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An Act To Improve Efficiency and Effectiveness of Early Intervention and Early Childhood Special Education for Children from Birth to Eight Years of Age through Improved Oversight, Accountability and Interagency Coordination

Be it enacted by the People of the State of Maine as follows:

PART A

Sec. A-1. 5 MRSA §12004-G, sub-§8-B is enacted to read:

8-B.

Education

Expenses
Only

20-A MRSA
§7211

Early
Childhood Services
Interagency
Coordinating
Council

Sec. A-2. 20-A MRSA §3254-A, sub-§2, as enacted by PL 1985, c. 490, §7, is amended to read:

2. Preschool programs. The commissioner may establish preschool programs for ~~handicapped children between the ages of~~ with disabilities from 3 and years of age to 5 years of age or contract with school administrative units to provide the programs. Establishment of such programs may not affect the duties and responsibilities of boards of directors of Child Development Services System regional sites under section 7209, subsection 8. Preschool programs under this section are required to collaborate with Child Development Services System regional sites.

Sec. A-3. 20-A MRSA §4252, sub-§4, as amended by PL 1989, c. 548, §3, is further amended to read:

4. Programs for children 4 years of age. Encourage the development of 2-year kindergartens in conformity with section 5201, subsection 2, paragraph C and other appropriate programs to address the needs of ~~4-year-old children 4 years of age, as long as the 2-year kindergartens and other programs to address the needs of children 4 years of age are inclusive of children with disabilities;~~

Sec. A-4. 20-A MRSA §4253, as amended by PL 1997, c. 534, §1, is further amended to read:

§ 4253. Local early childhood programs

School administrative units wishing to develop early childhood programs shall submit plan proposals for approval to the department. The department shall encourage broad participation and participation with regional Child Development Services System sites in the program and shall provide technical assistance to local school administrative units in submitting proposals. The department shall require such early childhood programs to be inclusive of children with disabilities.

Sec. A-5. 20-A MRSA §4255, as enacted by PL 2005, c. 368, §1, is amended to read:

§ 4255. Coordinated early childhood programs for children 4 years of age

1. Approval process for early childhood education. Any school administrative unit that wishes to develop an early childhood program for children 4 years of age must submit a proposal for approval to the department. Evaluation of the proposal must include consideration of at least the following factors:

- A. Demonstrated coordination with other early childhood programs in the community to maximize resources;
- B. Consideration of the extended child care needs of working parents; and
- C. Provision of public notice regarding the proposal to the community being served, including the extent to which public notice has been disseminated broadly to other early childhood programs in the community; and
- D. Inclusion of children with disabilities.

2. Rulemaking. The department may adopt rules to implement this section, and any rules adopted must include standards for early childhood programs for children 4 years of age that are developed by school administrative units. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A. Rules adopted pursuant to this subsection must be consistent with common early childhood standards adopted pursuant to section 7213, subsection 3, paragraph B and section 7214.

Sec. A-6. 20-A MRSA §7001, sub-§1-A, as enacted by PL 2005, c. 662, Pt. A, §15, is amended to read:

1-A. Child Development Services System. "Child Development Services System" means regional sites, or their successor sites, and the state intermediate educational unit under section 7209, subsection 3, or its successor, and the Early Childhood Services Interagency Coordinating Council under section 7211, or its successor, established to ensure the provision of child find activities, early intervention services and free, appropriate public education services to eligible children from birth until 6 years of age and their families.

Sec. A-7. 20-A MRSA §7001, sub-§1-D is enacted to read:

1-D. Child find. "Child find" means a continuous process of public awareness activities, screening and evaluation designed to locate, identify and refer as early as possible all young children with disabilities and their families who are in need of Early Intervention Program services or Preschool Special Education services under the federal Individuals with Disabilities Education Act, Part B, Section 619 and Part C, 20 United States Code, Section 1400 et seq.

Sec. A-8. 20-A MRSA §7001, sub-§1-E is enacted to read:

1-E. Children's Cabinet. "Children's Cabinet" means the Children's Cabinet established in Title 5, chapter 439.

Sec. A-9. 20-A MRSA §7001, sub-§1-F is enacted to read:

1-F. Council. "Council" means the Early Childhood Services Interagency Coordinating Council established in section 7211.

Sec. A-10. 20-A MRSA §7005, as amended by PL 2005, c. 662, Pt. A, §19, is further amended to read:

§ 7005. Early intervention and special education

1. Rulemaking. The commissioner is authorized to adopt rules necessary for the administration of this chapter and chapters 303 and 305. These rules are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A. The department shall identify in its regulatory agenda, when feasible, a proposed rule or provision of a proposed rule that is anticipated to be more stringent than the federal statute or regulation, if an applicable federal statute or regulation exists.

During the consideration of any proposed rule, when feasible, and using information available to it, the department shall identify provisions of the proposed rule that the department believes would impose a regulatory burden more stringent than the burden imposed by the corresponding federal statute or regulation, if such a federal statute or regulation exists, and explain in a separate section of the basis statement the justification for the difference between the agency rule and the federal statute or regulation.

2. Joint rulemaking. The Commissioner of Health and Human Services has joint rule-making authority with the commissioner as necessary for adoption of interagency standards across the department and the Department of Health and Human Services and for the implementation of the federal Individuals with Disabilities Education Act, Part B, Section 619 and Part C, 20 United States Code, Section 1400 et seq. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A. The provisions of subsection 1 regarding the regulatory agenda, regulatory burden and justification of difference between rule and federal statute or regulation apply to rules adopted under this subsection. This subsection does not diminish any authority of the Department of Health and Human Services, the Commissioner of Health and Human Services or a designee of the commissioner to enact rules that are not under rule-making authority with the Commissioner of Education.

Sec. A-11. 20-A MRSA §7209, sub-§1, as enacted by PL 2005, c. 662, Pt. A, §30, is amended to read:

1. Department of Education. The department shall serve as the lead agency for the statewide system pursuant to 20 United States Code, Section 1435, including the identification and coordination of all available resources within the State for services to eligible children from birth ~~to under~~until 3 years of age, and shall exercise general supervisory authority over child find as provided in 20 United States Code, Section 1412 (a) (3) and the provision of a free, appropriate public education to children at least 3 years of age and under 6 years of age. This subsection is subject to the provisions of 20 United States Code, Section 1435(a)(10).

A. The commissioner or the commissioner's designee is responsible for developing and adopting rules necessary to carry out the provisions of the federal Individuals with Disabilities Education Act, Part B, Section 619 and Part C, 20 United States Code, Section 1400 et seq.

B. During the period from July 1, 2006 to September 30, ~~2007~~2008, the department, in a manner consistent with the authority of the board of directors of an intermediate educational unit, shall ~~only~~may approve the annual entitlement plan and the budget for an intermediate educational unit pursuant to subsection 6 ~~or 6-A~~, as appropriate, only in accordance with the following.

(1) The department shall approve the entitlement plan and the budget if the provisions of the entitlement plan and the budget are in compliance with the statewide standards established by the state intermediate educational unit pursuant to subsection 3 for the purpose of ensuring coordinated service delivery in each region of the State.

(2) In the event that the department determines that the provisions of the annual entitlement plan and the budget presented by a board of directors of an intermediate educational unit are not in compliance with the statewide standards established pursuant to subsection 3, the department shall require the board of directors of the intermediate educational unit to revise and resubmit the annual entitlement plan and the budget in a reasonable amount of time as determined by the commissioner.

(3) In the event the provisions of the resubmitted annual entitlement plan and the budget are not in compliance with the statewide standards established pursuant to subsection 3, the department is authorized to determine and approve an appropriate, final annual entitlement plan and a budget for the intermediate educational unit that is in compliance with the statewide standards established pursuant to subsection 3.

This paragraph is repealed September 30, ~~2007~~2008.

C. The commissioner or the commissioner's designee is responsible for ensuring legal and policy compliance throughout the early childhood special education program by reviewing or performing regular audits of program records.

D. The commissioner or the commissioner's designee is responsible for ensuring fiscal compliance throughout the early childhood special education program by reviewing or performing regular audits of program records.

E. The department, in consultation with regional sites, shall develop an action plan with timelines to achieve compliance with federal or state law. The department may assume temporary ~~responsibilities~~responsibility for operations at a regional site that fails to meet compliance requirements. The department shall report at least quarterly to the council, to the state-level advisory committee established in subsection 2 and to other advisory or oversight bodies that may be appropriate about individual sites that are under an action plan and about individual sites for whose operations the department has taken temporary responsibility. These reports must describe any progress or slippage by individual sites in meeting compliance requirements. For an individual site under an action plan, the reports must describe how long the department expects the site to remain under an action plan. For an individual site for whose operation the department has taken temporary responsibility, the reports must describe when the department expects to return responsibility to the site.

This paragraph is repealed September 30, 2008.

E-1. The department, in consultation with regional sites, shall develop an action plan with timelines to achieve compliance with federal or state law. The department may assume temporary responsibility for operations at a regional site that fails to meet compliance requirements. The department shall report at least quarterly to the council and to other advisory or oversight bodies that may be appropriate about individual sites that are under an action plan and about individual sites for whose operations the department has taken temporary responsibility. These reports must describe any progress or slippage by individual sites in meeting compliance requirements. For an individual site for whose operations the department has taken temporary responsibility, the reports must describe when the department expects to return responsibility to the site.

This paragraph takes effect September 30, 2008.

F. The department shall make annual grant allocations from available funds to Child Development Services System regional sites in accordance with a funding formula developed by the department in consultation with the regional sites and adopted by rule.

(1) The funding formula must include consideration of the costs associated with administration and organization of the Child Development Services System, child find, case management and provision of other services. The funding formula must take into consideration other factors, which may include but are not limited to a regional site's geographic area, the general population

of children from birth until 6 years of age, the number of such children served in the previous year, the number of such children included in the child count over a 3-year period, the average Medicaid enrollment rate, poverty indices, the average rate at which families access private insurance in defrayment of costs for services provided by the Child Development Services System, the extent to which families have a choice of service providers, and cost containment measures.

(2) The rule establishing the funding formula is a major substantive rule as defined in Title 5, chapter 375, subchapter 2-A.

Sec. A-12. 20-A MRSA §7209, sub-§2, as enacted by PL 2005, c. 662, Pt. A, §30, is amended to read:

2. State-level advisory committee. The state-level advisory committee is established for the period from July 1, 2006 to September 30, ~~2007~~2008 to advise on the provisions of this section. Members of the state-level advisory committee are appointed by the commissioner and must include representatives from each board of directors of a regional site described in subsection 5, the early childhood education consultant and the director of early childhood special education within the department. This subsection is repealed September 30, ~~2007~~2008.

Sec. A-13. 20-A MRSA §7209, sub-§3, as enacted by PL 2005, c. 662, Pt. A, §30, is amended to read:

3. State intermediate educational unit. The commissioner shall establish and supervise the state intermediate educational unit. The state intermediate educational unit is established as a body corporate and politic and as a public instrumentality of the State for the purpose of conducting child find activities as provided in 20 United States Code, Section 1412 (a) (3) for children from birth to ~~under~~until 6 years of age, ensuring the provision of early intervention services for eligible children from birth to ~~under~~until 3 years of age and ensuring a free, appropriate public education for eligible children at least 3 years of age and under 6 years of age. For the period from July 1, 2006 to September 30, ~~2007~~2008, the state intermediate educational unit shall perform the following statewide coordination and administration functions:

A. Establish standard policies and procedures for a statewide salary and benefits administration system, including personnel classifications, position descriptions and salary ranges, and a standard package of health, retirement and other fringe benefits for Child Development Services System personnel, which must be included in the annual entitlement plan described in subsection 1 beginning in fiscal year 2006-07;

B. Develop a statewide salary and benefits administration system and perform the payroll functions for Child Development Services System personnel;

C. Establish a centralized system for statewide fiscal administration to be implemented by September 1, ~~2006~~2007. The state intermediate educational unit shall establish internal controls and implement accounting policies and procedures in accordance with standards set forth by the State Controller;

D. Develop and implement a centralized data management system to be fully operational beginning July 1, 2007;

E. Establish a standard, statewide template for regional site contracts with therapeutic service providers, including policies and procedures for the review of contracts, that must be included in the annual entitlement plan described in subsection 1, beginning in fiscal year 2006-07;

F. Refine program accountability standards for compliance with federal mandates that must be included in the annual entitlement plan described in subsection 1, including the development of a performance review system to monitor and improve regional site performance through the use of efficiency ratings aligned with the accountability standards and through a compliance plan that requires the regional site to address the unmet needs of eligible children in accordance with specific targets and time frames;

G. Design and implement a statewide plan to provide professional development and training to Child Development Services System personnel; and

H. Employ professional and other personnel, including those necessary to ensure the implementation of the centralized fiscal and data management systems. All state intermediate educational unit employees are employees for the purposes of the Maine Tort Claims Act.

Sec. A-14. 20-A MRSA §7209, sub-§4, as enacted by PL 2005, c. 662, Pt. A, §30, is amended to read:

4. Director of early childhood special education. The commissioner shall appoint and supervise a director of early childhood special education. The director shall collaborate with the state-level advisory committee established under subsection 2, the Commissioner of Health and Human Services and the council in a manner consistent with this chapter and 20 United States Code, Section 1441. Beginning September 30, 2008, the director shall collaborate with the Commissioner of Health and Human Services and with the council in a manner consistent with this chapter and 20 United States Code, Section 1441. The director has the following powers and duties:

A. To administer the state intermediate educational unit established under subsection 3. The director, in collaboration with the council, shall developensure the development of operating policies and establishestablishment of organizational and operational procedures that include supervision, monitoring, data and accountability structures and the assignment of financial responsibility in accordance with the interagency agreements under section 7213 and state and federal law and regulation;

B. To developensure, in collaboration with the council, the development of statewide policies and procedures for carrying out federal and state laws and rules relating to child find, early intervention services and the provision of a free, appropriate public education to children from birth to underuntil 6 years of age; and

C. To provideensure the provision of training in federal and state laws, regulations, rules and policies relating to child find as provided in 20 United States Code, Section 1412 (a) (3), early intervention services and the provision of a free, appropriate public education to children from birth to underuntil

6 years of age and to conduct regular file reviews to determine compliance with federal and state laws, regulations, rules and policies and conduct training and provide technical assistance where deficiencies are found;

D. To ensure the monitoring and supervision of support and services provided to eligible children and their families, timelines, personnel qualifications and compliance with state and federal laws and regulations; and

E. To report annually to the council and to the joint standing committee of the Legislature having jurisdiction over education and cultural affairs and to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the performance of the Child Development Services System. This report must include information on any expansions of the connections of child find and service delivery with school administrative units, with the Department of Health and Human Services and with medical providers. This report may include information on any expansion of the connection of child find with nurse midwives. This report must include information on the number of children screened in the programs in Title 22, sections 1532, 8824 and 8943, the number of such children referred to the Child Development Services System who were found eligible for early intervention and the number of such children referred to the Child Development Services System who were found ineligible for early intervention. This report must also include information on annual performance over at least a 5-year period of each individual regional site and of the entire Child Development Services System; must benchmark performance against state and national standards; must include information about performance in child find, service delivery, service coordination, eligibility and exit data for children leaving the Child Development Services System; and must describe strategies that the Child Development Services System has undertaken to maximize the usage of a broad base of community resources including private providers, public schools, resources from other agencies and other available resources serving children and families. The report must include a copy of the interagency agreements under section 7213. The report must be publicly posted on the website of the department.

Sec. A-15. 20-A MRSA §7209, sub-§6, as enacted by PL 2005, c. 662, Pt. A, §30, is amended to read:

6. Regional site board of directors; annual entitlement plan; site budget approval.

A board of directors of a regional site is entitled to receive annual grant award allocations that are approved by the department in accordance with the approval provisions for the annual entitlement plan and the budget for a regional site pursuant to subsection 1, paragraph B. This subsection is repealed September 30, 2007/July 1, 2008.

Sec. A-16. 20-A MRSA §7209, sub-§6-A is enacted to read:

6-A. Regional site board of directors; annual entitlement plan; site budget approval; July 1, 2008 to September 30, 2008. A board of directors of a regional site is entitled to receive annual grant award allocations in accordance with the funding formula described in subsection

1, paragraph F that are also approved by the department in accordance with the approval provisions for the annual entitlement plan and the budget for a regional site pursuant to subsection 1, paragraph B. This subsection takes effect July 1, 2008. This subsection is repealed September 30, 2008.

Sec. A-17. 20-A MRSA §7209, sub-§6-B is enacted to read:

6-B. Regional site board of directors; annual entitlement plan; site budget approval; effective September 30, 2008. A board of directors of a regional site is entitled to receive annual grant award allocations in accordance with the funding formula described in subsection 1, paragraph F. This subsection takes effect September 30, 2008.

Sec. A-18. 20-A MRSA §7209, sub-§8, as enacted by PL 2005, c. 662, Pt. A, §30, is amended to read:

8. Regional site; duties and obligations. The board of directors of a regional site shall~~has~~ the duty and responsibility to:

A. Ensure provision of child find activities as required by the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1400 et seq.;

B. Ensure provision of ~~child count~~ child count activities as required by the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1400 et seq.;

C. Ensure appropriate data collection, training, staff development and direct service provision to eligible children with disabilities, from birth to ~~under~~until 3 years of age, in accordance with Part C of the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1400 et seq.;

D. Ensure that eligible children with disabilities, from birth to ~~under~~until 3 years of age, receive early intervention services, including service coordination, in accordance with the payment provisions established by the State;

E. Ensure that eligible children with disabilities, from 3 years of age to ~~under~~until 6 years of age, receive free, appropriate public education services, in collaboration including service coordination, with the regional site collaborating with school administrative units when possible;

F. Coordinate with eligible families the development of individualized family service plans for children with disabilities from birth to 2 years of age or coordinate an individualized education program for a child from 3 years of age to ~~under~~until 6 years of age unless an individualized family service plan is preferred; ~~and~~

G. Designate local personnel for training to commit funds for free, appropriate public education. Personnel who commit funds for free, appropriate public education must be trained and certified by the state intermediate educational unit established under subsection 3. The board of directors of a regional site shall determine and designate which trained and certified personnel may commit funds; and

H. Ensure, in accordance with major substantive rules adopted by the commissioner under section 7005, subsection 1, that children from birth until 6 years of age who are referred to the Child Development Services System also receive appropriate referrals for support outside of the system, including appropriate public and private resources, regardless of the child's eligibility for early intervention or free, appropriate public education.

Sec. A-19. 20-A MRSA §7210, as enacted by PL 2005, c. 662, Pt. A, §30, is amended to read:

§ 7210. Conflict of interest

Notwithstanding Title 5, section 18, subsection 1, paragraph B, all members of the state-level advisory committee established under section 7209, subsection 2, all members of the council established under section 7211 and all employees, contractors, agents and other representatives of the state intermediate educational unit are deemed executive employees solely for purposes of Title 5, section 18. The department shall provide training to participants to ensure compliance with conflict of interest requirements.

This section is repealed September 30, 2008.

Sec. A-20. 20-A MRSA §7210-A is enacted to read:

§ 7210-A. Conflict of interest

Notwithstanding Title 5, section 18, subsection 1, paragraph B, all members of the council established under section 7211 and all employees, contractors, agents and other representatives of the state intermediate educational unit are deemed executive employees solely for purposes of Title 5, section 18. The department shall provide training to participants to ensure compliance with conflict of interest requirements.

This section takes effect September 30, 2008.

Sec. A-21. 20-A MRSA §7211 is enacted to read:

§ 7211. Early Childhood Services Interagency Coordinating Council

The Early Childhood Services Interagency Coordinating Council, as established in Title 5, section 12004-G, subsection 8-B, is established as an advisory body to the State regarding the coordination of policies and programs aimed at implementing the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1400 et seq. The membership of the council must meet the requirements of this section and must also be in keeping with the federal requirements for a state interagency coordinating council in the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1441. Appointments to the council must be made by the Governor for terms defined in rules adopted by the commissioner under section 7005, subsection 1. In making appointments to the council, the Governor shall ensure that the membership of the council reasonably represents the population of the State. The council shall meet as often as necessary as determined by the officers of the council but not less than quarterly. The council shall meet in such places as the council determines necessary. The meetings must be publicly announced and, to the extent appropriate, open and accessible to the general public and must

comply with freedom of access laws under Title 1, chapter 13, subchapter 1. The commissioner shall adopt rules under section 7005, subsection 1 describing the composition of the council, selection process and duties of the members consistent with the purposes of the council.

1. Recommendations. The council shall recommend to the Governor, the Children's Cabinet, the commissioner and the Commissioner of Health and Human Services, with the advice of the regional site boards of directors, legislation that is needed to maintain or further develop the statewide system, for children from birth until 6 years of age, of quality early intervention services, early childhood special education services and related early childhood services.

2. Consider issues. The council shall consider, with the advice of the regional site boards of directors and the state intermediate educational unit established under section 7209, subsection 3, contemporary issues affecting early intervention services, early childhood special education services and related early childhood services in the State, including but not limited to the following:

- A. Successful strategies for early intervention, early childhood special education and related early childhood services;
- B. Personnel preparation and continuing education;
- C. Child find activities and methods as required by the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1400 et seq.;
- D. Public awareness as required by the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1400 et seq.;
- E. Contemporary research;
- F. Monitoring and supervision;
- G. Interagency issues, including but not limited to interagency agreements under section 7213 and common early childhood standards;
- H. Personnel development and training; and
- I. Data collection, analysis and reporting.

3. Bylaws. The council shall develop and adopt bylaws for its conduct.

4. Advise and assist. The council shall advise and assist the department and the Department of Health and Human Services in the development and implementation of rules and interagency agreements under section 7213 to be carried out by the department and the Department of Health and Human Services in support of early intervention, early childhood special education and related early childhood services. The council shall advise and assist the department and the Department of Health and Human Services in the identification of the sources of fiscal and other support for services for early intervention programs, the assignment of financial responsibility to the appropriate agency or agencies and the promotion of the interagency agreements under section 7213. The council shall advise and assist the department in

the preparation of applications and amendments to applications. The council shall advise and assist the department regarding the transition of toddlers with disabilities to preschool and other appropriate services. The council shall also advise and assist the department regarding the transition of children from the Child Development Services System to kindergarten. The council shall also advise and report on common standards, interagency focus areas, annual progress, monitoring and reporting, centralized interdepartmental training and tracking, development of centralized data and the ongoing function of interagency agreements under section 7213.

5. Chair. The council shall annually elect one member to serve as chair. In accordance with 20 United States Code, Section 1441(a)(3), a member of the council who is a representative or employee of the department may not serve as chair of the council. In addition, a member of the council who is a representative or employee of the Department of Health and Human Services or a representative or employee of the state intermediate educational unit established under section 7209, subsection 3 may not serve as chair of the council.

6. Compensation. The members of the council are entitled to compensation in accordance with Title 5, section 12004-G, subsection 8-B. In accordance with the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1441(d), reasonable expenses for attending council meetings and performing council duties include child care for parent representatives. Agency representatives on the council are entitled to reimbursement for expenses incurred in the performance of their council duties by the nominating agencies in accordance with the provisions for state employees. Consumer members are entitled to reimbursement for actual and necessary expenses incurred in the performance of their duties.

7. Staffing. The department, the Department of Health and Human Services and the state intermediate educational unit established under section 7209, subsection 3 shall together provide to the council the equivalent of one full-time professional staff position. One half of the full-time-equivalent staff position must be filled by an employee or employees of the department or the state intermediate educational unit, and one half of the full-time-equivalent staff position must be filled by an employee or employees of the Department of Health and Human Services. The department may fund its portion of the staff position from funds allocated to the operation of the state intermediate educational unit. The department and the Department of Health and Human Services shall use federal funds received by the State under the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1400 et seq. to fund the council staff position. The department may staff the council with personnel who also staff the state advisory panel described in 34 Code of Federal Regulations, Sections 300.167 to 300.169 (December 2006).

8. Committees; advisory activities. The council may establish committees composed of members of the council. The council may also establish subcommittees composed of parents, professionals, advocacy group representatives, board representatives, employees and others with relevant expertise or experience, not all of whom need be members of the council. Persons engaged in council business must be reimbursed out of the operating budget of the council for their travel expenses and incidental expenses in accordance with rules and procedures established by the council.

9. Quorum. The council shall adopt bylaws that define a quorum for the purpose of conducting business of the council.

10. Dispute resolution. The council shall assist the lead agency as provided in section 7209, subsection 1 in dispute resolution in a manner consistent with 20 United States Code, Sections 1435(a)(10)(D) and 1435 (a)(10)(E).

11. Membership. Membership of the council must be in accordance with 20 United States Code, Section 1441(b). The council must be composed as follows.

A. At least 20% of the members of the council must be parents of infants or toddlers with disabilities or children 12 years of age or younger with disabilities. These parents must have knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one member must be a parent of an infant or toddler with a disability or a child under 6 years of age with a disability. Nominations for members who are parents of infants or toddlers with disabilities or children with disabilities must be submitted to the Governor by community organizations and by Child Development Services System regional site boards of directors. Nominations may be submitted individually by the community organizations. Nominations may also be submitted by the community organizations through a statewide educational advocacy alliance. Persons appointed to the council under this paragraph must be nominees of community organizations or Child Development Services System regional site boards of directors. At least 2 members appointed under this paragraph must be nominated by the community organizations, and at least one member appointed under this paragraph must be nominated by the Child Development Services System regional site boards of directors. The members appointed by the Governor under this paragraph must include at least one person recommended by the commissioner from among the nominees of community organizations and Child Development Services System regional site boards of directors and at least one person recommended by the Commissioner of Health and Human Services from among the nominees of the community organizations and Child Development Services System regional site boards of directors.

B. At least 20% of the members must be public or private providers of early intervention services. Nominations for such members must be submitted to the Governor by the Maine Association for Community Service Providers or its successor and by the Maine Child Care Directors Association or its successor. At least one member must be a nominee of the Maine Association for Community Service Providers, and at least one member must be a nominee of the Maine Child Care Directors Association.

C. At least one member must be a Legislator.

D. At least one member must be a representative of Maine Roads to Quality or a successor organization or must otherwise be involved in personnel preparation.

E. At least one member must be from the department and must have sufficient authority to engage in policy planning and implementation on behalf of the department and must be nominated by the commissioner.

- F. At least one member must be from the Department of Health and Human Services, must have sufficient authority to engage in policy planning and implementation on behalf of the Department of Health and Human Services and must be nominated by the Commissioner of Health and Human Services.
- G. At least one member must represent MaineCare and must be nominated by the Commissioner of Health and Human Services.
- H. At least one member must represent a Head Start agency or program in Maine and must be nominated by the Commissioner of Health and Human Services.
- I. At least one member must represent the Department of Health and Human Services, Division of Purchased and Support Services, Office of Child Care and Head Start and must be nominated by the Commissioner of Health and Human Services.
- J. At least one member must represent the Department of Professional and Financial Regulation, Bureau of Insurance or its successor and must be nominated by the Commissioner of Professional and Financial Regulation or the commissioner's designee.
- K. At least one member must be a representative nominated by an organization that coordinates education for homeless children and youths.
- L. At least one member must represent the state child welfare agency responsible for foster care and must be nominated by the Commissioner of Health and Human Services.
- M. At least one member must represent state children's behavioral health services, work in mental health case management and be nominated by the Commissioner of Health and Human Services.
- N. At least one member must represent the Maine Center for Disease Control and Prevention, work in one or more of the newborn screening programs described in Title 22, sections 1532, 8821 and 8941 and be nominated by the Commissioner of Health and Human Services.
- O. At least one member must be a representative of the United States Department of the Interior, Bureau of Indian Affairs or, when there is no school operated or funded by the bureau, of the United States Department of Health and Human Services, Indian Health Service or a tribe or tribal council from this State.
- P. The council may include other members selected by the Governor. Other members may include members of the Children's Cabinet, members of ad hoc or standing committees of the Children's Cabinet, members of task forces established by the Children's Cabinet and other persons.
- Q. A member of the council may also be a member of the state advisory panel described in 34 Code of Federal Regulations, Sections 300.167 to 300.169 (December 2006).
- R. A member may fulfill more than one of the requirements in paragraphs A to Q.

12. Annual report to the State. The council shall provide to the joint standing committee of the Legislature having jurisdiction over education and cultural affairs, the joint standing committee of the Legislature having jurisdiction over health and human services matters, the Governor, the commissioner, the Commissioner of Health and Human Services and the Children's Cabinet an annual report on the State's system of early intervention and early childhood special education. The report must include a demonstration that the funds provided for the Child Development Services System for early intervention and early childhood special education under the federal Individuals with Disabilities Education Act, Part B, Sections 611 and 619 and Part C, 20 United States Code, Section 1400 et seq. were used to supplement and increase, and not to supplant, the level of other federal, state and local funds that are available for children with disabilities and that the federal funds generated under the federal Individuals with Disabilities Education Act, Part B, Sections 611 and 619 and Part C were not used to satisfy a financial commitment for services that would have been paid for by a health agency or another agency pursuant to policy or practice but for the fact that those services are now listed on the individualized family service plans or individualized education programs for children with disabilities. The report must describe the activities of the council under subsections 2 and 4. The report must also describe and discuss the interagency agreements under section 7213, their adequacy or inadequacy and suggestions for any amendments or deletions. The report must discuss service detail, provider capacity, procedural safeguards, complaint data, training, barriers to collaboration, aspects of the system that have functioned well, aspects of the system that have functioned poorly and responses undertaken by the system to correct or improve its functioning.

13. Annual report to the United States Secretary of Education. In keeping with the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1441(e)(1)(D), the council shall prepare and submit an annual report to the Governor and to the United States Secretary of Education on the status of early intervention programs within the State for infants and toddlers with disabilities and their families. This report may be identical in whole or in part to the report prepared and submitted under subsection 12.

Sec. A-22. 20-A MRSA §7212 is enacted to read:

§ 7212. Interface between Child Development Services System and school administrative units

1. Commissioner to develop consistent method for transition. In consultation with school administrative units and regional sites, the commissioner shall develop a consistent method for the transition that children undergo from the Child Development Services System to kindergarten and shall adopt major substantive rules for this purpose under section 7005, subsection 1.

2. Parental permission to share Child Development Services System records. In accordance with major substantive rules adopted by the commissioner under section 7005, subsection 1, a regional site shall ask the parent of a child who was served by the Child Development Services System, and who was discharged, whether the parent grants permission for the regional site to share Child Development Services System records with the receiving public school when the child enters public school. In accordance with these rules, the regional site may request parental permission at the time that

the child is discharged from the Child Development Services System and shall review with the parent the information in the record, and the parent shall assess the pertinence of the information for the receiving school district. The parent may withhold consent or may consent to the Child Development Services System's sending records in whole or in part. The regional site shall send to the receiving school district whatever part of the records the parent consents to sharing with the receiving school district. The rules developed by the commissioner to implement this subsection must be such that parental rights are not less than those afforded under the federal Family Educational Rights and Privacy Act of 1974, 20 United States Code, Section 1232g (2006) and the federal Health Insurance Portability and Accountability Act of 1996, 42 United States Code, Sections 1320d to 1320d-8 (2006).

3. Certain programs inclusive of children with disabilities. In accordance with major substantive rules adopted by the commissioner under section 7005, subsection 1, programs operated by school administrative units for children 4 years of age, including prekindergartens, early kindergartens, 2-year kindergartens that enroll children 4 years of age and 2-year childhood education programs that enroll children 4 years of age prior to grade one, must be inclusive of children with disabilities.

Sec. A-23. 20-A MRSA §7213 is enacted to read:

§ 7213. Interagency agreements and interagency referrals

The department and the Department of Health and Human Services shall develop rules, policies and written interagency agreements regarding mutual support for children with special needs from birth to 8 years of age. Rules adopted by the department to implement this section must be adopted under section 7005, subsection 1. Rules adopted jointly by the department and the Department of Health and Human Services to implement this section must be adopted under section 7005, subsection 2 or under Title 22, section 8961, subsection 2. Rules adopted by the Department of Health and Human Services to implement this section may be adopted under Title 22, section 8961, subsection 1. Rules, policies and written interagency agreements developed to implement this section must address:

1. Responsibility for appropriate referrals. Responsibility for appropriate referrals to the department for early intervention or special education, including referrals to the Child Development Services System from the metabolic abnormality detection program under Title 22, section 1532, the central registry for birth defects under Title 22, section 8943 and the newborn hearing program under Title 22, section 8821;

2. Clear definition of positions. Clear definition of department and Department of Health and Human Services positions assigned to fulfill the responsibilities outlined in the interagency agreements;

3. Components of a high-quality early childhood services system. Components of a high-quality early childhood services system with attention to each of the following:

A. Lead agency, governance and advisory input, including local boards, councils and advisory panels and the council; eligibility definitions; program administration and compliance with state and federal law, regulation and policy; regional and local trends and needs; and state-level agreements for cooperation and coordination;

B. Community-based services with common standards, including service in natural environments and in least restrictive environments as appropriate, family-centered services focused on the strengths of the child and family, ease of access, multiple entry points or referral sources and multiple service options;

C. Visibility to referral sources and to the public; referral procedures and methods; and name brand recognition;

D. Child find, including locating and identifying children, screening and assessment and eligibility determination;

E. Service coordination and case management, including plans of care such as individualized family service plans and individual education programs, and smooth transitions among programs;

F. High-quality services, including training and technical assistance at state and local levels; referral procedures and inclusive practices for employees, providers and other participants; personnel standards and credentialing; professional development; and consistency in eligibility and service;

G. Supervision and accountability, which, in accordance with the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1416, must include monitoring of local education agencies and regional sites using quantifiable indicators in each of the following priority areas and using qualitative indicators as needed to adequately measure performance in the following priority areas for students from 3 years of age to 8 years of age:

(1) Provision of a free, appropriate public education in the least restrictive environment;

(2) State exercise of general supervisory authority, including child find, effective monitoring, the use of resolution sessions, mediation, voluntary binding arbitration and a system of transition services as defined in 20 United States Code, Sections 1401(34) and 1437(a)(9); and

(3) Mitigation of disproportionate representation of racial and ethnic groups in special education and related services to the extent that the representation is the result of inappropriate identification.

Monitoring activities in this paragraph must be in accordance with the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1416. For children from birth to 8 years of age, monitoring activities must include a focus on improving developmental progress, educational results and functional outcomes for all children with disabilities. Supervision and monitoring in this paragraph must be in accordance with the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1435(a)(10) and must include monitoring of programs used by the State to carry out the federal Individuals with Disabilities Education Act, Part B, Section 619 and Part C, 20 United States Code, Section 1400 et seq. whether or not these programs or activities are receiving

assistance under either Part B, Section 619 or Part C of that Act, to ensure that the State complies with Part B, Section 619 and Part C of that Act. For students from birth to 8 years of age the supervision and monitoring in this paragraph must also include evaluation of timeline compliance; timely service delivery; data collection, reporting, use and analysis with interdepartmental collation to track trends and performance; data collection and analysis of both process and child outcomes, including referrals, screenings, compliance and exits of children from eligibility; transparent and public data-driven monitoring and accountability of regional sites and providers; performance standards; and use of incentives, corrections and sanctions;

H. Resources, supports and services, including identification of sufficient funding to operate effectively; procedures and practices for contracts, billing and 3rd-party billing; and efficiency; and

I. Problem solving and prevention, including dispute resolution among families, providers and others and including local cooperation and coordination in referrals, service locations and training among early intervention and early childhood special education programs in the Department of Health and Human Services, public schools, health organizations such as clinics and hospitals and early childhood businesses such as child care and nursery schools; and

4. Other components. Components consistent with the findings and recommendations of the report submitted by the Subcommittee To Study Early Childhood Special Education pursuant to Public Law 2005, chapter 662, Part C, section 8.

Sec. A-24. 20-A MRSA §7214 is enacted to read:

§ 7214. Common early childhood standards across departments

The department and the Department of Health and Human Services shall establish and adopt common dual-department early childhood standards for all children from birth to 8 years of age based on standards established by the National Association for the Education of Young Children, the federal Individuals with Disabilities Education Improvement Act of 2004, Public Law 108-446, 118 Stat. 2647 (2004) and the Division for Early Childhood of the Council for Exceptional Children or its successor. These standards must address, but may not be limited to, developmentally appropriate practice as it relates to curricula, personnel standards, personnel training, inclusion, family-centered approaches, system access, facilities, credentialing, ratios, accreditation and eligibility for contracts. The standards must address service facilities, including but not limited to child care, Head Start and public schools, including prekindergarten and 2-year kindergarten programs. Rules adopted by the department to implement this section must be adopted under section 7005, subsection 1. Rules adopted jointly by the department and the Department of Health and Human Services to implement this section must be adopted under section 7005, subsection 2 or under Title 22, section 8961, subsection 2. Rules adopted by the Department of Health and Human Services to implement this section may be adopted under Title 22, section 8961, subsection 1.

Sec. A-25. 22 MRSA §1532, as enacted by PL 1983, c. 848, §2, is amended to read:

§ 1532. Detection of cognitive disability

The department ~~may~~shall require hospitals, maternity homes and other maternity services to test newborn infants, or to cause them to be tested, for the presence of metabolic abnormalities ~~which~~that may be expected to result in subsequent ~~mental deficiencies~~cognitive disabilities. The department shall ~~promulgate~~adopt rules to define this requirement and the approved testing methods, materials, procedure and testing sequences. Reports and records of those making these tests may be required to be submitted to the department in accordance with departmental rules. The department may, on request, offer consultation, training and evaluation services to those testing facilities. The department shall adopt rules according to which it shall in a timely fashion refer newborn infants with confirmed metabolic abnormalities to the Child Development Services System as defined in Title 20-A, section 7001, subsection 1-A. The department shall also adopt rules according to which it shall in a timely fashion refer a newborn infant to the Child Development Services System if at least 6 months have passed since an initial positive test result of a metabolic abnormality without the specific nature of the metabolic abnormality's having been confirmed. The department and the Department of Education shall execute an interagency agreement to facilitate all referrals in this section. In accordance with the interagency agreement, the Department of Education shall offer a single point of contact for the Department of Health and Human Services to use in making referrals. Also in accordance with the interagency agreement, the Child Development Services System may make direct contact with the families who are referred. The referrals may take place electronically. For purposes of quality assurance and improvement, the Child Development Services System shall supply to the department aggregate data at least annually on the number of children referred to the Child Development Services System under this section who are found eligible for early intervention services and on the number of children found not eligible for early intervention services. In addition, the department shall supply data at least annually to the Child Development Services System on how many children in the metabolic abnormality detection program were screened and how many were found to have a metabolic disorder. The provisions of this section shall require in this section that a newborn infant be tested for the presence of metabolic abnormalities that may be expected to result in subsequent cognitive disability does not apply to a child if the parents of that child object to them on the grounds that the test conflicts with their religious tenets and practices.

Sec. A-26. 22 MRSA §8824, sub-§1-A is enacted to read:

1-A. Referral to Child Development Services System. The department shall adopt rules according to which it shall in a timely fashion refer children identified in subsection 1 as having a high likelihood of having a hearing impairment to the Child Development Services System. The rules must also describe the timetables under which the department shall refer to the Child Development Services System children identified by the department in accordance with subsection 1 as having possible hearing impairment but for whom hearing impairment has been neither confirmed nor disconfirmed by 6 months of age. The Department of Education and the Department of Health and Human Services shall execute an interagency agreement under section 7213 to facilitate the referrals in this subsection. In accordance with the interagency agreement, the Department of Education shall offer a single point of contact for the Department of Health and Human Services to use in making referrals. Also in accordance with the interagency agreement, the Child Development Services System may make direct contact with the families who are referred. The referrals may take place electronically. For purposes of quality assurance and improvement, the Child Development Services System shall supply to the Department of Health and

Human Services aggregate data at least annually on the number of children referred under this subsection who are found eligible for early intervention services and on the number of children found not eligible for early intervention services.

Sec. A-27. 22 MRSA §8943, as enacted by PL 1999, c. 344, §1, is amended to read:

§ 8943. Central registry

The department shall establish and maintain a central registry for cases of birth defects to accomplish the purposes of this chapter and facilitate research on birth defects. The submission of information to and distribution of information from the central registry are subject to the requirements of this chapter and other provisions of law. Information that directly or indirectly identifies individual persons contained within the registry is confidential and must be distributed from the registry in accordance with rules adopted by the department. The department shall adopt rules according to which it will in a timely fashion refer to the Child Development Services System children with confirmed birth defects who may be eligible for early intervention. The department and the Department of Education shall execute an interagency agreement to facilitate the referrals under this section. In accordance with the interagency agreement, the Department of Education shall offer a single point of contact for the Department of Health and Human Services to use in making referrals. Also in accordance with the interagency agreement, the Child Development Services System may make direct contact with the families who are referred. The referrals may take place electronically. For purposes of quality assurance and improvement, the Child Development Services System shall supply to the department aggregate data at least annually on the number of children referred under this section who were found eligible for early intervention services and on the number of children found not eligible for early intervention services. In addition, the department shall supply data at least annually to the Child Development Services System on how many children had data entered into the registry. For a child whose parent or legal guardian objects on the basis of sincerely held religious belief, the department may not require the reporting of information about that child to the central registry or enter into the central registry information regarding birth defects of that child whose parent or legal guardian objects on the basis of sincerely held religious beliefs.

Sec. A-28. 22 MRSA c. 1689 is enacted to read:

CHAPTER 1689

COORDINATION AND COLLABORATION WITH CHILD DEVELOPMENT SERVICES SYSTEM

§ 8961. Rulemaking

1. Routine technical rules. The commissioner shall adopt rules as necessary to participate with the Department of Education in effectuating Title 20-A, sections 7213 and 7214. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

2. Joint major substantive rules. The commissioner has joint rule-making authority with the Commissioner of Education as necessary for adoption of interagency standards across the Department of Education and the Department of Health and Human Services under Title 20-A, sections 7213 and

7214 and as necessary for the implementation of the federal Individuals with Disabilities Education Act, Part B, Section 619 and Part C, 20 United States Code, Section 1400 et seq. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

§ 8962. Access to report

The department shall ensure that the report posted by the director of early childhood special education under Title 20-A, section 7209, subsection 4, paragraph E is publicly accessible via the website of the Maine Center for Disease Control and Prevention or its successor and via the website of the Division for Early Childhood of the Council for Exceptional Children or its successor.

Sec. A-29. Community organizations included for purposes of Early Childhood Services Interagency Coordinating Council. For purposes of the Maine Revised Statutes, Title 20-A, section 7211, subsection 11, "community organizations" includes the Autism Society of Maine, the Disability Rights Center, the Learning Disabilities Association of Maine, the Maine Developmental Disabilities Council established in Title 34-B, section 17001, the Maine Parent Federation, the Maine Transition Network, or their successors, and other nonprofit member organizations of the Maine Educational Advocacy Alliance or a successor organization that are not governmental or quasi-governmental organizations.

PART B

Sec. B-1. PL 1999, c. 296, §11 is repealed.

Sec. 11.

PART C

Sec. C-1. Adoption of rules and development of policies and interagency agreements. The Department of Health and Human Services and the Department of Education shall develop policies and written interagency agreements by January 31, 2008 as necessary to address mutual support for children with special needs from birth to 8 years of age under the Maine Revised Statutes, Title 20-A, section 7213, common early childhood standards under Title 20-A, section 7214 and referrals under Title 22, sections 1532, 8824 and 8943. Major substantive rules adopted by the Department of Education to address the requirements of Title 20-A, sections 7212, 7213 and 7214 and Title 22, sections 1532, 8824 and 8943 must be presented by the Department of Education for legislative review in the Second Regular Session of the 123rd Legislature. Major substantive rules adopted jointly by the Department of Education and the Department of Health and Human Services to address the requirements of Title 20-A, sections 7213 and 7214 and Title 22, sections 1532, 8824 and 8943 must be presented by the Department of Education and the Department of Health and Human Services for legislative review in the Second Regular Session of the 123rd Legislature. The Department of Health and Human Services shall adopt by January 31, 2008 any routine technical rules that are necessary to address the requirements of Title 20-A, sections 7213 and 7214 and Title 22, sections 1532, 8824 and 8943.

Sec. C-2. Report on centralization; committee authorized to introduce legislation.

The Commissioner of Education shall report to the Joint Standing Committee on Education and Cultural Affairs no later than 7 days after the effective date of this Act, and again by December 31, 2007, on the Child Development Services System centralization process outlined in Public Law 2005, chapter 662. The committee is authorized to introduce a bill to the Second Regular Session of the 123rd Legislature on changes to the centralization process. The reports from the commissioner must include, but need not be limited to:

1. Overall progress of the centralization and a comparison to the timeline originally proposed in Public Law 2005, chapter 662;
2. Centralization costs and savings to date;
3. Projected fiscal year 2008 savings compared to estimates reflected in Public Law 2005, chapter 662, Part D;
4. Problems encountered, if any, and corrective actions taken or planned;
5. Personnel turnover at Child Development Services System regional sites, in the state intermediate educational unit and in Department of Education child development services staff;
6. Effects, if any, on services to children; and
7. Long-term projections for the efficacy of the centralization plan.

The commissioner shall post written copies of the reports on the publicly accessible website of the Department of Education.

Sec. C-3. Training and support to regional site boards. The Department of Education shall develop and present to the Joint Standing Committee on Education and Cultural Affairs and to the state interagency coordinating council described in the federal Individuals with Disabilities Education Act, 20 United States Code, Section 1441 a plan for improving training and support to Child Development Services System regional site boards of directors. The Department of Education shall present the plan no later than 7 days after the effective date of this Act.

Sec. C-4. Unmet needs monitoring. To assess the continued provision of free, appropriate public education to children after transition to public school, the Department of Education shall develop a plan to review unmet needs in school administrative units monthly or bimonthly and implement a pilot plan among no fewer than 6 school administrative units, including a mix of small, medium and large districts. The department shall, no later than January 31, 2008, present the pilot plan to the Joint Standing Committee on Education and Cultural Affairs.

Sec. C-5. Data linkage. The Maine Education Policy Research Institute in the University of Maine System shall deliver a report on or before January 31, 2008 to the Joint Standing Committee on Education and Cultural Affairs on necessary technical and legal advances that would enable data linkage to facilitate research projects that would involve linkage of personally identifiable health and MaineCare data and personally identifiable education data in a way that would be in compliance with federal privacy law and regulation, including the federal Family Educational Rights and Privacy Act of 1974, 20 United States Code, Section 1232g (2006) and the federal Health Insurance Portability and Accountability Act

of 1996, 42 United States Code, Sections 1320d to 1320d-8 (2006). The institute may consult with the Office of the Attorney General and with the Office of Policy and Legal Analysis for advice on identifying which, if any, state laws, rules or policies would have to be changed to enable or facilitate such studies within the bounds of federal law and regulation. This report must include design of a pilot study to test the technical advances outlined in this section and must also investigate the possibility of data linkage for assessing the effectiveness and efficiency of delivery of early intervention, education and health and human services to individuals with disabilities. The report may describe data linkage with a broad range of research questions. The report may address how to use data linkage studies to assess the effectiveness and efficiency of delivery of early intervention, education and health and human services to individuals with disabilities, including the number of case managers per child. A goal of such work is that the Department of Health and Human Services and the Department of Education work together to determine how data systems can be designed to facilitate analysis of data across departments.

SUMMARY

This bill implements the recommendations of the Subcommittee To Study Early Childhood Special Education, which was established by Public Law 2005, chapter 662 to study early intervention and early childhood special education services for children from birth to 8 years of age. Based upon the findings of the subcommittee, including findings that the Child Development Services System performs very well relative to national benchmarks and findings that there is a national trend among states toward greater interagency coordination and oversight, the bill builds on Maine's good performance, increases interagency collaboration and increases accountability of system components to the executive and legislative branches and to the public by:

1. Building on the current system's demonstrated strengths while making changes where needs are recognized;
2. Keeping intact a Child Development Services System to coordinate services for eligible children from birth until 5 years of age and to ensure that such children receive early intervention and early childhood special education under the federal Individuals with Disabilities Education Act, Part B, Section 619 and Part C, 20 United States Code, Section 1400 et seq.;
3. Maintaining the Department of Education as Maine's lead agency under the federal Individuals with Disabilities Education Act while strongly promoting interagency collaboration and oversight;
4. Expanding connections of federally mandated child find and service delivery with school administrative units, with programs of the Department of Health and Human Services and with medical and other providers of services to children from birth until 5 years of age;
5. Requiring the Child Development Services System to report annually to legislative, advisory and governing bodies about the performance of the system, including information on the performance of individual regional sites and of the system;
6. Requiring the Department of Education and the Department of Health and Human Services to establish and adopt common dual-department early childhood standards for children from birth to 8 years of age based on standards of the National Association for the Education of Young Children, the federal

Individuals with Disabilities Education Act and the Division for Early Childhood of the Council for Exceptional Children;

7. Requiring Child Development Services System regional sites to ask parents of children who were discharged from the Child Development Services System prior to school entry to grant consent for the regional site to share relevant information from the child's early intervention or early childhood special education record with the receiving public school and requiring the regional sites to share this information with the public school if the parent consents;

8. Requiring the Department of Education and the Department of Health and Human Services to develop rules, policies and written interagency agreements by January 31, 2008 to address mutual support for children with special needs from birth to 8 years of age; to assign responsibility for appropriate referrals from the Department of Health and Human Services to early intervention and special education services, including referrals to the Child Development Services System from the metabolic abnormality detection program, the newborn hearing program and the birth defects registry; to include components of a high-quality early childhood services system as outlined in the report of the Subcommittee To Study Early Childhood Special Education; to include clear definition of Department of Education and Department of Health and Human Services positions assigned to accomplish the responsibilities outlined in the interagency agreements; and to include other components consistent with recommendations of the subcommittee;

9. Establishing the Early Childhood Services Interagency Coordinating Council as the federally mandated state interagency coordinating council for services for children from birth until 5 years of age under the federal Individuals with Disabilities Education Act with specific membership requirements under federal and state law to advise and report on common standards, interagency focus areas, annual progress, monitoring and reporting, centralized interdepartmental training and tracking and development of centralized data;

10. Requiring that staff for the Early Childhood Services Interagency Coordinating Council be provided by the Department of Education and the Department of Health and Human Services and requiring the council to deliver reports and advice to the Commissioner of Education, the Commissioner of Health and Human Services, the Joint Standing Committee on Education and Cultural Affairs and the Joint Standing Committee on Health and Human Services;

11. Requiring the Maine Education Policy Research Institute in the University of Maine System to explore and report to the Joint Standing Committee on Education and Cultural Affairs on necessary technical and legal advances that would enable data linkage of individually identifiable health and education data in a way that would be consistent with federal laws and regulations on privacy while facilitating research projects on such matters as effectiveness, efficiency and cost-effectiveness of service delivery;

12. Requiring the Child Development Services System to report on strategies to maximize the use of a broad base of community resources, including private providers, public schools, resources from other agencies and other available resources for serving children and families;

13. Assigning to the Child Development Services System the responsibility for service coordination for eligible children from birth until 5 years of age, for child find for children from birth until 5 years of age, for appropriate referrals to support services and programs outside of the system that are appropriate

for children and families referred to the system and for ensuring that eligible children from birth until 5 years of age receive early intervention or free, appropriate public education as well as referrals to other programs and services based upon child and family needs;

14. Requiring the Department of Education to develop and present to the Legislature and to the Early Childhood Services State Interagency Coordinating Council a plan for improving training and support to Child Development Services System regional site boards of directors;

15. Allowing public schools to continue to develop, at their own pace, programs for children 4 years of age while requiring that those programs be inclusive of children with disabilities;

16. Changing the deadline for fiscal centralization in the Maine Revised Statutes, Title 20-A, section 7209, subsection 3, paragraph C from September 30, 2006 to September 30, 2007;

17. Requiring the Commissioner of Education to report to the Joint Standing Committee on Education and Cultural Affairs by December 31, 2007 on the Child Development Services System centralization process and authorizing the committee to introduce a bill to the Second Regular Session of the 123rd Legislature on related matters;

18. Requiring the Department of Education, in consultation with Child Development Services System regional sites, to develop a funding formula that must include consideration of administration and organization of the Child Development Services System, child find, case management and provision of other services and that may include each regional site's geographic area, the early childhood population, the number of such children receiving services and the number of such children included in the child count, the Medicaid enrollment rate, poverty indices, average private insurance rates, family choice of providers, cost containment measures and other factors;

19. Amending Title 20-A, section 7209, subsection 1 to require the Department of Education to submit quarterly reports to the Early Childhood Services Interagency Coordinating Council and other advisory groups about Child Development Services System regional sites that are under a corrective action plan and about regional sites for whose operations the Department of Education has assumed temporary responsibility, with the reports describing any progress or slippage by individual regional sites in meeting compliance requirements;

20. Requiring the Department of Education to develop a plan to review unmet needs in school administrative units monthly or bimonthly and to implement the plan among no fewer than 6 school administrative units; and

21. Requiring the Department of Education to explore the process that children undergo as they transition from the Child Development Services System to kindergarten in order to develop a consistent method for these transitions.