE) (ages three up to school age five) under the supervision of the Department of Education. The CDS system is responsible for ensuring fulfillment of the State's responsibilities under the Individuals with Disabilities Education Improvement Act of 2004 and its implementing regulations, 34 CFR Parts 300 and 303.

CDS consists of nine regional sites and a State office. The State CDS office maintains a central data management system, system-wide policies and procedures, and provides centralized fiscal services for the regional CDS sites.

Regional CDS sites provide Early Intervention Service Coordination, Individualized Education Program, case management and FAPE for children from three up to school age five. Each regional site conducts Child Find (the process of identifying children with disabilities) in order to identify children who are eligible for services. Regional CDS sites arrange for local services that include early intervention and FAPE.

2. Department of Health and Human Services

The Department of Health and Human Services provides integrated health and human services to the people of Maine to assist individuals in meeting their needs, while respecting the rights and preferences of the individual and family, within available resources.

The Office of Child and Family Services (OCFS) supports Maine's children and their families by providing Children's Behavioral Health, Child Welfare, Early Childhood and Prevention Services.

Children's Behavioral Health Services

The State mental health authority is the Department of Health and Human Services, with the focal point for children's mental health in Children's Behavioral Health Services (CBHS). 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 up to school age 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, intellectual disabilities, autism spectrum disorders, developmental disabilities or emotional and behavioral health needs. CBHS provides a comprehensive array of habilitation and treatment services through contracted community-based agencies to the extent of available resources

Child Welfare

Child Welfare seeks safety, well-being and permanent homes for children, working with professionalism and respecting the dignity of all families. Child abuse reports are investigated on behalf of Maine communities, working to keep children safe and to guide families in creating safe homes for children.

Early Childhood and Prevention Services

Early Childhood and Prevention Services seeks to promote the health, well-being and safety of children and families by reducing the risk and effect of adverse childhood experiences (such as neglect, trauma, or exposure to violence). Administering best practice services that create a community of caring for intergenerational members focused on increasing protective factors such as health, education, safety promotion, social connections and family strengthening supports.

Maine Center/or Disease Control and Prevention (Maine CDC)

The goal of Maine CDC is to preserve, protect and promote the health of all Maine people. Maine CDC's Division of Disease Prevention is Maine's designated entity for assuring systems of care and services for the maternal and child health (MCH) population through the Title V (of the Social Security Act) Program. Programs within the Division of Disease Prevention relevant to this MOU include Children with Special Health Needs and Public Health and Community Health Nursing.

Children with Special Health Needs (CSHN)

CSHN plans, implements, and evaluates public health programs for children with special health needs/chronic conditions up to age 22. CSHN works to achieve six critical systems outcomes: family/professional partnership at all levels of decision-making, access to coordinated comprehensive care within a medical home, access to adequate private and/or public insurance to pay for needed services, early and continuous screening for special health needs, organization of community services for easy use and transition to adult health care, work, and independence.

Newborn Screening

- Newborn Bloodspot Screening assures all infants can benefit from early identification and treatment to prevent or mitigate the effects of inborn errors of metabolism and other disorders, cognitive disabilities, serious illness or death.
- Newborn Hearing Screening supports early identification and timely and appropriate intervention for hearing loss for children birth through 3 years of age.
- Birth Defects Screening uses a public health approach to assess the full impact of birth defects on Maine children and their families, improves access to specialty services for families and locates resources for emotional and economic support.

Public Health and Community Health Nursing

Public Health and Community Health Nursing provides short-term or intermittent nursing services to medically fragile residents of Maine that meet eligibility criteria.

C. Oversight Team

An annual review will be undertaken by a cross-Department team to ensure implementation and sustainability of the provisions of this Agreement both at the State and local level. The team will be comprised of staff from both of the Departments and will provide updates and recommendations to the Commissioners. The responsibilities of the team include:

- Responsible for revisions and updates to the MOU as necessary.
- Identify and troubleshoot barriers encountered in the implementation of the CDS/DHHS MOU.
- The cross-Department team will attempt to resolve any dispute through collaborative problem-solving methods.
- If disputes cannot be resolved through collaborative problem solving, the matter will be referred to the Commissioners for final resolution.

D. Statement of Responsibilities

1. Child Development Services

- a. Ensure that all infants and toddlers, birth to three, with a diagnosed established condition which is likely to result in developmental delays and referred to CDS are determined eligible for early intervention services based on those established conditions.
- b. Ensure that all infants and toddlers, birth to three, identified as "substance exposed newborns" and referred to CDS, are offered, at minimum, a developmental screening.
- c. Ensure that all infants and toddlers, birth to three, identified per the Child Abuse Prevention and Treatment Act (CAPTA) and referred to CDS, are offered, at minimum, a developmental screening.
- d. Ensure all CDS staff and contracted providers receive annual training in Mandated Reporting Requirements.

- e. Ensure all CDS staff and contracted providers report suspected child abuse and/or neglect in accordance to statute Title 22, §4011-A REPORTING OF SUSPECTED ABUSE OR NEGLECT.
- f. Ensure that all infants, toddlers, and children up to school age five, who are referred to CDS and who are initially determined to be ineligible or declined early intervention/early childhood special education are offered a three-month follow-up contact from CDS to determine the child's progress.
- g. Screen children for social emotional delays and refer to Behavioral Health.
- h. Notify DHHS, if the parent/caregiver has signed a CDS Authorization to Release and/or share Information and Educational Records, of the status of those children birth up to school age five.
- i. Request written consent from the family to provide CSHN with the following information:
 - Family accepted/declined screening;
 - Date and result of screening; and
 - Date and type of services initiated, if any.
- j. Notify Maine CDC Newborn Hearing Screening of any child and that child's status (eligibility/Individualized Family Service Plan (IFSP)) that is referred to CDS by an audiologist due to hearing loss.
- k. Notify Maine CDC Newborn Hearing Screening of any child who, over the course of services, is determined to have hearing loss.
- l. Provide annual trainings to DHHS regional sites and contracting providers.
- m. Participate in Child Welfare and Child Care Advisory Councils.
- n. Foster collaboration at the state and local levels with DHHS offices and contracting agencies.
- o. Provide annual aggregate data on child find counts and referrals from DHHS entities; and ad hoc reports as requested and as resources allow.
- p. Refer children and families, when appropriate, to DHHS programs and services including, Children's Behavioral Health, Child Welfare, Public Health and Community Health Nursing, Children with Special Health Needs, Child Care Subsidy and Head Start.
- q. Provide a central point of contact for all referrals.
- r. Participate on the cross-Department team.

2. Department of Health and Human Services (DHHS) Office of Child

and Family Services (OCFS)

a. *Child Welfare*

1. Refer Drug Affected Babies (DAB)/Substance Exposed Newborn (SEN) to CDS as appropriate.
2. Refer to CDS all children under the age of three who are victims in cases of substantiated child abuse and/or neglect or are part of the household.
3. Refer any children under the age of five where there is concern about the child's development.
4. Ensure quality and consistent referrals to CDS that are comprehensive and provide the most information possible within guidelines.
5. Train staff in Child Development Services.
6. Include CDS team members in family team meetings, case planning and/or service planning in accordance with policy.

b. *Children's Behavioral Health*

1. Provide opportunities to partner with CDS to train CBHS staff and Children's Behavioral Health Provider community in CDS.
2. Invite CDS to participate in state and local level case review meetings.
3. Invite DOE to participate in program discussions related to behavioral health services including Section 28 Services.
4. Include CDS in case planning activities and/or meetings.
5. Share information regarding upcoming reviews of programs authorized by both CDS and CBHS and partner as possible.

c. *Prevention and Early Childhood Services*

1. Provide a central point of contact with DHHS for all CDS referral questions.
2. Participate in the State Interagency Coordinating Council.
3. Participate on the cross-Department team.
4. Train staff in Child Development Services.
5. Provide CDS education materials to child care subsidy program recipients.

d. *Head Start*

- See APPENDIX A: CDS-Head Start Memorandum of Understanding Template (Various agreements exist between CDS regional sites and local Head Starts.)

Maine Center for Disease Control and Prevention

- a. *Newborn Bloodspot Screening* will refer infants identified with a condition on the *Established Conditions for the Purposes of CDS Early Intervention Eligibility* list to (CDS).
- b. *Newborn Hearing Screening* will refer all children for whom the Program has received confirmation of permanent hearing loss within one month of receiving a diagnostic audiological report to CDS.
- c. *Birth Defects Screening* will refer infants identified with a condition on the *Established Conditions for the Purposes of CDS Early Intervention Eligibility* list to (CDS) as well as babies found to be at risk for development delay.
- d. *Public Health and Community Health Nursing* will
 1. Refer children under five years of age to Child Development Services when there is concern about the child's development as identified by nursing assessment, and developmental screen.
 2. Participate in individualized family service plan (IFSP) and individual education plan (IEP) team meetings as needed.
- e. *Maine Families*
 - See APPENDIX B: Maine Families/CDS MOU

E. Mutual Agreement

It is mutually understood and agreed upon by and between both Departments:

1. Children with disabilities are children first, and to the extent possible, will participate in the full range of activities in the integrated family, community and educational settings with their typically-developing peers.
2. An active interagency collaboration that results in expedited identification and service delivery is in the best interest of Maine's children and families.
3. A coordinated and healthy early childhood system is predicated on non-duplication of services, culturally sensitive family centered practices, individualized planning, service delivery based on the developmental needs of the children, communication, evidence-based interventions, evaluation, and quality assurance.

4. The comprehensive services of DHHS supplement CDS's delivery of early intervention and early childhood special education support and services to young children and their families
5. The CDS/DHHS MOU will be reviewed, updated and reconfirmed on a bi-annual basis.

F. Confidentiality

The parties agree to maintain confidentiality of information regarding children and families being served, in accordance with the Family Education Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA) and all other State and Federal laws and regulations regarding confidentiality.

To the extent that the services carried out under this Agreement involve the use, disclosure, access to, acquisition or maintenance of information that actually or reasonably could identify an individual or consumer receiving benefits or services from 01 through the Department of Health and Human Services ("Protected Information"), The Department of Education agrees to a) maintain the confidentiality and security of such Protected Information as required by applicable State and federal laws, rules, regulations and DHHS policy, b) contact the DHHS within 24 hours of a privacy or security incident that actually or potentially could be a breach of Protected Information and c) cooperate with the DHHS in its investigation and any required reporting and notification of individuals regarding such incident involving Protected Information. To the extent that a breach of Protected Information is caused by the Department of Education or one of its subcontractors or agents, the Department of Education agrees to pay the cost of notification, as well as any financial costs and/or penalties incurred by the DHHS as a result of such breach.

G. Signatures

The parties agree that this Memorandum of Understanding will be in effect from August 1, 2016 through July 31, 2021.

APPENDIX D
RESPONSES TO ADVISORY GROUP QUESTIONS

January 21, 2022

Advisory Committee Members,

Provided below you'll find the information and data that was requested during the January advisory committee meeting. Thank you for reviewing this information prior to the upcoming committee meeting on January 24, 2021. Please review the information with two goals in mind: 1) serving three-year old children and 2) an appropriate timeline and process for the transition of four-year old children.

As a reminder, all advisory committee resources (recorded meetings, slide decks, and materials) are available on the CDS webpage.

Best,
Erin

Number of Children Served

As of January 17, 2022, there were 2,848 Maine children with IEPs under Section 619 (3-5 YOs) across Maine's nine regional CDS sites.

Age of Children	Number of Children
3	874
4	1,356
5	618
All	2,848

Placements

Maine CDS Regions

- AR - Aroostook
- DE - Down East
- FS - First Step
- MC - Mid Coast
- OPS - Opportunity
- PEDS - Penobscot
- RE - REACH
- TR - Two Rivers
- YO - York

CDS student placements are broken out by regions below.

Child is enrolled in a regular Early Childhood Education (ECE) Program at least 10 hours per week and receives the majority of their SPED and Related Services in the ECE Classroom.

AR	DE	FS	MC	OPS	PEDS	RE	TR	YO	Total
71	21	36	98	12	24	354	28	190	834

Child is enrolled in a regular ECE Program at least 10 hours per week and receives the majority of their SPED and Related Services in some other location.

AR	DE	FS	MC	OPS	PEDS	RE	TR	YO	Total
26	58	105	40	54	77	42	106	54	562

Child is enrolled in a regular ECE Program less than 10 hours per week and receives the majority of their SPED and Related Services in the ECE Classroom.

AR	DE	FS	MC	OPS	PEDS	RE	TR	YO	Total
0	1	3	17	0	5	56	4	31	117

Child is enrolled in a regular ECE Program less than 10 hours per week and receives the majority of their SPED and Related Services in some other location.

AR	DE	FS	MC	OPS	PEDS	RE	TR	YO	Total
0	3	5	8	2	8	8	7	16	57

Child is NOT enrolled in a regular ECE Program and receives their SPED and Related Services in a Separate Class.

AR	DE	FS	MC	OPS	PEDS	RE	TR	YO	Total
0	3	85	11	3	16	140	6	75	339

Child is NOT enrolled in a regular ECE Program and receives their SPED and Related Services in a Separate School.

AR	DE	FS	MC	OPS	PEDS	RE	TR	YO	Total
0	34	27	31	3	41	3	110	108	357

Child is NOT enrolled in a regular ECE Program and receives the majority of their SPED and Related Services at home.

AR	DE	FS	MC	OPS	PEDS	RE	TR	YO	Total
1	2	0	0	1	0	3	0	1	8

Child is NOT enrolled in a regular ECE Program and receives the majority of their SPED and Related Services in some other location.

AR	DE	FS	MC	OPS	PEDS	RE	TR	YO	Total
2	24	45	19	89	60	168	29	96	532

Children are served in public and private preschool programs, Head Start, childcare/daycare settings, contracted provider/therapist settings, and other settings as outlined in MUSER.

Head Start Student Placements

	Early Head Start		Head Start		State Totals	
	#	%	#	%	#	%
Total Cumulative Enrollment	1034	123.68	1730	80.5	2764	92.6
Referrals Made to CDS	97	9.38	229	13.24	326	11.79
# of IFSP's	36	51.43			176	6.37
# of IEP's			140	8.09		
Parent refusal of eval after referral	4	.39	23	1.33	27	.98
Pending Evaluation	15	1.45	21	1.23	36	1.3

Curriculum and Assessment

The Department’s Early Learning Team utilizes the following resources to approve, fund, and support public preschool programs statewide in collaboration with CDS. This is expected to remain in place as 4-year olds transition to SAUs.

[Rule Chapter 124](#)

[Maine’s Early Learning Development Standards \(MELDS\)](#)

[Resources for curriculum and instruction](#)

School Administrative Unit (SAU) Data

There are 271 SAUs in Maine. Currently there are 152 SAUs that offer at least one public Pre-K classroom in 239 schools.

The location of these classrooms can be found in the map below:

<https://www.maine.gov/doe/learning/earlychildhood/publicpreschool>

Few SAUs in Maine currently have universal Pre-K (estimated less than 30% per Maine Early Childhood Education Center). “Universal Pre-K,” also known as “preschool for all,” is a policy framework that gives all families with preschool aged children the opportunity to voluntarily enroll their child in a publicly-funded Pre-K care and education program.

earlysuccess.org

According to the October 2021 child count, there are 5,448 children attending Public Pre-K, with 12.5% of these children identified as children with disabilities and receiving services through CDS.

In Maine, the special education identification rate is higher than 12.5% in most SAUs, and further analysis will determine if there are more special education seats available for children with disabilities. It is typical for the identification rate for 4 year old children to increase throughout theyear as referrals to special education are made for children who are new to preschool programs.

CDS currently partners with programs through contracts to provide direct services for children with individual education programs (IEPs). There are currently 50 contracts with programs providing direct services; 36 with SAUs and 14 are agreements with regional or community programs (non SAUs). The SAU or program connects to partners in the provision of services and negotiates the creation of a contract through a contract specialist. Each partnership requires a Memorandum of Understanding (MOU) and a contract that outlines the provision of service and the reimbursement that CDS will pay for the contracted services with the SAU.

The chart below shows the various services currently being provided at SAUs in Maine.

	SDI Itinerant	Classroom SDI	SP & L	SW	OT	PT	Psych	Trans- portation	BCBA	ECETA	Ed Tech Support	Nurse	Audio
SAUs (36)	1	11	24	6	15	8	3	5	3	0	18	1	1

Implementation Plan

The draft plan to aggregate SAU readiness to take over administrative oversight and provision of services for 4 year old children is aligned to Public Consulting Group’s (PCG) recommendation in the [Maine Early Childhood Special Education Implementation Plan Report from 2020](#). The Department work plan for LD 386 includes developing a work group to develop both a final tool and the process for SAU self-assessment. These include anticipated staffing and capacity, training, transportation, and inclusion. The draft plan includes procuring an independent program manager to provide oversight of the implementation plan. ***Plan to describe and educate SAUs on differences in duties regarding Child Find***

Currently, the only Child Find difference between these two groups in Maine Special Education Regulations Chapter 101 (MUSER) is the timeline for initial evaluation and eligibility. MUSER is currently being revised and when the revisions are completed, consideration could be given to have the same eligibility timelines across Part B.

Monitoring

SAUs are monitored on a four-year rotation. Monitoring is based on federal requirements for all indicators for ages 5-22 to ensure that FAPE is provided across the state equitably. If 4-year old children transition to SAUs, they will be monitored by the Federal Monitoring Team on the preassigned rotation for the SAU.

Monitoring and Evaluating SAU Progress

The Department is currently collaborating with 36 SAUs in Maine to serve CDS-eligible children. There are plans to increase the number of SAUs participating in preschool partnerships. There is [PreK Development Guide](#) that will support a guide to support SAUs in developing their own programs.

There is not an established plan yet for evaluating SAU progress as they take over services for 4 year-olds, but the draft plan is to evaluate SAU progress annually as they transition to providing these services and access federal funds for the provision of services. This will be further developed and supported by the program manager once this individual is hired.

Child Data System

The existing data system for 3-5 year old children is [Maine Child Information Network Connection\(CINC\)](#). Since 2017, CINC stores special education, service delivery, billing, and state/federal reporting information for children served by CDS.

Maine Care Billing

Currently, CDS bills MaineCare for all medically necessary school-based services if the child is a member of MaineCare, and their parent consents to CDS billing MaineCare. Case management is not a billable service through MaineCare/Medicaid for children in Part B. The list below captures the specific eligible services billed through MaineCare:

- Speech and Hearing Service
- Occupational Therapy Service
- Physical Therapy Service
- Nursing Service
- Social Work Service
- Day Treatment (Section 65 Behavioral Health Services)
- RCS - (Section 28, Restorative and Community Support Services for children with cognitive impairments and/or functional limitations)
- Other medically necessary services
- Non-emergency transportation
- Audiology
- Assistive Technologies
- 1:1 Support through a BHP (Behavior Health Professional)

Funding Model for Section 619

The Department is following the guidance provided by Public Consulting Group (PCG) regarding funding of special education under Section 619. In their recommendation 2.4, PCG recommended an annual payment per child through the state for special education purposes. PCG provided a draft template for consideration and a draft plan for decision-making on this process. The Department's Special Services and CDS team are collaborating with Finance staff to develop a funding mechanism.

APPENDIX E

ANNUAL OSEP LETTER RE: PART C COMPLIANCE

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES



June 22, 2021

Honorable Pender Makin
Commissioner of Education
Maine Department of Education
23 State House Station
Augusta, Maine 04333

Dear Commissioner Makin:

I am writing to advise you of the U.S. Department of Education's (Department) 2021 determination under sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Maine meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of the State's data and information, including the Federal fiscal year (FFY) 2019 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

With the FFY 2019 SPP/APR submission, the Office of Special Education Programs (OSEP) requested that States and Entities report whether and how the data collection for any indicator was impacted by the COVID-19 pandemic. Specifically, OSEP requested that States and Entities include in the narrative for each impacted indicator: (1) the impact on data completeness, validity, and/or reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's or Entity's ability to collect and verify the data for the indicator; and (3) any steps the State or Entity took to mitigate the impact of COVID-19 on the data collection and verification. OSEP appreciates States' and Entities' level of transparency regarding the impact of COVID-19 on the data reported in the FFY 2019 SPP/APR. When making determination decisions for 2021, OSEP considered all information submitted that related to the impact of the COVID-19 pandemic. For 2021 determinations, no State or Entity received a determination of "Needs Intervention" due solely to data impacted by COVID-19.

Your State's 2021 determination is based on the data reflected in the State's "2021 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) Results Components and Appendices that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and

(5) the State’s Determination.

The RDA Matrix is further explained in a document, entitled “How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2021: Part C” (HTDMD).

OSEP is continuing to use both results data and compliance data in making the Department’s determinations in 2021, as it did for Part C determinations in 2015-2020. (The specifics of the determination procedures and criteria are set forth in the HTDMD and reflected in the RDA Matrix for your State.) For 2021, the Department’s IDEA Part C determinations continue to include consideration of each State’s Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State’s Child Outcomes FFY 2019 data.

You may access the results of OSEP’s review of your State’s SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access your State’s SPP/APR on the site, you will find, in Indicators 1 through 10, the OSEP Response to the indicator and any actions that the State is required to take. The actions that the State is required to take are in the “Required Actions” section of the indicator.

It is important for you to review the Introduction to the SPP/APR, which may also include language in the “OSEP Response” and/or “Required Actions” sections.

You will also find all of the following important documents saved as attachments:

- (1) the State’s RDA Matrix;
- (2) the HTDMD document;
- (3) a spreadsheet entitled “2021 Data Rubric Part C,” which shows how OSEP calculated the State’s “Timely and Accurate State-Reported Data” score in the Compliance Matrix; and
- (4) a document entitled “Dispute Resolution 2019-2020,” which includes the IDEA section 618 data that OSEP used to calculate the State’s “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, the State’s 2021 determination is Meets Requirements. A State’s 2021 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State’s last three IDEA Part C grant awards (for FFYs 2018, 2019, and 2020), and those Specific Conditions are in effect at the time of the 2021 determination.

States were required to submit Phase III Year Five of the SSIP by April 1, 2021. OSEP appreciates the State’s ongoing work on its SSIP and its efforts to improve results for infants and toddlers with disabilities and their families. We have carefully reviewed and responded to your

submission and will provide additional feedback in the upcoming weeks. Additionally, OSEP will continue to provide technical assistance to your State as it implements the SSIP, which is due on February 1, 2022.

As a reminder, your State must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days after the State's submission of its FFY 2019 SPP/APR. In addition, your State must:

- (1) review EIS program performance against targets in the State's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, your State must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes the State's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates the State's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with your State over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



David Cantrell, PhD
Acting Director
Office of Special Education Programs

APPENDIX F

Conceptual Framework for Statutory Revision

Current 20-A MRS §7209 to be Refined to Address Part C:

- I. Purpose and Commitment
- II. Definitions
- III. Maine Department of Education
 - Lead Agency for Part C Program
 - Compliance with 16 components of Part C through monitoring and oversight
 - Interagency agreements/ Coordination of Resources across Agencies
 - State Interagency Coordinating Council
 - Submission of Federal Annual Reports
 - System of Personnel Development
 - Funding Mechanism/Reimbursement
 - Rulemaking
 - o Definition of Developmental Delay
 - o Child Find/ Identification/ Evaluation
 - o Provision of Early Intervention Services
 - o Personnel Qualifications
 - o Procedural Safeguards
- IV. State Intermediate Educational Unit
 - Roles and Responsibilities in programmatic implementation
- V. Board of Directors of a Quasi-state agency
 - Roles and Responsibilities
 - Appointments by Commissioner of Education
 - Role of Chair and term of service
 - Role and authority for each member
 - Length of term for each member
 - Bylaws

Refine the existing Part B Statute to include Part B, Section 619

Note: The U.S. Department of Education, Office of Special Education Programs (OSEP) will need to review and approve the Concept Framework following the review and discussion with the Advisory Committees and the Joint Committee on Education and Cultural Affairs.