

**MICHIGAN DEPARTMENT OF EDUCATION  
STATE OF BOARD OF EDUCATION**

***EARLY ON*® MICHIGAN  
PART C OF THE INDIVIDUALS WITH DISABILITIES OF EDUCATION ACT  
(IDEA)**

**FINAL COPY**

**THREE-YEAR APPLICATION FOR FY 1996-98  
BEGINNING FISCAL YEAR 1996-97**

**OFFICE OF SPECIAL EDUCATION SERVICES  
AND  
EARLY INTERVENTION SERVICES**

April 2004

**MICHIGAN STATE APPLICATION  
PART C OF IDEA  
FISCAL YEARS 1996-98**

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**PART ONE**

**SUBMISSION STATEMENT, ASSURANCES,  
AND CERTIFICATIONS**

## **SUBMISSION STATEMENTS, ASSURANCES, & CERTIFICATIONS**

### **A. SUBMISSION STATEMENT**

I, the undersigned authorized official of the Michigan Department of Education, have been designated by the Governor of this State to submit this application for FY 1996-98 funds under

Part H of the Individuals with Disabilities Education Act (IDEA).

I certify that the State of Michigan will operate its Part H program in accordance with the assurances required by the regulations. I also certify that the requirements stated in 34 CFR 76.104 of the Education Department General Administrative Regulations (EDGAR) have also been met.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

Arthur E. Ellis

Typed Name

Superintendent of Public Instruction

Title

### **B. REQUIRED ASSURANCES**

The State of Michigan makes the following assurances and provisions as required by Part H of the Individuals with Disabilities Education Act:

1. Funds received under Part C will be used by the State to plan, develop, and implement the statewide system of early intervention services. (Sections 303.3 & 303.144)
2. The State will: (a) provide reports containing information that the Secretary may require, and (b) keep records and afford access to those records as the Secretary may find necessary to assure the correctness and verification of reports and proper disbursement of funds provided under. (Section 303.121)
3. The control of Federal funds provided under Part C, and title to property required with those funds, is in a public agency for the uses and purposes provided by Part C, and a public agency administers the funds and property. (Section 303.122)

4. Federal funds made available under Part C will not be commingled with State funds. (Section 303.123)
5. Federal funds made available under Part C will be used to supplement and increase the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant such State and local funds. (Section 303.124)
6. Fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under Part C. (Section 303.125)
7. The State will not use its Part C funds to satisfy a financial commitment for services that would have been paid for from another public or private source but for the enactment of Part C -- except that whenever considered necessary to prevent a delay in the timely provision of services to an eligible child or family, the Part C funds may be used to pay the provider of services, pending reimbursement from the agency that has the ultimate responsibility for the payment. (Section 303.527(a) and (b))
8. The State will not construe anything in Part C to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (SSA) (relating to Maternal and Child Health) or Title XIX of the SSA (relating to Medicaid eligible children under Part C) within the State. (Sections 303.126 and 303.527(c))
9. Funds for developing a statewide early intervention system will be expended in accordance with the provision of this part, including Section 303.3. (Section 303.127)
10. Policies and procedures have been adopted to ensure meaningful involvement of traditionally underserved groups, including minority, low-income, and rural families, in the planning and implementation of all the requirements of this part and to ensure that these families have access to culturally competent services within their local geographical areas. (Section 303.128)
11. The statewide system of early intervention services is in effect. (Section 303.154)

**C. CERTIFICATIONS REQUIRED BY EDGAR**

In accordance with 34 CFR 76.104 the lead agency of the State of Michigan assures:

1. That the application is submitted by the State agency that is eligible to submit the application.
2. That the State agency has authority under State law to perform the functions of the State under the program.
3. That the State legally may carry out each provision of the application.

4. That all provisions of the application are consistent with State law.
5. That a State officer, specified by title in the certification, has authority under State law to receive, hold, and disburse Federal funds made available under the application.
6. That the State officer who submits this application, specified by title in the certification, has authority to submit the application.
7. That the agency that submits the application has adopted or otherwise formally approved the application.
8. That the application is the basis for State operation and administration of the program

**D. INFORMATION REQUIRED UNDER EXECUTIVE ORDER 12372**

I certify that the application for Part C of IDEA for the State of Michigan was submitted to the State's "single point of contact" under Executive Order 12372 on 6-24-97.  
Month/Day/Year

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

Arthur E. Ellis

Typed Name

Superintendent of Public Instruction

Title

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND  
OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE  
REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

**1. LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection

with this Federal grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report lobbying," in accordance with its instructions;

- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including, subgrants, and contracts under grants, cooperative agreements and subcontracts) and that all subrecipients shall certify and disclose accordingly.

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**2. DEBARMENT, SUSPENSION, AND  
OTHER RESPONSIBILITY  
MATTERS**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110-

- A. The applicant certifies that it and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this applicant been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) have not within a 3-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

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**3. DRUG-FREE WORKPLACE  
(GRANTEES OTHER THAN  
INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610-

A. The applicant certifies that it will or will continue to provide a drug-free workplace by

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug-free awareness program to inform employees about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-

- (1) Abide by the terms of the statement; and
  - (2) notify the employer in writing of his or her conviction for violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency, in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 600 Independence Avenue, S.W. (Room 3124, GSA Regional Office Building No. 3), Washington, DC 20202-4571. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted-
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace

through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

- B. The grantee may insert in the space provided below the site(s) for the performance of the work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

608 West Allegan Street  
Lansing, Ingham County  
Michigan 48933

Check if there are workplaces on file that are not identified here.

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**DRUG-FREE WORKPLACE  
(GRANTEES WHO ARE  
INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.505 and 85.610-

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to Director, Grants and Contracts Service, U.S. Department of Education, 600 Independence Avenue, S.W. (Room 3124, GSA Regional Office Building No. 3), Washington, DC

20202-4571. Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

NAME OF APPLICANT	PR/AWARD NUMBER AND/OR PROJECT NAME
Michigan Department of Education	Part C of Individuals with Disabilities Education Act
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Arthur E. Ellis, Superintendent of Public Instruction	
SIGNATURE	DATE

## ASSURANCES - NONCONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Sections 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulation specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug use; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to non-discrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII

of the Civil Rights Act of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statutes(s) which may apply to the application.

7. Will comply, or has already complied, with these requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. Those requirements apply to all assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. Sections 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provision of the Davis-Bacon Act (40 U.S.C. Sections 276a to 276a-7), the Copeland Act (40 U.S.C. Section 276c and 18 U.S.C. Section 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 327-333), regarding labor standards for federally assisted construction sub-agreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. Sections 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. Section 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

June, 1997  
Amended 6/98  
Amended 6/99

Early On® Michigan

12. Will comply with the Wild and Scenic Rivers Acts of 1968 (16 U.S.C. Sections 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. Section 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. Section 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signature of Authorized Certifying Official	Title  Superintendent of Public Instruction
Applicant Organization  Michigan Department of Education	Date Submitted

June, 1997  
*Amended 6/98*  
*Amended 6/99*

*Early On® Michigan*

**PART TWO**

**GENERAL APPLICATION REQUIREMENTS**

## I. DEFINITIONS

The following terms are defined for purposes of consistency with the Federal rules and regulations for Part C, and to enhance understanding of the State Plan for Michigan under Part C, the Infant and Toddler Early Intervention Services System, i.e. Early On® Michigan.

### Act §303.6

As used in this part, "Act" means the Individuals with Disabilities Education Act (IDEA).

### Children §303.7

As used in this part, "children" means "infants and toddlers with disabilities," including established conditions, developmental delay, or risk of developmental delay, as defined in Part C of IDEA.

### Council (SICC) §303.8

As used in this part, "Council" means the State Interagency Coordinating Council" (SICC).

### Days §303.9

As used in this part, "days" means calendar days.

### Developmental delay §303.10

As used in this part, "developmental delay" has the meaning adopted by the State for carrying out programs under Part C. (See Part III, Section I; 303.300)

### Early intervention program §303.11

As used in this part, "early intervention program" means that total effort in the State that is directed at meeting the needs of children eligible under this part and their families.

### Early intervention services §303.12

(A) *General.* As used in this part, "early intervention services" means services that—

- (1) Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;
- (2) Are selected in collaboration with the parents;
- (3) Are provided--
  - (i) Under public supervision;
  - (ii) By "qualified" personnel as defined by the State, including the types of personnel listed in paragraph (e) of this section; (See Part III, Section IV; 303.21)
  - (iii) In conformity with an individualized family service plan; and
  - (iv) At no cost, unless Federal or State law provides a system for payments by

families, including a schedule of sliding fees; and

- (4) Meet the standards of the State, including the requirements of this part.
- (B) *Natural Environments.*
- (1) To the maximum extent appropriate, are provided in natural environments, including the home and community settings in which children without disabilities participate; and
  - (2) As used in (b)(1) natural environments mean settings that are natural or normal for the child's age peers who have no disability.
- (C) *General role of service providers.* To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for—
- (1) Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;
  - (2) Training parents and others regarding the provision of those services; and
  - (3) Participating in the multidisciplinary team's assessment of a child and a child's family and in the development of integrated goals and outcomes for the individualized family service plan.
- (D) *Types of services; definitions.* Following are types of services included under "early intervention services," and, if appropriate, definitions of those services:
- (1) "Assistive technology device" means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include--
    - (i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
    - (ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
    - (iii) Selecting, designing, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
    - (iv) Coordinating and using other therapies, interventions, or services with

- assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (v) Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and intervention services) or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities.
- (2) "Audiology" includes—
- (i) Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
  - (ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
  - (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
  - (iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
  - (v) Provision of services for prevention of hearing loss; and
  - (vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
- (3) "Family Training, Counseling, and Home Visits" means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.
- (4) "Health Services" (See section on Health Services, §303.13).
- (5) "Medical Services Only for Diagnostic or Evaluation Purposes" means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.
- (6) "Nursing Services" includes--
- (i) The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
  - (ii) Provision of nursing care to prevent health problems, restore or improve promote optimal health and development; and
  - (iii) Administration of medications, treatments, and regimens prescribed by a licensed physician.
- (7) "Nutrition Services" includes--
- (i) Conducting individual assessments in--

- (a) Nutritional history and dietary intake;
  - (b) Anthropometric, biochemical, and clinical variables;
  - (c) Feeding skills and feeding problems; and
  - (d) Food habits and food preferences;
- (ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (b)(7)(i) of this section; and
  - (iii) Making referrals to appropriate community resources to carry out nutrition goals.
- (8) "Occupational Therapy" includes services to address the functional needs of a child related to the performance of adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include--
- (i) Identification, assessment, and intervention;
  - (ii) Adaptation of the environment, and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
  - (iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- (9) "Physical Therapy" includes services to address the promotion of sensory motorfunction through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include--
- (i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
  - (ii) Obtaining, interpreting, and integrating information appropriate to program planning, to prevent, alleviate, or compensate for movement dysfunction, and related functional problems;
  - (iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- (10) "Psychological Services" includes--
- (i) Administering psychological and developmental tests, and other assessment procedures;
  - (ii) Interpreting assessment results;
  - (iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
  - (iv) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling,

consultation on child development, parent training, and education programs.

- (11) "Service Coordination Services" means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included in the Federal regulations under service coordination (§303.22).
- (12) "Social Work Services" includes--
  - (i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
  - (ii) Preparing a social or emotional developmental assessment of the child within the family context;
  - (iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parent;
  - (iv) Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
  - (v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.
- (13) "Special Instruction" includes--
  - (i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
  - (ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
  - (iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and
  - (iv) Working with the child to enhance the child's development.
- (14) "Speech-Language Pathology" includes--
  - (i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
  - (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and

- (iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
- (15) "Transportation and Related Costs" means--  
cost of travel (e.g. Mileage or travel by taxi, common carrier, or other means) and other costs (e.g. tolls and parking expenses) necessary to enable an eligible child and the child's family to receive early intervention services.
- (16) "Vision Services" means--
  - (i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
  - (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
  - (iii) Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate motor abilities.
- (E) *Qualified Personnel.* Early intervention services must be provided by qualified personnel, including—
  - (1) Audiologists;
  - (2) Family therapists;
  - (3) Nurses;
  - (4) Nutritionists;
  - (5) Occupational therapists;
  - (6) Orientation and mobility specialists;
  - (7) Physical therapists;
  - (8) Pediatricians and other physicians;
  - (9) Psychologists;
  - (10) Social workers;
  - (11) Special educators; and
  - (12) Speech and language pathologists.

**Note 1:** With respect to the requirement in paragraph (b) of this section, the appropriate location of services for some infants and toddlers might be a hospital setting--during the period in which they require extensive medical intervention. However, for these and other eligible children, it is important that efforts be made to provide early intervention services in settings and facilities that do not remove the children from natural environments (e.g., the home, day care centers, or other community settings). Thus, it is recommended that services be community-based, and not isolate an eligible child or the child's family from settings or activities in which children without disabilities would participate.

**Note 2:** The list of services in this section is not exhaustive and may include other types of family support services. There also are other types of personnel who may provide services under this part, including vision specialists, paraprofessionals, parent-to-parent support personnel, infant mental health specialists, and early childhood specialists; the list is not exhaustive.

*Early On® Michigan*

As used in this part, *Early On* means the early intervention services system for infants and toddlers and their families in Michigan, under Part C of the Individuals with Disabilities Education Act.

Health Services §303.13

- (A) As used in this part, "health services" means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.
- (B) The term includes—
- (1) Such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
  - (2) Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.
- (C) The term does **not** include the following:
- (1) Services that are--
    - (i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
    - (ii) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).
  - (2) Devices necessary to control or treat a medical condition.
  - (3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

**Note:** The definition in this section distinguishes between the health services that are required under this part, and the medical-health services that are not required. The IFSP requirements

provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services if they are otherwise not required to be provided under this part.

IFSP §303.14

As used in this part, "IFSP" means the individualized family service plan, a plan written for providing early intervention services to a child eligible under Part C and the child's family. (See Part III, Section VII; 303.304[B])

Include; including §303.15

As used in this part, "include" or "including" means that the items named are not all of the possible items that are covered whether like or unlike the ones named.

Infants and Toddlers with Disabilities §303.16

(A) As used in this part, "infants and toddlers with disabilities" means individuals from birth through age two who need early intervention services because they—

- (1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:
  - (i) Cognitive development;
  - (ii) Physical development, including vision and hearing;
  - (iii) Communication development;
  - (iv) Social or emotional development; or
  - (v) Adaptive development; or
- (2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

(B) States may also choose to include children from birth through two who are at risk of substantial developmental delays if early intervention services are not provided. (See Part III, Section I for Michigan definition.)

**Note:** As used in paragraph (a)(2) of this section, "high probability" is not intended to be viewed as a statistical term. Rather, the phrase "have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay" applies to conditions with known etiologies and developmental consequences. Examples of these conditions include Down Syndrome and other chromosomal abnormalities, sensory impairments, including vision and hearing, inborn errors of metabolism, microcephaly, severe attachment disorders, including failure to thrive, seizure disorders, and fetal alcohol syndrome.

Intermediate School District (ISD)

As used in this State Plan, "Intermediate School District (ISD)" means the fifty-seven (57) intermediate educational units in Michigan established by State law which provide special education and related services to children with disabilities in the State.

Local Interagency Coordinating Council (LICC)

As used in this State Plan, "Local Interagency Coordinating Council (LICC)" means the interagency coordinating councils, established through the fifty-seven (57) intermediate school districts in Michigan, which assist and advise the ISDs and the participating agencies in the coordination of early intervention services for infants and toddlers with special needs.

Multidisciplinary

As used in this part, "multidisciplinary" means the involvement of two or more disciplines of professionals in the provision of integrated and coordinated services, including evaluation and assessment activities and development of the IFSP.

Parent §303.18

As used in this part, "parent" means a parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed in accordance with the State Plan and the Procedural Safeguards adopted by the State. The term does not include the State if the child is a ward of the State.

**Note:** The term "parent" has been defined to include persons acting in the place of a parent, such as a grandparent or stepparent with whom a child lives, as well as persons who are legally responsible for the child's welfare. The definition in this section is identical to the definition used under Part B of IDEA.

Participating Agencies

As used in this State Plan, "participating agencies" means the parties who have signed the interagency agreement, i.e.: Michigan Departments of Education, Community Health (formerly the separate Departments of Mental Health and Public Health and which now includes Medical Services Administration, i.e."Medicaid"), and the Family Independence Agency (formerly the Department of Social Services).

Policies §303.19

- (A) As used in this part, "policies" means State statutes, regulations, Governor's orders, directives by the lead agency, or other written documents that represent the State's position concerning any matter covered under this part.
- (B) State policies include—
  - (1) The State's commitment to develop and implement the statewide system;
  - (2) The State's eligibility criteria and procedures;

- (3) The statement that--
  - (i) Provides that services under this part will be provided at no cost to parents, except where a system of payments is provided for under Federal or State law; and
  - (ii) Sets out what fees (if any) will be charged for early intervention services, and the basis for those fees;
- (4) The State's standards for personnel who provide services to children eligible under this part;
- (5) The State's position and procedures related to contracting or making other arrangements with service providers; and
- (6) Other positions that the State has adopted related to implementing any of the other requirements under this part.

Public agency §303.20

As used in this part, "public agency" includes the lead agency and any other political subdivision of the State that is responsible for providing early intervention services to children eligible under this part and their families.

Qualified §303.21

As used in this part, "qualified" means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

**Note:** The Federal regulations contain the following provisions relating to the State's responsibility to ensure that personnel are qualified to provide early intervention services;

1. Early intervention services must meet State standards. This provision implements a requirement that is similar to a longstanding provision under Part B of the Act (i.e., that the State educational agency establish standards and ensure that those standards are currently met for all programs providing special education and related services).
2. Early intervention services must be provided by qualified personnel.
3. The State is required to establish policies and procedures related to personnel standards.

Service Coordination (Case Management) §303.22

(A) *General.*

- (1) As used in this part, **EXCEPT IN §303.12(d)(11)**, "service coordination" means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

- (2) Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for--
  - (i) Coordinating all services across agency lines; and
  - (ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.
  
- (3) Service Coordination is an active, ongoing process that involves--
  - (i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
  - (ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
  - (iii) Facilitating the timely delivery of available services; and
  - (iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.
  
- (B) *Specific service coordination activities.* Service coordination activities include—
  - (1) Coordinating the performance of evaluations and assessments;
  - (2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;
  - (3) Assisting families in identifying available service providers;
  - (4) Coordinating and monitoring the delivery of available services;
  - (5) Informing families of the availability of advocacy services;
  - (6) Coordinating with medical and health providers; and
  - (7) Facilitating the development of a transition plan to preschool services, if appropriate.
  
- (C) *Employment and assignment of service coordinators*
  - (1) Service coordinators may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of Part C of IDEA.

- (2) The State's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed under paragraphs (a) and (b) of this section.
- (D) *Qualifications of service coordinators.* Service coordinators must be persons who, consistent with §303.344(g) meet the requirements of the State for assignment to this role, and who have demonstrated knowledge and understanding about—
- (1) Infants and toddlers who are eligible under this part;
  - (2) Part C of the Act and the regulations in this part; and
  - (3) The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.

**Note:** Existing service coordination systems may be used or adapted providing they are consistent with the requirements of this part.

State

As used in this State Plan, "State" refers to Michigan.

State Board of Education (SBE)

As used in the State Plan, the State Board of Education (SBE) means the Michigan State Board of Education, the constitutionally-designated, elected policy-making body for the lead agency in Michigan.

**II. LEAD AGENCY §303.142-143 & 303.500**

The Michigan Department of Education has been designated by Governor John Engler as the lead agency for Part C in Michigan to administer the development and coordination of early intervention services for infants and toddlers with disabilities, birth through age two, and their families (Executive Order No. 1992-21). As the lead agency, the Michigan Department of Education is responsible for assigning financial responsibility among participating agencies. The Michigan Department of Education has a single line of responsibility for the administration of Part C, directed by the newly merged Office of Special Education Services and Early Childhood Education, with policy approval authority resting with the Michigan State Board of Education. The Department of Education, as the lead agency, is responsible for the administration of funds.

*The Michigan Department of Education assures that all requirements created by P.L. 102-119 are currently implemented.*

### **III. STATE INTERAGENCY COORDINATING COUNCIL (SICC) §303.141 & SUB{ART G**

The current State Interagency Coordinating Council (SICC) was established by Governor John Engler through Executive Order 1992-21 (See Appendix A, State Interagency Coordinating Council, Executive Order) on September 22, 1992 to assist and advise the lead agency in implementing its responsibilities. The Council meets quarterly, at a minimum, and operates according to the Bylaws adopted by the Council (See Appendix A, State Interagency Coordinating Council, Bylaws). The Governor has appointed a chairperson who is not a representative of the lead agency. New and additional members were appointed by the Governor in October 1994, and again in August 1996, providing full membership as required by federal regulations; new or re-appointments are anticipated by December of 1997.

#### Composition §303.601

The participating agencies include the Michigan Departments of Education, Community Health (formerly the Departments of Mental Health and Public Health, and now including the Medical Services Administration, i.e Medicaid) and the Family Independence Agency (formerly the Department of Social Services). Each of these agencies provides services or makes provisions for payments for services to eligible infants and toddlers and their families. The Executive Order (No. 1992-21) establishing the Council guarantees the following membership:

- (A) 15-25 members
  - (1) At least 20 percent parents who meet the following criteria:
    - (i) Parents, including minority parents, of infants and toddlers with disabilities, of children 12 or younger with disabilities who have knowledge of, or experience with programs for infants and toddlers with disabilities.
    - (ii) At least one parent of an infant or toddler, or child with a disability aged six or under.
  - (2) At least 20 percent public or private EIS providers;
  - (3) One representative from the State legislature;
  - (4) One person in personnel preparation;
  - (5) At least one member--
    - (i) From each State agency providing or paying for services; and
    - (ii) Having sufficient authority to do policy planning/implementation on behalf of the agency.

- (6) At least one member--
    - (i) From the SEA responsible for preschool services to children with disabilities; and
    - (ii) Who has sufficient authority to do policy planning/implementation on behalf of the agency.
  - (7) At least one member from the agency responsible for State governance of insurance, especially in the area of health insurance.
- (B) Other members selected by the Governor; this currently includes a representative of a Tribal organization and a representative of Head Start. (See Appendix A for current membership of the Michigan SICC and the Executive Order.) Appointments are made through the Governor's office with careful attention to equitable representation and reasonably represent the population across the State.

#### Use of Funds by the Council §303.602

Through coordination with the lead agency the SICC is involved in public hearings and forums, in the implementation and work of special adhoc committees to meet SICC goals, and in other interagency activities. The Part C administrative staff in the lead agency and the interagency staff supported with Part C funds in the participating state agencies support the work of the Council in every way necessary to allow the Council to perform its functions. When necessary, additional assistance is provided through contracted services.

All SICC members and alternates, including standing and ad hoc committee members, are reimbursed for reasonable and necessary expenses for attending SICC, committee, and adhoc meetings and performing SICC duties; this reimbursement includes travel, lodging, and food for all members, and also includes child care for parent representatives. Parent representatives who must forfeit wages from other employment when performing official SICC business, or who are not employed, are reimbursed for their time. Otherwise, except as provided in §303.602(a) for parent representatives, SICC members serve without compensation from funds available under this part.

#### Meetings §303.603

The SICC meets at least quarterly, with additional special meetings scheduled as needed including an annual planning retreat. The annual SICC meeting schedule is announced in advance of the dates to assure attendance. All meetings are open and accessible. Interpreters for the deaf are provided as requested; other necessary services for both SICC members and other participants are provided as needed. Part C funds are used to pay for such services.

#### Conflict of Interest

While the SICC makes recommendations regarding the use of Federal funds provided under Part C, no member of the Council may vote on any matter providing direct financial benefit to him or

herself, or give the appearance of a conflict of interest. The SICC has adopted a policy to this effect.

#### Functions

The Council's function is to advise and assist the lead agency, as well as the other participating state agencies, in the effective implementation of the statewide system of early intervention services. The Council also assists the lead agency in achieving full participation, coordination, and cooperation of all appropriate public agencies in the State. The Council assists the lead agency in implementation of the statewide system by seeking information from service providers, service coordinators, parents and others about Federal, State, and local policies that impede timely service delivery and by taking steps to ensure policy problems as identified above are resolved. The Council, to the extent appropriate, assists the lead agency in disputes and advises and assists the lead agency regarding appropriate services for children aged 0-5 inclusive.

#### Administrative Duties

The Council assists the lead agency in the identification of resources for services and payment for services required under this part. The Council assists the lead agency in the assignment of financial responsibility to appropriate agencies and promotes interagency agreements which meet the requirements under this part. The Council also advises and assists the lead agency in the preparation of Federal applications and amendments to such applications.

#### Transition Services §303.653

In addition, the Council advises and assists the State Educational Agency regarding the transition of toddlers with disabilities to services under Part B of IDEA to the extent appropriate. The SICC has adopted Standards for Transition Practice and designated members to participate in the Special Education Task Force of 1994. This has resulted in the development of recommendations regarding the integration of selected Part C practices and standards for the delivery of Part B special education services for children from birth through age five, including transition standards.

#### Annual Report to the Secretary §303.654

The Council also prepares annual reports to the Secretary, which are also forwarded to the Governor. These reports provide information on the status of the early intervention system in the State. In addition, the report to the Secretary is submitted on the date established by the Secretary and contains the information required by the Secretary for the reporting year.

### **IV. DESCRIPTION OF USE OF FUNDS §303.145**

#### Administration and Personnel: Lead Agency and SICC

The Federal Part C allocation for Michigan supports management, consultant, and technical and support staff necessary for the basic administration of the early intervention services system within the lead agency, and for the SICC. Approximately 4.5 percent of the total allocation for

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Amended 6/98  
Amended 6/99

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administrative costs assigned to the lead agency and approximately 2% of the total allocation, or approximately \$204,106 for costs associated with the required responsibilities of the SICC. (See Appendix B, Part C Spending Plan for Michigan.)

The management team includes the supervisor and the coordinator and is responsible for: the planning and monitoring of the program budget; the development of federal applications and reports; the supervision of the consultant, technical, and support staff.

The supervisor is the administrative link between the program staff and the office of the director and is responsible for the administration and supervision of all civil service and contracted employees. The coordinator serves as primary liaisons to the SICC and facilitates the work of the SICC and its committees. The management team provides leadership in the collaborative development of Part C grants, allocations, and contracts. Oversight of the complaint and dispute resolution process is provided by the team. The team also serves as liaisons for the early intervention system with other statewide, interagency, or special programs related to the Part C eligible population or components of the Part C model of service delivery such as maternal and child health programs administration, family support program administration, and medicaid, among others.

The supervisor, coordinator and consultant staff (includes education and public health consultants) are responsible for the planning, review, monitoring, and evaluation of all grant and allocation programs developed under Part C. This staff is responsible for the coordination of activities with the Part C staff in the participating agencies, supported by interagency collaboration grants to those agencies. In addition, this staff serves as liaison between the State Board of Education, the SICC, other agencies, organizations and programs, and the providers of early intervention services for the planning, development, and implementation of policies, procedures, and activities necessary for the statewide delivery of the early intervention services program. The Part C consultant staff is also responsible for the functions of the SICC and its working committees.

Specific duties for the consultant staff include: maintaining procedures necessary for application and approval for funding; maintenance of information and data necessary for federal reports; facilitation and support for the operation of the SICC, including the committees which work with the Council; statewide technical assistance as necessary; maintenance of procedures for Part C funding mechanisms, including formula allocation grants, competitive grants, interagency collaboration grants, contracts and discretionary grants as needed to implement the State Plan for Part C.

In addition, consultant staff work with the management team, as well as the State Board of Education and the SICC, in the development and implementation of policies, procedures, and interagency agreements necessary to the administration of early intervention services under Part C. The consultant staff provide ongoing consultation and technical assistance to the Part C Coordinators affiliated with each of the ISDs and LICCs. Staff coordinates hearing officers and

mediators training and mediation services through the Administrative Law Unit of the Department. Consultant staff also participate on various interagency committees, executive task forces, and policy initiatives related to the planning, development, modification, and improvement of various programs which provide services to children with special needs. Consultant staff also provide technical assistance and training to advocacy and support organizations as necessary to further the implementation of the early intervention program under Part C.

Support staff (secretarial and micro-computer technician) duties include the development of computer databases and reporting systems necessary to administrative functions as well as to the support of required federal reports and applications. Support staff provide the clerical and secretarial functions necessary for the implementation of federal reporting and application processes, grants development and management, and general communication and information dissemination necessary to the maintenance of the early intervention services system. Support staff provide the clerical and secretarial services necessary to maintain the ongoing work of the SICC and the working committees affiliated with the SICC. In addition, the support staff provide the computer, clerical, and secretarial functions required to develop reports regarding the early intervention services program for the State Board of Education.

Student assistant and contract staff assist with various administrative functions for the early intervention system. Student assistants support clerical staff in the dissemination of information, assist with communications, and review applications and reports for required components. Contract staff assist with targeted activities, including technical assistance, conference and inservice planning, and other components as needed.

The total administrative functions of the Part C staff are divided as follows: approximately four percent of Federal allocation for Part C in Michigan supports the administration within the lead agency and approximately two percent of federal allocation supports the SICC, including staff, committees, and related SICC activities

#### Planning, Development, and Implementation Activities

Up to 95.5 percent of the fiscal year federal allocation will be used for planning, development, and implementation activities including those which are state initiated, those which are required by federal regulation, those which include direct services to the eligible population, and those which include assignment of activities to participating agencies. In combination, these activities assist the state in achieving continuous progress toward a vision of community-based, family-centered, and culturally competent early intervention services which are coordinated, easily accessible, and produce optimal outcomes for children and families.

#### 1. State-Initiated Components

A portion of the federal allocation to Michigan will be used to support state initiated activities and projects. Such activities and projects have been developed to operationalize the vision for Part C in Michigan; i.e. the development of community-

based, family-driven, timely and individualized services and supports for eligible children and their families. In addition, evaluation of the system, including family satisfaction with the system, the continued development and enhancement of an interagency system for family support, and discretionary activities which emerge from the findings of the evaluation of the system have been recommended by the SICC as part of the cycle of continuous improvement; additional and ongoing recommendations are expected.

A. Evaluation Project (up to 2%)

This project provides an evaluation of the interagency delivery system for early intervention services under Part C in Michigan. Components of the design include families as a primary source of information for evaluation with administrators and service providers as additional sources of information. These sources provide data for the measurement of levels of implementation of requirements and standards of the early intervention system in Michigan. In addition, customer satisfaction is measured. The *Early On* data and reporting system is used extensively to provide quantitative data regarding services and service delivery under Part C in Michigan.

Both extensive and intensive design elements of the evaluation project provide data which are applicable both statewide and to individual service areas. These data are then shared with the SICC and LICCs to be used as resources for planning and improving the early intervention system. The SICC works closely with the project to ensure a design which captures the basic tenets of the early intervention services system under Part C and the state plan.

B. Parent Leadership Program (up to 3%)

The Parent Leadership Program provides mentoring and training for parents involved on the SICC, on LICCs, and those involved in other advisory roles. In addition, this program includes mentoring and training for families who are seeking assistance in defining and achieving outcomes which enable them to better meet the needs of their children with disabilities and the related needs of their families.

C. Family Information Exchange (up to 2%)

The Family Information Exchange provides communication links among families in the state using a variety of technologies. These various communication networks are coordinated with all available resources and existing systems. In addition, the project includes a State *Early On* Family Coordinator to work with the State *Early On* staff in the Departments of Education, Community Health, and the Family Independence Agency.

This project also provides the coordination of opportunities for *Early On* families among the various parent initiatives across the state. This includes support for

parents involved in policy and planning activities of the SICC, special *Early On* projects, and related interagency activities which are dedicated to the development and implementation of elements of the Part C model of service delivery across the state.

D. Discretionary Activities (up to 1%)

Additional state initiated activities are recommended by the SICC on an ongoing basis, based on findings of the evaluation project, the data and reporting system, and other elements of the interagency system. Such activities have included joint efforts with Children's Special Health Care Services in Michigan (Title V Maternal and Child Health) to implement a statewide system for newborn hearing screening, provision of funding on a competitive basis for LICCs to build capacity to support informal systems of family support and resources, and support for interagency efforts at the local and regional level for innovative systems of child and family services and supports through the Systems Reform initiative in Michigan. For example, such interagency efforts are anticipated to result in a shared family assessment and service planning process which will be electronically designed and customized to each consumer, incorporating plans for multiple programs and services. Additional activities are expected as *Early On* participates in the Systems Reform initiative in this state.

2. Federally Required Components

A portion of the federal allocation to Michigan will be used to support activities which provide compliance with statutory and regulatory requirements under Part C.

A. Comprehensive System of Personnel Development (up to 10%)

A Personnel Development System provides technical assistance to LICCs, early intervention teams, parents, and communities as needed to enhance the delivery of family-focused services including: the implementation of the child find system, including screening, evaluation and assessment; the implementation of individualized family service plans and service coordination; providing a toll free number to assist families on the assurance of procedural safeguards, including regional technical assistance and training to further general understanding of this information; transagency and transdisciplinary team-building; accessing services in other agencies and organizations; developing local memoranda of understanding for interagency service delivery; building supports for families through non-formal systems; and maximizing the use of varied resources. In addition, the Personnel Development System may assist in the coordination of early intervention services to Indian children living on reservations in Michigan, as appropriate.

The Personnel Development System also supports appropriate training for primary referral sources, including physicians, health care providers, managed care organizations, child care providers, and local educational agencies, and participates in statewide conferences and workshops related to the implementation and maintenance of the Part C system in Michigan.

The *Early On* Regional Coaches, as part of this system, provide technical assistance to those LICCs and other members of the early intervention service system that face the challenges of identifying and coordinating early intervention services in rural, urban, or multi-county areas which have other unique technical assistance needs. Each *Early On* Regional Coach provides assistance in collaboration with components of the statewide system, including coordination of efforts across collaborative initiatives throughout the state. Such efforts are consistent with the Systems Reform initiative in Michigan.

The “Hub” of the Personnel Development System coordinates all of the activities described above. In addition, training for the Regional Coaches is provided through the Hub to assure the development of a consistently high quality delivery of personnel development, as broadly envisioned through this project.

Other components of the Comprehensive System of Personnel Development currently include a Strategic Planning Project for Higher Education and the development of standards and training recommendations for Paraprofessionals. These are short-term projects which will result in recommendations and strategic plans to be incorporated into the ongoing planning and delivery of components of the Personnel Development System. In the course of the three-year funding cycle represented by this state plan/application, additional elements will be realized. These may include grants to universities and colleges to support curricular changes for the training of various disciplines involved in the early intervention system, support for parents to become co-trainers or consultants to university and college faculty, or other possibilities as may be recommended by the SICC.

B. Public Awareness and Central Directory (up to 2%)

This project provides statewide dissemination of all materials developed as part of the public awareness component of the early intervention services program as well as maintains updated databases for all primary referral sources. The public awareness project is responsible for the development of a public awareness plan, as well as informational brochures, quarterly newsletters, and the continued dissemination of a handbook for parents (which was developed jointly with the Parent Leadership Program). In addition, this project provides other audio and visual materials, in multiple languages, as necessary for the implementation of the public awareness plan, including child find information for primary referral sources.

The central directory component provides the technical assistance necessary for the implementation of state and local central directory components in Michigan. The central directory is a multifaceted mechanism which involves the use of local directories of services as well as State and national information. This project provides technical assistance to LICCs regarding the local component of the directory system as well as manages the State and national information component. The directory system also includes a referral component which interfaces with both the child find and public awareness components of Part C and Part B. In addition, this project manages an evaluation system for the central directory to measure the effectiveness of this element of the early intervention service system.

C. Data Collection and Reporting (up to 2%)

This project provides a continuation of activities relative to the implementation and management of the data collection and reporting requirements under Part C. This includes further development and refinement of the Early Education Child Tracking System, "EETRK." EETRK is a personal computer database management system which provides timely and accurate records on referral, IFSP meetings, and service status for each child in the system. It has been designed for use by Part C Coordinators, or others at the local or regional level, to gather data for all services for children and to provide reports to all agencies providing services. In addition, this system assists the lead agency in data collection and in meeting federal reporting requirements and provides technical assistance for both local reporting and state reporting needs. Regional and local training opportunities are continued through this project to assist the service areas in data and service information management. An evaluation for users of this system has been developed to improve the applicability of EETRK to multiple service systems.

3. Direct Services

At least 70 percent of the fiscal year federal allocation to Michigan will be used for formula allocation grants to the 57 intermediate school districts (ISDs) in the state which constitute the *Early On* service areas. These formula allocation grants support the continued development and delivery of a comprehensive, coordinated, multidisciplinary, interagency program of early intervention services to eligible infants and toddlers and their families.

This includes the identification and support of an *Early On* Coordinator for the service area; support for the meetings and related activities of the LICCs; coordinated service systems to initiate the delivery of IFSPs and service coordination; support of professional development activities, including parent involvement in workshops, conferences, and state technical assistance and training activities; development of coordinated public

awareness and child find activities; development of local directories of services as part of the statewide directory system; the development of regional or local service area plans including screening, evaluation, and referral mechanisms; and direct services for which no other resources are available.

Direct services to infants and toddlers with disabilities in Michigan have been provided under Part B of IDEA since 1973. Direct services have included special education and related services as defined in the Revised Administrative Rules for Special Education, approved by the State Board of Education, under the authority of Public Act 451 of 1976, as amended. The State Board of Education has promulgated these rules, identifying the continuum of programs and services which must be available to children with disabilities under Part B, as authorized in Section 380.1711 of the School Code of 1976. Such rules (R 340.1701 - .1758) provide definitions and descriptions of these services. Services to infants and toddlers with disabilities are provided within the framework of these rules using funding sources other than Part C. Infants and Toddlers served under Part B receive an IFSP and are entitled to the full range of early intervention services under Part C, including service coordination.

Services under Part C which are additional to those under Part B are provided using a variety of funding sources to meet the increased service needs of children eligible under Part C. Part C funds are used to support these service needs only when no other sources are available; Part C funds are used as payor of last resort.

It is estimated that the largest unmet need for the eligible population is service coordination. This early intervention service, as well as others which may be identified, will be supported through the Formula Allocation grants to the fifty-seven Intermediate School Districts (see Spending Plan, Appendix B).

Early intervention services include the coordination of services and an IFSP, and may also include: family training, counseling, and home visits; special instruction; speech pathology and audiology; occupational therapy; nursing services; nutrition services; physical therapy; psychological services; social work services; vision services; assistive technology devices and assistive technology services; and transportation services and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to benefit from early intervention services. In addition, service coordination and individualized service planning may also result in medical services only for diagnostic or evaluation purposes, and health services necessary to enable the infant or toddler to benefit from other early intervention services.

Part C funds for direct services are administered through the Intermediate School Districts in collaboration with participating agencies as designated in the Michigan Part C Interagency Agreement; no other agencies, public or private, receive Part C funds for direct services unless contracted through the ISDs, or as recommended by the Local

Interagency Coordinating Councils and documented in the Formula Allocation application for Part C funds; this allocation includes a local spending plan for use of Part C funds, other than administrative obligations, which is determined in collaboration with the participating agencies and in conformity with all state and federal regulations.

4. Interagency Collaboration Grants

Up to 3 percent in grants will be awarded annually to the Michigan Department of Community Health, including the Behavioral Health Unit and the Public Health Agency, and the Family Independence Agency. This support provides ongoing technical assistance to local and regional early intervention service providers in each of these departments pertinent to the coordination of services for eligible infants and toddlers and their families. In addition, this provides the necessary support for interagency planning, coordinating, reporting, monitoring, and evaluation activities critical to the success of the early intervention system under Part C in Michigan and delineated in the Michigan Part C Interagency Agreement. These are the only federal dollars shared with other State agencies to support interagency collaboration for development of Part C policies and procedures, for management of agency-specific technical assistance, and for general oversight.

**V. PUBLIC PARTICIPATION**

In compliance with the Federal regulations under Part C, the lead agency held public hearings across the State to allow opportunity for public comment on the fiscal year 1996-98 application under Part C of IDEA. These hearings were held in the Upper Peninsula and Lansing, allowing citizens from across the State the opportunity to comment. The period of public comment began on March 17, 1997 and ended on May 23, 1997. All hearings were held in barrier-free facilities, and interpreters for persons with hearing impairment were available upon request.

Complete information regarding these proceedings, a summary of public comment, the response to the comments, and copies of news releases and advertising used to provide notice of the public hearings are provided (See Appendix E).

**V. EQUITABLE DISTRIBUTION OF RESOURCES**

Equitable distribution of resources is assured through the formula allocation grants to the intermediate school districts in Michigan which serve as designated service areas for the early intervention system. The formula for distribution is based on the annual count of infants and toddlers eligible under Part C and the inclusion of a basic grant amount necessary to support the administrative activities of the local lead agency and the ongoing support of the Local Interagency Coordinating Council. This distribution of Part C resources allows both the coordination of services to the eligible population and the provision of necessary services when such services are not otherwise provided from other public or private resources. The formula is

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evaluated each year, using findings from the data and evaluation projects, to insure equitable distribution of resources.

In addition, local councils make recommendations regarding the local use of Part C funds for direct services, provider and parent training and technical assistance, and other activities or services as agreed upon by the LICCs. These funds support service coordination as needed, and supplement existing services when no other funds are available, as payor of last resort. The expenditure of such Part C funds is determined through local Memoranda of Understanding, or other service agreements, and in compliance with the Michigan Part C Interagency Agreement and this State Plan. This procedure allows local identification of unmet needs and local decision-making regarding the best resources to be used to meet such needs.

The data collection project produces six month reports for each service area which provide data on how well the service areas are meeting the needs of each area. These data are used to make adjustments in the local service area plan, such as increasing outreach and public awareness, identification of additional services and resources for the population in service, or improving timelines for service delivery. These, and other adjustments, are made regularly using the data made available to the LICCs and service areas. At the state level, statewide data and evaluation findings are used on an ongoing basis by the Budget, Planning, and Evaluation Committee of the SICC to adjust and refine the recommendations for the allocation of funds. Annual adjustments and refinements of the formula used for the allocation of funds has resulted

## **VII. TRANSITION TO PRESCHOOL SERVICES §303.148**

It is the policy of the Michigan Department of Education to ensure a smooth transition for children receiving services under Part C to preschool or other appropriate services in accordance with the policies and standards established in the documents “Standards of Quality for the Individualized Family Service Plan and Service Coordination” and “Standards for Transition Practice” as adopted upon the recommendation of the SICC, and according to the rules and regulations under Parts C and B.

### Procedures for Transition Planning

A transition planning conference is convened for each child who may be eligible for preschool services under Part B of this Act. For children who may not be eligible for such preschool services, reasonable efforts are made to convene the conference. The conference is held at least 90 days (and at the discretion of all parties, up to six months) before the child’s third birthday, or if earlier, the date on which the child is eligible for preschool services. All program options for the period from the child’s third birthday through the remainder of the school year are reviewed as a part of the transition planning. Throughout the transition process, the lead agency and the educational unit, or other providers, assure uninterrupted provision of appropriate services to the child.

The service coordinator is responsible for facilitating all coordination of information between the family and the educational unit, or other providers, during the transition process. The service coordinator provides families with information regarding the process, in their native language and in a manner that ensures that the family fully understands the process, and notifies (in writing) the local educational agency for the area in which the child resides, and other providers as appropriate, at least 30 days prior to the transition planning conference.

The transition planning conference is convened at a time and place convenient for and accessible to the family, as determined through consultation with the family, and with the approval of the family. Transportation and child care are provided as needed to facilitate the family's involvement in the transition planning process. All meetings are conducted in the native language or mode of communication used by the family, unless not feasible; interpreters are provided as appropriate.

The importance of the transition process in Michigan's Part C system is supported by the guiding principles developed by the state. Those principles are:

- (a) The family will be included as an equal partner in the decision-making process;
- (b) The early intervention system must expand beyond traditional boundaries to meet family-identified needs through informal and formal resources;
- (c) The service system will avoid unwarranted intrusion into the family system; and
- (d) Agency personnel and services must be responsive to changing family needs, be consistent with family values and beliefs, and identify and utilize family strengths and informal supports.

#### Participants in Transition Planning

The transition planning conference is convened among the family, the service coordinator, and providers of appropriate services. The local educational agency will participate in the case of a child who may be eligible for preschool services under Part B of this Act and as appropriate for children who may not be eligible for such preschool services.

#### Transition Plan Contents

A transition plan is developed that identifies:

- (a) the providers, times, and locations of all necessary evaluations relevant to the development of an Individualized Education Plan (IEP), or other service plans as appropriate;
- (b) the financial responsibilities for early intervention services of all appropriate agencies, consistent with local memoranda of understanding and the Michigan Part C (Part C) Interagency Agreement;

- (c) provisions and conditions for the transfer or other disposition of the Part C record in accordance with the Michigan Procedural Safeguard Standards; and
- (d) training or other support for the family regarding future placement and other matters related to the transition.

Prior to the child's transition to a preschool program under Part B, an IEP is developed (an IFSP may be used for children 3-5 years of age, inclusive, if the State, local educational agency, and parents agree).

## **VIII. ADOPTION OF POLICY ON STATEWIDE SYSTEM**

### General Information

*The lead agency assures that all requirements created by PL 102-119 have been implemented. Governor John Engler signed an Executive Order on September 22, 1992, establishing the SICC and designating the Department of Education as the lead agency for Part C in Michigan. This Executive Order establishes the State's commitment to a coordinated interagency early intervention services program.*

In 1971, the State of Michigan enacted legislation mandating the delivery of special education programs and related services to children from birth to twenty-six years of age. This act (Michigan School Code 380.1701 - 380.1766) and the Michigan Administrative Code (R340.1701 - R340.1873), originally promulgated in 1973, set forth the program standards and requirements mandated by law. These Administrative Rules include a description of services, programs, personnel standards, definitions, and eligibility criteria for the delivery of special education to children from birth through age 25, inclusive. Thus, infants and toddlers with disabilities have been receiving services under Part B of IDEA prior to the enactment of Part C.

The Michigan State Board of Education and the Michigan Department of Education, as designated lead agency, in collaboration with the State Interagency Coordinating Council and the participating agencies, have adopted policies and procedures to meet the required components of Part C for a statewide system of comprehensive, coordinated, interagency early intervention services for infants and toddlers with disabilities and their families. The Michigan Department of Education is submitting this application (fiscal years 1996-98) to provide the necessary resources to insure statewide delivery of early intervention services under Part C. The proposed State Plan, as submitted, provides detailed information regarding the status of each of the components and provides assurances that all policies and procedures are in place.

The Michigan Part C Interagency Agreement signed on February 22, 1993, by the directors of the participating agencies, delineates the role and responsibilities of each of the participating agencies. All policies and procedures required under Part C are identified, referenced, or stated in this agreement.

Policy: The Interagency Agreement

**Philosophy:**

The State of Michigan, Departments of Education, Public Health, Mental Health, and Social Services, are mutually committed to promote the health, well-being, and developmental competence of children, and to support and create a comprehensive, integrated early intervention system pursuant to the Individuals with Disabilities Education Act, Part C for the benefit of eligible infants and toddlers and their families.

**Purpose:**

The purpose of this interagency agreement is to establish a comprehensive statewide interagency Part C/Early On Michigan service delivery system for children with disabilities ages birth through 2 and their families. The interagency agreement commits to cooperation, coordination of existing services and efficient utilization of resources to provide coordinated, family centered, community-based Part C services.

**Content:**

The content of the interagency agreement is designed to specify the understandings, procedures, roles, and responsibilities of the participating agencies, to designate the services to be provided, and to assure the implementation of the required program and service components of a statewide comprehensive, coordinated interagency Part C delivery system.

**IX. ANNUAL PERFORMANCE REPORT (EDGAR §80.40 b)**

The lead agency and the SICC will prepare and submit an annual report as required by the Secretary, which will provide information on the status of early intervention programs for infants and toddlers with disabilities and their families operated within the State.

**X. ANNUAL DATA COLLECTION REPORT §303.540**

The lead agency has and will submit the annual data collection reports as required under Section 1476 (b) (14) of Part C of IDEA, which report the numbers of infants and toddlers with disabilities and their families in the State in need of early intervention services, the numbers of such infants and toddlers and their families served, the types of services provided, and other information required by the Secretary.

**XI. GENERAL EDUCATION PROVISIONS ACT (GEPA) §427**

Information regarding access to early intervention services is available statewide in print, through electronic technology, through radio and television, and through local outreach efforts as determined by each LICC as part of the local service area plan.

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Printed information is available in eight languages (English, Spanish, Arabic, French, Japanese, Chinese, German, and Polish). Both English and Spanish public service announcements are aired on radio and television. Information is also available in Braille, including the Procedural Safeguards Handbook for parents. The Child Find Developmental Wheel, a self-referral tool, available throughout the state in hospitals and health clinics, is printed in English, Arabic, and Spanish.

Locally, each LICC determines which additional approaches to outreach and identification of eligible children meets the needs of the service area. This includes representation of Tribal Councils on LICCs and attention to involvement of other traditionally underrepresented populations on the LICC. At the state level, coordination with Head Start and Migrant Education has been a regular feature of the early intervention system. Training regarding *Early On*, and information on access to early intervention services, is undertaken annually for the Migrant Education staff in the state and the Head Start Association. Locally, Head Start representatives and Migrant Education staff and parents may participate on LICCs.

As part of the Systems Reform initiative in Michigan “Putting It Together With Michigan Families”), counties and multi-county regions have established “endorsed multi-purpose collaborative bodies.” These planning bodies, which include public and private providers of services, consumers, judicial, law enforcement, and business representatives, and a variety of community stakeholders, are organized to advise public agencies and elected officials on the needs and assets of the communities. Community asset-mapping, community health assessments, and other collaborative data sets, such as the *Early On* 6 month data reports, are used to determine strategies and coordination of services to better meet the needs of children and families. While the *Early On* interagency model has been a key factor in the design and development of these coordinated planning bodies, *Early On* also benefits. Issues such as access to services, outreach to under represented populations, elimination of barriers to services, and alignment of policies are being tackled locally. Barriers identified which are state or federal in nature are formally forwarded to a state-level Barrier Busters Board for resolution. This structure and system provide unprecedented opportunities to identify and eliminate barriers in the delivery of services to children and families.

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## **PART THREE**

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

## I. STATE ELIGIBILITY CRITERIA AND PROCEDURES

As recommended by the State Interagency Coordinating Council, the following definition of developmental delay has been adopted for early intervention services to infants and toddlers under Part C in Michigan as set forth in the Interagency Agreement dated February 22, 1993 and signed by the directors of the participating agencies.

### Developmental Delay

- (A) Children who are developmentally delayed are those from birth through age two years whose development is delayed in one or more of the following areas:
- (1) cognitive development;
  - (2) physical development, including vision and hearing;
  - (3) gross and fine motor development;
  - (4) communication development;
  - (5) social or emotional development; and/or
  - (6) adaptive development.
- (B) Developmental delay will be determined by informed clinical judgment of a multidisciplinary assessment team which includes parent(s); multiple sources of information contribute to shaping informed clinical opinions about eligibility. Sources of information shall include, at a minimum;
- (1) A developmental history as currently reported by the parent(s) and/or the primary caregiver;
  - (2) An observational assessment of the infant or toddler with parent(s) and/or primary caregiver;
  - (3) A recent health status appraisal; and
  - (4) An appropriate formal assessment measure (standardized developmental test, inventory, or a behavioral checklist). This formal measure shall not be used as the sole criterion to determine the absence of delay.

### Established Conditions

- (A) Children with established conditions are those from birth through age two who have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.
- (B) The categories of established conditions are (but not limited to):
- (1) Chromosomal anomaly/genetic disorder;
  - (2) Neurological disorder;

- (3) Congenital malformation;
  - (4) Inborn error of metabolism;
  - (5) Sensory disorder;
  - (6) Atypical developmental disorder;
  - (7) Severe toxic exposure;
  - (8) Chronic illness; and
  - (9) Severe infectious disease.
- (C) Established conditions will be determined by informed clinical opinions, judgments, and diagnoses which result from the review of multiple sources of information shall include, at a minimum;
- (1) A developmental history as currently reported by the parent(s) and/or the primary caregiver;
  - (2) An observational assessment of the infant or toddler with parent(s) and/or primary caregiver;
  - (3) A recent health status appraisal; and
  - (4) An appropriate formal assessment measure (standardized developmental test, inventory, or a behavioral checklist). This formal measure shall not be used as the sole criterion to determine the absence of delay.

Serving "At-Risk" (303.16)

While infants and toddlers at-risk of developmental delay are not entitled to services under Part C in Michigan, Local Interagency Coordinating Councils may include this population in the service area plan. Assurances must be provided regarding the delivery of services to infants and toddlers with disabilities or developmental delay, as a priority, if a population at-risk is included in the service area plan. Children are considered at risk for substantial developmental delay based on parental and/or professional judgment and the presence of four (4) or more of the following risk factors:

- (A) Serious concern expressed by a parent or primary caregiver, or professional, regarding a child's development, parenting style or parent-child interaction: This risk factor refers to any serious developmental concern that is raised in relation to the child's development (e.g., child's physical health status, emotional well being, atypical development, etc.) by a parent, primary caregiver, or professional. The concern may be specifically child focused, related directly to the child's developmental status or parent-child focused, related to the nature of the parent-child interaction. If the concern raises considerable anxiety on the part of the parent, primary caregiver, or professional, the presence of this concern should be interpreted as a risk factor.

- (B) Parent or primary caregiver with chronic or acute mental illness/developmental disability/mental retardation: This risk factor refers to parents or primary caregivers with a formal diagnosis of mental illness, developmental disability or mental retardation.
- (C) Parent or Primary Caregiver with drug or alcohol dependence: This risk factor refers to a parent or primary caregiver who is known or observed to regularly abuse drugs (e.g., barbiturates, marijuana, cocaine, heroin, etc.) or alcohol (e.g., more than three drinks per day). The risk factor is to be differentiated from the category found under established conditions, which refers to infant toxic exposure resulting from drug or alcohol ingestion.
- (D) Parent or Primary Caregiver with a Developmental History of Loss and/or Abuse: This risk factor refers to either the history of perinatal loss or miscarriages; the history of sexual or physical abuse that a parent or primary caregiver has experienced; or the death of a parent, spouse, or child as reported by a parent or primary caregiver.
- (E) Family Medical/Genetic History Characteristics: This risk factor refers to characteristics in the medical history of the biological parents which may directly relate to the developmental status of the child. A family history of sensory impairment, a previous birth of a handicapped child, or a death of a baby due to SIDs, are examples of medical factors which would be considered by this risk factor.
- (F) Parent or Primary Caregiver with Severe Chronic Illness: This risk factor refers to a parent or primary caregiver who has a terminal or severe chronic illness (e.g., cancer, multiple sclerosis, etc.) and has experienced the debilitating effects (emotional or physical) related to medical treatments (e.g., drug therapies, etc.) or progression of the disease.
- (G) Acute Family Crisis: This risk factor refers to any sudden and extremely stressful family event which substantially disrupts the equilibrium of the family and impacts on the caregiving of the child. A death of a spouse or a child, a sudden hospitalization of a family member, or an eviction from the home are examples of acute family crisis which may impact on the stability of the family and resulting care and/or development of the child.
- (H) Chronically Disturbed Family Interaction: This risk factor refers to chaotic and disorganized family patterns of interaction and/or disturbed family interaction characterized by domestic violence or threats of violence.
  - (i) Parent-Child or Primary Caregiver-Child Separation: This risk factor refers to significant extended or recurrent separations of the parent or primary caregiver from the child. Examples of such events might include parent (or primary caregiver) and child hospitalizations, divorce, parental

separations, parental incarceration, parental military duty, or foster care placements.

- (J) Adolescent Mother: This risk factor refers to any mother who is under the age of twenty years at the time of the birth of her child.
- (K) Parent Has Four or More Preschool Age Children: This risk factor refers to families with four or more children under the age of six, or families where the mother is pregnant and has three children under the age of six.
- (L) Family Income Up To 185 Percent of Federal Poverty Guidelines or Eligible for Family Assistance Programs: This risk factor refers to families who are eligible for federal assistance programs, such as AFDC, Medicaid or WIC. The poverty line, which varies by family size, is the income level that agencies within the federal government set to approximate the amount of money that will allow a frugal family to pay for its most essential needs, which include food, shelter, and clothing (Edelman, 1987; Sidel, 1986). In 1989, the poverty line was \$12,675 for a family of four and \$9,890 for a family of three.
- (M) The Presence of One or More of the Following Demographic Characteristics: This risk factor refers to one or more of three specific demographic indices which are typically found to be highly interrelated. The demographic indices subsumed under this risk factor are: families where either parent has less than a ninth grade education, families where neither parent is currently employed, or families where there is only a single (i.e. separated, widowed, divorced, never married) parent.
- (N) Physical or Social Isolation and/or Lack of Adequate Social Support: This risk factor refers to families who are geographically or emotionally isolated such that there is very limited connection to personal or community networks. This risk factor also refers to the isolation that occurs when families are non-English speaking.
- (O) Lack of Stable Residence, Homelessness, or Dangerous Living Conditions: This risk factor refers to the absence of permanent housing resulting in the need to be housed in temporary shelters or welfare hotels; transient living situations due to frequent shifts in residence; or dangerous living conditions, which include housing situations characterized by a high level of crime and violence or housing situations which are physically unsafe and/or have been condemned.
- (P) Family has Inadequate Health Care or No Health Insurance: This risk factor refers to families who have no regular health care maintenance for their child or no private medical care. In some cases, this risk factor may include families who are Medicaid eligible or covered by Medicaid.

- (Q) Limited Prenatal Care: This risk factor refers to pregnant mothers who have had four or fewer obstetrical visits prior to the 34th week of pregnancy or whose prenatal care was initiated in the third trimester.
- (R) Maternal Prenatal Substance Abuse/Use: This risk factor refers to regular maternal use of tobacco, alcohol (more than one drink per day), or illicit and prescription drugs known to affect the developing fetus during pregnancy. Information on drug use may be obtained through self-report or results from urine analysis procedures.
- (S) Severe Prenatal Complications: This risk factor refers to complications during pregnancy known to potentially compromise neonatal outcomes. Examples of such complications include moderate to severe toxemia, placenta previa, abruptio placentae, more than one infant in a single pregnancy (i.e. twins, etc.), or such maternal illness as diabetes, rubella, etc.
- (T) Severe Perinatal Complications: This risk factor refers to severe complications in the birth and postpartum period, such as prematurity, respiratory distress syndrome, etc. This risk factor should not be used in conjunction with another risk factor, very low birthweight, unless there are severe perinatal complications other than prematurity or respiratory distress which describe this infant.
- (U) Asphyxia: This risk factor refers to a particular cluster of clinical signs which indicate that a reduction in the oxygen level below the physiological requirements of the neonate has occurred (Amiel-Tison & Ellison, 1986; Blackman, 1989; Brann, 1986; Broman, 1979). The clinical signs of asphyxia include fetal distress (i.e. fetal heart rate during the first stage of labor is lower than 120 or above 160, abnormal heartbeat patterns, and/or the passage of meconium) and neonatal distress (e.g. poor color, poor muscle tone, failure to breathe spontaneously as typically assessed by the Apgar scores used to designate the occurrence of asphyxia is not uniform.) To interpret a low Apgar (i.e., at least 5) as indicative of asphyxia, other signs known to occur during intrapartum asphyxia must also be present (e.g., fetal distress, passage of meconium, etc.). Symptoms in the neonate that indicate that asphyxia occurred are: lethargy (abnormal state of consciousness), seizures, abnormal muscle tone, poor feeding, and abnormal reflexes. Thus, the most accurate assessment that an infant has been asphyxiated is based on an indication of fetal distress in conjunction with evidence of immediate neonatal distress and signs of CNS abnormality.
- (V) Very Low Birthweight: This risk factor refers to premature infants whose birth weight is less than 1500 grams or 3.3 pounds.

- (W) Small for Gestational Age (SGA): Small for gestational age (SGA) refers to infants whose birthweights are abnormally small for their gestational age. Researchers have been very consistent in defining abnormally small as having a birth weight below the 10th percentile for gestational age on one of several sets of sex-specific norms for that population (Klebanoff, Meirik & Berenedes, 1989; Neligan, Kolvin, Scott & Garside, 1976; Parkinson, Scrivener, Graves, Bunton & Harvey, 1986). This term is not required only for children who are premature.
- (X) Excessive Irritability, Crying, or Tremulousness on the Part of the Infant: This risk factor refers to specific behavioral characteristics of the neonate and infant excessive irritability, crying, or tremulousness, which are not responsive to usual comforting measures. These characteristics may be related to the infant's inability to self-regulate transitional behavioral states, physiological immaturity, and or temperament. The presence of this risk factor should be differentiated from Regulatory Disorders (under established conditions) which may be characterized by these same behavioral symptoms. Regulatory disorders are defined by distinct behavioral patterns coupled with sensory, sensory-motor, or organizational processing difficulties which affect daily adaptation and interaction/relationships (NCCIP, 1990).
- (Y) Atypical or Recurrent Accidents Involving the Child: This risk factor refers either to unusual accidents of the type not commonly experienced by the child's developmental age (e.g., broken leg, etc.) and to recurrent accidents which could imply the existence of physical disease, environmental neglect, or child abuse.
- (Z) Chronic Otitis Media: Otitis media refers to the infection of the middle ear and resulting effusion (development of fluid) in the middle ear cleft behind the tympanic membrane (Feagans, Sanyal, Henderson, Collier & Applebaum, 1987). The greater the build up of fluid, the more likely it is that a mechanical blockage will result. Chronic otitis media refers to blockages/infections that do not drain in a timely fashion and are resistant to typical drug treatment procedures. A history of recurrent bouts of acute otitis media (i.e., at least six times in a year's period) often implies a condition of chronic otitis media.

## II. CENTRAL DIRECTORY (303.301)

### Contents of the Central Directory

*The Michigan Department of Education assures: 1) that the Michigan Part C Central Directory has information about public and private early intervention services resources and experts available in the state; 2) that the Michigan Part C Central Directory has information about research and demonstration projects in Michigan; 3) that the Michigan Part C Central Directory has information about professional and other groups that provide assistance to*

*children and families; 4) that copies of the Michigan Part C Central Directory are available in each geographic region of the state; and 5) that copies the Michigan Part C Central Directory are in places and in a manner to ensure access by disabled persons.*

The Michigan 4C Association (Child Care Coordinating Council) has been awarded a grant to manage the Part C Central Directory. A previous grant supported the development of directory software. This software is available to all Part C coordinators to assist in the development of local directories.

In addition to the directory of services for infants and toddlers, the Central Directory includes resources, research and demonstration projects, and professional and other groups across Michigan and the nation. These include: Part C/*Early On* coordinators, Child Find coordinators, Part C/*Early On* technical assistance projects, State and Local Interagency Coordinating Council (SICC and LICCs) members, pediatric and regional neonatal intensive care unit (NICU) hospitals, research centers and experts at state universities. A file of persons interested in serving as resources in the area of early intervention services is available. Research and demonstration projects include Part C demonstration and pilot projects and federally- or state-funded projects concerning infants and toddlers. Professional and other group lists include: state advocacy associations, national advocacy associations, parent support groups, and national and state associations for low incidence disabilities.

A repository of all local directories is housed at the Michigan 4C Association. Directory information is accessed by calling 1-800 EARLY ON; a telecommunications device for the deaf (TDD); or by writing to the Michigan 4C Association at 2875 Northwind, Suite 200, East Lansing, Michigan 48823. A state list of resources is available on disk and in hard copy. These lists have names, addresses, telephone numbers, and service descriptions of state and national resources. Lists are annually updated and distributed to all Part C coordinators, interagency liaisons, and to fifteen regional child care coordinating and referral agencies throughout Michigan.

The Central Directory is accessible to the general public in several ways:

- (A) The local directories of services are distributed by the LICCs. Local ICCs have been very creative in distributing their directories. They have been provided not only to other service providers or managers, but also to parent organizations and libraries. Many LICCs have developed cards or small brochures to be distributed by local hospitals, pediatricians, etc. These cards provide a few names and phone numbers for people to call to access a wider range of services and information provided by the more complete directories. Each local region has immediate access to their own directory of services and the directories of their neighboring counties; they can also provide information to their clients on services in other regions by inquiring from the statewide number or referring clients to that number, or by using the Central Directory.

- (B) Michigan is composed of one major urban area (the Detroit Area encompasses three counties), eight middle-size cities, and about 70 rural counties (a total of 57 LICCs). Approximately 40 percent of the agencies and services available to infants and toddlers in this state are provided in the Detroit Area. The service directories developed by the three urban area counties around Detroit are supplemented by a sophisticated computer-based directory system developed and maintained by the Detroit Public Library called The Information Place (TIP). This directory includes a wide variety of information about all human services in the region. All local directories and the computerized TIP directory are available on a statewide basis through a call or written inquiry to the state central directory office. The persons answering the toll-free 800 number have been trained in providing information and referral to parents of young children.
- (C) The lists of resources, experts, research and demonstration projects, and professional and other groups are updated annually by the state central directory office and distributed to all of the LICCs and to anyone requesting the information from the statewide 800 number. They are also distributed to interested agencies and libraries.

### **III. TIMETABLES FOR SERVING ALL ELIGIBLE CHILDREN (303.302)**

#### General Information

*The Michigan Department of Education assures that appropriate early intervention services are available to all eligible children in the State, including Indian infants and toddlers with disabilities living on reservations, as of September 30, 1993.*

Part C will not apply to any child with disabilities receiving a free appropriate public education with funds under section 619 of Part B of IDEA (special education preschool grants).

### **IV. PUBLIC AWARENESS (303.163 & .320)**

*The Michigan Department of Education assures: 1) that the state has developed a public awareness program that focuses on early identification of children, including preparation and dissemination by the lead agency, to all primary referral sources of information materials for parents on the availability of early intervention services; 2) that the state has developed a public awareness plan that provides information about the state's early intervention system; 3) that the state has developed a public awareness program that provides information about the child find system, including the purpose/scope of the system, how to make referrals, and how to access evaluation and early intervention services; and 4) that the state has developed a public awareness program that provides information about the central directory (See Appendix C for samples of information disseminated through this project).*

### Scope of System

The Michigan Department of Education, in conjunction with the State Interagency Coordinating Council (SICC), has developed a comprehensive transagency information dissemination plan for Part C, which focuses broadly on public awareness activities and specifically on early identification outreach and information dissemination. (See Appendix F for Public Awareness/Child Find information.)

Families, individuals, and primary referral sources in contact with children under three years of age who may benefit from early intervention services will have access to information and materials regarding the availability of early intervention services in Michigan. A coordinated public awareness effort at both the state and local levels is designed to provide information about child development and *Early On* in Michigan for service providers, parents, and the general public.

The Public Awareness Committee (PAC), which reports to the lead agency and the SICC, has proposed a statewide campaign of information dissemination. This committee is comprised of representatives from the lead agency as well as each participating state agency, the state Project Find Office, a family support agency including a parent representative, a community coordinated child care agency, a maternal and child health advocacy organization, and local providers. LICCs are responsible for local public awareness activities. The PAC supports LICC initiatives for public awareness and attempts to utilize these resources throughout the state.

The State level public awareness items are supplemented by those produced by LICCs. All the information on early intervention services that is produced will be directed to various agencies, organizations, and families. The network of dissemination includes early intervention services, local interagency coordinating councils, all primary referral sources, public and private non-profit providers, and family advocacy groups, as well as other interested organizations, agencies or persons.

### Public Awareness Regarding Early Intervention Services, Referral and Access

Family guidebooks, the *Early On* brochures, videos, public service announcements, presentation folders, press kits, and newsletters are distributed throughout the state. The family guidebook is translated in Spanish, and Arabic. The *Early On* brochure is translated into Braille. Copies of the family guidebook are available through parent groups; the Part C/*Early On* coordinators; and the Michigan Departments of Education, Community Health, and the Family Independence Agency. The *Early On* Michigan newsletter provides information about the Part C system to over 8,500 professionals and parents.

Michigan hospitals that deliver babies and those that have neonatal intensive care units are identified and targeted by an outreach campaign that includes communication about Part C services. *Early On* brochures and family guidebooks are made available to these hospitals. Lullaby cassette tapes have been provided to all Neonatal Intensive Care Units.

An *Early On* Michigan slide tape and video presentation, with overheads and handouts, exists so correct and consistent Michigan information is presented by Part C/*Early On* Coordinators and others in the Part C/*Early On* system at local civic, school, religious, or agency meetings. Video copies of the statewide *Early On* Implementation Teleconference have been distributed to all local councils for use as public awareness and training resources. Information about the central directory and how to access it is published in the family guidebook and the *Early On Michigan* newsletter. Articles about the Part C/*Early On* system are included in professional and parent periodicals that are distributed throughout the state. Presentations and literature about the central directory are provided at key conferences throughout the state.

The child find system for Part C in Michigan is consistent with Part B of IDEA and is implemented by the lead agency as part of a comprehensive child find system. The Comprehensive Programs in Health and Early Childhood Unit within the lead agency is responsible for the coordination and implementation of child find activities for both Part C and Part B. A brief Child Find video has recently been developed as a resource for use in local communities.

Current policies and procedures adopted by the Michigan State Board of Education assure that all children, from birth, who have disabilities and are in need of special education services are identified, located, and evaluated. Infants and toddlers eligible for early intervention services under Part C are identified as well. Further, persistent efforts shall continue to be undertaken to assure that Michigan citizens are aware of resources available to provide services to children with disabilities. Michigan Project Find, the child find process, shall continue to be available for persons who suspect that a child may have a disability or developmental delay. These persons shall also notify the school authorities regarding this concern. All referrals to a Project Find or Part C/*Early On* coordinator will be processed for diagnostic evaluation, treatment, and service plan recommendation, and/or referred to the appropriate agency as needed.

To implement this policy, the State Board of Education has: 1) approved the coordination of statewide Project Find activities through Office of School Program Services, Comprehensive Programs in Health and Early Childhood, and the Office of Special Education Services in the Department of Education. Activities include the continued cooperation with the Department Community Health and the Family Independence Agency in maintaining a system to make health and developmental screening services available to all young children from birth to five years of age; 2) established rules requiring that each intermediate school district (ISD) develop a system for identifying children with disabilities; and 3) sponsored statewide Project Find media campaigns designed to locate and identify children with disabilities, including April begin designated by the Governor as Project Child Find Month.

#### Central Directory

The Michigan Central Directory provides an additional component to the existing public awareness program currently in place. The Central Directory includes lists and descriptions of:

public and private early intervention services, resources, and experts available in the State; research and demonstration projects being conducted in the State; and professional and other groups that provide assistance to children eligible under Part C and their families. Local directories, developed through the 57 LICCs in Michigan, constitutes an important component of the concept of statewide service information. In addition, a toll-free 800 number (also furnished with TDD) and an Early On Web site ([www.earlyon-mi.org](http://www.earlyon-mi.org)) are supported under Part C, which constitutes another component of the system of statewide service information.

Additional State and National information is included in the Central Directory, including parent support networks, other advocacy associations, and support groups for low incidence disabilities. The Central Directory comprises a component of the Public Awareness effort in Michigan.

#### **V. COMPREHENSIVE CHILD FIND SYSTEM (303.165 & .321)**

*The Michigan Department of Education assures that the child find system for Part C in Michigan is consistent with Part B of IDEA and is implemented by the lead agency, with assistance from the State Interagency Coordinating Council, as part of a comprehensive child find system. The Early Childhood Unit, within the lead agency, is responsible for the coordination and implementation of child find activities for both Part C and Part B (See Appendix D for sample of transmittal format for identifying children who may be eligible for early intervention services via the 1 800 Early On information and referral system).*

##### Policy and Procedures

Current policies and procedures adopted by the Michigan State Board of Education assure that all children, from birth, who have disabilities and are in need of special education services are identified, located, and evaluated; infants and toddlers eligible for early intervention services under Part C are identified as well. Further, persistent efforts shall continue to be undertaken to assure that Michigan citizens are aware of resources available to provide services to children with disabilities. Michigan Project Find, the child find process, shall continue to be available for persons who suspect that a child may have a disability or developmental delay. All referrals to a Project Find or Part C/Early On coordinator are processed for diagnostic evaluation, treatment, and service plan recommendation, and/or referred to the appropriate agency as needed. In addition, an effective method, detailed in "Child Identification and Tracking" of this plan, has been developed and implemented to determine which children are receiving needed early intervention services, and which children are not receiving them.

To implement this policy, the State Board of Education has:

- (A) Approved the coordination of statewide Project Find activities through Early Childhood Education, Special Education Services, and the Office of Communications of the Michigan Department of Education. Activities include the continued cooperation with the Department of Community Health and the Family Independence Agency in

maintaining a system to make health and developmental screening services available to all young children from birth to five years of age.

- (B) Established rules requiring that each intermediate school district (ISD) develop a system for identifying children with disabilities.
- (C) Sponsored statewide Project Find media campaigns designed to locate and identify children with disabilities.
- (D) Directed Michigan Department of Education staff to continue:
  - (1) Coordinating statewide public awareness campaigns;
  - (2) Developing and disseminating awareness and media materials;
  - (3) Disseminating information on effective Project Find methods to local educational, health, and human service agencies;
  - (4) Reviewing ISD plans to assure that each local plan identifies the procedures and persons responsible for coordinating Project Find activities;
  - (5) Co-sponsoring an annual statewide collaborative early childhood education conference, including Project Find, preschool special education programs, early intervention programs, Head Start, Even Start, Child Day Care Licensing, and others);
  - (6) Holding Statewide or regional Project Find/Part C/*Early On* coordinator meetings;
  - (7) Coordinating regional workshops for staff from special education preschool programs, local departments of mental health, public health, and county offices of the Family Independence Agency, and other programs serving children from birth through five years of age.
  - (8) Providing intensive technical assistance to local districts whose percentages of identified students with disabilities is very low;
  - (9) Improving the awareness and understanding of the community, especially the medical, social service, and other early childhood/child care groups, regarding the services available to children with special needs; and

- (10) Maintaining a Joint Part B-Part C Child Find Advisory Committee to review, evaluate, and make revisions concerning project goals, activities, and guidelines.

#### Child Identification and Tracking

In compliance with the Part C requirement for developing and maintaining a system for compiling data and numbers of handicapped infants and toddlers and their families in the state in need of appropriate early intervention services, the Michigan Department of Education and the SICC require that all intermediate school districts (ISDs) adopt such a system. *Early On*, through its Data Collection Project, has developed a data collection and child tracking system, the Early Education Child Tracking System ("EETRK"). The SICC has endorsed this system; the State Personnel Development System assists local interagency coordinating councils in using EETRK as their method of identifying and tracking children in need of early intervention services.

This system provides assistance in identification, referral, and tracking of infants and toddlers eligible, or potentially eligible, for services under this part. EETRK allows the identification of all children identified but not receiving early intervention services. The system is designed to be applied in a transagency format and has the capacity to be used to coordinate child find activities across a broad array of programs and services.

#### Coordination with Other State Agencies

The Early Intervention System/*Early On* is currently coordinating child find efforts with Project Find under Part B and with the Department of Community Health, and the Family Independence Agency. Coordination of child find specifically with Medicaid, Maternal and Child Health (Title V of SSA), Developmental Disabilities Assistance and Bill of Rights Act, and Head Start is in place and supported by the Part C Interagency Agreement signed on February 22, 1993 by the directors of the participating agencies.

In coordinating child find activities with other state agencies, it is necessary to take steps to ensure that efforts are not duplicated. To this end, the Department of Education has expanded its Project Find Advisory Council to include Part C/*Early On* Early Intervention staff from the participating state agencies. In addition, coordination with individuals from the Supplemental Security Income Program and Tribes and Tribal organizations that receive payments under Part C is also a priority. This council, with the State Interagency Coordinating Council (SICC) and Local Interagency Coordinating Councils (LICCs), will assure that the child find efforts of the State and local agencies will be coordinated to prevent duplication of efforts and services and to assure that the state uses resources already available through each public agency. *Early On* in Michigan will continue to utilize resources available for locating children with special needs in each public agency.

### Referrals

The public awareness and central directory components of the Part C/*Early On* system are managed by the state office of the Michigan 4Cs (Community Coordinated Child Care), a child care referral and information system with an established infrastructure which provides dissemination networks to key referral sources.

In addition, primary referral sources are informed about referral procedures through the Project Find and Part C/*Early On* public awareness campaign. This campaign features mass mailings to primary referral sources which provide information on the identification and referral of children with special needs.

This dissemination of information occurs during the months of April (the Month of the Young Child and Project Find Month). In addition to the mass mailings, training on the referral process is provided through regional forums and by Regional Coaches in the Personnel Development System, as well as at program-specific statewide conferences.

Referrals to appropriate public agencies can be made by contacting the Project Find or Part C/*Early On* Coordinator at an ISD or by contacting the 1-800-EARLY ON number located at the Central Directory Office. Referrals are made for evaluation and assessment; or, as appropriate, for the provision of an IFSP and/or early intervention services. Such referrals are made within two working days after a child is identified. Once a referral is received by a local agency, a service coordinator is assigned as soon as possible. Within forty-five days after the receipt of the referral, assessment and evaluation activities are completed and an IFSP meeting is held.

### Evaluation and Assessment

The Early Intervention Services System/*Early On* includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, including assessment activities related to the child and the child's family. The Michigan Department of Education is responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the state.

The term "evaluation" refers to the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility, consistent with the definition adopted by the State, including determining the status of the child in each of the developmental domains listed below. The term "assessment" refers to the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify the child's unique strengths and needs; the family's resources, priorities, and concerns related to development of the child; and the nature and extent of early intervention services that are needed by the child and the child's family to meet the previously listed needs.

The evaluation and assessment of each child is conducted by personnel trained to utilize appropriate methods and procedures, based on informed clinical opinion and inclusive of the following:

- (A) A review of pertinent records related to the child's current health status and medical history;
- (B) An evaluation of the child's level of functioning in each of the following developmental areas:
  - (1) Cognitive development;
  - (2) Physical development, including vision and hearing;
  - (3) Communication development;
  - (4) Social or emotional development; and
  - (5) Adaptive development.
- (C) An assessment of the unique needs of the child in terms of each of the developmental areas listed above, including the identification of services appropriate to meet those needs.

In addition, family assessments, which are family-directed, are designed to determine the resources, priorities, and concerns of the family related to enhancing the development of the child. Any assessment that is conducted is voluntary on the part of the family. If an assessment of this type is carried out, the assessment is conducted by personnel trained to utilize appropriate methods and procedures, based on information provided by the family through a personal interview and inclusive of the family's description of its resources, priorities, and concerns related to enhancing the child's development.

#### Timelines for Evaluation, Assessment, and IFSP

The evaluation and assessment procedures of the Michigan Department of Education are nondiscriminatory. The procedures provide that public agencies responsible for the evaluation and assessment of children and families ensure that:

- (A) Tests and other evaluation materials and procedures are administered in the native language of the parents or in another mode of communication, unless it is clearly not feasible to do so;
- (B) Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;
- (C) No single procedure is used as the sole criterion for determining a child's eligibility; and
- (D) Evaluation and assessments are conducted by qualified personnel.

The primary referral sources are required to make referrals for evaluation within two (2) working days after the child has been identified. Referrals are directed to the appropriate local agency for assessment, IFSP, and treatment.

The Department of Education, through the Project Find Office, disseminates information to parents of infants with disabilities through its mailings to the following primary identification and/or referral sources:

- (A) Hospitals, including prenatal and postnatal care facilities;
- (B) Physicians;
- (C) Parents;
- (D) Day care programs;
- (E) Local educational agencies;
- (F) Public health facilities;
- (G) Social Service agencies; and
- (H) Other health care providers, such as managed care organizations.

In order to determine the extent of dissemination of information on early intervention services to parents and primary referral sources, the Project Find Office tracks material dissemination. This tracking assists the Department of Education in determining the need for public awareness activities for specific populations and locations throughout the state. (See Appendix F for copies of referral information provided to primary referral services: Developmental Wheel, *Early On* Family Guidebook, brochure, and transmittal letter.)

The Michigan Department of Education requires that the evaluation and initial assessment of each child and the family assessment, as described above, be completed within 45 days of receipt of the referral. Also within 45 days of receipt of the referral, procedures for IFSP development, review, and evaluation must be complete. The evaluation and initial assessment of each child (including the assessment of resources, priorities, and concerns) is completed within the 45-day time period. It is the responsibility of the service coordinator to follow procedures which ensure this timeline is met. This can be accomplished using the Early Education Child Tracking System (EETRK), an information management system developed for *Early On* Michigan which tracks the status of the child from identification through transition. Dates by which the IFSP and periodic reviews must be completed are automatically generated by EETRK for each child; the service coordinator can therefore ensure that timelines are met.

In the event that exceptional circumstances make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), public agencies document those circumstances and develop and implement an interim IFSP, to the extent appropriate and which meets the criteria outlined in the State plan for the IFSP. These include:

- (A) Meeting to develop initial IFSP timelines. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45 day time period.
- (B) Periodic review. A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant or if the family requests such a review. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants. The purpose of the periodic review is to determine:
  - (1) The degree to which progress toward achieving the outcomes is being made; and
  - (2) Whether modification or revision of the outcomes or services is necessary.
- (C) Annual meeting to evaluate the IFSP. A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations and other information available from the ongoing assessment of the child and family must be used in determining what services are needed and will be provided.
- (D) Accessibility and convenience of meetings. IFSP meetings must be conducted:
  - (1) In settings and at times that are convenient to families;
  - (2) In the native language of the family or in another mode of communication used by the family, unless it is clearly not feasible to do so; and
  - (3) Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

#### Notice to Parents

The Procedural Safeguards for the Early Intervention Service System/*Early On* under Part C in Michigan assures that the participating agencies will give adequate notice to fully inform parents, including:

- (A) Description of the extent to which notice will be given in the natural language of the population groups in Michigan;
- (B) Description of children on whom personal identification information is maintained, types of information sought, methods used to collect information (including sources to be used) and uses of information;

- (C) Summary of policies and procedures participating agencies must follow regarding storage, disclosure to third parties, retention, and destruction of personal identification information; and
- (D) Description of all rights of parents and children regarding this information, including FERPA rights.

Before any major statewide child find activity (identification, location, and evaluation efforts), the Michigan Department of Education is responsible for notifying parents throughout the State of the activity. This is accomplished through the publishing of notices in newspapers and providing public service announcements on radio and television.

## **VI. EVALUATION, ASSESSMENT, AND NONDISCRIMINATORY PROCEDURES (303.166, .322 & .323)**

*The Department of Education assures that all federal requirements related to comprehensive, multi-disciplinary evaluations and assessments are implemented by all affected public agencies and service providers in the State.*

### General Information

Evaluation refers to the procedures used by qualified personnel to determine a child's initial eligibility and continuing eligibility until the age of three. It occurs at a specific point in time. Assessment refers to the ongoing process used by qualified personnel to identify a child's unique strengths and needs. It also includes, with parental consent, identification of the resources, priorities and concerns of the family, and the supports and services necessary to enhance the family's capacity to meet the needs of the eligible infant and toddler. The evaluation and assessment process is utilized to determine the nature and extent of the child and family's needs for early intervention services.

Qualified professionals are defined as medical, educational, developmental, social work or mental health professionals who are licensed, certified or approved through the State accreditation process and/or Board Certified, thus meeting the state's highest standards. The team of qualified professionals might include the parents and two or more of the following: audiologist, early childhood special educator, nurse, nutritionist, occupational therapist, physical therapist, speech/language pathologist, infant mental health specialist, physician, psychologist, social worker, or other persons specially trained to work with infants, toddlers and families.

A child's eligibility for services is based on the informed clinical opinion of a multi-disciplinary team of professionals and parent(s)/primary caregiver(s). Four sources of information are used to arrive at informed clinical opinions:

- (A) A developmental history, including a medical history;
- (B) An observation of the parent(s)/primary caregiver(s) and child together;
- (C) A recent health status report (within three months if the child is under 18 months, within months if older); and
- (D) A formal assessment measure (e.g. standardized test or developmental scale) of the child's level of functioning and need for early intervention services in the following areas:
  - (1) Cognitive;
  - (2) Communication;
  - (3) Social/emotional;
  - (4) Adaptive (self-help); and
  - (5) Physical (vision, hearing, gross and fine motor).

The purpose of a developmental history is to obtain information directly from the parents regarding the prenatal, perinatal, and family life experiences which may have influenced the child's current developmental functioning. First, descriptive information related to the parent's perception and understanding of the child, the child's developmental capacities, patterns of development and accomplishment of significant milestones in all developmental areas will be obtained. Second, an account of the pregnancy, birth and perinatal history, daily caregiving activities, experience of parenting the child, and significant and/or stressful family life events related to the child's development will be gathered. Finally, information regarding the family's current and past health and medical history, available resources, and networks of social support will be collected, to the level the family chooses to report, to enhance the understanding of the child's growth and development within the individual and unique context of the child's family. To the extent possible, the report by the parent of the child's developmental history is obtained in the family's native language.

The purpose of the observational evaluation and assessment is to understand the development of the child within the context of his or her caregiving environment and across multiple developmental domains of functioning: cognitive, physical, communication, social and emotional, and adaptive. Observation of the child's behavior and parent-child interaction during caretaking or play activities, as well as during other natural interactions, is used to achieve this goal. The observational assessment provides a method for identification of: the child's developmental capabilities and levels of functioning in all areas under optimal conditions (in the home or with parents); the child's style of interaction with parents and play things; and the unique capacities that the parents demonstrate in taking care of the child.

The purpose of the health appraisal is to obtain information regarding the child's past and current physical development and health status. The health appraisal consists of a comprehensive physical health examination conducted by a nurse, nurse practitioner, or physician approved for such appraisals. The standards for a comprehensive physical examination set by the American Academy of Pediatrics must be followed. If a comprehensive physical examination has been conducted within the past three months for a child under 18 months, or within the past six months for a child over 18 months, by the appropriately designated professional, a current health status appraisal need not be repeated; review of past medical/health records will suffice.

The purpose of a formal evaluation measure is to enable professionals and parents to systematically observe the specific behaviors and capabilities of the child under standard test conditions, to provide data about the area(s) of developmental concern in comparison to the general population, and to identify areas of strengths and special needs to allow possible strategies for intervention to be proposed.

The information derived from all these procedures is essential for understanding the developmental abilities of the child and the child's growth within the cultural context of his/her own family. The information obtained from each of the four sources is used to assist the multi-disciplinary team of professionals and parents in their interpretation of the child's strengths and needs, and in determining whether or not the child and family may be in need of early intervention services. No one single procedure is used as the sole criterion for determining eligibility for early intervention services.

The interpretation of the information provided from the four procedures together is made by the multi-disciplinary team and integrated to form the basis for the clinical opinion of the nature of the delay in one or more areas of developmental functioning (cognitive, physical, communication, social/emotional, adaptive, etc.) and/or the need for early intervention service. With the family's consent, the assessment also includes identifying the family's resources, priorities and concerns related to enhancing the development of the child. This information is used to help determine the kinds of services that will be provided. Resources refer to the people, the skills and capacities, the relationships, and the concrete assets which a family has or has access to which support, nurture, and sustain the family. Priorities are the family's ordering of what is important to them. The family's agenda and time frame as well as their ranking of concerns and outcomes/goals represent a family's priorities. Concerns include the circumstances or areas of development of the child which worry, distress, or create difficulties for the family. The family assessment is conducted by personnel trained to use appropriate methods and procedures. The information is provided by families in personal interviews.

Evaluations and assessments are completed within 45 days of referral. If exceptional circumstances make it impossible to complete the evaluation and assessment within that time period, those circumstances are documented and an interim IFSP is developed and implemented.

Interim IFSPs contain, at a minimum, the name of the service coordinator and a description of the services needed.

#### Nondiscriminatory Procedures

*The Department of Education assures that all public agencies responsible for evaluations and assessments use nondiscriminatory procedures. Tests and other evaluation materials are administered in the native language of the child and parents, or in their mode of communication, unless it is clearly not feasible to do so. All evaluation and assessment procedures and materials are selected and administered so as not to be racially or culturally discriminatory. No single procedure is used as the sole criterion to determine eligibility, and all procedures are conducted by qualified personnel.*

### **VII. NATURAL ENVIRONMENTS (635(a)(16))**

It is the policy of the Michigan Department of Education to ensure that all early intervention services provided under Part C are provided in natural environments consistent with the provisions of Part C.

#### Policy and Procedures

The standards apply to all providers in the Part C system and include the following:

- (A) Services and activities are selected, designed, and delivered in ways that are congruent with the family's daily life and supportive of positive family interactions and relationships. To this end, services-
  - (1) are designed to be practical and to fit into a family's daily routine as much as possible;
  - (2) are delivered during times and in locations that are mutually determined; and,
  - (3) are delivered in natural environments.

The full array of early intervention services as they are defined in this Application is provided in accordance with the standards established in the document, "Standards of Quality for the Individualized Family Service Plan and Service Coordination," as adopted upon the recommendation of the SICC.

### **VIII. INDIVIDUALIZED FAMILY SERVICE PLANS (IFSPs) (303.167 & .340-.346)**

#### General Information

Policies and procedures related to the development and implementation of individual family service plans (IFSPs) in Michigan meet all requirements of the federal rules and regulations. The

IFSP is a written plan for providing early intervention services to eligible children and families that are developed jointly by the family and appropriate qualified personnel. It is based on multidisciplinary evaluation and assessment of the child's unique strengths and needs, as well as on a family-directed assessment of the family's resources, priorities and concerns. It includes a description of the services that have been identified as necessary to enhance the development of the child and those that are necessary to enhance the capacity of the family to meet their identified priorities and concerns. Parental consent is obtained before any services are provided. An individual family service plan is developed and implemented in a family-centered manner for each eligible child. As specified in the Michigan Part C Interagency Agreement signed on February 22, 1993, if a dispute between agencies exists regarding the responsibility for IFSPs, the lead agency resolves the dispute or assigns responsibility for resolving it to another agency.

#### IFSP Requirements

*The Michigan Department of Education assures that all evaluations and assessments are conducted in accordance with federal rules and regulations. In addition, an individual family service plan is developed jointly with the family and implemented with the consent of the parent(s). The IFSP includes the name of the service coordinator who will assist the family in accessing the services described in the plan.*

#### Procedures for IFSP Development, Review, and Evaluation

Procedures are in place that meet all federal requirements regarding the development, review and evaluation of individual family service plans. Initial IFSP meetings are held within 45 calendar days after an agency has received a referral for a Part C evaluation. Thereafter, IFSPs are reviewed every six months, or more frequently if the family requests or conditions warrant. The review process includes a determination of the degree to which progress is being made toward achieving the outcomes specified in the IFSP, and whether modification or revision of the outcomes or services is necessary. All IFSPs are reviewed, at a minimum, by the parent(s) and service coordinator either at a meeting or in another manner acceptable to all participants.

IFSP meetings are held at least annually to evaluate and revise the IFSP content. The results of current evaluations and information from ongoing assessments of the child and information regarding the family's concerns, priorities, and resources are used to determine what services will be provided. The family is viewed as an equal team member in all phases of IFSP development, and information provided by the family is central to the identification of the child's strengths and needs, and the services to be provided.

IFSP meetings are conducted in settings and at times that are convenient to families. Arrangements, confirmed in writing, are made sufficiently in advance to ensure attendance of participants. Meetings are conducted in a variety of settings, including the home. Telephone conference calls are utilized, where appropriate, to ensure the participation of necessary team members. The contents of the IFSP are fully explained to the parents. IFSP meetings are conducted in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

The contents of the IFSP are fully explained to the parents and informed written consent from the parents is obtained prior to the provision of early intervention services. If the parents do not consent to a particular early intervention service or withdraw consent after first providing it, that service is not provided. The early intervention services to which parental consent is obtained are provided.

#### Prior Notice; Native Language

At the time of referral for an evaluation, and when a participating agency proposes or refuses to initiate or change a child's evaluation, eligibility, placement or services, families will be notified of the referral and proposed action or inaction, and informed of the rights and procedural safeguards afforded to them under Part C. The notice includes an explanation of the action or inaction and a description of the procedural safeguards afforded to them under Part C. Besides the right to be notified, these procedural safeguards include: 1) obtaining written consent from the parent or guardian prior to conducting an evaluation and prior to delivering or significantly changing any Part C services; 2) providing timely access to Part C records; 3) following confidentiality guidelines with regard to Part C records, including guidelines on the release and exchange of information between agencies; and 4) the right to dispute resolution.

The required notice is written in language understandable to the general public and in the parent's native language, unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, or if the parent is deaf or blind, the public agency, or designated service provider, shall take steps to ensure that: the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication; the parent understands the notice; and there is written evidence that these requirements have been met.

#### Participants in IFSP Meetings and Periodic Reviews

Procedures are in place to ensure that initial, and annual IFSP meetings must include the following participants: parent or parents of the child; other family members, as requested by the parent, if feasible to do so; an advocate or person outside of the family, if the parent requests that the person participate; the service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP; a person or persons directly involved in conducting the evaluations and assessments; as appropriate, persons who will be providing services to the child or family.

Arrangements are made for persons involved in the evaluation and assessment, who are not in attendance, to contribute information through any of the following means: telephone conference calls, representation by an authorized individual, or through making pertinent records available at the meeting.

Periodic reviews must provide for the participation of the parent or parents of the child; other family members, as requested by the parent, if feasible to do so ; an advocate or person outside of the family, if the parent requests that the person participate; the service coordinator who has

been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP. If conditions warrant, provisions are made for participation of other representatives as may be identified for the IFSP meeting for periodic reviews. Throughout the IFSP process, parents are regarded and supported as equal participants. The service coordinator works closely with parents to ensure that the needed participants attend. The service coordinator also assists the family in understanding the early intervention system, and facilitates communication among all IFSP team members throughout the delivery of services.

#### Content of IFSP

The IFSP includes a statement about the child's present levels of: physical development including vision and hearing; health status; cognitive development; communication development; social or emotional development; and adaptive development. The name of the professional evaluator, the agency with which the evaluator is affiliated, and the date of the evaluation are also included. Present levels of development are based upon professionally accepted objective criteria.

With the family's concurrence, a statement of family resources, priorities, and concerns related to enhancing the development of the child is written in the IFSP. Major outcomes that are identified with the family, as well as criteria, procedures, and timelines used to determine progress toward achievement of those outcomes, are also included, as are modifications or revisions of outcomes, and services needed to achieve them.

In addition, the IFSP includes –

- (A) A statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, method of delivering services, and payment arrangements, if any. The term frequency refers to the number of days or sessions that the service is provided. Intensity means the length of time the service is provided during each session, and whether the service is provided on an individual or group basis. Method means how the service is provided.
- (B) Statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which services will not be provided in a natural environment; and
- (C) The projected dates for initiation of services (as soon as possible after the IFSP meeting) and the anticipated duration of services are also included, as is whether the services will be provided individually or in a group.

The service coordinator is identified on the form. He or she is usually selected from the profession most immediately relevant to the family's or child's needs, and may come from a variety of sources, including individuals with appropriate training or parents of children with previous involvement in early intervention. The term "profession" in this section includes

"service coordination." If an interim service coordinator is assigned, that individual remains in place until the date of the initial IFSP meeting or until a decision has been made with the family regarding the most appropriate service coordinator. The service coordinator is responsible for implementing the IFSP and coordinating with other agencies and persons.

The IFSP also includes, as appropriate, other services which the child is currently receiving, or may need, but which are not required under Part C or Part B of IDEA. These may include the identification of informal supports which are recognized as an integral part of the Part C process, as well as medical and other services (e.g., immunizations and "well-baby" care) that are necessary but not required. Routine medical services are not written on the IFSP unless they are needed and are not otherwise available. If necessary, the IFSP will outline the funding sources to be used in paying for those services or the steps to be taken to secure such services through public or private resources. The use of informal supports and community-based resources for early intervention services for children and families is encouraged and supported.

The IFSP addresses the need for a plan for the child's transition to preschool or other appropriate services. The current service coordinator will facilitate the development of a transition plan by convening a conference among required participants to discuss appropriate services that the child may receive and review the child's program options for the period from the child's third birthday through the remainder of the school year. Procedures necessary to prepare the child for changes in service, including steps to help the child adjust to the new setting, will be included in the IFSP. The IFSP will include the steps related to, with parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including required evaluation and assessment information and copies of IFSPs that have been developed and implemented. The transfer of information of the LEA or other appropriate community-based services will be consistent with the State Plan and in accordance with the Procedural Safeguards which have been adopted for Part C in Michigan.

#### Provision of Services Before Evaluation and Assessment are Completed

Part C services for an eligible child and family may commence prior to the completion of the formal evaluation and assessment if parental consent is given in accordance with the Procedural Safeguards for Part C. In such instances, an interim IFSP is developed that includes the name of the service coordinator who assumes responsibility for the implementation of the interim IFSP and for coordination with other agencies and persons as needed. The interim IFSP also includes a description of services that are immediately needed by the child and the child's family, and addresses their most pressing concerns and priorities. A complete Part C evaluation and assessment for eligibility is then completed, and an initial IFSP meeting is scheduled within the required 45-day time period.

## **IX. COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (303.167 & .360)**

### General Information

A comprehensive system of personnel development (CSPD) for Part C in Michigan is multifaceted and collaborative. Pre-service and/or inservice training is provided to paraprofessionals, primary referral sources, public and private early intervention service providers, service coordinators, and parents. The lead agency works collaboratively with providers of pre-service and post-graduate training to support the development of model interdisciplinary training programs, post-graduate and certificate programs. The system of personnel development is enhanced by the continued support of proposals, developed by institutions of higher education as well as other organizations and agencies, which seek funding for training from a variety of sources, such as foundations and federal grants.

In addition, the Part C CSPD works collaboratively with the Part B CSPD in the development of needs assessments and the delivery of inservice training as well as with the other participating state agencies in the delivery of inservice opportunities to primary referral sources and providers of early intervention services affiliated with these agencies.

*The Department of Education assures that the CSPD for Part C in Michigan is consistent with the requirements of Part B (34CRF300.380-.387) and is coordinated with the CSPD under Part B in Michigan.*

### Recruitment and Retention

A collaborative plan for recruitment and retention of early intervention service providers is being developed with Part B and the other Departments whose programs provide services to infants and toddlers with disabilities and their families. Current recruiting and retention activities will be utilized, and the application of information pertinent to early intervention service providers will be included. Active participation of the SICC's Standards of Practice Committee in planning and recruitment of early intervention providers will be emphasized to establish an ongoing recruitment strategy.

### State Personnel Development System

The Comprehensive System of Personnel Development (CSPD) in Michigan is accomplished in part through the Statewide Personnel Development System which provides training on the basic components of the early intervention system under Part C, as well as technical assistance to develop needed skills and information as to how to access available resources which can be used to provide such services. Special training and technical assistance are available which include components related to meeting the interrelated social or emotional, health, developmental, and educational needs of infants and toddlers and their families. Additional areas include: the coordination of transition services for infants and toddlers from an early intervention system

under Part C to a preschool program under Section 619 of Part B; the development of community resource and asset mapping; and other topics as needed.

Each training and technical assistance activity is designed to further develop a family-centered intervention approach which better supports families to enhance the development of the child and to participate fully in the development and implementation of the IFSP. Training related to issues of cultural competencies and multicultural diversity are also included in the CSPD delivery system.

The delivery of training occurs by personnel from institutions of higher education, participating LICC agencies, and regional staff. The types of training can be defined in terms of awareness and skill acquisition:

- (A) Awareness of Knowledge Training. This type of training focuses primarily on attitudinal change. At this level, new information is being introduced, participants realize the importance of the area, and acquire expansion of these key concepts relating organized knowledge and underlying theories.
- (B) Skill Development and Application. This level allows participants to engage in activities for developing these skills which may include observation of and collaboration with other providers and parents, demonstrations, hands-on practicum, video tapes and critique, retreats, role playing, simulations, and discussion.

Training at either of these levels may occur within the context of a person's own discipline or service profession, across disciplines/professions and/or across agencies, dependent of the identification and prioritization of needs by the state.

There are several components which comprise the Comprehensive System of Personnel Development. These include:

- (A) The Personnel Development System:
  - (1) Seven Regional teams of professional and parent Coaches and enable a specialized focus on early intervention service delivery in rural areas, middle cities, and in urban areas. The regional staff work directly with local providers, parents, and interagency coordinating councils to expand the utilization of resources available in the state, to build the skills and capacity of service providers to develop and implement IFSPs, and to assist in the development of transition services for infants and toddlers from early intervention services under Part C to preschool services under Part B, or other community-based services as appropriate.

- (2) The regional staff provide individual and community consultations, as well as participate in conferences and workshops related to the needs identified through these sources, and regionally-based needs assessment process. Topics include: the development and implementation of IFSPs; models for service coordination; identification of existing resources for services and for payment for services; the development of local interagency agreements; the use of EETRK (data collection and reporting system designed for Part C in Michigan); delivery of family-centered services; infant and toddler development and assessment; procedural safeguards; family-professional collaboration; and transition planning for infants and toddlers.
- (B) *Early On* Higher Education and Paraprofessional Strategic Planning  
The strategic planning project, supported with Part C funds, has been responsible for integrating needs assessments with components of personnel development. Prioritization of training to be targeted is determined in conjunction with the SICC and other components of the statewide system. The current focus is specifically targeted to curricula in higher education the development of standards and curricula for paraprofessionals.
- (C) The Parent Leadership Program is offered to enable parents to assist other parents in the development of skills which facilitate full partnership with the providers in the early intervention system. The project coordinates training with other parent support programs in the state, as well as with the Part C Personnel

Development System and through conferences, workshops, parent networks, and the mentoring model designed for this project.

#### CSPD Operational Standards

- (A) LICCs allocate a portion of their formula funds for personnel development activities which are to meet needs identified through local needs assessments.
- (B) To complement LICC personnel development plans, the Personnel Development System is responsible for responding to regional needs based on information derived from the regional and statewide needs assessment.
- (C) The participating agencies (State Departments of Education, Community Health, and the Family Independence Agency) allocate a proportion of their funds to training for personnel development within their own agencies.

- (D) Part C funds for inservice/preservice activities in content areas identified by the statewide needs assessment are to be used to develop training. Such training will be disseminated statewide through one of the three service delivery systems:
- (1) regional training;
  - (2) major statewide conferences co-sponsored with professional and parent organizations; and
  - (3) universities.

Current Inservice Training Activities Related to CSPD

Additional training activities in the state include the following:

- (A) Parent, paraprofessional, and professional development activities are supported through the Part C Formula Allocation grants to the fifty-seven Intermediate School Districts (ISDs). Through these grants, the LICCs advise and assist in the needs assessment and planning for these activities. Special inservice opportunities and attendance at conferences and workshops, specific to local needs, and other supports for professional development are provided in this manner.
- (B) Coordination of all levels of professional development activities for providers and parents across early childhood programs is supported through participation in integrated conference planning. Head Start, State-funded Preschool Programs, Part B Special Education Preschool Services, Even Start, Chapter 1 Compensatory Education, and the Infant and Toddler Early Intervention Services System/*Early On* have established an annual statewide conference. This provides the opportunity to enhance trans-program activities, such as inclusion and least restrictive environment planning and practice, transition planning and practice, parent support and mentoring, and developmentally appropriate educational and early intervention practice.
- (C) Technical Assistance related to Part C in each of the state departments is provided through the State Part C interagency staff. This focuses on agency-specific issues related to the implementation of Part C, and includes professionals on community mental health boards, prevention and foster care workers, etc.
- (D) Primary referral sources receive training on the basic components of early intervention services available in the state through the Personnel Development System as well as through the Public Awareness Project, which provides information on the referral process.
- (E) The lead agency has supported the development of proposals by other agencies and organizations, including institutions of higher education, which have resulted in additional training opportunities throughout the state.

### Preservice Activities

There are currently four interdisciplinary graduate or certificate programs in Michigan which provide study in infancy, family systems, disabilities and/or early intervention. These programs are located at Michigan State University, at Wayne State University's Merrill Palmer Institute and Developmental Disabilities Institute, and at the University of Michigan. The lead agency and the Part C/Early On Personnel Development System in Michigan are involved in collaborative relationships with each of these groups.

A project was funded to provide leadership and facilitate personnel development for early intervention professionals among the institutions of higher education and community colleges which offer paraprofessional training. A faculty consortium consists of representatives in colleges and universities located throughout the state who offer training programs in areas related to Part C, as well as parents. These representatives are developing, in consort with the Personnel Development System, a strategic plan for infusing early intervention competencies into current academic coursework and university curriculum.

## **X. PERSONNEL STANDARDS (303.169 & .361)**

### General Information

*The Department of Education assures that information about standards are on file and available to the public.*

Personnel delivering early intervention services to infants and toddlers and their families must meet appropriate professional requirements in the State. Such requirements are based on the highest requirement in the State applicable to the profession or discipline in which a person provides early intervention services. Such requirements meet or exceed those generally held to be suitable for personnel providing early intervention services. These requirements include the highest entry-level academic degree needed for State approval or recognized certification, licensing, registration, or other requirements that apply to such professions or disciplines. Professions or disciplines include specific occupational categories which are utilized in the delivery of early intervention services to infants and toddlers and their families served by State, local, and private agencies, which have been established or designated by the State, and which include a specific scope of responsibilities and degree of supervision. State approved or recognized certification, licensing, registration or other comparable requirements refer to requirements that the State legislature has enacted or has authorized a State department to promulgate through rules to establish entry level standards for employment in a specific profession or discipline in the State.

### Definitions

Appropriate professional requirements in the State means entry level requirements that: 1) are based on the highest requirements in the State applicable to the profession or discipline in which a person provides early intervention services; and 2) which establish suitable qualifications for

personnel providing early intervention services to eligible children and their families who are served by State, local, and private agencies.

Highest requirements in the State applicable to a specific profession or discipline means the highest entry-level academic degree needed for State approval or recognized certification, licensing, registration, or other requirements that apply to a profession or discipline.

Profession or discipline means a specific occupational category that: 1) provides early intervention services to eligible children and families; 2) has been established or designated by the State; and 3) has a required scope of responsibilities and degree of supervision.

State approved or recognized certification, licensing, registration or other comparable requirements means the requirements that a State legislature has enacted or authorized a State agency to promulgate through rules to establish entry-level standards for employees in a specific profession or discipline in the State.

#### Policies and Procedures

State standards for personnel delivering early intervention services to infants and toddlers and their families are implemented through policies and procedures which establish and maintain such standards to ensure that personnel are appropriately and adequately prepared and trained. Such policies and procedures establish and maintain standards consistent with all State approved or recognized certification, licensing, or other comparable requirements that apply to professions or disciplines in which personnel are providing early intervention services to infants and toddlers and their families.

#### Retraining and Temporary Approval

Michigan, as a birth mandate State, has a strong history of provision of early intervention services to infants and toddlers under Part B of IDEA. As a result, personnel standards and related policies and procedures have been in existence for many years. Under Part C, additional training is available to early intervention services personnel to enhance their skills and knowledge regarding the family-centered, interagency model being implemented in Michigan.

If an area of the State is unable to locate personnel who meet the highest requirements in the State, temporary approvals may be granted by the lead agency upon the condition that such personnel can document continuous progress in meeting the highest requirements (university transcripts, licensing or registration application, etc.); further, the local providing agency must document efforts to recruit personnel who meet the highest requirements. As of 1995-96, all personnel providing early intervention services in Michigan must meet the highest requirements in the state for their discipline; this requirement is consistent with the personnel requirements for Part B of IDEA in Michigan.

Training incentives to update professional skills for those personnel already in the service and new personnel may include, but may not be limited to:

- (a) Released Time;
- (b) Stipends for Participation;
- (c) Options for Academic Credit;
- (d) Continuing Education Units;
- (f) Continuing Medical Education units;
- (f) Special Institutes; and
- (g) Other.

Procedures and Steps to Notify Public Agencies of Standards

To meet the deadline by which all personnel must meet the highest requirements in the State, notice of such deadline are sent to all providing agencies and institutions of higher education annually. Professional organizations, the faculty consortia for *Early On*, and others are provided with such notice annually. Information regarding training opportunities which are available in the State are provided annually by mail and such notice is made through the *Early On* newsletter.

Information on Current Standards

A current description of standards for each profession or discipline below outlines standards for all disciplines involved.

**PART C PERSONNEL**

**STATE ENTRY LEVEL STANDARD**

DISCIPLINE	DEGREE	LICENSE	NATIONAL CERTIFICATION	CERTIFICATION	REGISTRATION
Audiology	Master's		X (Other Agencies)		
Early Childhood	Bachelor's			X	
Nurse	R.N.	X			
Nutrition	Bachelor's				X (ADA-CDR)
O.T.	Bachelor's				X (AOTA)
P.T.	Bachelor's	X			
Physician	M.D.	X			
Psychology	Master's	X (Other Agencies)		X*	
Social Work	Master's			X*	
Special Education	Bachelor's			X*	
Speech-Language Pathology	Master's		X (Other Agencies)	X*	
Orientation & Mobility Specialist	Bachelor's				X (AER)
Family Therapist	Master's	X			

\*School Approval

School psychologists and school social workers are approved by the Michigan Department of Education when they have met qualifications which are specified in R 340.1152-4 and R 340.1012 respectively. Nurses are licensed by their professional organizations. There is a set of therapists who are employed in Michigan's schools. These include physical therapist, physical therapist assistant, occupational therapist, occupational therapist assistant, music therapist, art therapist, and recreational therapist. These professional must meet the standards of R 340.1792.

There are other personnel who are employed who do not fit the category of special education teacher, teacher consultant, school psychologist, school social worker, or therapist. These include audiologists, orientation and mobility specialists, curriculum resource consultants, and work study coordinators. All of these professionals are approved pursuant to R 340.1792, R 340.1792, and R 349.1799d. It is specified in R 340.1738 and R 340.1748 that a nurse must be a registered nurse.

Para-professionals are utilized in special education programs. Para-professionals include instructional aides, teacher aides, health care aides, bilingual aides, and program assistants. The qualifications for instructional aides are presented in R 340.1794. Other aides must meet qualifications pursuant to R 340.1792. Interpreters of the deaf have qualifications; these are presented in R 340.1793(2).

#### Transagency Applicability

Information gathered to evaluate the standards for all personnel and disciplines in the State pertinent to early intervention services has included those statutes and rules of all State departments which may be involved in such services; the identification of the highest requirements in the State, for such personnel and disciplines, is comprehensive and complete.

## **XI. PROCEDURAL SAFEGUARDS**

### Responsibility for Procedural Safeguards

#### **Std. 340.1900 Lead agency responsibility for procedural safeguards**

The state lead agency is responsible for establishing procedural safeguards that meet all requirements under Part C. The Michigan Department of Education as state lead agency, through collaborative planning pursuant to the state interagency agreement, shall adopt procedural safeguards in accordance with Part C 34 CFR 303.400-460 and Part B 34 CFR 300.560-576 of IDEA and R 340.1901-1951 below. The state lead agency shall ensure that these procedural safeguards are implemented by each public agency involved in the provision of Part C services to Part C eligible children and their families.

#### Student Records/Confidentiality of Information

The State has adopted policies and procedures which ensure the protection of any personally identifiable information collected, used, or maintained under this part, including the right of parents to written notice of and written consent to the exchange of this information among agencies consistent with federal and state law. Such policy is stated in the Michigan Part C

Interagency Agreement; procedures include the use of the Consent to Evaluate and Release of Information form approved by each of the participating agencies which administer federal and state funds for early intervention services and is consistent with state and federal law. Under this policy, the parents of a child eligible are afforded the opportunity to inspect and review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, individual complaints dealing with the child, and any other area involving records about the child and the child's family.

All policies and procedures meet the requirements of 300.560-.576 with the following modifications:

- (1) reference to the "State Educational Agency" (SEA) means lead agency;
- (2) Special education, related services, free appropriate public education, free public education, or education means early intervention services.
- (3) "Participating Agency" when used in reference to "local education agencies" and "intermediate education units" means local service providers;
- (4) reference to 300.128 (identification, location, and evaluation of children with disabilities) means 303.164 and .321 (a Comprehensive Child Find System); and
- (5) reference to 300.129 (confidentiality of personally identifiable information) means 303.460 (Confidentiality of Information).

#### **Std. 340.1901 Definitions**

As used in these rules:

- (A) **Destruction** means physical destruction or removal of personal identification from information, so that information is no longer personally identifiable.
- (B) **A record** means the type of records covered under the Family Educational Rights and privacy Act of 1974. A Part C record is any information, recorded in any way, maintained by an agency, institution, or service provider (whether public or private) or by any party acting for an agency, institution, or service provider that is needed to initiate referral or provide services to the eligible child and his/her family under Part C. This information would include referral information, evaluation and assessment information, eligibility determination, development and implementation of Individualized Family Service Plans, summaries of follow-up meetings, requests for due process hearings and complaints dealing with the child.
- (C) **Records** include (but are not limited to), files, evaluations, reports, studies, letters, telegrams, minutes of meetings, memoranda, summaries, inter-office or intra-office communications, memoranda reflecting oral conversations, handwritten or other notes,

charts, graphs, data sheets, films, videotapes, slides, photographs, sound recordings, disks, tapes, and information stored on microfilm or microfiche or in computer-readable form. This definition does not override the exceptions set forth in FERPA Std. 99.3 "education records" (b).

- (D) **Participating agency** means any agency, institution, or service provider (whether public or private) which collects, maintains, or uses personally identifiable information or from which such information is obtained, under the Part C Infant and Toddler Early Intervention Services System.
- (E) **Part C** means the "Early Intervention System for Infants and Toddlers with Handicaps" presently codified as Part C of the Individuals with Disabilities Education Act.
- (F) **Personally identifiable** means information that includes, but is not limited to:
  - (1) The child's name;
  - (2) The name of the child's parent or other family member;
  - (3) The address of the child or child's family;
  - (4) A personal identifier, such as the child's and/or parent's social security number;
  - (5) A list of personal characteristics that would make the child's/family's identity reasonably certain; and
  - (6) Other information that would make the child's/family's identity reasonably certain.

#### **Std. 340.1902 Public Notice to Parents**

- (A) The state lead agency shall give public notice to fully inform parents about the confidentiality of information collected in identifying, locating (including Child Find activities), and evaluating Part C eligible infants and toddlers, including:
  - (1) A description of the extent to which the notice is given in the native languages of the various population groups in the State;
  - (2) A description of the children on whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information;

- (3) A summary of the policies and procedures which participating agencies must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information; and
  - (4) A description of all of the rights of parents and children regarding this information, including the rights under Section 438 of the General Education Provisions Act and Part 99 of this title (the Family Educational Rights and Privacy Act of 1974, and implementing regulations).
- (B) Before any state-wide identification, location, or evaluation activity, the notice must be published or announced in newspapers or other media, or both, with circulation to notify parents throughout the State of the activity.

### **Std 340.1903 Access Rights**

- (A) Each participating agency shall permit parents to inspect and review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, individual complaints dealing with the child, and any other area under this part involving records about the child and the child's family. The participating agency shall document the request and comply without unnecessary delay and before any meeting regarding an individualized family service plan or hearing relating to the identification, evaluation, or placement of the child, and in no case more than 15 working days after the request has been made.
- (B) The right to inspect and review Part C records under this section includes:
- (1) The right to a response from the participating agency to reasonable requests for explanations and interpretations of the records by a professional staff person. Parents who are deaf, who have a native language other than English, or who are not proficient in oral or written English language shall have the right to an appropriate interpreter;
  - (2) The right to request that the participating agency provide copies of the records containing the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and
  - (3) The right to have a representative of the parent inspect and review the records.
- (C) A participating agency may presume that the parent has authority to inspect and review records relating to his or her child unless the participating agency has been given a court order to the contrary.

#### **Std. 340.1904 Record of Access**

Each participating agency shall keep a record of parties obtaining access to records collected, maintained, or used under Part C (except access by parents and authorized employees of the participating agency), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records.

#### **Std. 340.1905 Records on More Than One Child**

If any Part C record includes information on more than one child, the parents of those children shall have the right to inspect and review only the information relating to their child or to be informed of that specific information.

#### **Std. 340.1906 List of Types and Locations of Information**

Each participating agency shall provide parents on request a list of the types and locations of Part C records collected, maintained, or used by the agency. The local lead agency shall establish and maintain a central Part C file for each child referred for and/or receiving services under Part C.

#### **Std. 340.1907 Fees**

- (A) A participating agency may charge a fee for copies of records which are made for parents under this part if the fee does not effectively prevent the parents from exercising their right to inspect and review those records.
- (B) A participating agency may not charge a fee to search for or to retrieve information under this part.

#### **Std. 340.1908 Amendment of Records at Parent's Request**

- (A) A parent who believes that information in Part C records collected, maintained, or used under this part is inaccurate or misleading or violates the privacy or other rights of the child/family, may request the participating agency which originally collected or produced the information to amend the information.
- (B) The participating agency shall decide whether to amend the information in accordance with the request within 15 working days of receipt of the request.
- (C) If the participating agency decides to refuse to amend the information in accordance with the request it shall inform the parent of the refusal, and advise the parent of the right to a hearing under 34 CFR 300.568 and the right to include an explanation of their objection to any information in the record without having to go to a hearing, and that the objection will be treated in accordance with Std. 340.1910(c).

### **Std. 340.1909 Opportunity for Hearing**

The participating agency shall, on request, provide an opportunity for a hearing to challenge information in its Part C records to insure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child/family.

### **Std. 340.1910 Result of Hearing**

- (A) If, as a result of the hearing, the participating agency decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child/family, it shall amend the information accordingly and so inform the parent in writing.
- (B) If, as a result of the hearing, the participating agency decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child/family, it shall inform the parent of the right to place in the Part C record a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the agency.
- (C) Any amendment or explanation of objection placed in the Part C record under standards 340.1908 or 340.1910 must:
  - (1) Be maintained by the participating agency as part of the Part C record as long as the record or contested portion is maintained by the participating agency; and
  - (2) If the Part C record or the contested portion has previously been disclosed by the participating agency to any third party, the amended record or explanation of objection must also be disclosed to the third party. In the event of future releases to any third party, the amended record shall substitute for, or the explanation of objection shall accompany, the contested portion of the Part C record.

### **Std. 340.1911 Hearing Procedures**

A hearing held under Std. 340.1909 of this subpart must be conducted according to the procedures under FERPA (34 CFR 99.22), except that the time from receipt of request for hearing to a written decision shall not exceed 30 days.

### **Std. 340.1912 Consent**

- (A) A written request must be made and written parental consent must be obtained before personally identifiable information is:
  - (1) Transferred from another record maintained by a participating agency to the Part C record maintained by that agency;

- (2) Disclosed to anyone other than officials of participating agencies collecting or using the information under this part, subject to paragraph (b) of this section; and/or
  - (3) Used for any purpose other than meeting a requirement under Part C Infant and Toddler Early Intervention System.
- (B) A participating agency subject to the Family Educational Rights and Privacy Act (FERPA) (34 CFR Part 99) may not release information from its Part C record to other participating agencies without parental consent unless authorized to do so under 34 CFR Part 99.
- (C) The participating state agencies shall include policies and procedures in the interagency agreement which are used in the event that a parent refuses to provide consent under this section.<sup>1</sup>

#### **Std. 340.1913 Safeguards**

- (A) Each participating agency shall protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages.
- (B) One official at each participating agency shall assume responsibility for insuring the confidentiality of any personally identifiable information.
- (C) All persons collecting or using personally identifiable information must receive training or instruction regarding the State's policies and procedures under the Part C Interagency agreement and FERPA (34 CFR Part 99).
- (D) Each participating agency shall maintain, for public inspection, a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information.

#### **Std. 340.1914 Destruction of Information**

- (A) The local lead agency shall inform parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide Part C services to the child and/or family.

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<sup>1</sup>Incorporation of this provision of Part B does not run counter to the concept of no parent override in Part H. The intent of this provision is to require participating agencies to specify the procedures they will use when the parent refuses consent to release information from the Part H file, including documentation and periodic parent contact regarding reconsideration of the refusal.

- (B) The information must be destroyed at the request of the parents. However, a permanent record of a child's name, address, and phone number, attendance record, and year services were terminated may be maintained without time limitation.
- (C) When a child ceases to receive Part C services, his/her transition plan shall include provisions and conditions for the transfer or other disposition of the Part C record.

### **Std. 340.1915 Enforcement**

To insure compliance with Part C confidentiality requirements, the lead agency with the assistance of other state agencies will monitor all service providers. As the term "service provider" is used in this paragraph, it is intended to encompass all entities subsumed under the Procedural Safeguard Standards' definition of "participating agency" set forth in Standard 340.1901. If a service provider fails to comply with Part C confidentiality requirements, the service provider shall submit a remediation plan with periodic evaluations of progress in remediation. Technical assistance may be provided to assist the service provider in coming into compliance. If the service provider does not comply with remediation plans, the following sanctions may be employed as identified in the State Interagency Agreement:

- (1) The service provider may be determined ineligible for future Part C funding;
- (2) Contract termination provisions may be exercised to terminate, in whole or in part, contracts with the service provider;
- (3) In appropriate circumstances, contracts may be suspended, in whole or in part, and future Part C payments may be withheld.

### Notice/Native Language

### **Std. 340.1920 Prior Notice**

- (A) **General** Written prior notice must be given to the parents of a child eligible under this part 7 calendar days before a public agency or service provider proposes or refuses to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family. A "public agency" includes the lead agency and any other political subdivision of the state that is responsible for providing early intervention services to children eligible under Part C and their families.
- (B) **Content of notice** The notice must be in sufficient detail to inform the parents about:
  - (1) the action that is being proposed or refused;
  - (2) the reasons for taking the action; and
  - (3) all procedural safeguards that are available under this part.

### **Std. 340.1921 Notice of Referral**

The local lead agency must notify the parent of a referral for possible Part C services and request permission for evaluation within 10 calendar days of the receipt of the referral by a participating agency.

### **Std. 340.1922 Native Language**

- (A) **Native language**, when used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible under Part C.
- (B) The notice must be:
  - (1) Written in language understandable to the general public; and
  - (2) Provided in the native language of the parents, or other mode of communication.
- (C) If the native language or other mode of communication of the parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that:
  - (1) The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
  - (2) The parent understands the notice; and
  - (3) There is written evidence that the requirements of this paragraph have been met.
- (d) If a parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (e.g., sign language, braille, or oral communication) and the parent shall have the right to an appropriate interpreter and explanation of the notice by a professional staff person.

### **Std. 340.1923 Waiver of Timelines**

Timelines for notice to parents may be contracted or extended for a specific period of time by the mutual consent of the parent and public agency/service provider. Such consent shall be documented by the public agency/service provider.

#### Consent

### **Std. 340.1930 Consent**

- (a) As used in this subpart "consent" means that:

- (1) The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language, or other mode of communication;
- (2) The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom:
  - (i) The parent understands any responsibilities the parents or family will bear as a result of the assessment or evaluation (for example, whether the parents must provide transportation, possible impacts on the family from home-based procedures, impacts on insurance limits).; and
  - (ii) The parent understands the financial charges (if any) that they will incur for the services and has explicitly consented to incurring the charges;
- (3) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time; and
- (4) The parent understands that he/she has the right to determine whether the child or other family members will accept or decline some or all Part C service(s), and may decline such a service after first accepting it without jeopardizing remaining Part C services.

**Std. 340.1931 Parent Consent**

- (A) Written parental consent must be obtained before:
  - (1) Conducting the initial evaluation and assessment of a child and any subsequent reevaluation. Written consent shall not be required for ongoing assessment, i.e., day to day observations of the child/family's progress after the initial evaluation/assessment and implementation of the initial IFSP;
  - (2) Implementing the provision of Part C services for the first time (i.e., at the time that the initial IFSP is developed) and for any subsequent IFSP; and
  - (3) Release of personally identifiable information pursuant to Std. 340.1912. Parental consent for such release of personally identifiable information must be renewed every six months.
- (B) If consent is not given, the public agency shall make reasonable efforts to ensure that the parent:
  - (1) Is fully aware of the nature of the evaluation and assessment or the services that would be available;

- (2) Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given; and
- (3) Is recontacted to ascertain whether the parent is subsequently willing to provide partial or complete consent for requested Part C activities, unless the parent requests that no further contact be made.
- (4) If consent for evaluation and assessment or services is not given and, in the judgement of any of the participating agencies such refusal constitutes abuse or neglect, under State law the agencies are required to report such to Child Protective Services, Department of Social Services, upon which an investigation of same would be initiated.

### Surrogate Parents

#### **Std. 340.1935 Surrogates**

- (A) The designated administrator of the local lead agency shall assign a surrogate to represent the rights of eligible children within ten working days of its determination that one of the following circumstances exists:
  - (1) When, after documented reasonable efforts including collaborative inquiries through other participating agencies, the local lead agency is unable to identify or locate the parent, guardian, or person acting as parent of a child;
  - (2) When the child is in the legal custody of a state agency and the parent's rights to participate in Part C decision-making have been terminated. In this case, a foster parent may be designated as surrogate unless he or she indicates or demonstrates an unwillingness or inability to serve as surrogate.
- (B) The surrogate shall have the same rights as a parent under these regulations, including the right to consent or withhold consent and to represent the child in all matters pertaining to evaluation, assessment, IFSP development, provision of early intervention services, and any other rights established under IDEA-Part C.
- (C) The local lead agency shall maintain a list of approved surrogates and procedures for appointing a surrogate from that list, to be selected in any way permitted by state law.
  - (1) The local lead agency shall endeavor to appoint a surrogate who will act as an effective advocate, with a preference given to a person who knows and understands the child and the family's cultural, religious, and linguistic background;
  - (2) The surrogate shall be knowledgeable and trained in the developmental needs, service options, and legal rights of children eligible for Part C services;

- (3) A surrogate shall have no interest which conflicts with the child's interests, and shall not be an employee of any participating agency involved in the provision of early intervention or other services to the child. A person who otherwise qualifies to be a surrogate is not an employee solely because of being paid by a participating agency to serve as a surrogate parent.(d) Any person participating in good faith as a surrogate parent on behalf of the child shall have immunity from civil liability that otherwise might result by reason of such participation, except in cases of willful or wanton misconduct.
- (E) A surrogate parent shall be appointed and shall continue to serve until he or she resigns, the appointment is terminated by the local lead agency, or the child is no longer eligible for early intervention services.

#### Administrative Resolution of Individual Hearing Issues

##### **Std. 340.1940 Request for Hearing**

- (A) A parent may file a written request for a due process hearing when a public agency or service provider proposes or refuses to initiate or change the:
  - (1) Identification, evaluation, or placement of an eligible child;
  - (2) Provision of appropriate Part C services to the child or the child's family; and/or
  - (3) Assignment of financial obligations for Part C services to the parents.
- (B) A written request for hearing shall:
  - (1) Be signed by the parent or surrogate parent;
  - (2) Contain the reason(s) for the request; and
  - (3) Be filed with the state lead agency.
- (c) The state lead agency shall confirm receipt of the request for hearing in writing with the parent and all parties involved in the dispute not later than five working days after receipt of the request for hearing.

##### **Std. 340.1941 State Lead Agency Duties**

It shall be the responsibility of the state lead agency to:

- (A) Establish a one-tier (i.e., state level) administrative hearing procedure, including:

- (1) Maintain a pool of hearing officers from diverse backgrounds, i.e., demographic, service provision, education, etc., who meet the qualifications of Std. 340.1943. Maintenance of this hearing officer pool shall include the following:
  - (i) Recruitment;
  - (ii) Initial and periodic training;
  - (iii) Selection; and
  - (iv) Evaluation;
- (2) Appoint a hearing officer upon receipt of a written parent request for a due process hearing;
- (3) Notify the parties of their rights in the due process hearing and of the alternatives to a due process hearing, including mediation;
- (4) Compensate the hearing officer;
- (5) Provide a court reporter and transcript of the hearing;
- (6) Maintain a central file of all requests for hearings and subsequent hearing officer decisions; and
- (7) Make an annual report to the state Interagency Coordinating Council regarding hearing requests and results. (b) Establish voluntary and informal alternative dispute resolution procedures to the due process hearing. These alternatives may include mediation, fact-finding, non-binding arbitration, etc.

#### **Std. 340.1942 Parent Rights**

- (A) **General** The state lead agency shall ensure that the parents of children eligible for Part C services are afforded the rights in paragraph (b) of this section in any administrative proceedings carried out under Std. 340.1940.
- (B) **Rights** Any parent involved in a due process hearing under this Part C has the right to:
  - (1) Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to children eligible for Part C services;
  - (2) Present evidence, and confront, cross-examine, and compel the attendance of witnesses;
  - (3) Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding;
  - (4) Obtain a written or electronic verbatim transcription of the proceedings;
  - (5) Obtain written findings of fact and decisions;

- (6) Be informed of any free or low cost legal services;
- (7) Receive the assistance of their service coordinator in filing a written request for a due process hearing;
- (8) Determine whether the due process hearing shall be open or closed;
- (9) Request an expedited hearing with an oral decision being rendered at the conclusion of the hearing to be followed by a written decision; and
- (10) Be informed of the right to attorney's fees in the event that the parent is a prevailing party in the due process hearing that involves a Part B eligible infant/toddler.

**Std. 340.1943 Qualification and Duties of the Impartial Hearing Officer**

- (A) Qualifications and duties. An impartial person must be appointed to implement the individual dispute resolution process (i.e., hearing). The person must:
  - (1) Have knowledge about the provisions of IDEA-Part C, and the needs of, and services available for, eligible children and their families; and
  - (2) Perform the following duties:
    - (i) Listen to the presentation of relevant view points about the hearing issues, examine all information relevant to the issues, and seek to reach a timely resolution of the hearing issues; and
    - (ii) Render a written decision, including a record of the proceedings.
- (B) Definition of impartial:
  - (1) As used in this section, "impartial" means that the person appointed to serve as a hearing officer:
    - (i) Is not an employee of any agency or other entity involved in the provision of Part C services or care of the child; and
    - (ii) Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.
  - (2) A person who otherwise qualifies under paragraph (b)(1) of this section is not an employee of an agency solely because the person is paid by the state lead agency to serve as a hearing officer.

**Std. 340.1944 Convenience of Proceedings; Timelines**

- (A) The due process hearing must be carried out at a time and place that is reasonably convenient to the parents.
- (B) The state lead agency shall ensure that not later than 30 calendar days after the receipt of a parent's request for hearing, the impartial due process hearing shall be completed and a written decision mailed to each of the parties.

**Std. 340.1945 Mediation**

- (A) Any party to a disputed Individualized Family Services Plan (IFSP) or any party to a hearing, before the hearing, may file a written request for mediation with the state lead agency in which the relief sought consists of a mutually agreeable settlement between the parties:
  - (1) This request must be signed and dated by the parent and all other affected parties; and
  - (2) The service coordinator may assist the parent in filing the written request for mediation.
- (B) The mediator or the mediation service shall be subject to the mutual agreement of the parties, except that:
  - (1) The same person shall not mediate and hear the same dispute; and
  - (2) The mediator shall not serve as a witness in any subsequent due process hearing nor as a member of the IFSP committee with respect to the specific dispute presented for mediation.
- (C) The mediation shall have no effect on the normal progress of the case toward a hearing, except in accordance with Std. 340.1940, et seq.
- (D) An agreement reached by the parties to the dispute in the mediation process must be set forth in a written mediation agreement. If the parties reach such an agreement, the mediator shall assist the parties to prepare the agreement in writing...
- (E) If an agreement is not reached during the mediation, the dispute shall be subject to the procedural safeguards set forth in Std. 340.1940, et seq.
- (F) The mediation is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.

- (G) The State shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
- (H) The State shall bear the cost of the mediation process, including the costs of meetings to encourage mediation if such meetings are required by the State.
  - (i) The mediation session must be scheduled in a timely manner and must be held in a location that is convenient to the parties to the dispute.
- (J) Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings, and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of the process.
- (K) Parents are not required to use the mediation process. Mediation may not be used to deny or delay a parent's rights. The complaint must be resolved, and a written decision must be made within thirty days.

#### **Std. 340.1946 Civil Action**

Any party aggrieved by the findings and decision rendered by the administrative hearing officer has the right to bring a civil action in state or federal court pursuant to Section 680(1) of IDEA-Part C.

#### **Std. 340.1947 Status of Child During Proceedings**

- (A) During the pendency of any proceeding involving a hearing under this subpart, unless the public agency and the parents of a child otherwise agree, or the parents withdraw consent, the child must continue to receive the early intervention services currently being provided.
- (B) If the hearing involves an application for initial services under this part, the child must receive those services that are not in dispute.

## **XII. MONITORING AND SUPERVISION**

### General Information

The Michigan Department of Education, as lead agency for Part C, is responsible for the general administration, supervision, and monitoring of programs and activities used by the State to carry out Part C, whether or not such programs and activities are receiving assistance under Part C, to ensure compliance with the Part C regulations and the State Plan. In that role, the Michigan Department of Education has adopted and uses proper methods of administering these programs including the following:

- (A) Monitoring of agencies, institutions, and organizations carrying out Part C activities and programs;
- (B) Enforcing any obligations imposed on those agencies under Part C;
- (C) Providing technical assistance, as needed, to those agencies, institutions, and organizations; and
- (D) Assisting those agencies, institutions, and organizations in correcting any deficiencies that are identified through monitoring.

#### Methods of Administering the Early Intervention Services in Michigan

The Michigan Department of Education has worked closely with the SICC to develop a multi-faceted approach to providing support to communities throughout the State as they implement Part C. The Collaborative Part C Systems Review Process is designed to meet the Federal Part C monitoring requirements, as well as fulfill the SICC's intent to support communities' efforts to provide comprehensive and coordinated services to families with young children with disabilities.

As described in Michigan's Part C Interagency Agreement, each State agency is responsible for monitoring itself and its local agencies for compliance with requirements in accordance with applicable Federal and State laws, rules and regulations, and the terms of the Michigan Part C Interagency Agreement, and for providing required data to the lead agency. Upon request, or as needed, the lead agency will also assure that technical assistance is provided to other agencies. In addition, joint monitoring activities are conducted with other participating agencies. Parents are involved as the consumers of services. The goals of the review process are: 1) to increase communities' and agencies' understanding of their strengths and needs regarding services to infants, toddlers, and their families; and 2) to link all communities with whatever formal and informal sources of technical assistance they need in order to improve services and supports to eligible families. In addition, the review process provides information to the SICC and the lead agency to assist both in making revisions in State policies regarding Part C.

A sample of communities are identified each year to participate in a review of services. Communities are selected in one of two ways. They may either request that a review be conducted or the SICC may designate the communities to be reviewed. Review teams are then be created, keeping in mind the unique characteristics of the communities involved. Each LICC plays a key role in implementing the review process and in assuring that it is carried out smoothly.

Families receiving services also play an important role by sharing their perceptions of and experiences with agencies and services, and by giving direction to the team of reviewers. As a result of the review, each community's strengths are identified, as well as barriers to providing comprehensive, coordinated services. The richness and diversity of communities across the State is supported throughout the process, as are their efforts to draw upon their own resources and

other sources of assistance and support as they strive to provide the best possible services to infants and toddlers with disabilities, and their families.

### **XIII. LEAD AGENCY PROCEDURES FOR RESOLVING COMPLAINTS**

#### General Information

The lead agency in Michigan has adopted written procedures for receiving and resolving any complaint that one or more requirements of the regulations is not met. Although an individual or organization may file a written complaint with a local provider agency or a local interagency coordinating council, all complaints will be forwarded to and investigated by:

Michigan Department of Education  
Office of School Program Services  
Comprehensive Programs in Health and Early Childhood  
*Early On*® Michigan  
P.O. Box 30008  
Lansing, MI 48909

All agencies and service coordinators have the responsibility to inform parents and other interested individuals about filing a complaint and State complaint procedures. Parents and interested individuals are informed about procedures in §303.510 through §303.512 in the “*Early On* Michigan Family Rights: Guide to *Early On* Procedural Safeguards” (See Appendix F). A full explanation of all procedural safeguards is included in the family guide and is provided when a request for evaluation is submitted and at the IFSP meeting. The parent’s signature is requested each time.

#### Receipt and Referral

Any written correspondence alleging a violation of Federal or State Law or regulation implementing Part C of IDEA will be reviewed by staff to determine if the allegations fall within the programs administered by the Michigan State Board of Education, Michigan Department of Education (IDEA, 34 CFR Parts 300 and 303 and relevant sections of Part 76), and Michigan State law and regulation governing the provision of evaluation, assessment, and/or early intervention services to infants and toddlers, ages 0 to 36 months, with disabilities.

- (A) If the allegations do not address the requirements and do allege violations of other Federal or State requirements, the correspondence must be referred, within five working days of receipt, to the office or agency with jurisdiction.
- (B) Any written complaint received by a staff member of any participating agency, which alleges a violation covered by these procedures, should be forwarded immediately to the Comprehensive Programs in Health and Early Childhood Unit of the State agency. Upon receipt, the Unit will:

- (1) Enter the complaint into the log;
- (2) Complete the complaint data sheet; and
- (3) Within ten (10) working days of receipt of the complaint, notify the agency named in the complaint in writing of the:
  - (i) Alleged violation(s);
  - (ii) Name of complainant;
  - (iii) Name of the child or group of children for whom the complaint has been lodged;
  - (iv) The data needed to determine if there has been a violation;
  - (v) The need to conduct an on-site investigation. Such on-site investigations may prove necessary to make determinations regarding any aspect of the program. The trained investigator will coordinate his/her activities with the agency(ies) involved including dates and times for the on-site investigation to occur and the names and responsibilities of those to be interviewed;
- (4) Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint;
- (5) Review all relevant information and make an independent determination as to whether a violation has occurred; and
- (6) Issue a written decision to the complainant that addresses each allegation, findings of fact, conclusions and reasons for the final decisions.

Any written complaint must be investigated and resolved within sixty (60) days from the date the complaint is received by the lead agency. The complaint must:

- (A) Be signed by an individual or a representative of an organization; and
- (B) Allege noncompliance (by an agency or the State) of State or Federal laws or regulations governing early intervention services to infants and toddlers with disabilities;
  - (1) Provide information which, when reviewed, constitutes violation(s) of State or Federal laws or regulations by an agency or contracted service provider. If the complaint alleges violations concerning State or agency actions regarding more than one child, or multiple systemic issues, the complaint investigator may recommend one or more of the following actions:
- (C) A complaint investigation as an individual complaint for each affected child with separate information collection, findings, and resolution procedures; or

- (D) An extraordinary circumstance extension, only if the complaint will require additional time to investigate due to the nature and severity of the allegations;
  - (1) Extension must have prior management approval, must be documented in writing and must include rationale for conducting the extended investigation.

#### Compliance Determination

Within 40 days of the determination that a complaint must be investigated, the lead agency shall send a letter to the agency and the complainant stating that:

- (A) The lead agency has determined that the State or agency appears to have met each of its responsibilities under State and Federal law and regulations alleged by the complainant to be unmet; or
- (B) The lead agency has determined that the State or local agency has failed to meet one or more of its responsibilities under State or Federal law or regulation. The affected agency must submit documentation of the corrective action taken to eliminate such failure to the lead agency within twenty (20) days.

#### Corrective Actions

In communicating a determination that an agency has failed to meet one or more compliance responsibilities, the lead agency shall send a letter containing a description of each unmet responsibility identified and outlining the specific action or actions which must be taken by the affected agency for correction. This shall include information which must be periodically reported to the lead agency to provide evidence of ongoing compliance.

Any determination or order issued under these procedures for a corrective action is binding and final unless appealed, and is issued with the full authority of the lead agency as part of its responsibilities established by Federal law and State law to ensure compliance with all Federal and State standards.

All timelines set forth in these procedures must be met unless extraordinary circumstances exist which necessitate an extension of the timelines. For the purpose of these procedures, the term "extraordinary circumstances" means circumstances beyond the control of the lead agency which would delay completion of an adequate investigation, such as the failure or delay by a complainant in providing requested information, the physical unavailability of records or other documents or persons to be interviewed, but not including refusal or failure by the agency to cooperate with the complaint investigation.

Both the agency and complainant must receive notice, as part of the letter stating the findings, that either party has the right to appeal the findings to the Secretary of the U.S. Department of Education if they disagree with the findings.

### Complaint Resolution and Appeal

The lead agency shall accept any corrective action submitted by the State or agency in response to a request pursuant to these procedures if it meets the criteria set forth below and is either agreed to by the complainant or is determined necessary by the lead agency. The complainant will be given the opportunity to present a corrective action plan that:

- (A) Contains reasonable steps (including appropriate milestones) to promptly correct and, thereafter, meet each currently unmet compliance responsibility; and
- (B) Provides for the periodic reporting of information by the affected agency to the lead agency which sufficiently demonstrates ongoing compliance by the agency in each area of responsibility found to be unmet.

Acceptance by the lead agency of a corrective action plan from the State or local agency shall terminate the responsibility of the lead agency to continue any enforcement procedures outlined in this section, but the lead agency must monitor to ensure that a corrective action plan is fully implemented and, if it is not, that the enforcement procedures described in these procedures are immediately invoked.

### An Individual or Organization May File a Complaint

In accordance with Section 303.511, an individual or organization may file a written complaint with the local care provider, local interagency council, coordination/advocacy provider in the local community area, or the Michigan Department of Education (Office of School Program Quality; Comprehensive Programs in Health and Early Childhood Unit). The complaint must include:

- (A) A statement that the State has violated a requirement of Part C of the Act or the regulation in this part; and
- (B) The facts on which the complaint is based.

## **XIV. POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS**

### General Information

The lead agency in Michigan is responsible for policies related to the payment process for services to eligible infants and toddlers and their families under Part C through the Michigan Part C Interagency Agreement and through Local Memoranda of Understanding for Part C.

### Policies Related to Payment for Services

Fees will not be charged for services that a child is otherwise entitled to receive at no cost to parents. The inability of the parents of an eligible child to pay for services will not result in the denial of services to the child or the child's family.

The following functions will be carried out at public expense and at no cost to the parents:

- (A) Implementing Child Find requirements;
- (B) Evaluation and assessment, including the functions related to evaluation and assessment;
- (C) Service coordination; and
- (D) Administrative and coordination activities related to the development, review, and evaluation of an Individualized Family Service Plan, procedural safeguards and such other statewide components as are included in Subparts D and F of 34 CFR 300.

#### Fees

Currently *Early On* Michigan charges no fees for early intervention services under this part. Fees may be charged for medical and other health services that the child needs but are not covered by Part C when such fees are regularly charged in accordance with State statutes and agency regulations.

#### Identification and Coordination of Resources

The lead agency will be responsible for the identification and coordination of all available resources for the early intervention system in the State, including those from Federal, State, local and private resources. In addition, the lead agency will be responsible for updating the information on the funding sources as legislative or policy changes may be made under any of the identified resources. Such resources will include the following Federal sources:

- (A) Title V of the Social Security Act (relating to Maternal and Child Health);
- (B) Title XIX of the Social Security Act (relating to the general Medicaid Program and EPSDT);
- (C) The Head Start Act;
- (D) Parts B and H of IDEA;
- (E) Subpart 2 of Part D of Chapter 1 of Title 1 of the Elementary and Secondary Education Act of 1965, as amended;
- (F) The Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94-103); and
- (G) Other Federal programs.

#### Delivery of Services in a Timely Manner

The lead agency in Michigan has developed procedures to ensure that early intervention services are provided in a timely manner pending resolution of disputes among public agencies or

providers. During the pendency of an interagency dispute, the lead agency, as payor of last resort, will assume financial responsibility for the service in dispute.

Reimbursement Procedure Upon resolution of the dispute, pursuant to the State dispute resolution process as described in the Michigan Part C Interagency Agreement, the lead agency shall assign financial responsibility to the appropriate agency and make arrangements for reimbursement of any expenditures incurred by the lead agency. Any reimbursement must take place within 60 calendar days after the final decision, pending any further action. To the extent necessary to ensure compliance with reassignment and/or reimbursement directives, the lead agency shall refer reassignment or reimbursement disputes to the Governor and/or his designee and implement procedures to ensure that services are provided to eligible infants and toddlers and their families in a timely manner.

#### **XIV. INTERAGENCY AGREEMENTS and RESOLUTION OF INDIVIDUAL DISPUTES**

##### General Information

The lead agency has entered into an interagency agreement with the primary early intervention provider agencies in Michigan; this interagency agreement, the "Michigan Part C Interagency Agreement," was signed on February 22, 1993 by the Directors of the Michigan Departments of Mental Health, Public Health, Social Services, and the Superintendent of Public Instruction (see Appendix E). This agreement delineates the financial responsibility of each of the participating agencies, consistent with State law and Part C requirements. Attachments to the Agreement identify the various programs administered within each agency, the scope of the early intervention services provided within the programs, and the role of the provider in the delivery of such services.

The Michigan Part C Interagency Agreement includes procedures for the timely resolution of intra- and interagency disputes regarding payment or other aspects of the delivery of coordinated early intervention services. Upon resolution of the dispute, pursuant to the State dispute resolution process as described in the Michigan Part C Interagency Agreement, the lead agency shall assign financial responsibility to the appropriate agency and make arrangements for reimbursement of any expenditures incurred by the lead agency. Any reimbursement must take place within 60 calendar days after the final decision, pending any further action. To the extent necessary to ensure compliance with reassignment and/or reimbursement directives, the lead agency shall refer reassignment or reimbursement disputes to the Governor and/or his designee and implement procedures to ensure that services are provided to eligible infants and toddlers and their families in a timely manner. The Agreement permits the participating agencies to resolve such disputes in a timely manner, based on agency procedures included in the Agreement. The Agreement includes the process to be followed by the lead agency in achieving resolution of intra- or interagency disputes.

The Michigan Part C Interagency Agreement includes other components necessary to ensure effective cooperation and coordination among all of the participating agencies, including: goals and objectives relative to Part C; operating principles; definitions; scope of Services; funding and

fiscal responsibility; maintenance of effort; administration; staffing; monitoring; evaluation; personnel development; child find, referral, and assessment; data collection and reporting; procedural safeguards; local administration; support of local agency collaboration; local memoranda of understanding for Part C; the local interagency plan; and the review and modification of the Agreement.

#### Resolution of Disputes

The lead agency is responsible for the resolution of disputes as required under Part C. In the event interagency administrative procedures or local interagency dispute resolution procedures are unsuccessful in resolving disputes within thirty calendar days of identification of the dispute, the local lead agency shall refer the dispute to the state lead agency by completing a form provided for that purpose and including explanatory attachments as necessary.

The directors of the Departments of Mental Health, Public Health, and Social Services, and the Superintendent of Public Instruction of the Michigan Department of Education shall each appoint a representative to the Michigan Infants and Toddlers Interagency Dispute Resolution Committee. This Dispute Resolution Committee shall be chaired by the lead agency representative. It shall be the responsibility of the Dispute Resolution Committee to review dispute resolution requests, request additional information as necessary, and make recommendations for resolution to the directors of the participating agencies. The directors shall submit recommendations to the Superintendent of Public Instruction who shall render a decision in accordance with such recommendations within thirty (30) calendar days from the lead agency's receipt of the request for dispute resolution.

#### State Disputes

A state dispute is an interagency dispute which involves only the parties to the state interagency agreement pertaining to any matter covered by the agreement.

#### State Dispute Resolution Process

The resolution of any state dispute shall commence by convening the designated representative of each department on a formal basis to discuss and reconcile the dispute in a timely manner. In the event the parties are unable to resolve the dispute through a formal meeting, any signatory party may obtain the implementation and enforcement of the terms of the interagency agreement by submitting the issue to the Governor. The decision of the Governor or Governor's designee shall be final.

#### Financial Responsibility During Dispute Resolution

During the pendency of an interagency dispute, the lead agency, as payor of last resort, will assume financial responsibility for the service in dispute.

Upon resolution of the dispute, pursuant to 5.7.2.1 (Michigan Part C Interagency Agreement) the lead agency shall assign financial responsibility to the appropriate agency and make arrangements for reimbursement of any expenditures incurred by the lead agency. Any reimbursement must take place within 60 calendar days after the final decision, pending any further action.

### Enforcement

To the extent necessary to ensure compliance with reassignment and/or reimbursement directives, the lead agency shall refer reassignment or reimbursement disputes to the Governor and/or his designee and implement procedures to ensure that services are provided to eligible children and their families in a timely manner.

### Report to State Interagency Coordinating Council

On a quarterly basis, the state lead agency will report to the State Interagency Coordinating Council information regarding the implementation of the state and local dispute resolution process.

## **XV. POLICY FOR CONTRACTING OR OTHERWISE ARRANGING FOR SERVICES**

### General Information

It is the policy of the lead agency that all early intervention services provided under Part C meet State standards and are consistent with the provisions of federal regulations under Part C.

### Policy Regarding Grants, Allocations, Contracts or Otherwise Arranging for Services

All grants, allocations, or contracts for early intervention services under Part C must meet criteria approved by the State Board of Education and as recommended by the SICCC, as appropriate. Such criteria are incorporated into all grant and allocation applications and must be reflected in any contracts which are directly made by the lead agency, the local lead agency, or any other provider agency receiving funds under Part C or delivering services under Part C.

Allocation grants to the Intermediate School Districts in Michigan require compliance with detailed application processes which include: all necessary assurances for the receipt and use of federal funds; compliance with the regulations under Part C; and compliance with all pertinent State laws, rules, and regulations.

Allocation grants to the Intermediate School Districts in Michigan require that the use of Part C funds adhere to a collaborative plan for the delivery of early intervention services developed by the LICC; signatures of the fiscal agents or those delegated by the administrators of the participating agencies must be provided as assurance of collaboration in the development of the plan for services and funding, including any and all contracts, grants, or other manner of paying for the delivery of early intervention services under Part C.

All providers of early intervention services, under Part C in Michigan, must comply with all federal and state laws, regulations, and rules as identified or referenced in the Michigan Part C Interagency Agreement and the State Plan for the Early Intervention Services System/*Early On*.

Any provider or recipient of funds under Part C who is found in noncompliance with this policy may be determined ineligible for future Part C funding, or may have the contract terminated in whole or part, or may be suspended from consideration for any continuing participation in the Early Intervention Services System/*Early On*.

### Procedures for Awarding Grants, Allocations, and Contracts

All Part C funds are awarded or allocated in the following manner:

- (A) Criteria for the use of funds and the awarding of funds are determined by the SICC, comply with all pertinent federal and State laws, regulations, and rules, and are approved by the awarding body, the State Board of Education;
- (B) Grants are awarded following a review of proposals submitted by the deadline as announced in the Request for Proposals. The review teams include members of the SICC, parents, interagency staff with expertise in the area of the proposals being reviewed, and others as appropriate. Grant award recommendations are subject to a comprehensive internal review by the awarding agency and are forwarded to the State Board of Education for approval. Grantees are subject to compliance with all federal and State guidelines for the use of the Part C funds. Grantees are required to meet all reporting requirements and are monitored for appropriate use and management of funds, for appropriate delivery of services, and for compliance with all Part C policies;
- (C) Allocations are awarded following State Board of Education Approval of criteria and allocation formulas as recommended by the SICC and interagency Part C staff. All recipients of allocations (Intermediate School Districts) are subject to compliance with all federal and state guidelines for the use of the Part C funds. Allocation recipients are required to meet all reporting requirements and are monitored for appropriate use and management of funds, for appropriate delivery of services, and for compliance with all Part C policies; and(d) Contracts may be awarded following approval of criteria and funding limits as recommended by the SICC, the State Board of Education, or interagency staff. All contractors are subject to compliance with all federal and state guidelines for the use of the Part C funds. Contractors are required to meet all reporting requirements and are monitored for appropriate use and management of funds, for appropriate delivery of services, and for compliance with all Part C policies.

## **XVII. DATA COLLECTION**

The Part C data collection from agencies and service providers in Michigan utilizes four main components:

### The EETRK Child Tracking System (Early Education Child Tracking System)

The EETRK system is a personal computer application that helps local interagency coordinating councils manage early childhood services and processes. The tracking system provides timely and accurate records on referral steps, IFSP planning meetings, and service status for each child in the system. The system is designed to gather data for all services for children and to report back to all agencies providing services.

Lists can be generated regularly which alert staff to imminent events, including a periodic follow up visit for a child not eligible for services but with significant risk factors. Dated

consent/release information by provider or agency is captured, family members are identified, services provided are linked to providers and settings, and all IFSP plan dates and types are captured.

The EETRK system has a wide variety of reports and graphs to help manage the early intervention process. In addition, two main outputs are available for statewide Part C data collection. The first is a set of seven reports that provide the summary count and detail support for required Federal Tables. The EETRK system helps Part C/*Early On* coordinators identify children and personnel that are to be reported.

The second EETRK data collection output is the capability to produce a one-page listing for each Part C eligible child, in formats designed for easy sharing with other districts and agencies. These listings are an important communication tool between the Part C/*Early On* coordinators and the special education personnel that process the SES data.

Version 5.3 (updated system) of the EETRK System was introduced at a regional technical assistance workshop; continued training and consultation are provided. Individualized training and consultation are provided on an ongoing basis.

#### Special Education Services (SES) Data Reporting System

The SES system has been in place in Michigan for several years to collect data for Part B December 1 count reporting. Each intermediate school district in the state submits timely and accurate Part B data electronically through the SES system.

The Part B December 1 counts are compared to Part C/*Early On* counts for each service areas. Discrepancies are addressed by the Early On Consultants.

Data required under Section 676(b)(14) of the Act, and other information that the Secretary may require, including information under Section 618 of the Act, is reported. The information is provided at the time and in the manner the Secretary prescribes.

#### The Local Part C Coordinators' Required Report

The Required Report covers one element of the Federal Tables that is not covered by the SES system: the number and type of additional personnel needed (Table 3B). The local Part C/*Early On* Coordinators must be familiar with the Federal tables because of their interagency and interoffice work with SES data entry, and the required report is an extension of their data collection efforts.

Each Part C/*Early On* Coordinator, with the assistance of the LICC, will complete the form with data as of December 1 and forward the report to the State Data Collection Project team. The form itself closely mirrors the format of the corresponding Federal tables. The count for this is small and can be handled on a manual basis outside the main computerized systems.

### Current Data Collection Process

The data collection process does not have any ongoing sampling methods built into the system. The SES data system entries and Required Report, along with interagency staff, provide the data needed for the Federal Tables. However, there is a quality control mechanism in place, based on regular communication between local districts and the Data Collection Project team. In particular, a profile of data from each service area is created. The profile contains the area's discrete data and a comparison to state and peer averages.

To maintain high quality in the report tables, each district's counts are subject to a reasonableness test, and figures much higher or lower than expected are investigated. In addition, the EETRK system outputs serve as an excellent check on the accuracy of the data moving through the SES process.

The Part C data collection process provides the data needed the four required Federal Tables.

Section 1418(E)(c)(1) of IDEA mandates a range of "studies, analyses, syntheses, and investigations for improving program management, administration, delivery, and effectiveness" of the interagency, cooperative efforts at the heart of the Part C legislation. The Michigan Part C/*Early On* program is committed to the continued training of staff and the systems development of the EETRK tracking system and appropriate linkages to the SES reporting system as support tools for a wide range of investigative studies. Numerous training events are held each year for entry staff, *Early On* coordinators, and others.

The EETRK system contains data elements and reports that support Child Find and Program activities, Interagency Cooperation, Service Coordination, Service Plan Management, Personnel Identification, and Service Directory listings. The local management framework provided by EETRK places the Michigan Department of Education and local districts in a solid position for capturing and reporting a wealth of information to support studies regarding infants and toddlers.