

FINAL

OMB NO. 1820-0550
Expires: 12/31/2023

**ANNUAL STATE APPLICATION UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT AS AMENDED IN 2004
FOR FEDERAL FISCAL YEAR (FFY) 2022**

CFDA No. 84.181A

ED FORM No. 1 B20—26P

**UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS**

Washington, DC 20202-2600

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0550. Public reporting burden for this collection of information is estimated to average 10 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit under IDEA Part C (20 U.S.C. 1400, et seq.). If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact Jennifer Simpson at jennifer.simpson@ed.gov / (202) 245-6042 directly.

SECTION I

A. Submission Statements for Part C of IDEA

Select 1 or 2 below. Check 3 if appropriate.

1. The State's policies, procedures, methods, descriptions, certifications, and assurances meet all application requirements of Part C of the Act as found in the Individuals with Disabilities Education Act (IDEA), codified at 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State is able to provide and/or meet all policies, procedures, methods, descriptions, and assurances, found in Sections II.A and II.B of this Application.

By selecting this submission statement the State either has on file with the Secretary or has submitted new or revised State policies, procedures, methods, and descriptions that meet all requirements found in Section II.A.

2. The State cannot provide the policies, procedures, methods, descriptions, and/or assurances for all application requirements of Part C of the Act as found in Part C of the IDEA, 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State has determined that it is unable to provide the policies, procedures, methods, descriptions, and/or assurances that are checked 'No' in Sections II.A and II.B. However, the State assures that throughout the period of this grant award the State will operate consistently with all requirements of IDEA in 20 U.S.C. 1431 through 1443 and the 2011 Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and regulations, as amended, as soon as possible, and not later than June 30, 2023. The State has included the date by which it expects to complete necessary changes associated with policies, procedures, methods, descriptions, and assurances marked 'No'. The items checked 'Yes' in Section II.A are enclosed with this application as revised or new or are identified as "OF" already on file with the Secretary.¹

Optional:

3. The State is submitting new or modified State policies and procedures previously submitted to the Department and checked in Section II.A, "N", "R" or "OF" cell(s) found in the 'Yes' column. These modifications are a result of: (1) the State revising its applicable State law or regulations; (2) changes required by the Secretary due to new interpretation of the Act or regulations by a Federal court or the State's highest court; and/or (3) because of an official finding of noncompliance with Federal law or regulation.

B. Conditional Approval for Current Grant Year

If the State received conditional approval for the current grant year, check the statement(s) below:

1. Conditional Approval Related to Assurances in Section II.A:

- a. Sections II.A and II.B reflect completion of all issues identified in the FFY 2021 conditional approval letter (attach any additional documentation required by the FFY 2021 letter).
- b. As noted in Sections II.A and II.B, the State has not completed all issues identified in the FFY 2021 conditional approval letter.

¹ If Option 2 is checked, the State is to provide dates in Sections II.A and II.B as to when the required policies, procedures, methods, descriptions, and assurances will be provided, which date can be no later than June 30, 2023.

2. Conditional Approval Related to Other Issues:

- a. The State previously submitted documentation of completion of all issues identified in the FFY 2021 conditional approval letter.
- b. The State is attaching documentation of completion of all issues identified in the FFY 2021 conditional approval letter. *(Attach documentation showing completion of all issues.)*
- c. The State has not completed all issues identified in the FFY 2021 conditional approval letter. *(Attach documentation showing completion of any issues and a list of items not yet completed.)*

SECTION II

A. State Policies, Procedures, Methods, and Descriptions

As checked below, the State hereby declares that it has or has not filed the following policies, procedures, methods, and descriptions with the U.S. Department of Education, and, as of the date of the signature below, affirms and incorporates by reference those policies, procedures, methods, and descriptions with respect to Part C of the Individuals with Disabilities Education Act (IDEA or Act) in 20 U.S.C. 1431–1443 and the Part C regulations in 34 CFR Part 303 (Part C). By submission of this Section II, the State assures that throughout the period of this FFY 2022 grant award, the State will operate consistently with all requirements of Part C of the IDEA in 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and regulations by the date indicated below and not later than June 30, 2023.

- Check and enter date(s) as applicable.
- Enclose relevant documents.

Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)

N = 'New' Policy and/or Procedure

R = 'Revised' Policy and/or Procedure

OF = Policy and/or Procedure is already 'On File' with the USDE

No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2023.)

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				Subpart C—State Policies and Procedures
		X		1. Each application must include the name of the State lead agency, as designated under §303.120, that will be responsible for the administration of funds provided under this part. (34 CFR §303.201)
	X			2. Each application must include a description of services to be provided under Part C to infants and toddlers with disabilities and their families through the State's system. (34 CFR §303.203(a))
				3. Each application must include the State's policies and procedures regarding the identification and coordination of all available resources within the State from Federal, State, local, and private sources as required under subpart F of 34 CFR Part 303. <i>The State must have policies and procedures that meet the requirements listed in 3(a) and the methods identified in 3(b), and must provide responses to those entries. If the State has not adopted a system of payments, it may respond "NA" to 3(a).</i>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
		X		<p>(a) If the State has adopted a system of payments, each application must include any policies or procedures adopted by the State as its system of payments and those policies and procedures must meet the requirements in §§303.510, 303.520 and 303.521 (regarding the use of public insurance or benefits, private insurance, or family costs or fees).</p> <p>(34 CFR §303.203(b)(1))</p> <p><i>The policies and procedures listed in 3(a) are optional. Enter 'NA' in the cells to the left if the State has elected not to adopt a system of payments (which includes a system to use public insurance or benefits or private insurance or family fees to pay for Part C services); otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach policies and procedures.</i></p> <p><i>The State's response under 3(a) of Section II.A must match the State's response under Section IV.A.</i></p>
		X		<p>(b) Each application must include the methods (State law, regulation, signed interagency or intra-agency agreements or other appropriate written method(s) approved by the Secretary) used by the State to implement the payor of last resort and fiscal responsibility requirements in §303.511(b)(2) and (3).</p> <p>(34 CFR §303.203(b)(2))</p> <p><i>If the State uses signed interagency agreements or "other appropriate written method(s)" to meet the requirements in 3(b), please check 'N' or 'R' and submit with the application. If the State's method is a State statute or regulation, the State does not need to submit that method (the statute or regulation) with its application.</i></p>
		X		<p>4. Each application must include the State's rigorous definition of developmental delay as required under §§303.10 and 303.111. Each Statewide system must include the State's rigorous definition of <u>developmental delay</u>, consistent with §§303.10 and 303.203(c), that will be used by the State in carrying out programs under Part C of the Act in order to appropriately identify infants and toddlers with disabilities who are in need of services under Part C of the Act. The definition must—</p> <p>(a) Describe, for each of the areas listed in §303.21(a)(1), the evaluation and assessment procedures, consistent with §303.321, that will be used to measure a child's development; and</p> <p>(b) Specify the level of developmental delay in functioning or other comparable criteria that</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				constitute a developmental delay in one or more of the developmental areas identified in §303.21(a)(1). (34 CFR §§303.203(c) & 303.111)
		X		<p>5. If the State provides services under Part C to at-risk infants and toddlers through the statewide system, the application must include—</p> <p>(a) The State's definition of at-risk infants and toddlers with disabilities who are eligible in the State for services under Part C (consistent with §§303.5 and 303.21(b)); and</p> <p>(b) A description of the early intervention services provided under Part C to at-risk infants and toddlers with disabilities who meet the State's definition described in §303.204(a).</p> <p>(34 CFR §303.204).</p> <p><i>The policies and procedures listed in 5 are optional (i.e., they only apply if the State opts to serve at-risk children). Enter 'NA' in the cells to the left if the State has elected not to provide services under Part C to at-risk infants and toddlers; otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach the definition and description.</i></p>
				<p>6. Each State application must include a description of the State's use of funds under Part C for the fiscal year or years covered by the application. (34 CFR §303.205)</p> <p><i>The State must complete Section III of this application.</i></p>
	X			<p>7. Each application must include the State's policies and procedures that require the referral for early intervention services under Part C of specific children under the age of three, as described in §303.303(b) (which includes children who are the subject of a substantiated case of abuse or neglect, or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure). (34 CFR §303.206)</p>
	X			<p>8. Each application must include a description of the procedure used by the State to ensure that resources are made available under Part C for all geographic areas within the State. (34 CFR §303.207)</p>
	X			<p>9. Each application must include a description of the policies and procedures used by the State to ensure that, before adopting any new policy or procedure (including any revision to an existing policy or procedure)</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>needed to comply with Part C of the Act and 34 CFR Part 303, the lead agency—</p> <ul style="list-style-type: none"> (1) Holds public hearings on the new policy or procedure (including any revision to an existing policy or procedure); (2) Provides notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation; and (3) Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the Council, to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303. <p>(34 CFR §303.208(b))</p>
	X			<p>10. (a) <u>Application Requirements</u>: Each State must include the following in its application:</p> <ul style="list-style-type: none"> (1) A description of the policies and procedures it will use to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from receiving early intervention services under Part C to preschool or other appropriate services (for toddlers with disabilities) or exiting the program for infants and toddlers with disabilities. (2) A description of how the State will meet each requirement in §303.209(b) through (f). (3) (i) (A) If the lead agency is not the SEA, an interagency agreement between the lead agency and the SEA; or (B) If the lead agency is the SEA, an intra-agency agreement between the program within that agency that administers Part C of the Act and the program within the agency that administers section 619 of the Act (ii) To ensure a seamless transition between services under Part C and under Part B of the Act, an interagency agreement under paragraph (a)(3)(i)(A) of this section or an intra-agency agreement under paragraph (a)(3)(i)(B) of this section must address how the lead agency and the SEA will meet the requirements of paragraphs (b) through (f) of this section (including any policies adopted by the lead agency under §303.401(d) and (e)), §303.344(h), and 34

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p style="text-align: center;">CFR 300.101(b), 300.124, 300.321(f) and 300.323(b).</p> <p>(4) Any policy the lead agency has adopted under §303.401(d) and (e).</p> <p>(b) <u>Notification to the SEA and appropriate LEA.</u> The State must ensure that—</p> <p>(1) Subject to paragraph (b)(4) of this section, not fewer than 90 days before the third birthday of the toddler with a disability if that toddler may be eligible for preschool services under Part B of the Act, the lead agency notifies the SEA and the LEA for the area in which the toddler resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law; or</p> <p>(2) Subject to paragraph (b)(4) of this section, if the lead agency determines that the toddler is eligible for early intervention services under Part C of the Act more than 45 but less than 90 days before that toddler's third birthday and if that toddler may be eligible for preschool services under Part B of the Act, the lead agency, as soon as possible after determining the child's eligibility, notifies the SEA and the LEA for the area in which the toddler with a disability resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law; or</p> <p>(3) Subject to paragraph (b)(4) of this section, if a toddler is referred to the lead agency fewer than 45 days before that toddler's third birthday and that toddler may be eligible for preschool services under Part B of the Act, the lead agency, with parental consent required under §303.414, refers the toddler to the SEA and the LEA for the area in which the toddler resides; but, the lead agency is not required to conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances;</p> <p>(4) The notification required under paragraphs (b)(1), (2), and (3) of this section is consistent with any policy that the State has adopted, under §303.401(e), permitting a parent to object to disclosure of personally identifiable information.</p> <p>(c) <u>Conference to discuss services.</u> The State must ensure that—</p> <p>(1) If a toddler with a disability may be eligible for preschool services under Part B of the Act, the lead agency, with the approval of the family of the toddler, convenes a conference, among the lead agency, the family, and the LEA not</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>fewer than 90 days—and, at the discretion of all of the parties, not more than 9 months—before the toddler’s third birthday to discuss any services the toddler may receive under Part B of the Act.</p> <p>(2) If a toddler with a disability is determined to not be potentially eligible for preschool services under Part B of the Act, the lead agency, with the approval of the family of that toddler, makes reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for the toddler to discuss appropriate services that the toddler may receive.</p> <p>(d) <u>Transition plan</u>. The State must ensure that for all toddlers with disabilities –</p> <p>(1)(i) It reviews the program options for the toddler with a disability for the period from the toddler’s third birthday through the remainder of the school year; and</p> <p>(ii) Each family of a toddler with a disability who is served under Part C is included in the development of the transition plan required under this section and §303.344(h);</p> <p>(2) It establishes a transition plan in the IFSP not fewer than 90 days—and, at the discretion of all of the parties, not more than 9 months—before the toddler’s third birthday; and</p> <p>(3) The transition plan in the IFSP includes,</p> <p>(i) Steps for the toddler with a disability and his or her family to exit from the Part C program; and</p> <p>(ii) Any transition services that the IFSP Team identifies as needed by that toddler and his or her family.</p> <p>(e) <u>Transition conference and plan meeting requirements</u>. Any conference conducted under paragraph (c) of this section or meeting to develop the transition plan under paragraph (d) of this section (which conference and meeting may be combined into one meeting) must meet the requirements in §§303.342(d) and (e) and 303.343(a).</p> <p>(f) <u>Applicability of transition requirements</u>.</p> <p>(1) The transition requirements in paragraphs (b)(1) and (2), (c)(1), and (d) of this section apply to all toddlers with disabilities receiving services under this part before those toddlers turn age three, including any toddler with a disability under the age of three who is served by a State that offers services under §303.211.</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>(2) In a State that offers services under §303.211, for toddlers with disabilities identified in paragraph (b)(1) of this section, the parent must be provided at the transition conference conducted under paragraph (c)(1) of this section: (i) An explanation, consistent with §303.211(b)(1)(ii), of the toddler's options to continue to receive early intervention services under this part or preschool services under section 619 of the Act; (ii) The initial annual notice referenced in §303.211(b)(1). (3) For children with disabilities age three and older who receive services pursuant to §303.211, the State must ensure that it satisfies the separate transition requirements in §303.211(b)(6)(ii).</p> <p>(34 CFR §303.209)</p>
	X			<p>11. Each application must contain a description of State efforts to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, <i>et seq.</i>, as amended), early education and child care programs, and services under Part C. (34 CFR §303.210)</p>
	X			<p>12. Each application must include, as required by Section 427 of the General Education Provisions Act (GEPA), a description of how the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C. (34 CFR §303.212(a))</p>
N/A	N/A	N/A	N/A	<p>13. (a) General. (1) Subject to paragraphs (a)(2) and (b) of this section, a State may elect to include in its application for a grant under Part C a State policy, developed and implemented jointly by the lead agency and the SEA, under which a parent of a child with a disability who is eligible for preschool services under section 619 of the Act and who previously received early intervention services under Part C, may choose the continuation of early intervention services under Part C for his or her child after the child turns three until the child enters, or is eligible under State law to enter, kindergarten or elementary school.</p> <p>(2) A State that adopts the policy described in paragraph (a)(1) of this section may determine whether it applies to children with disabilities—</p> <ul style="list-style-type: none"> (i) From age three until the beginning of the school year following the child's third birthday; (ii) From age three until the beginning of the school year following the child's fourth birthday; or

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>(iii) From age three until the beginning of the school year following the child's fifth birthday.</p> <p>(3) However, in no case may a State provide services under this section beyond the age at which the child actually enrolls in, or is eligible under State law to enter, kindergarten or elementary school in the State.</p> <p>(b) <u>Requirements</u>. If a State's application for a grant under Part C includes the State policy described in paragraph (a) of this section, the system must ensure the following:</p> <p>(1) Parents of children with disabilities who are eligible for services under section 619 of the Act and who previously received early intervention services under Part C will be provided annual notice (the initial annual notice must be provided as set forth in §303.209(f)(2)(ii)) that contains—</p> <p>(i) A description of the rights of the parents to elect to receive services pursuant to §303.211 or under Part B of the Act; and</p> <p>(ii) An explanation of the differences between services provided pursuant to §303.211 and services provided under Part B of the Act, including—</p> <p>(A) The types of services and the locations at which the services are provided;</p> <p>(B) The procedural safeguards that apply; and</p> <p>(C) Possible costs (including the costs or fees to be charged to families as described in §§303.520 and 303.521), if any, to parents; and</p> <p>(2) Consistent with §303.344(d), services provided pursuant to §303.211 will include an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills.</p> <p>(3) The State policy ensures that any child served pursuant to this section has the right, at any time, to receive FAPE (as that term is defined at §303.15) under Part B of the Act instead of early intervention services under Part C of the Act under §303.211.</p> <p>(4) The lead agency must continue to provide all early intervention services identified in the toddler with a disability's IFSP under §303.344 (and consented to by the parent under §303.342(e)) beyond age three until that toddler's initial eligibility determination under Part B of the Act is made under 34 CFR §300.306. This provision does not apply if the LEA has requested parental consent for the initial evaluation under</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>§300.300(a) and the parent has not provided that consent.</p> <p>(5) The lead agency must obtain informed consent from the parent of any child with a disability for the continuation of early intervention services pursuant to this section for that child. Consent must be obtained before the child reaches three years of age, where practicable.</p> <p>(6)(i) For toddlers with disabilities under the age of three in a State that offers services under this section, the lead agency ensures that the transition requirements in §303.209(b)(1) and (2), (c)(1) and (d) are met.</p> <p>(ii) For toddlers with disabilities age three and older in a State that offers services under this section, the lead agency ensures a smooth transition from services under this section to preschool, kindergarten or elementary school by: (A) Providing the SEA and LEA where the child resides, consistent with any State policy adopted under §303.401(e), the information listed in §303.401(d)(1) not fewer than 90 days before the child will no longer be eligible under subsection (a)(2) of this section to receive early intervention services under this section; (B) With the approval of the parents of the child, convening a transition conference, among the lead agency, the parents, and the LEA, not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the child will no longer be eligible under subsection (a)(2) of this section to receive, or will no longer receive, early intervention services under this section, to discuss any services that the child may receive under Part B of the Act; and (C) Establishing a transition plan in the IFSP not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the child will no longer be eligible under subsection (a)(2) of this section to receive, or no longer receives, early intervention services under this section.</p> <p>(7) In States that adopt the option to make services under Part C available to children ages three and older pursuant to §303.211, there will be a referral to the Part C system, dependent upon parental consent, of a child under the age of three who directly experiences a substantiated case of trauma due to exposure to family violence, as defined in section 320 of the Family Violence Prevention and Services Act, 42 U.S.C. 10401, et seq.</p> <p>(c) <u>Reporting requirement.</u> If a State includes in its application a State policy described in §303.211(a), the State must submit to the Secretary, in the State's report under §303.124, the number and</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>percentage of children with disabilities who are eligible for services under section 619 of the Act but whose parents choose for their children to continue to receive early intervention services under §303.211.</p> <p>(d) <u>Available funds.</u> The State policy described in §303.211(a) must describe the funds—including an identification as Federal, State, or local funds—that will be used to ensure that the option described in §303.211(a) is available to eligible children and families who provide the consent described in §303.211(b)(5), including fees, if any, to be charged to families as described in §§303.520 and 303.521.</p> <p>(e) <u>Rules of construction.</u></p> <p>(1) If a statewide system includes a State policy described in §303.211(a), a State that provides services in accordance with this section to a child with a disability who is eligible for services under section 619 of the Act will not be required to provide the child FAPE under Part B of the Act for the period of time in which the child is receiving services under §303.211.</p> <p>(2) Nothing in this section may be construed to require a provider of services under Part C to provide a child served under Part C with FAPE.</p> <p>(34 CFR §303.211)</p> <p><i>The policies and procedures listed in 13 are optional. Enter 'NA' in the cells to the left if the State has elected not to develop and implement a policy under 34 CFR §303.211 to make Part C services to children beyond age three; otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach policies and procedures.</i></p>

B. Assurances and Optional Assurance

The State makes the following assurances and provisions as required by Part C of the Individuals with Disabilities Education Act. (20 U.S.C. 1431 et. seq.; 34 CFR §§303.101-126; 303.220; 303.227)

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
X		<p>1. The State has adopted a policy that appropriate early intervention services, as defined in 34 CFR §303.13, are available to all infants and toddlers with disabilities in the State and their families, including—</p> <p>(a) Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State;</p> <p>(b) Infants and toddlers with disabilities who are homeless children and their families; and</p> <p>(c) Infants and toddlers with disabilities who are wards of the State.</p> <p>(34 CFR §303.101(a))</p>
X		<p>2. The State has in effect a statewide system of early intervention services that meets the requirements of section 635 of the Act, including policies and procedures that address, at a minimum, the components required in 34 CFR §§303.111 through 303.126. (34 CFR §303.101(a))</p>
X		<p>3. The State ensures that any State rules, regulations, policies and procedures relating to 34 CFR Part 303 conform to the purposes and requirements of 34 CFR Part 303. (34 CFR §303.102)</p>
		<p>4. Each statewide system (system) must include, at a minimum, the components described in §§303.111 through 303.126. (34 CFR §303.110)</p>
X		<p>5. The State has a policy in effect that ensures that appropriate early intervention services are based on scientifically based research, to the extent practicable, and are available to all infants and toddlers with disabilities and their families, including—</p> <p>(a) Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State; and</p>

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
		(b) Infants and toddlers with disabilities who are homeless children and their families. (34 CFR §303.112)
X		6. (a) The Statewide system ensures the performance of— <ul style="list-style-type: none"> (1) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State; and (2) A family-directed identification of the needs of the family of the infant or toddler to assist appropriately in the development of the infant or toddler. (b) The evaluation and family-directed identification required in paragraph (a) of this section must meet the requirements of 34 CFR §303.321. (34 CFR §303.113)
X		7. The Statewide system ensures that, for each infant or toddler with a disability and his or her family in the State, an IFSP, as defined in 34 CFR §303.20, is developed and implemented that meets the requirements of 34 CFR §§303.340 through 303.345 and that includes service coordination services, as defined in 34 CFR §303.34. (34 CFR §303.114)
X		8. The Statewide system includes a comprehensive child find system that meets the requirements in 34 CFR §§303.302 and 303.303. (34 CFR §303.115)
X		9. The Statewide system includes a public awareness program that— <ul style="list-style-type: none"> (a) Focuses on the early identification of infants and toddlers with disabilities; and (b) Provides information to parents of infants and toddlers through primary referral sources in accordance with 34 CFR §303.301. (34 CFR §303.116)
X		10. The Statewide system includes a central directory that is accessible to the general public (i.e., through the lead agency's Web site and other appropriate means) and includes accurate, up-to-date information about: (a) Public and private early intervention services, resources, and experts available in the State;

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
		<p>(b) Professional and other groups (including parent support and training and information centers, such as those funded under the Act) that provide assistance to infants and toddlers with disabilities eligible under Part C of the Act and their families; and</p> <p>(c) Research and demonstration projects being conducted in the State relating to infants and toddlers with disabilities.</p> <p>(34 CFR §303.117)</p>
X		<p>11. The Statewide system includes a comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the State. The State's comprehensive system of personnel development—</p> <p>(a) Includes—</p> <ol style="list-style-type: none"> (1) Training personnel to implement innovative strategies and activities for the recruitment and retention of EIS providers; (2) Promoting the preparation of EIS providers who are fully and appropriately qualified to provide early intervention services under Part C; and (3) Training personnel to coordinate transition services for infants and toddlers with disabilities who are transitioning from an early intervention services program under Part C of the Act to a preschool program under section 619 of the Act, Head Start, Early Head Start, an elementary school program under Part B of the Act, or another appropriate program. <p>(b) May include—</p> <ol style="list-style-type: none"> (1) Training personnel to work in rural and inner-city areas; (2) Training personnel in the emotional and social development of young children; (3) Training personnel to support families in participating fully in the development and implementation of the child's IFSP; and (4) Training personnel who provide services under this part using standards that are consistent with early learning personnel development standards funded under the State Advisory Council on Early Childhood Education and Care established under the Head Start

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
		Act, if applicable. (34 CFR §303.118)
X		12. The Statewide system includes policies and procedures relating to the establishment and maintenance of qualification standards to ensure that personnel necessary to carry out the purposes of Part C are appropriately and adequately prepared and trained. These policies and procedures provide for the establishment and maintenance of qualification standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing early intervention services. Nothing in Part C of the Act may be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy, to assist in the provision of early intervention services under Part C of the Act to infants and toddlers with disabilities. (34 CFR §303.119(a)–(c))
X		13. The Statewide system includes a single line of responsibility in a lead agency designated or established by the Governor that is responsible for the following— (a) (1) The general administration and supervision of programs and activities administered by agencies, institutions, organizations, and EIS providers receiving assistance under Part C of the Act; and (2) The monitoring of programs and activities used by the State to carry out Part C of the Act (whether or not the programs or activities are administered by agencies, institutions, organizations, and EIS providers that are receiving assistance under Part C of the Act), to ensure that the State complies with Part C of the Act, including— (i) Monitoring agencies, institutions, organizations, and EIS providers used by the State to carry out Part C of the Act; (ii) Enforcing any obligations imposed on those agencies, institutions, organizations, and EIS providers under Part C of the Act and 34 CFR Part 303; (iii) Providing technical assistance, if necessary, to those agencies, institutions, organizations and EIS providers; (iv) Correcting any noncompliance identified through monitoring as soon as possible and in no case later than one year after the lead agency's identification of

<p>Yes <i>(Assurance is hereby provided.)</i></p>	<p>No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i></p>	<p>Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
		<p>the noncompliance; and</p> <p>(v) Conducting the activities in paragraphs (a)(2)(i) through (a)(2)(iv) of this section, consistent with 34 CFR §§303.700 through 303.707, and any other activities required by the State under those sections.</p> <p>(b) The identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources, consistent with subpart F of 34 CFR Part 303.</p> <p>(c) The assignment of financial responsibility in accordance with subpart F of 34 CFR Part 303.</p> <p>(d) The development of procedures in accordance with subpart F of 34 CFR Part 303 to ensure that early intervention services are provided to infants and toddlers with disabilities and their families under Part C of the Act in a timely manner, pending the resolution of any disputes among public agencies or EIS providers.</p> <p>(e) The resolution of intra- and interagency disputes in accordance with subpart F of 34 CFR Part 303.</p> <p>(f) The entry into formal interagency agreements or other written methods of establishing financial responsibility, consistent with 34 CFR §303.511, that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination as set forth in subpart F of 34 CFR Part 303.</p> <p>(34 CFR §303.120)</p>
<p>X</p>		<p>14. The Statewide system includes a policy pertaining to the contracting or making of other arrangements with public or private individuals or agency service providers to provide early intervention services in the State, consistent with the provisions of Part C of the Act and 34 CFR Part 303, including the contents of the application, and the conditions of the contract or other arrangements. The policy —</p> <p>(a) Includes a requirement that all early intervention services must meet State standards and be consistent with the provisions of Part C; and</p> <p>(b) Is consistent with the Education Department General Administrative Regulations in 34 CFR Part 80.</p> <p>(34 CFR §303.121)</p>

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
X		15. The Statewide system includes procedures for securing the timely reimbursement of funds used under Part C of the Act, in accordance with subpart F of 34 CFR Part 303. (34 CFR §303.122)
X		16. The Statewide system includes procedural safeguards that meet the requirements of subpart E of 34 CFR Part 303. (34 CFR §303.123)
X		17. The Statewide system includes a system for compiling and reporting timely and accurate data that meets the requirements of 34 CFR §§303.700 through 303.702 and 303.720 through 303.724 and the following requirements. The data system includes a description of the process that the State uses, or will use, to compile data on infants or toddlers with disabilities receiving early intervention services under Part C, including a description of the State's sampling methods, if sampling is used, for reporting the data required by the Secretary under sections 616 and 618 of the IDEA and 34 CFR §§303.700 through 303.707 and 303.720 through 303.724. (34 CFR §303.124)
X		18. The Statewide system includes a State Interagency Coordinating Council (Council) that meets the requirements of subpart G of 34 CFR Part 303. (34 CFR §303.125)
X		19. The Statewide system includes policies and procedures to ensure, consistent with 34 CFR §§303.13(a)(8) (early intervention services), 303.26 (natural environments), and 303.344(d)(1)(ii) (content of an IFSP), that early intervention services for infants and toddlers with disabilities are provided— (a) To the maximum extent appropriate, in natural environments; and (b) In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP Team, only when early intervention services cannot be achieved satisfactorily in a natural environment. (34 CFR §303.126)
X		20. The Statewide system ensures that Federal funds made available to the State under section 643 of the Act will be expended in accordance with the provisions of 34 CFR Part 303, including §§303.500 and 303.501. (34 CFR §303.221)

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
X		21. The Statewide system will comply with the requirements in §§303.510 and 303.511 in subpart F of this part. (34 CFR §303.222)
X		22. The Statewide system ensures that— (a) The control of funds provided under 34 CFR Part 303, and title to property acquired with those funds, will be in a public agency for the uses and purposes provided in 34 CFR Part 303; and (b) A public agency will administer the funds and property. (34 CFR §303.223)
X		23. The Statewide system ensures that it will— (a) Make reports in the form and containing the information that the Secretary may require; and (b) Keep records and afford access to those records as the Secretary may find necessary to ensure compliance with the requirements of 34 CFR Part 303, the correctness and verification of reports, and the proper disbursement of funds provided under 34 CFR Part 303. (34 CFR §303.224)
X Please see details in the attached PACAP Pg.76-77 section 2.6.4.3: Infant Toddler Program		24. The Statewide system ensures that – (a) Federal funds made available under section 643 of the Act to the State – (1) Will not be commingled with State funds; and (2) Will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds. (b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for—

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
		<p>(1) A decrease in the number of infants and toddlers who are eligible to receive early intervention services under this part; and</p> <p>(2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.</p> <p>(c) Requirement regarding indirect costs.</p> <p>(1) Except as provided in paragraph (c)(2) of this section, a lead agency under this part may not charge indirect costs to its Part C grant.</p> <p>(2) If approved by the lead agency's cognizant Federal agency or by the Secretary, the lead agency must charge indirect costs through either—</p> <p style="padding-left: 20px;">(i) A restricted indirect cost rate that meets the requirements in 34 CFR 76.560 through 76.569; or</p> <p style="padding-left: 20px;">(ii) A cost allocation plan that meets the non-supplanting requirements in paragraph (b) of this section and 34 CFR Part 76 of EDGAR.</p> <p>(3) In charging indirect costs under paragraph (c)(2)(i) and (c)(2)(ii) of this section, the lead agency may not charge rent, occupancy, or space maintenance costs directly to the Part C grant, unless those costs are specifically approved in advance by the Secretary.</p> <p>(34 CFR §303.225)</p>
X		<p>25. The Statewide system ensures that fiscal control and fund accounting procedures will be adopted as necessary to ensure proper disbursement of, and accounting for, Federal funds paid under 34 CFR Part 303.</p> <p>(34 CFR §303.226)</p>
X		<p>26. The State ensures that policies and practices have been adopted to ensure that—</p> <p>(a) Traditionally underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the State, are meaningfully involved in the planning and implementation of all the requirements of Part C; and</p> <p>(b) These families have access to culturally competent services within their local geographical areas.</p> <p>(34 CFR §303.227)</p>

<p>Yes <i>(Assurance is hereby provided.)</i></p>	<p>No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i></p>	<p>Subpart B—Assurances <i>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</i></p>
<p>Assurance Regarding Optional Policy</p>		
<p>X</p>		<p><i>Enter 'NA' in the cell to the left if this assurance is not applicable to your State.</i></p> <p>27. A State may adopt and has adopted a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in paragraphs (a) and (b) of this section. (34 CFR §303.119(d))</p>

C. Certifications

The State Lead Agency is providing the following certifications:

Yes	
X	<p>1. The State certifies that ED Form 80-0013, <i>Certification Regarding Lobbying</i>, is on file with the Secretary of Education.</p> <p>With respect to the <i>Certification Regarding Lobbying</i> the State recertifies that no 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 the making or renewal of Federal grants under this program; that the State shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," when required (34 CFR Part 82, Appendix B); and that the State Agency shall require the full certification, as set forth in 34 CFR Part 82, Appendix A, in the award documents for all sub awards at all tiers.</p>
X	<p>2. The State certifies that it has met the certifications in the Education Department General Administrative Regulations (EDGAR) at 34 CFR §80.11 relating to State eligibility, authority and approval to submit and carry out the provisions of its State application, and consistency of that application with State law are in place within the State.</p>
X	<p>3. The State certifies that the arrangements to establish financial responsibility for the provision of Part C services among appropriate public agencies under §303.511 and the lead agency's contracts with EIS providers regarding financial responsibility for the provision of Part C services meet the requirements in §§303.500 through 303.521 and are current as of the date of submission of the certification. (34 CFR §303.202)</p>

D. Statement

I certify that the State of New Hampshire has provided the policies, procedures, methods, descriptions, and assurances checked as 'yes' in Sections II.A and II.B and the certifications required in Section II.C of this application. These provisions meet the requirements of Part C of the Individuals with Disabilities Education Act as found in 20 U.S.C. 1431-1443 (as amended) and the 2011 regulations in 34 CFR Part 303 (as amended). The State will operate its IDEA Part C program in accordance with all of the required policies, procedures, methods, descriptions, assurances and certifications.


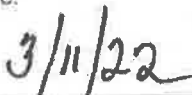
If any policies, procedures, methods, descriptions, and assurances have been checked 'no', I certify that the State will operate throughout the period of this grant award consistently with the requirements of the IDEA as found in 20 U.S.C. 1431-1443 (as amended) and the 2011 regulations in 34 CFR Part 303 (as amended), and will make such changes to existing policies and procedures as are necessary to bring those policies and procedures into compliance with the requirements of the IDEA, as amended, as soon as possible, and not later than June 30, 2023. (34 CFR §76.104)

I, the undersigned authorized official of the

New Hampshire Department of Health and Human Services (DHHS),

(Name of State and official name of State agency)

am designated under Part C by the Governor of this State to submit this application for FFY 2022 funds under Part C of the Individuals with Disabilities Education Act (IDEA).

Printed/Typed Name and Title of Authorized Representative of the State: Lori A. Shlbinette, NH DHHS Commissioner	
Signature: 	Date: 

SECTION III

A. Description of Use of Federal IDEA Part C Funds for the State Lead Agency (LA) and the Interagency Coordinating Council (ICC)²

Please Note: Completion of Section IIIA is required for all States, regardless of lead agency.

When completing this section include:

- Totals for the number of lead agency and ICC administrative positions, salaries and fringe benefits funded either 100 percent and/or less than 100 percent with Federal IDEA Part C funds;
- A general description of the duties which the positions entail;
- A distinction between lead agency and ICC roles: insert (LA) or (ICC) in the "Description of Duties;" after each position; and
- A subtotal of the amount.

Identify any administrative positions for which less than 100% of the time is spent on Part C and, for each such position, indicate the percentage of time spent on Part C and the total amount of salary and fringe benefits included in the Part C application budget.

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
100% funded with Part C Funds	1	100%	\$104,493.00	Full-time Part C Coordinator. To coordinate and assist in formulating and directing the planning and development of policies for a state-wide, family centered, comprehensive, interagency system for infants and toddlers with potential or evident delay in development and their families. (LA)
100% funded with Part C Funds	1	100%	\$91,767.00	Full-time Part C Program Specialist. To perform highly professional duties in planning for a state wide, collaborative, comprehensive, interagency, family centered system of services for infants and toddlers with potential or evident delay in development and their families. (LA)
100% funded with Part C Funds	1	100%	\$69,892.00	Full-time Part C office support and data assistance for a state wide, collaborative, comprehensive, interagency, family centered system of services for infants and toddlers with potential or evident delay in development and their families. (LA)

² Federal IDEA Part C funds used to support the SICC must meet the requirements of 34 CFR §303.603.

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
Subtotal of amount under A:			\$266,152.00	

B. Maintenance and Implementation Activities for the Lead Agency and the ICC

When completing this section include:

- A description of the nature and scope of each major activity to be carried out under Part C in maintaining and implementing the statewide system of early intervention services:
 - Lead Agency Activities could include enhancing the Comprehensive System of Personnel Development, implementing child find strategies, or ensuring a timely, comprehensive, multidisciplinary evaluation for each child;
 - ICC Activities could include coordinating child find identification efforts, ensuring the timely provision and payment of early intervention services to eligible children and their families, advising on early childhood transition, support for the ICC (travel), or other implementation and development activities of the ICC
- The approximate amount of Federal IDEA Part C funds to be spent for each activity; and
- A subtotal of the amount.

Special Note: Prior Approval

Some direct costs require prior approval. These items include using Federal IDEA Part C funds to pay for: (1) equipment; (2) participant support costs (such as training or travel costs); (3) construction or renovation of facilities; and (4) rent, occupancy or space maintenance costs.³ The October 2019 *Frequently Asked Questions (2019 FAQs) Prior Approval – OSEP and RSA Formula Grants*⁴ which provides prior approval for certain **equipment and participant support costs**. Please review this FAQ at <https://www2.ed.gov/policy/speced/guid/faq-prior-approval-10-29-2019.pdf> prior to completing Section III. B. For any activity or expense listed under Section III of this application that is not covered by the scope of the 2019 FAQs and requires OSEP prior approval, mark an "X" in the chart below. The State must submit supporting documentation for any direct costs that require OSEP prior approval.

Approval of the State's FFY 2022 application does not constitute OSEP's approval of these expenses unless specifically referenced. (Add rows as needed)

Major Activity/ Expense	Part C Funds to be Spent	Description of Activities/Expenses (include whether it is for the Lead Agency or SICC)	Prior Approval Needed
Public Awareness and Child Find	\$22,000.00	Effort toward the early identification of children who are eligible for Family Centered Early Supports and Services, including operational costs, the purchase of equipment & materials, development of new materials, contribution to the statewide developmental screening framework, and events to increase public awareness. (LA)	

³ IDEA and the Uniform Guidance require prior approval for the following expenses: (1) equipment (tangible personal property (including information technology systems) having a useful life of more than one year and a per unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the nonfederal entity for financial statement purposes, or \$5,000 (see 2 CFR §200.33)); (2) participant support costs (direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees), in connection with conferences or training projects 2CFR §200.75; (3) construction/renovation (see 2 CFR §200.12(b)); and (4) rent (see 2 CFR §200.465)).

⁴ Under the 2019 FAQs, OSERS granted prior approval for participant support costs under IDEA that: (1) are associated with required meetings for the SICC; (2) incurred as part of providing services identified on an IFSP under IDEA; (3) do not exceed \$5000 per individual participant per training/conference. In addition, the 2019 FAQs provide prior approval for equipment that is identified on or directly related to the implementation of the IFSP.

Major Activity/ Expense	Part C Funds to be Spent	Description of Activities/Expenses (include whether it is for the Lead Agency or SICC)	Prior Approval Needed
CSPD	\$62,500.00	Includes State Systemic Improvement Plan (SSIP) activities, evidence based in-service trainings, compliance training, mentorship activities, and welcome to FCESS orientation. The State currently has approximately 258 providers within 10 contracted Area Agency programs. (LA)	
Staff Travel	\$8,000.00	Travel expenses for both in-state program support and monitoring as well as for out-of-state travel to grant related meetings and professional/program development activities. (LA)	
Meetings: Local Program Directors	\$2,000.00	Local Program Director: Three ¾ day meetings, one full day retreat (LA)	
ICC /Stakeholder Meetings	\$1,250.00	ICC Meetings - Four ½ day meetings, one full day retreat. Stakeholder: One to two collaborative stakeholder meetings as appropriate. (ICC)	
ICC member support	\$1,600.00	Parent and legislator support -Reimbursement for mileage and childcare to enable parents to participate. Mileage to encourage legislators to participate. (ICC)	
ICC chairperson participation at OSEP annual early childhood meeting	\$1,600.00	Expenses for chairperson to participate in OSEP annual meeting. (ICC)	
OTHER: Audit Fund Set Aside	\$2,352.00	Per RSA 124:16 which requires all agencies receiving funds to set aside a percentage (0.001%) of the amount to pay financial and compliance audits. (LA)	
Subtotal of amount under B:	\$101,302.00		

C. Direct Services (Funded by Federal IDEA Part C Funds)

When completing this section include:

- A description of any direct early intervention service that the State lead agency expects to provide to eligible children and their families with Federal IDEA Part C funds;
- The approximate amount for each direct service (States must disaggregate by service the approximate amount of Federal IDEA Part C funds expected to be expended for each direct service); and
- A subtotal of the amount.

(Add rows as needed.)

Description of Each Direct Early Intervention Service	Approximate Amount of Federal IDEA Part C Funds to be Spent on Each Direct Service
<p>Early Intervention Services</p> <p>Early intervention services are administered through the Bureau of Developmental Services (BDS) area agency system statewide. Through contracts with BDS including Federal IDEA Part C Funds, each area agency is responsible for provision of Part C Family Centered Early Supports and Services (FCESS). Area agencies designate internal and/or external local programs to provide direct services including evaluation, service coordination, speech, OT, PT, education, family training and counseling to infants and toddlers birth through two years who are eligible for FCESS within their region. FCESS is provided through a transdisciplinary coaching model including licensed/certified speech, occupational, physical therapist, and educators.</p>	\$1,988,554.00
<p>High Needs Proposals</p> <p>High Needs Proposals are used to reimburse area agencies Supplemental Services Funding for costs related to direct specialized supports and services (e.g. nutrition, Autism, hearing, and vision) for infants and toddlers with high need conditions through the FCESS system.</p>	\$64,799.00
<p>Subtotal of amount under C:</p>	\$2,053,353.00

D. Activities by Other State Agencies

If State agencies (other than the State lead agency) are to receive a portion of the Federal IDEA Part C funds and that amount is not already identified in Section III.C above, the State must include in this section:

- The name of each State public agency expected to receive funds;
- The approximate amount of funds each State public agency will receive; and
- A summary of the purposes for which the funds will be used.

Provide subtotal of amount. *(Add rows as needed.)*

State Agency Receiving Funds	Amount of Funds	Purpose
Subtotal of amount under D:		

E. Description of Optional Use of IDEA Part C Funds⁵

In addition to using Federal IDEA Part C funds to maintain and implement the statewide system of early intervention, States may use funds for:

- expanding and improving on services for infants and toddlers and their families that are otherwise available; and
- initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers in any State that does not provide services for at-risk infants and toddlers. The application must include:
 - The name of the major activity;
 - The approximate amount of funds to be spent; and
 - A description of the activities.

Provide subtotal of amount. *(Add rows as needed.)*

Major Activity	Part C Funds to be Spent	Description of Activities
Subtotal of amount under E:		

⁵ See IDEA section 638.

F. Totals

Enter the subtotal amounts for Sub Sections A-E found in Section III and any indirect costs charged as specified in Section IV.B. The subtotal amounts (Rows 1-6) should total the estimated grant application amount. (A State may apply for less than the full estimated allotted amount.)

Row No.	Section	Amount
Enter the subtotal amounts for Sub Sections A-E found in Section III of this application.		
1.	III.A.	\$266,152.00
2.	III.B.	\$101,302.00
3.	III.C.	\$2,053,353.00
4.	III.D.	\$
5.	III.E.	\$
Enter any Indirect Costs to be Charged (See Section IV.B of this application.)		
6.	IV.B	\$12,676.00
Total (Rows 1-6)		\$2,433,483.00

SECTION IV

A. System of Payments / Use of Insurance / Program Income

The State

does (check as applicable)

does not (check as applicable)

have a system of payments for Part C services under 34 CFR §§303.203(b)(1), 303.500(b), 303.520, and 303.521 which may include the use of public benefits or insurance, private insurance or family fees, such as a sliding scale. Any family fees collected are treated as "program income" for purposes of 2 CFR §200.307(e) and 34 CFR §303.520(e) and are not included in the State's determination of State and local expenditures for maintenance of effort and non-supplanting purposes of 20 U.S.C. 1437(b)(5)(B) and 34 CFR §303.225(a) and (b).

Note: If the State has adopted new or has revised its existing policies and procedures regarding its system of payments, it must submit these new and/or revised policies and procedures under Item 3.a in Section II.A above.

B. Restricted Indirect Cost Rate/Cost Allocation Plan Information

Under IDEA's non-supplanting provisions in 20 U.S.C. 1437(b)(5)(B) and Part C regulation in 34 CFR §303.225(c), a lead agency may not charge indirect costs to its Part C grant unless the lead agency charges indirect costs through either— (i) A restricted⁶ indirect cost rate that meets the requirements in 34 CFR §§76.560 through 76.569; or (ii) A cost allocation plan that meets the non-supplanting requirements in paragraph (b) of this section and 34 CFR part 76 of EDGAR.

Check the applicable status below (more than one check mark may be necessary) and enclose appropriate documentation for this Federal Fiscal Year.

No indirect costs are charged to the Part C grant. The total amount of the Federal Part C grant is used for allowable direct costs.

The lead agency is an State educational agency (SEA) and works directly with the U.S. Department of Education's Indirect Cost Unit to ensure that indirect costs are only charged on a restricted basis to the State's IDEA Part C grant. The State has a final restricted indirect cost rate agreement that is approved for the period _____ through _____. (Please attach a copy of the most recently approved restricted indirect cost rate agreement or cost allocation plan or other applicable indirect cost documentation.)

The lead agency is not an SEA and has a final restricted indirect cost rate that has been approved by the State lead agency's cognizant Federal agency and is in effect for this FFY (ending on June 30, 2023) The period of approval for the restricted indirect cost rate agreement is _____ through _____. (The State must attach a copy of the approved restricted indirect cost rate agreement.)

The lead agency is not an SEA and has either a provisional or final restricted indirect cost rate that expires or expired on _____ and the State is in the process of negotiating a new restricted indirect cost rate agreement that will be in effect for the period _____ [please attach proposal].⁷ The State lead agency will continue to charge or bill the Part C grant using the provisional or previously approved final restricted indirect cost rate until a new rate is

⁶ Charging indirect costs on a "restricted" basis is a key part of implementing the IDEA Part C requirement in IDEA section 637(b)(5)(B), which requires that federal funds be used to supplement (and not supplant) "State and local funds expended for infants and toddlers with disabilities and their families. The restricted Indirect cost rate formula is described at 34 CFR §§75.564 and 76.565. The formula limits the general administrative costs that can be included in the indirect cost pool (numerator) and requires adjustments to the modified total direct cost (MTDC) base (denominator).

⁷ A "provisional" indirect cost rate is a temporary rate established for a future prospective period of time to permit budgeting, obligations, and payment of funds by awarding agencies until such time as the actual indirect costs can be determined and a final rate is established for the applicable period; provisional rates are subject to adjustment by issuance of a "final" rate based on actual indirect costs incurred for the period (usually the organization's fiscal year).

New Hampshire (NH)

State

negotiated and approved by the State's cognizant Federal agency, at which point the State lead agency must make appropriate adjustments for applicable FFYs. The State acknowledges that a final restricted indirect cost rate may result in an adjustment of the final audited expenditures allowable to be charged to the Part C grant and the Department's approval of this FFY Part C application with an expired or provisional restricted indirect cost rate does not constitute approval of that rate as the final rate for the lead agency for this FFY. When a final restricted indirect cost rate is approved, the lead agency must submit to OSEP: (1) a copy of the "final" restricted indirect cost rate agreement; and (2) details of adjustments made to past GAPS draw downs in light of the "final" rate. (The State must attach a copy of the previously approved restricted indirect cost rate agreement.)

- X The lead agency is not an SEA and has a final cost allocation plan that has been approved by the State lead agency's cognizant Federal agency, which is Department of Health and Human Services. The cost allocation plan charges costs only on a restricted basis and has also been approved by ED's Indirect Cost Unit. It is in effect until amended [insert date or note until amended] for this Federal fiscal year (FFY) (ending on June 30, 2023). (The State must attach a copy of the approved cost allocation plan and approval documentation from both the lead agency's cognizant Federal agency and ED's Indirect Cost Unit.)

New Hampshire Department of Health and Human Services
Public Assistance Cost Allocation Plan
Effective July 1, 2007



**NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC ASSISTANCE COST ALLOCATION PLAN
SFY 2008**

Effective July 1, 2007

consumers are provided in accordance with contractual agreements between BDS and designated non-profit specialized service agencies that represent specific geographic regions of New Hampshire. Funding for supports and services for people with developmental disabilities and acquired brain disorders is provided through two primary mechanisms – Medicaid Home and Community-Based Care Waivers and state general funds.

BDS is responsible for the Mentally Retarded Offenders Program, Infant and Toddler Program, In Home Support Waiver for Children with Severe Disabilities, Special Medical Services Unit and several grant programs. Administrative services for reimbursements, audits, accounting, budgeting and grant fiscal management are provided to BDS by staff located in the Bureau of Behavioral Health and the Office of Improvement and Integrity. Personnel working on Medicaid funded services are directly identified to the Program.

Allocation Methods:

- Section Allocation
- Direct Charge to Medicaid at rates prescribed by CMS

2.6.4.1: Mentally Retarded Offenders Program

The Mentally Retarded Offenders Program is designed for mentally retarded individuals found incompetent to stand trial. The Program provides active treatment and supervision to maintain community safety.

Allocation Method:

- Direct Charge to State Funds

2.6.4.2: Medicaid Compliance

The Medicaid Compliance section is responsible for overseeing Medicaid fiscal and program contract compliance and providing technical assistance to Medicaid providers.

Allocation Methods:

- Direct Charge to Medicaid at rates prescribed by CMS

2.6.4.3: Infant and Toddler Program

The Infant and Toddler Program is an early intervention program to support the identification and treatment of developmental disabilities in children from birth through age two. Costs are allocated in accordance with program guidelines.

Allocation Method:

- Direct Charge to Infant Toddler Grant

2.6.4.4: Fiscal and Program Management

The Fiscal and Program Management Unit is responsible for monitoring fiscal and program contract compliance, developing and coordinating state and regional planning, coordinating training on community-based services and monitoring outcomes.

Allocation Methods:

- BDS Fiscal and Program Management Allocation
- Direct Charge to Medicaid at rates prescribed by CMS
- Direct Charge to Other Benefiting Grants/Programs as appropriate

2.6.4.5: Special Medical Services

Special Medical Services (SMS) is the State Title V Children with Special Health Care Needs (CSHCN) agency and provides leadership in building and promoting a system of community-based services for CSHCN and their families that is family-centered, coordinated and culturally competent. The focus on systems development is to assure CSHCN and their families have access to appropriate and adequate health care and family supports.

In addition, the Program provides direct services to CSHCN through interdisciplinary clinics, psychology and psychiatry consultation, nutrition, feeding and swallowing services, care coordination and family support. Financial assistance is provided to eligible families for selected medical and health related expenses.

Allocation Methods:

- Section Allocation
- DCBCS Physician Allocation – SMS
- DCBCS Medicaid/Maternal Child Health Block Grant
- Direct Charge to Medicaid at rates prescribed by CMS
- Direct Charge to Other Benefiting Grants/Programs as appropriate



Lori A. Shilbette
Commissioner

Melissa A. Hardy
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES
BUREAU FOR FAMILY CENTERED SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4488 1-800-852-3345 Ext. 4488
Fax: 603-271-4902 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

United States Department of Education
Office of Special Education Programs
Potomac Center Plaza
Mail Stop 2600, Room 5031-A
550 12th Street, S.W.
Washington, D.C. 20202

Dear Sir/Madam:

Please accept the submission of New Hampshire's (NH) updated Policies and Procedures that are identified as revised in NH's Part C IDEA Federal Fiscal Year (FFY) 2022. Included in this application packet is the Annual State Application Under Part C Submission Statement for Part C of IDEA and Section II A. – Revised State Policies and Procedures.

After review of the NH State Policies and Procedures that are on file with OSEP, it was determined some of the subsets under Section II.A needed to be updated. The following subsets were updated:

- Section II A.2 – Updated to match professional development hours that are identified in our He-M 510 rules
- Section II A.7 – Updated to reflect current system; NHSpark! is no longer in existence
- Section II.A.8 – Updated local programs due to merger
- Section II.A.9 – Updated page numbers to match new policy document, Medical Care Advisory Committee no longer in existence, change in Division Director
- Section II.A.10 – Change to reference working of “potentially” in IDEA and State HeM 510 rule
- Section II.A.11 – Updated to reflect the current WMG system, change of Bureau name, and update the Early Childhood Advisory Council to current council as on in policy has disbanded
- Section II.A.12 – Changes due to merger of two local programs, update due to program no longer existing, and replaced broken web link

Thank you for your consideration of NH Annual State Application Under Part C. We look forward to answering any questions you may have.

Sincerely,

Nicole M. Bushaw
NH Part C Coordinator

NH Application for FFY 2022 Grant Award

Section II A. Subpart C – Submitted
State Policies and Procedures

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Section II.A.2. Description of services to be provided under Part C to infants and toddlers with disabilities and their families through the State's system (34 CFR §303.203(a)).

"Family-centered early supports and services (FCESS)" means a wide range of activities and assistance that develops and maximizes the family and other caregivers' ability to care for the child and to meet his or her needs in a flexible manner and that include:

1. Information;
2. Training;
3. Special instruction;
4. Evaluation;
5. Therapeutic interventions;
6. Financial assistance;
7. Materials and equipment;
8. Emotional support; and
9. Any of the services listed below.

303.13(a)

Services listed below and other services provided by personnel who meet the standards of NH including the requirements of the IDEA in accordance with 303.13(a)(5). Services:

1. Are provided under public supervision.
2. Are selected in collaboration with the parents.
3. When the family has private or public insurance, with parent consent the insurance is billed. If the family does not have either Private or Public insurance, services are provided at no cost to the family. Families are never charged co-pays or deductibles, these costs are absorbed by the Lead Agency. There are no family fees.
4. Meet the developmental needs of the infant and toddler with a disability and family and enhance the infant's or toddler's development as identified by the IFSP Team in one or more of the following areas: Physical, Cognitive, Communication, Social/emotional, or adaptive development;
5. Are provided by qualified personnel who comply with state laws regulating the professional practice of persons providing services, as well as the requirements of Part C of the IDEA;
6. To the maximum extent appropriate, be provided in natural environments; and
7. Be provided in conformity with an IFSP.
8. The following services are provided to families at no cost. Although private and public insurance is billed when possible.
 - a. Child Find,
 - b. Evaluation and assessment,
 - c. Service coordination services (includes transition),
 - d. IFSPs, and
 - e. Procedural Safeguards

303.13(b)

Types of services include:

1. An assistive technology device shall be any item, piece of equipment or product, whether acquired commercially "off the shelf", modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. Assistive technology devices shall not include medical devices that are surgically implanted, including a cochlear implant, or the optimization, such as mapping, maintenance, or replacement of such devices
2. Assistive technology services shall directly assist an infant or toddler with a disability in the selection, acquisition, or use of a commercially available, modified, or customized assistive technology device such as any item, piece of equipment, or product system

that is designed to increase, maintain, or improve the functional capabilities of the an infant or toddler with a disability, including:

- a. The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of an infant or toddler with a disability in the child's customary environment;
 - b. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by the family;
 - c. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - d. Coordinating and using other therapies, supports, or services with assistive technology devices, such as those associated with existing IFSPs, rehabilitation plans and programs;
 - e. Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and
 - f. Training or technical assistance for professionals, including persons providing FCESS and other persons who provide services to, or are otherwise substantially involved in the major life functions of, infant or toddlers with disabilities.
3. Audiology services shall include:
- a. Identification of children with auditory impairments, using at risk criteria and appropriate audiologic screening techniques;
 - b. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 - c. Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment;
 - d. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
 - e. Provision of services for prevention of hearing loss; and
 - f. Determination of the child's need for individual amplification, including selecting, fitting, dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
4. Family training, counselling, and home visits shall include assistance to the family of an infant or toddler with a disability, provided as appropriate by social workers, psychologists or other qualified personnel, in understanding the special needs and building on the interests of the child and enhancing the child's development.
5. Health services shall include services necessary to enable an infant or toddler with a disability to benefit from the other FCESS under He-M 510 during the time that the infant or toddler is eligible to receive other FCESS, in accordance with 303.16, including:
- a. Such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
 - b. Consultation by physicians with other FCESS providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other FCESS.
- c. Health services shall not include:
- i. Services that are surgical in nature, such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus;
 - ii. Services that are purely medical in nature, such as hospitalization for management of congenital heart ailments or the prescribing of medicine or drugs for any purpose;

- iii. Services related to the implementation, maintenance, replacement, or optimization, such as mapping, of a medical device that is surgically implanted, including cochlear implants;
 - iv. Devices such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps necessary to control or treat a medical condition; or
 - v. Medical-health services, such as immunizations and regular "well baby" care that are routinely recommended for all children.
- d. Nothing in the state rule (He-M 510) shall:
- i. Limit the right of an infant or toddler with a disability who has a surgically implanted device, such as a cochlear implant, to receive the early supports and services that are identified in the child's IFSP as necessary to meet the child's developmental outcomes; or
 - ii. Prevent the provider from routinely checking that either the hearing aid or the external components of a surgically implanted device, such as a cochlear implant, of an infant or toddler with a disability, are functioning properly.
6. Medical services means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
7. Nursing services shall include:
- a. The assessment of a child's health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 - b. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
 - c. The administration of medications, treatments, and regimens prescribed by a licensed physician.
8. Nutrition services shall include:
- a. Conducting individual assessments in:
 - i. Nutritional history and dietary intake;
 - ii. Anthropometric; biochemical, and clinical variables;
 - iii. Feeding skills and feeding problems; and
 - iv. Food habits and preferences;
 - b. Developing and monitoring appropriate plans to address the nutritional needs of children based on the findings in 8.a. above; and
 - c. Making referrals to appropriate community resources to carry out nutrition goals.
9. Occupational therapy shall be services that:
- a. Address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development;
 - b. Are designed to improve the child's functional ability to perform tasks in home, school, and community settings; and
 - c. Include:
 - i. Identification, assessment, and provision of needed supports and services;

- 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.

10. Physical therapy shall be services that:

- a. Address the promotion of sensorimotor function through enhancement of:
 - i. Musculoskeletal status;
 - ii. Neurobehavioral organization;
 - iii. Perceptual and motor development;
 - iv. Cardiopulmonary status; and
 - v. Effective environmental adaptation; and
- b. Include:
 - i. Screening, evaluation, and assessment of children 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; and
 - iii. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

11. Psychological services shall include:

- a. Administering psychological and developmental tests and other assessment procedures;
- b. Interpreting assessment results;
- c. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
- d. Planning and managing a program of psychological services, including:
 - i. Psychological counseling for children and parents;
 - ii. Family counseling;
 - iii. Consultation on child development;
 - iv. Parent training; and
 - v. Education programs.

12. Service coordination. Service coordination services mean services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required by Federal Law. A Service Coordinator shall be appointed to each infant and toddler with a disability and the child's family in accordance with 303.34(a)(2). Each Service Coordinator is responsible for coordinating all services required under part C across agency lines and serving as the single point of contact for carrying out the activities described below.

Service Coordination services shall:

- a. Be services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under this part, He-M 203, and He-M 310;
- b. Be an active, ongoing process that involves:
 - i. Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the FCESS required under this part; and

- ii. Coordinating the other services identified in the IFSP that are needed by, or are being provided to, the infant and toddler and toddler with a disability and that child's family; and
- c. Include:
 - i. Coordinating all services required under this part across agency lines;
 - ii. Serving as the single point of contact for carrying out the activities described in c. iii-xii below;
 - iii. Assisting parents of infants and toddlers with disabilities in obtaining access to needed supports and services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;
 - iv. Coordinating the provision of FCESS and other services, such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes, that the child needs or are being provided;
 - v. Coordinating evaluations and assessments;
 - vi. Facilitating and participating in the development, review, and evaluation of IFSPs;
 - vii. Conducting referral and other activities to assist families in identifying available EIS providers;
 - viii. Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;
 - ix. Conducting follow-up activities to determine that appropriate part C services are being provided;
 - x. Informing families of their rights and procedural safeguards, as set forth in He-M 203 and He-M 310 and related resources, including organizations with their addresses and phone numbers that might be available to provide legal assistance and advocacy, such as the Disabilities Rights Center, Inc. and NH Legal Assistance;
 - xi. Coordinating the funding sources for services required under this part; and
 - xii. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

13. Use of the term "service coordination" or "service coordination services" by an FCESS program or provider shall not preclude characterization of the services as case management or any other service that is covered by another payor of last resort, such as Title XIX of the Social Security Act—Medicaid, for purposes of claims in compliance with the requirements of 34 CFR 303.501 through 303.521.

14. Sign language and cued language services shall include:
- a. Teaching sign language, cued language, and auditory/oral language;
 - b. Providing oral transliteration services, such as amplification; and
 - c. Providing sign and cued language interpretation.

15. Social work services shall include:
- a. Home visits to evaluate a child's living conditions and patterns of parent-child interaction;
 - b. Preparing a social or emotional developmental assessment of the infant or toddler within the family context;

- c. Providing individual and family/group counseling with parents and other family members and appropriate social skill building activities with the infant or toddler and parents;
 - d. Working with the family to resolve problems in the family's living situation, home, or community that affect the child's and family's maximum utilization of FCESS; and
 - e. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from FCESS.
16. Special instruction shall include:
- a. Designing learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
 - b. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP;
 - c. Providing families with information, skills, and support related to enhancing the skill development of the child; and
 - d. Working with the infant or toddler with a disability to enhance the child's development.
17. Speech-language pathology services shall include:
- a. Identification of children with communicative or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
 - b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or language disorders and delays in development of communication skills; and
 - c. Provision of services for the habilitation, rehabilitation, or prevention of communicative or language disorders and delays in development of communication skills.
18. Transportation services shall include reimbursing the family for the cost of travel such as mileage, or travel by taxi, common carrier, or other means, and other related costs such as tolls and parking expenses, that are necessary to enable an eligible infant or toddler with a disability and the child's family to receive FCESS.
19. Vision services shall include:
- a. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
 - b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
 - c. Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

303.13(c)

Personnel, who are qualified, provide family-centered Supports and Services in collaboration with parents under public supervision. All personnel shall have specific training and experience in child development and knowledge of family support.

Qualified personnel who may provide early intervention services shall be drawn from the following categories of licensed, licensed or certified assistants, and unlicensed or uncertified personnel. Although all personnel have some similar requirements as listed below, the tasks which they may conduct without supervision varies according to their level of training and

expertise. Below is a list of personnel from each category, and the activities, which they are authorized to conduct:

1. New Hampshire licensed, department of education certified, or bureau of developmental services certified professionals, including, at a minimum:

- a. Advanced practice registered nurse;
- b. Audiologist;
- c. Clinical mental health counselor;
- d. Clinical social worker;
- e. Dietitian registered;
- f. Early childhood educator;
- g. Early childhood special educator;
- h. Early intervention specialist;
- i. Marriage and family therapist;
- j. Occupational therapist;
- k. Orientation and mobility specialist.
- l. Pastoral psychotherapist;
- m. Physician;
- n. Physician assistant;
- o. Psychologist;
- p. Physical therapist;
- q. Registered nurse;
- r. Speech language pathologist;
- s. Speech-language specialist;
- t. Special education teacher in the area of blind and vision disabilities;
- u. Special education teacher in the area of deaf and hearing disabilities;
- v. Special education teacher in the area of emotional and behavioral disabilities;
- w. Special education teacher in the area of intellectual and developmental disabilities;
- x. Special education teacher in the area of physical and health disabilities;
- y. Special education teacher in area of specific learning disabilities; and
- z. Vision specialist including ophthalmologists and optometrists;

2. New Hampshire licensed or certified professional assistants, including:

- a. Licensed physical therapy assistant;
- b. Licensed occupational therapy assistant; and
- c. Certified speech and language assistant; and

3. Unlicensed or uncertified personnel, including personnel who have education, training, or experience relevant to the provision of FCESS

All personnel shall utilize support strategies, assessment procedures, and treatment techniques considered best practice in working with a child and family applying for or receiving FCESS.

All personnel shall ensure the effective provision of FCESS, via a minimum of the following:

- (1) Consulting with parents, other providers, and representatives of appropriate community agencies;
- (2) Participating in the child's multidisciplinary evaluation and the development of service outcomes for the IFSP; and
- (3) Training parents and other persons chosen by the family regarding the provision of the services.

Personnel identified in 1. above shall:

- (1) Conduct multidisciplinary evaluations;
- (2) Conduct assessments;
- (3) Develop or amend IFSPs;
- (4) Supervise, when appropriate, licensed assistants and unlicensed personnel; and
- (5) Provide service coordination.

Personnel identified in 2. above shall:

- (1) Contribute to the multidisciplinary evaluation;
- (2) Contribute to assessments;
- (3) Contribute to the development or amendment of IFSPs;
- (4) Be supervised, as required by their license or certification; and
- (5) Provide service coordination.

Personnel identified 3. above shall:

- (1) Contribute to the multidisciplinary evaluation;
- (2) Contribute to the assessment;
- (3) Contribute to the development or amendment of IFSPs;
- (4) Be supervised by a licensed or certified professional at least once a month in the setting where FCESS is provided, with additional supervision as needed; and
- (5) Provide service coordination.

303.13 (d)

The services and personnel identified and defined above shall not comprise exhaustive lists of the types of services that may constitute FCESS or the types of qualified personnel that may provide FCESS in accordance with 303.13(d). Nothing in this section shall prohibit the identification in the IFSP of another type of service as a family-centered early support or service provided that the service meets the criteria in He-M 510.03 (a).

Children and families who qualify for services under He-M 510 might have access to respite services under He-M 513 and He-M 519 as well as other services authorized by the department that meet the intent and purpose and are consistent with evidence-based nationally recognized treatment standards.

303.31

Qualified Personnel means FCESS personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.

Specifically:

An FCESS program director shall:

- (1) Be a licensed or certified professional pursuant to (b)(1) above;
- (2) Have 3 years of professional experience providing family-centered early supports and services; and
- (3) Have one year of professional experience in a management or administrative role.

A service coordinator shall:

- (1) Have completed the orientation program outlined in He-M 510.12 (b); and
- (2) Together with the family and other IFSP team member(s), be responsible for accessing, coordinating, and monitoring the delivery of services identified in the child's IFSP, including transition services and coordination with other agencies and persons.

An individual who wishes to obtain certification as an early intervention specialist shall submit information to the bureau documenting:

- (1) Possession of a minimum of a bachelor's degree in:
 - a. Human services;
 - b. Family studies;
 - c. Psychology;
 - d. Child development;
 - e. Communication;
 - f. Child life;
 - g. Education; or
 - h. Early intervention;
- (2) Completion of the orientation program outlined in He-M 510.12 (b);
- (3) A minimum of 2 years' experience in an FCESS program for degrees listed in (1) a-g above;
- (4) A minimum of 6 months' experience in an FCESS program for the degree listed in (1) h above; and
- (5) Training and experience in conducting multidisciplinary evaluations, conducting assessments, and developing or amending IFSPs.

Upon completion of the requirements described above, the bureau shall certify the individual as an early intervention specialist. To continue to be certified as an early intervention specialist, these individuals shall demonstrate ongoing professional development. An early intervention specialist shall have as a goal in his or her annual personnel development plan acquisition of at least 24 hours of continuing education credit in subject matter relevant to his or her job description, as determined by the program director.

Family-centered early supports and services shall incorporate the concerns, priorities, and resources of the family to:

1. Identify and promote the use of natural supports as a principal way of assisting in the development of the child, including supports from:
 - d. Relatives;
 - e. Friends;
 - f. Neighbors;
 - g. Co-workers; and
 - h. Cultural, ethnic, or religious organizations;
2. Foster the family's capacity to make decisions and provide care and learning opportunities for their child;
3. Respect the cultural and ethnic beliefs and traditions, and the personal values and lifestyle of the family;
4. Respond to the changing needs of the family and to critical transition points in the family's life; and
5. Mobilize community resources to support families and link them with other families with similar concerns and interests.
6. Family-centered early supports and services shall include training, support, evaluation, special instruction, and therapeutic services that maximize the family's and other caregivers' ability to understand and care for the child's developmental, functional, medical, and behavioral needs at home as well as in settings described in (a) above.

Family-centered early supports and services to the child and family and other caregivers shall be founded on scientifically-based research to the extent practicable, as defined in the Elementary and Secondary Education Act (ESEA), Title IX, Part A, section 9101(37) and 20 U.S.C. 7801(37) and include assistance in the following areas as identified in the family's IFSP:

1. Understanding the child's special needs;
2. Support and counseling for families;
3. Management and coordination of health and medical issues in collaboration with the primary physician or medical home;
4. Enhancement of the cognitive, social interactive, and play competencies of the child at home and in community settings;
5. Enhancement of the ability of the child to develop age-appropriate fine and gross motor skills and overall sensory and physical awareness and development;
6. Enhancement of the ability of the child to develop functional communication methods and expressive and receptive language skills;
7. Guidance and management of a child with very active, inappropriate, or life-threatening behaviors;
8. Consultation regarding appropriate diet and the child's eating and oral motor skills to insure proper nutrition; and
9. Linkage with assistive technology services that might enhance the child's growth and development.

Family-centered early supports and services shall promote local and statewide prevention efforts to reduce and, where possible, eliminate the causes of disabling conditions.

Section II.A.3. Each application must include the State's policies and procedures regarding the identification and coordination of all available resources within the State from Federal, State, local, and private sources as required under subpart F of 34 CFR §303.

I. General SOP requirements-These apply if the State is using any of the following to pay for Part C services: public benefits or insurance, private insurance, or a schedule of family or sliding fees.

The system of payments policies must be in writing §303.521(a)

NH system of payment policies are in writing in State Rule He-M510.14 which can be found on the web page: http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html and also in the "Know your rights; Notice of Infant/Toddler and Family Rights Under New Hampshire's Family-Centered Early Supports and Services Program" document which is distributed to families upon referral and whenever decisions are made while receiving services. It is also available on the web at: <http://www.dhhs.nh.gov/dcbcs/bds/families.htm>. No family cost participation fees, co-payments, or deductibles are charged to the parent for early intervention services.

The system of payment policies must address the payor of last resort requirements in §§303.510(a) and (b). 303.203(b)(I).

Funds under part C are not used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Department of Defense, but for the enactment of part C of the Act. Therefore, funds under this part are used only for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other Federal, state, local, or private source (subject to §§303.520 and 303.521).

The Lead Agency (DHHS) is the sole payor for the NH part C program, and therefore §303.510(b) is not relevant.

NH policies and procedures regarding the identification and coordination of all available resources within the State from Federal, State, local, and private resources as required under subpart F of this part and including: policies or procedures adopted by the State as its system of payments that meet the requirements in §§303.510, 303.520 and 303.521 (regarding the use of public insurance or benefits, private insurance, or family costs or fees) include:

1. Local grants and fund raising used to supplement funding for local programs for activities not covered by State or Federal funds;
2. Private insurance;
3. State General funds;
4. Medicaid;
5. Preventative and Diagnostic Services are provided through the EPSTD (Early and Periodic Screening, Diagnosis, and treatment Services) program; and
6. Part C of IDEIA grant.

All early intervention services provided to Medicaid eligible children are funded through the Medicaid Bundle, with service coordination funded by Targeted Case Management. Private insurance pays for some therapy services. State General funds are used primarily as the Medicaid match. Part C is the payor of last resort.

Part C funds may be used to prevent a delay in the timely provision of early intervention services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

No family cost participation fees, co-payments, or deductibles are charged to the parent for early intervention services.

The system of payments and policies must specify which functions or services, if any, are subject to the system of payments (Including any fees charged to the family as a result of using one or more of the family's public insurance or benefits or private insurance) §303.521 (a)

Functions or services subject to the State's system of payments include all of the early intervention services described in 34 CFR§303.13.

No fees, co-pays or deductibles are charged to the family as a result of using one or more of the family's public insurance or benefits or private insurance.

No family cost participation fees, co-payments, or deductibles are charged to the family for early intervention services.

The system of payments policies must include the payment system and schedule of sliding or cost participation fees that may be charged to the parent for early intervention services under this part. §303.521 (a)(1)

The State has not elected to use a cost participation fee.

No Family Cost Participation fees, co-payments, or deductibles are charged to the parent for early intervention services.

The system of payments policies must include the basis and amount of payments or fees §303.521(a)(2) NH families are not charged fees for any EI service.

The system of payments policies must include the State's definition of ability to pay (including its definition of income and family expenses, such as extraordinary medical expenses), its definition of inability to pay, and when and how the State makes its determination of the ability or inability to pay. §303.521(a)(3) §303.520

Because NH does not charge fees to families, there is no definition of ability or inability to pay.

No family cost participation fees, co-payments, or deductibles are charged to the parent for early intervention services.

The system of payments policies must include an assurance that fees will not be charged to parents for the services that a child is otherwise entitled to receive at no cost (Including child find, evaluations and assessments, service coordination services, administrative and coordinative activities related to procedural safeguards and the development, review and evaluation of IFSPs and interim IFSPs , and all Part C services when the parent or family meets the State's definition of inability to pay). {FAPE mandate states have additional requirements regarding those services that must be provided at no cost to the families} §303.521(a)(4)(i), (a)(4)(ii), (b), and (c).

Services that are provided to all families regardless of ability to pay or refuse consent to use insurance include child find, evaluations and assessments, service coordination services, administrative and coordinative activities related to procedural safeguards and the development, review and evaluation of IFSPs and interim IFSPs, and all Part C services.

No family cost participation fees, co-payments, or deductibles are charged to the parent for early intervention services.

The system of payments policies must include an assurance that families will not be charged any more than the actual cost of the part C service (factoring in any amount received from other sources for payment for that service). §303.521(a)(4)(lii)

No family cost participation fees, co-payments, or deductibles are charged to the parent for early intervention services.

The system of payments policies must include an assurance that families with public insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance.

§303.521(a)(4)(iv)

No family cost participation fees, co-payments, or deductibles are charged to the parent for early intervention services.

The system of payments policies must include provisions stating that the failure to provide the requisite income information and documentation may result in a charge of a fee on the fee schedule and specify the fee to be charged. §303.521(a)(5)

No family cost participation fees, co-payments, or deductibles are charged to the parent for early intervention services.

The system of payments policies must include provisions that permit, but do not require, the lead agency to use part C or other funds to pay for costs such as the premiums, deductibles, or co-payments. §303.521(a)(6)

The NH System of Payments permit, but do not require, the lead agency to use part C or other funds to pay for costs such as the premiums, deductibles, or co-payments.

Each State system of payments must include written policies to inform parents that a parent who wishes to contest the imposition of a fee, or the State's determination of the parent's ability to pay, may do one of the following:

(i) Participate in the mediation in accordance with §303.431

(ii) Request a due process hearing under §303.436 or §303.441, whichever is applicable.

(iii) File a State complaint under §303.434

(iv) Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights under this part including the right to pursue, in a timely manner, the redress options listed above.

(2) A State must inform parents of these procedural safeguard options by either

(i) Providing parents with a copy of the State's system of payments policies when obtaining consent for provision of early intervention services under §303.420(a)(3); or

(ii) including this information with the notice provided to parents under 303.421.

303.521(e) §303.436 or §303.441, whichever is applicable.

(iii) File a State complaint under §303.434

(iv) Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights under this part including the right to pursue, in a timely manner, the redress options listed above.

No family cost participation fees, co-payments, or deductibles are charged to the parent for early intervention services.

Parents are provided a written copy of the SOP which includes when consent is required and specifically entitled services in accordance with §303.521(e), §303.420(9)(3), §303.421 in a document called: "Know your rights; Notice of Infant/Toddler and Family Rights Under New Hampshire's Family-Centered Early Supports and Services Program" which is distributed to families upon referral and whenever decisions are made while receiving services. It is also available on the web at: <http://www.dhhs.nh.gov/dcbcs/bds/families.htm>.

II. If State Is Using Private Insurance-Requirements for SOPs

1. Consent-parental consent is required for use of private insurance, unless the State has a State statute with specific protections.

Unless there is a State statute that provides certain protections explained below, then parental consent must be obtained -

(A) When the lead agency or EIS provider seeks to use the parent's private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and (B) Each time consent for services is required under §303.420(a)(3) due to an increase (in the frequency, length, duration, or intensity) in the provision of services in the child's IFSP. §303.520(b)(1)(i).

The NH SOP (He-M510.14) requires that Parental consent must be obtained:

- (A) Before private insurance is used for the initial provision of an early intervention service in the IFSP; and
- (B) Each time consent is required under §303.420(a)(3) due to an increase (in the frequency, length, duration, or intensity) in the provision of services in the child's IFSP.

The consent requirements for use of private insurance include the use of private insurance when such use is a prerequisite for the use of public benefits or insurance. §303.520(b)(1)(i).

The NH SOP requires that parental consent is requested for the use of private insurance when such use is a prerequisite for the use of public benefits or insurance.

If a parent or family of an infant or toddler with a disability is determined unable to pay under the State's definition of inability to pay under §303.521(a)(3) and does not provide consent for use of private insurance, the lack of consent may not be used to delay or deny any services under this part to that child or family. 303.520(c)

No family cost participation fees, co-payments, or deductibles are charged to the parent for early intervention services.

A parent or family of an infant or toddler does not provide consent for use of private insurance, the lack of consent may not be used to delay or deny any services under this part to that child or family.

2. Parental consent for use of private insurance is not required if there is a State statute with specific protections.

Parental consent for use of private insurance is not required if there is a State statute regarding private health insurance coverage for early intervention services under Part C that includes the following specific protections:

(i) The use of private health insurance to pay for part C services cannot count towards or result in a loss of benefits due to the annual or lifetime health insurance coverage caps for the infant or toddler with a disability, the parent, or the child's family members who are covered under that health insurance policy;

(ii) The use of private health insurance to pay for part C services cannot negatively affect the availability of health insurance to the infant or toddler with a disability, the parent, or the child's family members who are covered under that health insurance policy, and health insurance coverage may not be discontinued for these individuals due to the use of the health insurance to pay for services under part C of the Act; and

(iii) The use of private health insurance to pay for part C services cannot be the basis for increasing the health insurance premiums of the infant or toddler with a disability, the parent, or the child's family members covered under that health insurance policy.

303.520(b)(2)

NH does not have a State statute that contains all of the protections listed in 303.520(b)(2). For this reason, parental consent is required for the use of private insurance as indicated below.

The NH SOP (He-M510.14) requires that Parental consent must be obtained:

(C) Before private insurance is used for the initial provision of an early intervention service in the IFSP; and

(D) Each time consent is required under §303.420(a)(3) due to an increase (in the frequency, length, duration, or intensity) in the provision of services in the child's IFSP.

3. The following two provisions apply to all States that use private insurance, regardless of whether there is a state statute with specific protections, or the State obtains consent for use of private insurance.

The State must provide to the parent a copy of the State's system of payments policies that identifies the potential costs that the parent may incur when their private insurance is used to pay for early intervention services under this part (such as co-payments, premiums, or deductibles or other long-term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps under the insurance policy). That policy must be provided to the parents when parental consent is required (explained above), or, if the State has a State statute with the specific protections, then the policy must be provided when the State initially uses the benefits under a child or parent's private insurance policy to pay for EIS. 303.520(b)(1)(iii).

A copy of the State's system of payments policies that identifies the potential costs that the parent may incur when their private insurance is used to pay for early intervention services under this part is provided to the parent (such as premiums or other long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps under the insurance policy) is provided to the parent when parental consent is required.

If a State requires a parent to pay any costs that the parent would incur as a result of the State's use of private insurance to pay for early intervention services (such as co-payments, premiums, or deductibles), those costs must be identified in the State's system of payments policies under 303.521; otherwise, the State may not charge those costs to the parent. 303.520(b)(1)(ii).

Parents are notified of potential costs when private insurance is used to pay for early intervention services, such as premiums or other long-term costs associated with annual or

lifetime health insurance coverage caps. This means that parents are responsible for paying their insurance premium.

III. If State Is using public benefits or insurance (e.g. Medicaid or CHIP)-Requirements for SOPs

1. Consent for use of public insurance or benefits, is required if the child or parent is not already enrolled in the program, or if the use of public insurance or benefits would result in certain specified costs.

Consent for use of public insurance or benefits is required if the child or parent is not already enrolled in the program, or if the use of public insurance or benefits would result in certain specified costs.

A State may not require a parent to sign up for, or enroll in, public insurance or benefits or insurance programs as a condition of receiving part C services and must obtain consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program. 303.520(a)(2)(i)

The State or EIS does not require a parent to sign up for or enroll in Medicaid as a condition of receiving part C services and must obtain consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program. Consent to use Medicaid is obtained during the Medicaid application process.

A State must obtain consent to use a child's or parent's public benefits or insurance to pay for part C services if that use would-

(A)Decrease available lifetime coverage or any other insured benefit for that child or parent under that program;

(B)Result in the child's parents paying for services that would otherwise be covered by the public benefits or insurance program;

(C)Result in any increase in premiums or discontinuation of public benefits or insurance for that child or that child's parents; or

(D)Risk loss of eligibility for the child or that child's for home and community-based waivers based on aggregate health-related expenditures. 303.520(a)(2)(ii)

Use of Medicaid in NH will not:

- a. Decrease available lifetime coverage or any other insured benefit for the child or parent;
- b. Result in the child's parents paying for services that would otherwise be covered by the public benefits or insurance program;
- c. Result in any increase in premiums or discontinuation of public benefits or insurance for the child or the child's parents; or
- d. Risk loss of eligibility for the child or the child's parents for home and community-based waivers based on aggregate health-related expenditures.

Consent to use Medicaid is obtained during the Medicaid application process.

If the parent does not provide consent for use of public insurance or benefits when required under 34 CFR 303.520(a)(2)(i) or (a)(2)(ii), the State must still make available those part C services on the IFSP to which the parent has provided consent.

303.520(a)(2)(iii).

If a parent does not provide consent for use of public insurance or benefits when required under 34 CFR 303.520(a)(2)(i) or (a)(2)(ii), the State must still make available those part C services on the IFSP to which the parent has provided consent. 303.520(a)(2)(iii).

2. Regardless of whether parental consent is required, written notification must be provided to parents prior to using a child's or parent's public benefits or insurance. Prior to using a child's or parent's public benefits or insurance to pay for part C services, the State must provide written notification to the child's parents. The notification must include—

- (i) A statement that parental consent must be obtained under 303.414, if that provision applies, before the State lead agency or EIS provider discloses, for billing purposes, a child's personally identifiable information to the State public agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid);**
- (ii) A statement of the no-cost protection provisions in 303.520(a)(2) and that if the parent does not provide the consent under 303.520(a)(2), the State lead agency must still make available those part C services on the IFSP for which the parent has provided consent;**
- (iii) A statement that the parents have the right under 303.414, if that provision applies, to withdraw their consent to disclosure of personally identifiable information to the State public agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid) at any time; and**
- (iv) A statement of the general categories of costs that the parent would incur as a result of participating in a public benefits or insurance program (such as co-payments or deductibles, or the required use of private insurance as the primary insurance). 303.520(a)(3).**

The NH SOP requires that parents are provided written notification prior to the use of the child's or parent's public benefits or insurance. This notice is contained in the "Know Your Rights; Notice of Infant/Toddler and Family Rights under New Hampshire's Family-Centered Early Supports and Services Program". This document is provided and explained to parents at the time of referral, evaluation, IFSP meetings, and upon request at any time. This written notification contains the following information:

- 1. A statement of the no-cost protection provisions in 303.520(a)(2) and that if the parent does not provide the consent under 303.520(a)(2), the State lead agency must still make available those part C services on the IFSP for which the parent has provided consent; and
- 2. A statement of the general categories of costs that the parent would incur as a result of participating in a public benefits or insurance program such as premiums or other long-term costs associated with annual or lifetime health insurance coverage caps.

Since the NH State Lead Agency (DHHS) is the same agency that is responsible for the administration of the State's public benefits program (Medicaid), the following requirements do not apply:

- (i) A statement that parental consent must be obtained under 303.414, if that provision applies, before the State lead agency or EIS provider discloses, for billing purposes, a child's personally identifiable information to the State public agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid);**
- (iii) A statement that the parents have the right under 303.414, if that provision applies, to withdraw their consent to disclosure of personally identifiable**

information to the State public agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid) at any time;

If a State requires a parent to pay any costs that the parent would incur as a result of the State's using a child's or parent's public benefits or insurance to pay for part C services (such as copayments or deductibles, or the required use of private insurance as the primary insurance), those costs must be identified in the State's system of payments policies under 303.521 and included in the notification provided to the parent that is explained above; otherwise, the State cannot charge those costs to the parent.

303.520(a)(4)

NH's SOP lists the costs that the parent would incur as a result of the State's using a child's or parent's public benefits or insurance to pay for part C services (such as private insurance premiums) in the notification provided to the parent.

Section II.A.4 Each application must include the State's rigorous definition of developmental delay as required under §§303.10 and 303.111. Each Statewide system must include the State's rigorous definition of developmental delay, consistent with §§303.10 and 303.203(c) that will be used by the State in carrying out programs under Part C of the Act in order to appropriately identify infants and toddlers with disabilities who are in need of services under Part C of the Act. The definition must –

- (a) Describe, for each of the areas listed in §303.21(a)(1), the evaluation and assessment procedures, consistent with §303.321, that will be used to measure a child's development; and
- (b) Specify the level of developmental delay in functioning or other comparable criteria that constitute a developmental delay in one or more of the developmental areas identified in §303.21(a)(1).

II.A.4 (a)

4(a) The evaluation and assessment procedures, consistent with 303.321, used to measure the child's development are the same for all areas listed in 303.21(a)(1). Details regarding evaluation and assessment procedures are included below.

II.A.4 (b)

§§303.10, 303.111, 303.203(c), and 303.21(a)(1) Definition of Developmental Delay

Children may be found eligible according to 4 categories of eligibility:

1. **"Developmental delay"** means that a child, birth through age 2, has a 33% delay in one or more of the following areas as determined through completion of the multidisciplinary evaluation pursuant to He-M 510.06 (k):
 - a. Physical development, including vision, hearing, or both;
 - b. Cognitive development;
 - c. Communication development;
 - d. Social or emotional development; or
 - e. Adaptive development.
2. **"Atypical behavior"** means behavior reported by the family and documented by personnel listed in He-M 510.11 (b) (1) that includes one or more of the following:
 - a. Extreme fearfulness or other modes of distress that do not respond to comforting by caregivers;
 - b. Self-injurious or extremely aggressive behaviors;
 - c. Extreme apathy;
 - d. Unusual and persistent patterns of inconsolable crying, chronic sleep disturbances, regressions in functioning, absence of pleasurable interest in adults and peers, and inability to communicate emotional needs; or
 - e. Persistent failure to initiate or respond to most social situations.
3. **"At risk for substantial developmental delay"** means that a child, birth through age 2, experiences 5 or more of the following, as reported by the family and documented by personnel listed in He-M 510.11 (b) (1):
 - a. Documented conditions, events, or circumstances affecting the child including:
 - i. Birth weight less than 4 pounds;
 - ii. Respiratory distress syndrome;
 - iii. Gestational age less than 27 weeks or more than 44 weeks;
 - iv. Asphyxia;
 - v. Infection;

- vi. History of abuse or neglect;
 - vii. Prenatal drug exposure due to mother's substance abuse or withdrawal;
 - viii. Prenatal alcohol exposure due to mother's substance abuse or withdrawal;
 - ix. Nutritional problems that interfere with growth and development;
 - x. Intracranial hemorrhage grade III or IV; or
 - xi. Homelessness; or
- "Homeless children" means children under the age of 3 years who meet the definition given the term "homeless children and youths" in section 725 (42 U.S.C. 11434a) of the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431 et seq.

- b. Documented conditions, events, or circumstances affecting a parent, including:
 - i. Developmental disability;
 - ii. Psychiatric disorder;
 - iii. Family history of lack of stable housing;
 - iv. Education less than 10th grade;
 - v. Social isolation;
 - vi. Substance addiction;
 - vii. Age of either parent less than 18 years;
 - viii. Parent/child interactional disturbances; or
 - ix. Founded child abuse or neglect as determined by a district court pursuant to RSA 169-C:21.

4. **"Established condition"** means that a child, birth through age 2, has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, even if no delay exists at the time of referral, as documented by the family and personnel listed in He-M 510.11 (b) (1), including, at a minimum, conditions such as:
- a. Chromosomal anomaly or genetic disorder;
 - b. An inborn metabolic fault;
 - c. A congenital malformation;
 - d. A severe infectious disease;
 - e. A neurological disorder;
 - f. A sensory impairment;
 - g. A severe attachment disorder;
 - h. Fetal alcohol spectrum disorder;
 - i. Lead poisoning; or
 - j. Developmental delay secondary to severe toxic exposure.
 - k. Traumatic brain injury

§303.300 General

The statewide comprehensive, coordinated, multidisciplinary interagency system to provide early intervention services for infants and toddlers with disabilities and their families referenced in 303.100 includes the following components:

- (a) Pre-referral policies and procedures include:
 - (1) A public awareness program as described in §303.301; and
 - (2) A comprehensive child find system as described in §303.302
- (b) Referral policies and procedures as described in §303.303
- (c) Post-referral policies and procedures that ensure compliance with the timeline requirements in §303.310 and include:
 - (1) Screening, if applicable, as described in §303.320;
 - (2) Evaluations and assessments as described in §§303.321 and 303.322; and

- (3) Development, review, and implementation of IFSPs as described in §303.340 through §303.346

303.300(a)(1) Public Awareness Program – information for parents as described in §303.301 and in accordance with §303.116.

The public awareness program focuses on the early identification of infants and toddlers with disabilities; and provides information to parents of infants and toddlers through primary referral sources in accordance with §303.301.

(a) Preparation and dissemination.

Information is prepared on the availability of early intervention services under this part, and other services, as described in paragraph (b) of this section; and disseminated to all primary referral sources including hospitals and physicians to be given to parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning and developmental complications; and adopt procedures for assisting the primary referral sources described in §303.303(c) in disseminating the information described in paragraph (b) of this section to parents of infants with disabilities.

Materials used to disseminate information to primary referral sources include providing pamphlets (Family Guide) with information about the Family-Centered Early Supports and Services (FCESS) program and presentations at conferences and meetings where primary care practitioners and other early childhood professionals congregate such as the forums, early childhood advisory council events, and ICC meetings. Information is also posted on the Lead Agency website providing information to professionals specifically on how to refer an infant or toddler and their family at: <http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/refer.htm>. A page on this website provides information about the program specifically for parents as well as how to refer their infant or toddler at: <http://www.dhhs.nh.gov/dcbcs/bds/families.htm>. In addition, regional agencies and local programs are required to collaborate with local early childhood providers and the medical providers to ensure that they are aware of the program and that all infants and toddlers and their families who may be eligible for services are referred for evaluation and services if eligible.

(b) Information to be provided.

Information provided in the above materials includes a description of the availability of early intervention services under this part, a description of the child find system and how to refer a child under the age of three for an evaluation or early intervention services and the location of the central directory, as described in §303.117.

(c) Information specific to toddlers with disabilities

All parents of toddlers with disabilities are informed of the availability of services under Section 619 of the Act (special education preschool) not fewer than 90 days prior to the toddler's third birthday. This is accomplished by providing a document called "Transition from Family-Centered Early Supports and Services: A Guide for Families and Staff". This booklet contains information for all families concerning the transition process with a focus on the transition to Special Education Preschool programs at age three. It is disseminated on or about the child's reaching 27 months and is discussed during home visits by the service provider. The booklet is available on the Lead Agency web site at: <http://www.dhhs.nh.gov/dcbcs/bds/families.htm>. Additional information about the transition process is also available on this page.

Comprehensive child find system in accordance with §303.302.

(a) The comprehensive child find system is consistent with part B of the act, state definition of developmental delay (34 CFR §300.111) and includes a system for making referrals to EIS

providers under this part that includes timelines and provides for participation by the primary referral sources listed in §303.303(c):

- (1) Hospitals, including prenatal and postnatal care facilities;
- (2) Physicians;
- (3) Parents, including parents of infants and toddlers;
- (4) Child care programs and early learning programs;
- (5) LEAs and schools;
- (6) Public health facilities;
- (7) Other public health or social service agencies;
- (8) Other clinics and health care providers;
- (9) Public agencies and staff in the child welfare system, including child protective service and foster care;
- (10) Homeless family shelters; and
- (11) Domestic violence shelters and agencies.

The child find system ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for early intervention services under this part that will reduce the need for future services; and meets the requirements in paragraphs (b) and (c) of this section and §§303.303, 303.310, 303.320, and 303.321.

(b) Scope of child find

The comprehensive child find system must ensure that:

- (1) All infants and toddlers with disabilities in the State who are eligible for early intervention services under this part are identified, located, and evaluated, including:
 - a. Indian infants and toddlers with disabilities residing on a reservation geographically located in the State (including coordination, as necessary, with tribes, tribal organizations, and consortia to identify infants and toddlers with disabilities in the State based, in part, on the information provided by them to the lead agency under §303.731(e)(1); and
 - b. Infants and toddlers with disabilities who are homeless, in foster care, and wards of the State; and
 - c. Infants and toddlers with disabilities that are referenced in §303.303(b); and
- (2) An effective method is developed and implemented to identify children who are in need of early intervention services

(c) Coordination

- (1) The lead agency, with the assistance of the Council, as defined in §303.8 must ensure that the child find system under this part:
 - a. Is coordinated with all other major efforts to locate and identify children by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, including Indian tribes that receive payments under this part, and other Indian tribes, as appropriate; and
 - b. Is coordinated with the efforts of the:
 - i. Program authorized under part B of the Act;
 - ii. Maternal and Child Health program, including the Maternal, Infant, and Early Childhood Home Visiting Program, under Title V of the Social Security Act, as amended, (MCHB or Title V)(42 U.S.C. 701(a));
 - iii. Early Periodic Screening, Diagnosis and Treatment (EPSDT) under Title XIX of the Social Security Act (42 U.S.C. 1396(a)(43) and 1396(a)(43) and 1396(a)(4)(B));
 - iv. Programs under the Developmental Disabilities Assistance and Bill of Rights Act of 2000(42 U.S.C. 15001 et seq.);

- v. Head Start Act (including Early Head Start programs under section 645A of the Head Start Act)(42 U.S.C. 1381);
- vi. Supplemental Security Income program under Title XVI of the Social Security Act (42 U.S.C. 9801 et seq.);
- vii. Child protection and child welfare programs, including programs administered by, and services provided through, the foster care agency and the State agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106(a));
- viii. Child care programs in the State;
- ix. The programs that provide services under the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.);
- x. Early Hearing Detection and Intervention (EHDI) systems (42 U.S.C. 280g-1) administered by the Centers for Disease Control (CDC); and
- xi. Children's Health Insurance Program (CHIP) authorized under Title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

- (2) The lead agency, with the advice and assistance of the Council, must take steps to ensure that:
- a. There will not be unnecessary duplication of effort by the programs identified in paragraph (c)(a)(ii) of this section; and
 - b. The State will make use of the resources available through each public agency and EIS provider in the State to implement the child find system in an effective manner.

Referral policies and procedures as described in §303.303

§303.303(a) General

- (1) The Lead Agency's child find system described in §303.302 must include the State's procedures for use by primary referral sources for referring a child under the age of three to the part C program
- (2) The procedures required in paragraph (a)(1) of this section must –
 - a. Provide for referring a child as soon as possible, but in no case more than seven days, after the child has been identified; and
 - b. Meet the requirements in paragraphs (b) and (c) of this section.

§303.303(b) Referral of specific at-risk infants and toddlers. The procedures required in paragraph (a) of this section must provide for requiring the referral of a child under the age of three who:

- (1) Is the subject of a substantiated case of child abuse or neglect; or
- (2) Is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

§303.303(c) Primary referral sources. As used in this subpart, primary referral sources include:

- (1) Hospitals, including prenatal and postnatal care facilities;
- (2) Physicians;
- (3) Parents, including parents of infants and toddlers;
- (4) Child care programs and early learning programs;
- (5) LEAs and schools;
- (6) Public health facilities;
- (7) Other public health or social service agencies;
- (8) Other clinics and health care providers;
- (9) Public agencies and staff in the child welfare system, including child protective service and foster care;
- (10) Homeless family shelters; and

- (11) Domestic violence shelters and agencies.

Post-Referral Procedures: Screenings, Evaluations, and Assessments

§303.310 Post-referral timeline (45 days)

- (a) Except as provided in paragraph (b) of this section, any screening under 303.320 (NH has not adopted a screening policy), the initial evaluation and the initial assessments of the child and family under §303.321; and the initial IFSP meeting under §303.342 must be completed within 45 days from the date the lead agency or EIS provider receives the referral of the child.
- (b) Subject to paragraph (c) of this section, the 45-day timeline described in paragraph (a) of this section does not apply for any period when:
- (1) The child or parent is unavailable to complete the initial evaluation, the initial assessments of the child and family, or the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records; or
 - (2) The parent has not provided consent for the initial evaluation, or the initial assessment of the child, despite documented, repeated attempts by the lead agency or EIS provider to obtain parental consent.
- (c) The lead agency must develop procedures to ensure that in the event the circumstances described in (b)(1) or (b)(2) of this section exist, the lead agency or EIS provider must:
- (1) Document in the child's early intervention records the exceptional family circumstances or repeated attempts by the lead agency or EIS provider to obtain parental consent;
 - (2) Complete the initial evaluation, the initial assessments (of the child and family), and the initial IFSP meeting as soon as possible after the documented exceptional family circumstances described in paragraph (b)(1) of this section no longer exist or parental consent is obtained for the initial evaluation, and the initial assessment of the child; and
 - (3) Develop and implement an interim IFSP, to the extent appropriate and consistent with 303.345.
 - (4) The initial family assessment must be conducted within the 45-day timeline in paragraph (a) of this section if the parent concurs and even if other family members are unavailable.

§303.321 Evaluation of the child and assessment the child and family

(a) General

- (1) Subject to obtaining parental consent in accordance with §303.420(a)(2), each child under the age of three who is referred for evaluation or early intervention services under this part and suspected of having a disability, receives:
- a. A timely, comprehensive, multidisciplinary evaluation of the child in accordance with paragraph (b) of this section unless eligibility is established under paragraph (a)(3)(i) of this section; and
 - b. If the child is determined eligible as an infant or toddler with a disability as defined in §303.21:
 - i. A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs;
 - ii. A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler. The assessment of the

child and family are described in paragraph (c) of this section and these assessments may occur simultaneously with the evaluation, provided that the requirements of paragraph (b) of this section are met.

- (2) As used in this part:
 - a. Evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of infant or toddler with a disability in §303.21. An initial evaluation refers to the child's evaluation to determine his or her initial eligibility under this part;
 - b. Assessment means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility under this part and includes the assessment of the child, consistent with paragraph (c)(2) of this section; and
 - c. Initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.
 - (3)
 - a. A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) under this part if those records indicate that the child's level of functioning in one or more of the developmental areas identified in §303.21(a)(1) constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability under §303.21. If the child's part C eligibility is established under this paragraph, the lead agency or WIS provider must conduct assessments of the child and family in accordance with paragraph (c) of this section.
 - b. Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility under this part even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility under paragraph (b) of this section.
 - (4) All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.
 - (5) Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed, in accordance with the definition of native language in §303.25.
 - (6) Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed, in accordance with the definition of native language in §303.25.
- (b) Procedures for evaluation of the child. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under this part. Procedures must include:
- (1) Administering an evaluation instrument;
 - (2) Taking the child's history (including interviewing the parent);
 - (3) Identifying the child's level of functioning in each of the developmental areas §303.21(a)(1);
 - (4) Gathering information from other sources such as family members, other care-givers, medical providers, social workers, and education. If necessary, to understand the full scope of the child's unique strengths and needs; and

- (5) Reviewing medical, educational, or other records.
- (c) Procedures for assessment of the child and family.
 - (1) An assessment of each infant or toddler with a disability must be conducted by qualified personnel in order to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs. The assessment of the child must include the following:
 - a. A review of the results of the evaluation conducted under paragraph (b) of this section;
 - b. Personal observations of the child; and
 - c. The identification of the child's needs in each of the developmental area in §303.21(a)(1).
 - (2) A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must:
 - a. Be voluntary on the part of each family member participating in the assessment;
 - b. Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and
 - c. Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

303.24 Multidisciplinary:

Multidisciplinary means the involvement of two or more separate disciplines or professions and with respect to:

- (a) Evaluation of the child in §§303.113 and 303.321(a)(1)(i) and assessments of the child and family in §303.321(a)(1)(ii), may include one individual who is qualified in more than one discipline or profession; and
- (b) The IFSP Team in §303.340 must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the service coordinator (consistent with §303.343(a)(1)(iv)).

303.25 Native Language

- (a) When used with respect to an individual who is limited English proficient or LEP (as that term is defined in section 602(18) of the Act), means:
 - (1) The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in paragraph (a)(2) of this section; and
 - (2) For evaluations and assessments conducted pursuant to §303.321(a)(5) and (a)(6), the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.
- (b) Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, braille, or oral communication).

Evaluations and assessments are conducted and written in the child's or family's native language if determined by qualified personnel conducting the evaluation to be developmentally appropriate given the child's age and communication skills, and be selected and administered so as not to be racially or culturally discriminatory.

All notices and reports are written in a language that is understandable to the general public and in the family's native language or other mode of communication used by the parent, unless it is clearly not feasible to do so.

If the native language or the other mode of communication of the parent is not a written language, the area agency or FCESS program shall take steps to ensure:

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 these requirements have been met.

§303.322 Determination that a child is not eligible.

If, based on the evaluation conducted under §303.321, the lead agency determines that a child is not eligible under this part, the lead agency must provide the parent with prior written notice required in §303.421, and include in the notice information about the parent's right to dispute the eligibility determination through dispute resolution mechanisms under §303.430, such as requesting a due process hearing or mediation or filing a State complaint.

§303.340 Individualized family service plan

For each infant or toddler with a disability, the lead agency must ensure the development, review, and implementation of an individualized family service plan or IFSP developed by a multidisciplinary team, which includes the parent, that:

- (a) Is consistent with the definition of that term in §303.20; and
- (b) Meets the requirements in §§303.342 through 303.346.

§303.342 Procedures for IFSP development, review, and evaluation.

- (a) Meeting to develop initial IFSP – timelines. For a child referred to the part C program and determined to be eligible under this part as an infant or toddler with a disability, a meeting to develop the initial IFSP must be conducted within the 45-day time period described in §303.310.
- (b) Periodic review.
 1. 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 purpose of the periodic review is to determine:
 - a. The degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and
 - b. Whether modification or revision of the results, outcomes, or early intervention services identified in the IFSP is necessary.
 2. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.
- (c) Annual meeting to evaluate the IFSP. A meeting must be conducted on at least an annual basis to evaluate and revise, as appropriate, the IFSP for a child and the child's family. The results of any current evaluations and other information available from assessments of the child and family conducted under §303.321 must be used in determining the early intervention services that are needed and will be provided.
- (d) Accessibility and convenience of meetings.
 1. IFSP meetings must be conducted:
 - a. In settings and at times that are convenient for the family; and
 - b. 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.

2. 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.
- (d) Parental consent. The contents of the IFSP must be fully explained to the parents and informed written consent, as described in §303.7, must be obtained, as required in §303.420(a)(3), prior to the provision of early intervention services described in the IFSP. Each early intervention service must be provided as soon as possible after the parent provides consent for that service, as required in §303.344(f)(1).

§303.343

(a) Initial and annual IFSP Team meeting.

1. Each initial meeting and annual IFSP Team meeting to evaluate the IFSP must include the following participants:
 - a. The parent or parents of the child.
 - b. Other family members, as requested by the parent, if feasible to do so.
 - c. An advocate or person outside the family, if the parent requests that the person participate.
 - d. The service coordinator designated by the public agency to be responsible for implementing the IFSP.
 - e. A person or persons directly involved in conducting the evaluations and assessments in §303.321.
 - f. As appropriate, persons who will be providing early intervention services under this part to the child or family.
 2. If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including one of the following:
 - a. Participating in a in a telephone conference call.
 - b. Having a knowledgeable authorized representative attend the meeting.
 - c. Making pertinent records available at the meeting.
- (b) Periodic review. Each periodic review under §303.342(b) must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section.

303.344 Content of an IFSP.

- (a) Information about the child's status. The IFSP must include a statement of the infant or toddler with a disability's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based on the information from that child's evaluation and assessments conducted under §303.321.
- (b) Family Information. With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child as identified through the assessment of the family under §303.321(c)(2).
- (c) Results or outcomes. The IFSP must include a statement of the measurable results or measurable outcome expected to be achieved for the child (including pre-literacy and language skills, as developmentally appropriate for the child) and family, and the criteria, procedures, and timelines used to determine:
 1. The degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and
 2. Whether modifications or revisions of the expected results or outcomes, or early intervention services identified in the IFSP are necessary.

(d) Early intervention services.

1. The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes identified in paragraph (c) of this section, including:
 - a. The length, duration, frequency, intensity, and method of delivering the early intervention services;
 - b. (i). A statement that each early intervention services is provided in the natural environment for that child or service to the maximum extent appropriate, consistent with §§303.13(a)8, 303.26 and 303.126, or, subject to paragraph (d)(1)(ii)(B) of this section, a justification as to why an early intervention service will not be provided in the natural environment.
 - (ii) The determination of the appropriate setting for providing early intervention services to an infant or toddler with a disability, including any justification for not providing a particular early intervention services in the natural environment for that infant or toddler with a disability and services, must be:
 - (1) Made by the IFSP Team (which includes the parent and other team members);
 - (2) Consistent with the provisions in §§303.13(a)8, 303.26, and 303.126; and
 - (3) Based on the child's outcomes that are identified by the IFSP Team in paragraph (c) of this section;
 - c. The location of the early intervention services; and
 - d. The payment arrangements, if any.
2. As used in paragraph (d) (1) (i) of this section:
 - a. Frequency and intensity mean the number of days or sessions that a service will be provided, and whether the services is provided on an individual or group basis;
 - b. Method means how a service is provided;
 - c. Length means the length of time the service is provided during each session of that service (such as an hour or other specified time period); and
 - d. Duration means projecting when a given service will no longer be provided (such as when the child is expected to achieve the results or outcomes in his or her IFSP).
3. As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where a service will be provided.
4. For children who are at least three years of age, the IFSP must include an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills.

(e) Other services. To the extent appropriate, the IFSP also must:

1. Identify medical and other services that the child or family needs or is receiving through other sources, but that are neither required nor funded under this part; and
2. If those services are not currently being provided, include a description of the steps the service coordinator or family may take to assist the child and family in securing those other services.

(f) Dates and duration of services. The IFSP must include:

1. The projected date for the initiation of each early intervention service in paragraph (d)(1) of this section, which date must be as soon as possible after the parent consents to the service, as required in paragraph (d)(1) of this section, which date must be as soon as possible after the parent consents to the service, as required in §§303.342(e) and 303.420(a)(3); and
2. The anticipated duration of each service.

(g) Service coordinator.

1. The IFSP must include the name of the service coordinator from the profession most relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for implementing the early intervention services identified in a child's IFSP, including transition services, and coordination with other agencies and persons.
2. In meeting the requirements in paragraph (g)(1) of this section, the term "profession" includes "service coordination."

(h) Transition from Part C services.

1. The IFSP must include the steps and services to be taken to support the smooth transition of the child, in accordance with §§303.209 and 303.211(b)(6), from part C services to:
 - a. Preschool services under part B of the Act, to the extent that those services are appropriate;
 - b. Part C services under §303.211; or
 - c. Other appropriate services.
2. The steps required in paragraph (h)(1) of this section must include:
 - a. Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition;
 - b. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;
 - c. Confirmation that child find information about the child has been transmitted to the LEA or other relevant agency, in accordance with §303.209(b) (and any policy adopted by the State under §303.401(e) and, with parental consent if required under §303.414, transmission of additional information needed by the LEA to ensure continuity of services from the part C program to the part B program, including a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP developed in accordance with §303.340 through §303.345; and
 - d. Identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.

§303.345 Interim IFSPs-provision of services before evaluations and assessments are completed.

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessments in §303.321, if the following conditions are met:

(a) Parental consent is obtained.

(b) An interim IFSP is developed that includes:

1. The name of the service coordinator who will be responsible, consistent with §303.344(g), for implementing the interim IFSP and coordinating with other agencies and persons; and
2. The early intervention services that have been determined to be needed immediately by the child and the child's family.
3. Evaluations and assessments are completed within the 45-day timeline in §303.310.

§303.346 Responsibility and accountability.

Each public agency or EIS provider who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, part C of the Act does not require that any public agency or EIS provider be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.

Section II.A.5. If the State provides services under Part C to at-risk infants and toddlers through the statewide system, the application must include:

- (a) **The State's definition of at-risk infants and toddlers with disabilities who are eligible in the State for services under Part C (consistent with §§303.5 and 303.21(b)); and**
- (b) **A description of the early Intervention services provided under Part C to at-risk infants and toddlers with disabilities who meet the State's definition described in §303.204(a).**

NH's Part C definition of "at-risk infants and toddlers with disabilities":

"At risk for substantial developmental delay" means that a child, birth through age 2, experiences 5 or more of the following, as reported by the family and documented by personnel listed in He-M 510.11 (b) (1):

1. Documented conditions, events, or circumstances affecting the child including:
 - a. Birth weight less than 4 pounds;
 - b. Respiratory distress syndrome;
 - c. Gestational age less than 27 weeks or more than 44 weeks;
 - d. Asphyxia;
 - e. Infection;
 - f. History of abuse or neglect;
 - g. Prenatal drug exposure due to mother's substance abuse or withdrawal;
 - h. Prenatal alcohol exposure due to mother's substance abuse or withdrawal;
 - i. Nutritional problems that interfere with growth and development;
 - j. Intracranial hemorrhage grade III or IV; or
 - k. Homelessness; or

"Homeless children" means children under the age of 3 years who meet the definition given the term "homeless children and youths" in section 725 (42 U.S.C. 11434a) of the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431 et seq.

2. Documented conditions, events, or circumstances affecting a parent, including:
 - a. Developmental disability;
 - b. Psychiatric disorder;
 - c. Family history of lack of stable housing;
 - d. Education less than 10th grade;
 - e. Social isolation;
 - f. Substance addiction;
 - g. Age of either parent less than 18 years;
 - h. Parent/child Interactional disturbances; or
 - i. Founded child abuse or neglect as determined by a district court pursuant to RSA 169-C:21.

Services provided to children in this eligibility category:

"Family-centered early supports and services (FCESS)" means a wide range of activities and assistance that develops and maximizes the family's and other caregivers' ability to care for the child and to meet his or her needs in a flexible manner and that includes:

1. Information;
2. Training;
3. Special instruction;
4. Evaluation;
5. Therapeutic interventions;
6. Financial assistance;

7. Materials and equipment;
8. Emotional support; and
9. Any of the services listed in **A-2**

Section II.A.7. Referral for early Intervention services of children with a substantiated case of abuse or neglect, or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

New Hampshire's comprehensive child find system is the ongoing mechanism by which NH will identify, locate, and evaluate infants and toddlers in need of family centered early supports and services as outlined in Part C of the IDEA. Information about how to refer a child is available on the website: <http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/refer.htm>

Information about the Family Centered Early Supports and Services (FCESS) program is provided to primary referral sources and early childhood partners through presentations and the dissemination of information such as:

1. The information card called "Family Guide",
2. The pamphlet entitled "Family Centered Early Supports and Services, A Guide for Families which was developed by the NH Parent Information Center which operates under the requirements of IDEIA Part D Parent Training and Information Center grant.
3. The Lead Agency website: <http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/index.htm>
4. Presentations at early learning conferences and other meetings such as the - NHAIMH Annual Conference (NH Association for Infant Mental Health, NH-ME Echo Scope: Supporting Children of the Opioid Epidemic, and Watch Me Grow.
5. Direct contact with NICU and hospitals with birthing centers
6. Watch Me Grow: A statewide developmental screening system comprised of partnerships throughout the state to provide access to developmental screening for both families and providers, and to ensure meaningful family connection to services when indicated. Funding for WMG is provided by Part C, Child Development Bureau and Head Start Collaboration, Preschool Development Grant, and the Bureau for Family Centered Services.

Primary referral sources include, but are not limited to:

- Hospitals (including prenatal and postnatal care facilities);
- Physicians;
- Parents, including parents of infants and toddlers;
- Child care programs;
- Local Educational Agencies and schools;
- Public health facilities;
- Other public health or social service agencies;
- Other clinics and health care providers;
- Public agencies and staff in the child welfare system, including child protective service and foster care;
- Homeless family shelters; and
- Domestic violence shelters and agencies.

Referral procedures:

It is expected that a child under the age of three will be referred as soon as possible, but in no case more than seven days after the child has been identified as having a developmental delay, has an established condition known to lead to developmental delay, or be at risk for substantial developmental delay. This includes children who are the subject of a substantiated case of child abuse or neglect or identified as being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Any primary referral source may refer a child considered potentially eligible for family-centered early supports and services to the area agency in the region of the child's residence. Each Area Agency must assign a staff member to receive referrals from any primary referral source. The Area Agency Intake Coordinator accepts referrals by telephone, written, or personal contact. Referral should contain sufficient information about the infant or toddler to identify and locate the child and family. Information shall be considered sufficient if it includes all the following:

- Child's name, gender, and birth date;
- Parent or primary caregiver's name;
- Parent or primary caregiver's address; and
- Reason for referral.

In order to determine the extent to which primary referral sources are disseminating information about the State's system of family centered early supports and services, the following procedures will be followed.

1. The staff of the area agency shall gain from the family the names of the primary referral sources the family has had contact with and which of these referral sources has provided the family with information about the State's system of family centered early supports and services.
2. This information will be recorded as part of the initial data collection process on all new children and their families coming to the area agencies for family-centered early supports and services.
3. This data will then be made available to the Department of Health and Human Services where it can be analyzed to determine the extent to which primary referral sources are disseminating information about the State's system of family centered early supports and services.

The regional area agency shall provide a description of the referral process to all primary referral sources listed above. The regional area agency shall provide evidence to the Bureau of Developmental Services and the Part C State Office that primary referral sources (especially hospitals and physicians) are disseminating information on the availability of family centered early supports and services to parents of infants and toddlers with disabilities. Such information shall then be made available to the Department of Health and Human Services.

Children with founded abuse or neglect are typically referred by the child protective agency having custody of the child, to the regional area agency for the community in which the child currently resides. The procedures listed above would then apply. Children with this condition may be found eligible for family centered early supports and services under the category of "At risk for substantial developmental delay". This category requires the identification of 5 factors, 2 of which are "history of abuse or neglect" on the part of the child, and "founded child abuse or neglect as determined by a district court pursuant to RSA 169-C: 21." The child may also be eligible under any of the other eligibility criteria including "atypical behavior".

Children with a documented history of being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure are typically referred by hospitals. They are eligible for services under the eligibility category of "established condition" with a condition such as: "developmental delay secondary to severe toxic exposure".

Section II.A.8. A description of the procedure used by the State to ensure that resources are made available under Part C for all geographic areas within the State (34CFR §303.207)

The Governor of the State of New Hampshire has formally designated the New Hampshire Department of Health and Human Services (DHHS) to be the lead agency for the purposes of administering Part C of the Individuals with Disabilities Education Act (IDEA) in New Hampshire. This designation occurred on December 27, 1991. The Department of Health and Human Services is responsible for administration of funds and the assignment of responsibility to the appropriate agency provided under Part C of IDEA. The Bureau of Developmental Services has been assigned by the Department of Health and Human Services to administer the Family Centered Early Supports and Services Program.

The Bureau of Developmental Services administers Family Centered Early Supports and Services through 10 Developmental Services Area Agencies throughout the state. These 10 Area Agencies have the option of providing early supports and services through their own programs, or by contracting with local programs. Below is a list of the Area Agencies showing the regions and towns that they serve.

Region 1 - Northern Human Services
Region 2 - PathWays of the River Valley
Region 3 - Lakes Region Community Services
Region 4 - Community Bridges
Region 5 - Monadnock Developmental Services, Inc.
Region 6 - Gateways Community Services
Region 7 - Moore Center Services, Inc.
Region 8 - Region VIII One Sky Community Services, Inc.
Region 9 - Community Partners
Region 10 - Community Crossroads



Towns and Cities by Region

<p>Region I</p> <p style="text-align: center;">K E E P E N E</p> <p>Albany Baclet Bath Berden Berlin Bethlehem Brookfield Cannon Chateaufort Chestnut Colerain Columbia Conway Dalton Dirville Dunbar Easton Eden Effingham Earl Farmonia Freedom Guthrie</p>	<p>Region II</p> <p style="text-align: center;">C L A R E M O N T A L L E K E S S T R E C I O N</p> <p>Greenville Hart's Location Haverhill Jackson Jefferson Lauraster Landaff Lincoln Libson Livernette Lyman Madison Milton Millsfield Morris Mouthboro Northumberland Piermont Pittsburg Randolph Subersville</p>	<p>Region III</p> <p style="text-align: center;">L A C O N I A R I P L A K E S S T R E C I O N</p> <p>Swadwick Stamone Stark Stewartstown Stafford Sugar Hill Tennant Tombago Union Walton Warren Waterfalls Wentworth Whitcomb Whitefield Wolfboro Woodstock</p>	<p>Region IV</p> <p style="text-align: center;">C O T T E R H A M / S A L I S B U R Y</p> <p>Albany Andover Boscawen Bow Bradford Canaan Chichester Concord Dedbury Deering Durban Epsom Franklin Hemlock Hill Hillsboro Hopkinton Lebanon Newbury</p>	<p>Region V</p> <p style="text-align: center;">K E E P E N E</p> <p>Albany Andover Boscawen Bow Bradford Canaan Chichester Concord Dedbury Deering Durban Epsom Franklin Hemlock Hill Hillsboro Hopkinton Lebanon Newbury</p>	<p>Region VI</p> <p style="text-align: center;">M I D D L E B U R Y</p> <p>Nelson New Ipswich Rahabough Richmond Rindge Roxbury Sharon Spofford Stoddard Sullivan Sunny Swazey Temple Troy Walpole Westmoreland Winchester</p>	<p>Region VII</p> <p style="text-align: center;">M A N C H E S T E R</p> <p>Andover Bedford Candia Greenville Holliston Londonderry Manchester New Boston</p>	<p>Region VIII</p> <p style="text-align: center;">P O N T I S M O U T H / S E A C O A S T</p> <p>Barnstable Dorchester East Kingston Epping Epsom Farmington Greenland Hampton Hampton Falls Kensington Kinson New Castle Newfields Newmarket North Hampton Northwood Nottingham</p>	<p>Region IX</p> <p style="text-align: center;">D U R H A M / D U V E R</p> <p>Barnstable Dorchester East Kingston Epping Epsom Farmington Greenland Hampton Hampton Falls Kensington Kinson New Castle Newfields Newmarket North Hampton Northwood Nottingham</p>	<p>Region X</p> <p style="text-align: center;">A T K I N S O N / S A L I S B U R Y</p> <p>Atkinson Chestnut Dunbar Deery Hampton Newton Palmer Plymouth Salmon Sandown Wintham</p>
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Region/Programs Identified as Area Agency (AA program) or Area Agency Contracted (AA contracted)

- Region 1 Northern Human Services Family Centered Early Supports and Services (AA program)
- Region 2 PathWays of the River Valley Family Centered Early Supports and Services (AA program)
- Region 3 Lakes Region Community Services Family Centered Early Supports and Services (AA program)
- Region 4 Community Bridges Early Supports and Services (AA program)
- Region 5 Monadnock Developmental Services, Inc. MDS Birth to Three (AA contracted)
Rise for baby and family Early Supports and Services (AA contracted)
- Region 6 Gateways Community Services Gateways Early Supports and Services Program (AA Program)
The Children's Pyramid (AA contracted)
- Region 7 The Moore Center Early Supports and Services Program (AA program)
Easterseals NH Manchester (AA contracted)
- Region 8 One Sky Community Services
Waypoint Family Centered Early Supports and Services at the Richie McFarland Center (AA contracted)
- Region 9 Community Partners: Behavioral Health & Developmental Community Partners:
Family Centered Early Supports and Services (AA program)
- Region 10 Community Crossroads
The Children's Pyramid (AA contracted)
Easterseals NH Salem Family Centered Early Supports and Services (AA contracted)

Section II.A.9. A description of the policies and procedures used by the State to ensure that, before adopting any new policy or procedure, including any revision to an existing policy or procedure, needed to comply with Part C of the Act and 34 CFR Part 303, the lead agency:

- (1) Holds public hearings on the new policy or procedure, including any revision to an existing policy or procedure;**
- (2) Provides notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation; and**
- (3) Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the Council, to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303.**

Part C in the State of NH is administered by the Department of Health and Human Services (Department) through the Bureau of Developmental Services. In order for Department programs to be enforceable by state law, the Commissioner of the Department must adopt rules subject to the rule making authority granted by the state legislator and the Administrative Procedures Act (RSA 541-A), which details the statutory requirements for rule making. For this reason, "policy and procedures" are referred to as "rules" in this document. Please see the General Court website on Administrative Rules for further details: and the rulemaking flowchart. The State is aware that Federal Grant based programs have different requirements requiring notice and allow for these differences, as described below.

Hold public hearings on the new policy or procedure, including any revision to an existing policy or procedure

RSA 541-A governs the rulemaking process, and the Office of Legislative Services, Division of Administrative Rules maintains a "Drafting and Procedure Manual for Administrative Rules" which provides additional rulemaking requirements and guidance.

Both documents detail the requirement for an agency to hold at least one public hearing for all proposed rules, including both new rules and any revisions to existing rules. See <http://www.gencourt.state.nh.us/rsa/html/LV/541-A/541-A-11.htm> for detailed information.

Example: For the most recent proposed rule, the department scheduled two public hearings, on January 23 in Concord, NH, and January 29, 2013 in Conway, NH.

Part C: Public hearings are held when new or revised policies or procedures are proposed. 30 days' notice is provided prior to the hearings.

Provides notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation

NH state law requires an agency to give at least 20 days' notice of its intent to hold a public hearing on each proposed rule. Notice of a public hearing appears in the Rulemaking Register,

published weekly by the Office of Legislative Services, Division of Administrative Rules, at least 20 days before the hearing. (See [RSA 541-A:6, I](#), for detailed information.) Notice is also posted on the Department's [rulemaking website](#).)

Example: the most recently proposed rule, in order to comply with §303.208(b)(1), in addition to the notice published in the [December 27 Rulemaking Register](#), notice was also published in the December 21 & 22, 2012 editions of the [Union Leader](#), the newspaper with the greatest statewide circulation, allowing 33 days notice for the first scheduled public hearing. See sample newspaper ad on page 47.

State requirements: The state holds at least one public hearing on new rules (including any revision to an existing rule) and affords all interested persons reasonable opportunity to testify, submit data, views, arguments in writing and in electronic format. An agency may hold a public hearing or otherwise solicit public comment by such means as are appropriate to reach interested parties.

Part C: Public comment is accepted for a minimum 30 days within the 60-day period of public notice. Part C provides 30 days' notice prior to holding public hearings.

Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the Council, to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303.

Department policy is to accept public comment on a proposed rule beginning at the initial published notice of the rule and continuing until the last day of the public comment period. NH state law requires an agency to allow a period of at least 5 business days after the public hearing on a proposed rule for the submission of materials in writing or in electronic format (see [RSA 541-a:11, I\(b\)](#)). Example: in order to comply with Part C of the Act and 34 CFR Part 303, the public comment period for the most recently proposed rule was scheduled to end on February 25 (33 days after the first scheduled public hearing).

State requirements: Public comment forums are held at such times and in such places as to allow for a maximum level of participation from those interested. Electronic comments are collected and reviewed. In addition, NH State rules also allow that the official of rulemaking authority, lack of a quorum or determination that postponement may facilitate greater participation by the public may postpone a public comment hearing due to inclement weather, illness or unavoidable absence.

Part C practice: New or revised rules, policies or procedures are circulated widely and all comments are taken into consideration. Stakeholders are provided an opportunity to review and make comment on any proposed policies or procedures prior to submission to the State rule making process. This is referred to as an "informal comment" period. Stakeholders participating in the informal comment period include the ICC, local program directors and staff, the Parent Information Center (PIC), families and others who have expressed an interest in the work of the Part C program. Information is disseminated electronically to these groups as well as at regularly scheduled ICC meetings, meetings with local program directors, and Area Agency representatives.

The proposed rules are revised based on received comment, and then submitted into the rulemaking process. Once the rulemaking process has been initiated, the following process is followed.

Proposed rules are posted with 60 days' notice prior to holding 2 public hearings, and with public comment accepted for a minimum of 30 days within the 60-day period of public notice. Proposed rules are published in the newspaper with greatest statewide circulation, posted on the DHHS website, and notice disseminated using electronic means. Comments are again solicited from the ICC, local program directors and staff, the Parent Information Center (PIC), families, and others who have expressed an interest in the work of the Part C program.

A document labeled "Part C Public Participation Guidelines" provides a checklist for staff to ensure that public participation requirements are consistently carried out correctly. The staff member assigned to ensure that a document is posted correctly to encourage public participation must complete the checklist and maintain a copy of the checklist as documentation that public participation requirements have been met. A copy of the checklist is attached.



Lori A. Shlbinette
Commissioner

Melissa A. Hardy
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES
BUREAU FOR FAMILY CENTERED SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4488 1-800-852-3345 Ext. 4488
Fax: 603-271-4902 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Part C Public Participation Guidelines

Before an application under Part C of the IDEA is submitted to the U.S. Department of Education and before new policies or procedures are adopted, including revision to an existing policy or procedure, there must be a 60-day period, with an opportunity for public comment on the application for at least 30 days during that period. Use this form for documentation and guidance.

A. Use this checklist if the application contains new policies or procedures or revision to existing policy or procedure including revisions to the State rules He-M 510 or He-M203: (Check off actions and date appropriately)

_____ Deadline for completing public participation Requirements
_____ Date 60 day period begins _____ Date 60 day period ends _____

Within the 60 day period, the following must happen:

_____ 30 day Notice that a policy (rule) or procedure may be changed.
Date notice begins _____
Date notice ends _____

_____ 30 days for public comment
Date public comments begin _____
Date public comments ends _____

_____ Hold at least **two Public Hearings** on new policies (rules) or procedures including any revisions to an existing policy/rule.

_____ **Provide 30 day Notice before hearings!**
Date of Hearing #1 _____, location: _____
Date of Hearing #2 _____, location: _____

_____ Publish notice for hearings, notice, and comment periods in the newspaper with greatest statewide circulation **60 days before due date**. Please note that all dates for public notice and comment can be placed in the same newspaper ad and website posting. A sample newspaper ad is attached at the end of this checklist.

_____ Name of newspaper: _____ Dates published: _____

_____ Date posted to website (use newspaper ad) _____

_____ Date email message (use newspaper ad) sent to key Stakeholders including, but not limited to:

- NH ICC, FCESS program directors, AA representatives, (BDS list of key constituents)
- Date message sent: _____ (keep copy to verify to whom the email was sent)

B. USE THIS CHECKLIST FOR SUBMISSION OF A PART C ANNUAL APPLICATION, NO NEW POLICIES OR PROCUDURES:

Date application is due _____

60 days for Public Participation is required including **30 days' notice** that the application will be submitted and **30 days for comment**. Check off actions and dates appropriately.

_____ Date 60 day period begins _____ Date 60 day period ends _____

Within the 60 day period, the following must happen:

_____ 30 day Notice that a policy (rule) or procedure may be changed.

Date notice begins _____

Date notice ends _____

_____ 30 days for public comment

Date public comments begin _____

Date public comments ends _____

_____ Publish notice for hearings, notice, and comment periods in the newspaper with greatest statewide circulation **60 days before due date**. Please note that all dates for public notice and comment can be placed in the same newspaper ad and website posting. A sample newspaper ad is attached at the end of this checklist.

_____ Name of newspaper: _____ Dates published: _____

_____ Date posted to website (use newspaper ad)

_____ Date email message (use newspaper ad) sent to key Stakeholders including, but not limited to:

- NH ICC, FCESS program directors, AA representatives, (BDS list of key constituents)
- Date message sent: _____ (keep copy to verify to whom the email was sent)

.....

SAMPLE NEWSPAPER AD

Notice of Opportunity for Public Comment (With Changes to policy/rules)
Public notice on the application by the Department of Health and Human Services for federal funds to plan for and provide services to infants and toddlers with disabilities ages birth through two years as provided for under Part C of the Individuals with Disabilities Education Improvement Act (IDEIA, reauthorized 2004), is provided during the period: (start date of notice) to (end date of notice). Several policies and procedures have been revised in accordance with Part C Regulations of 2011. Public comment may be submitted from (begin date for public comment) to (end date for public comment). Two Hearings (if needed) will be held on the following dates: (date, time, and location) and (date, time, and location). Copies of the proposed application are available electronically at: (DHHS web page) or as a hard copy upon request from: (name of Part C Coordinator), Bureau for Family Centered Services, 129 Pleasant Street, Concord, NH 03301, (email address). Public comment may be submitted from (start date) to (end date). Interested persons are invited to submit written comment to: (name of Part C Coordinator), Bureau of Family Centered Services at the above address, or by e-mail: (email address).

SAMPLE NEWSPAPER AD

Notice of Opportunity for Public Comment (WITHOUT Changes to policy/rules)

Public notice on the application by the Department of Health and Human Services for federal funds to plan for and provide services to infants and toddlers with disabilities ages birth through two years as provided for under Part C of the Individuals with Disabilities Education Improvement Act (IDEIA, reauthorized 2004), is provided during the period: (start date of notice) to (end date of notice). Copies of the proposed application are available electronically at: (DHHS web page) or as a hard copy upon request from: (name of Part C Coordinator), Bureau for Family Centered Services, 129 Pleasant Street, Concord, NH 03301, (email address). Public comment may be submitted from (start date) to (end date). Interested persons are invited to submit written comment to: (name of Part C Coordinator), Bureau of Family Centered Services at the above address, or by e-mail: (email address).

Section II.A.10. Description of the policies and procedures the state will use to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from Part C to preschool or other appropriate services.

Policies and procedures used to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from receiving early intervention services under Part C to preschool or other appropriate services for toddlers with disabilities or exiting the program for infants and toddlers with disabilities are incorporated into State rule He-M510. These policies and procedures are described below.

10 (a)(3) Interagency Agreement

§303.209 (a)(3)(i)(A) and (B)(ii)

An interagency agreement between the NH Department of Education and the NH Department of Health and Human Services (Part C Lead Agency) to facilitate the provision and coordination of services for all infants, toddlers, children, youth and adolescents who are IDEA eligible has been drafted. This agreement will be signed by both Department Commissioners in 2014 and is considered effective until amended. It will take the place of any prior transition agreements between the agencies.

In addition to the agreement to the State level agreement, local early intervention programs are required to develop a regional written agreement with the LEA that describes:

- Practices that will enable FCESS and LEA personnel to collaborate effectively;
- When and how information will be shared, including a statement of confidentiality;
- A process to facilitate involvement of families, FCESS staff, and LEA staff in transition conference planning activities and meetings; and
- Transition activities that will take place such as home and program visits, observations, and evaluations.

10 (b) Notification to the SEA and appropriate LEA

34 CFR §303.209(b) Transition Notification

Not fewer than 90 days before the third birthday of the toddler with a disability if that toddler may be eligible for special education preschool services the lead agency notifies the SEA and LEA for the area in which the toddler resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the IDEA in accordance with State law. Please, see "parent option to object to disclosure" below for exceptions to this policy.

Sect. §303.209(b)(1)(ii)

If a toddler is eligible for early intervention services under Part C of the IDEA more than 45 but less than 90 days before that toddler's third birthday and if that toddler may be eligible for preschool services under part B of the IDEA, the Lead Agency, as soon as possible after determining the child's eligibility, notifies the SEA and LEA for the area in which the toddler with a disability resides that the toddler on his or her third birthday will reach the age of eligibility for services under part B of the IDEA, as determined in accordance with State law.

If the toddler is referred to DHHS fewer than 45 days before that toddler's third birthday and that toddler may be eligible for preschool services under Part B of the IDEA, the lead agency, with parental consent, refers the toddler to the SEA and LEA for the area in which the toddler resides; but, the lead agency is not required to conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances.

Notification to the SEA is accomplished by electronic transfer of data from the lead agency data system to the SEA data system as soon as possible but not less than 90 calendar days before the child's third birthday, unless the child is referred fewer than 45 days before the toddler's 3rd

birthday in which case the data is transferred as soon as possible with parental consent. Local programs notify the LEA by sending a standard letter and any additional information the family has given consent to share as soon as possible, but not less than 90 calendar days before the child's third birthday.

Information provided in the notification to the SEA includes the child's name, the child's date of birth, and parent contact information including the parents' names, addresses, and telephone numbers. The service coordinator's name and contact information is also included on the notification form. This information and any additional information for which the parent has given consent is sent to the LEA.

§§303.209(b)(2), 303.401(d). Disclosure of Information and Parent Opportunity to "Opt. Out" of LEA notification and disclosure.

The lead agency must disclose to the SEA and the LEA where the child resides and the personally identifiable information mentioned below not fewer than 90 days before the third birthday of the toddler with a disability if that toddler is determined to be potentially eligible for preschool services under part B of the IDEA.

If a child is determined to be potentially eligible for preschool special education services, the service coordinator shall provide parents information describing the notification requirement at the IFSP meeting that was convened to develop the child's transition plan between 27 and 32 months. The notification requirement is for the program to refer the child to the responsible LEA and NH Department of Education if the parent does not inform the program in writing within 7 calendar days that they object to personally identifiable information being sent to the LEA. The parent is also notified that the personally identifiable information that will be provided is limited to the child's name, date of birth, parents' names and parents' contact information including addresses and telephone numbers and that the service coordinator's name and contact information is also included on the notification form. Additional information such as the IFSP and evaluation will be provided in the LEA notification only if the parent gives consent to this additional information being shared.

If families notify the service coordinator within 7 calendar days from the day that the child is determined to be potentially eligible that they wish to limit contact information sent to the local school system about their children, they will be given an opportunity to "opt-out" of this notification. If families indicate they do not want limited contact information sent to the local school system, their choice to "opt out" will be documented by having them sign the "Opting Out of LEA Notification" form."

Information about the parent option to object to disclosure to the LEA and SEA that a child is potentially eligible is provided 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.

10 (c) Conference to discuss services:

§303.209(c)(1)

If a toddler with a disability may be eligible for preschool services under Part B of the IDEA, the lead agency, with the approval of the family of the toddler, convenes a conference, among the lead agency, the family, and the LEA not fewer than 90 days – and, at the discretion of all parties, not more than 9 months – before the toddler's third birthday to discuss any services the toddler may receive under Part B of the IDEA.

§303.209(c)(2)

If the lead agency determines that a toddler with a disability is not potentially eligible for preschool services under Part B of the IDEA, the lead agency, with the approval of the family of that toddler, makes reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for the toddler to discuss appropriate services that the toddler may receive.

§§303.343(a), 303.209(e)

A transition conference meeting must include the following people

1. The parent or parents of the child;
2. Other family members, as requested by the parents, if feasible to do so;
3. An advocate or person outside of the family, if requested by the parents;
4. The LEA representative;
5. The designated service coordinator;
6. A person or persons directly involved in evaluations and assessments; and
7. As appropriate, persons who will be providing EI services to the child and family.

The transition conference and meeting to develop a transition plan may be combined into one meeting but must meet the requirements in §§303.342(d) and (e) and 303.343(a).

§303.342(d) and (e)

The meeting must be conducted in a setting and at a time that is convenient for the family, and 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. 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.

10 (d) Transition Plan:

§§303.209(d)

The State lead agency must ensure that for all toddlers with disabilities:

1. It reviews the program options for the toddler with a disability for the period from the toddler's third birthday through the remainder of the school year; and
2. Each family of a toddler with a disability who is served under this part is included in the development of the transition plan required under this section and 303.344(h)

§303.209(d)(2)

The transition plan is established in the IFSP not fewer than 90 days – and, at the discretion of all parties, not more than 9 months – before the toddler's third birthday.

§§303.344(h), 303.414

The IFSP must include the steps and services to be taken to support the smooth transition of the child, in accordance with §§303.309 and 303.211(b)(6), from part C services to:

1. Preschool services under Part B of the Act, to the extent that those services are appropriate; or
2. Other appropriate services.

The steps referred to above must include:

1. Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition;

2. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;
3. Confirmation that child find information about the child has been transmitted to the LEA or other relevant agency, in accordance with §303.209(b) and NH's policy to allow parents to object to sharing information with the SEA and LEA, and, with parental consent if required under 303.414
4. Identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.

§303.209(d)(2)

The transition plan is established in the IFSP not fewer than 90 days – and, at the discretion of all parties, not more than 9 months before the toddler's third birthday.

§303.209(d)(3)

The transition plan in the IFSP includes, consistent with §303.344(h), as appropriate:

1. Steps for the toddler with a disability and his or her family to exit from the part C program; and
2. Any transition services that the IFSP Team identifies as needed by that toddler and his or her family.

§303.342(d) and (e)

The meeting to develop the transition plan must be conducted in a setting and at a time that is convenient for the family, and 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. 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.

§§303.343(a), 303.209(e)

A transition conference meeting must include the following people

1. The parent or parents of the child;
2. Other family members, as requested by the parents, if feasible to do so;
3. An advocate or person outside of the family, if requested by the parents;
4. The LEA representative;
5. The designated service coordinator;
6. A person or persons directly involved in evaluations and assessments; and
7. As appropriate, persons who will be providing EI services to the child and family.

§303.209(e)

The transition conference and meeting to develop a transition plan may be combined into one meeting but must meet the requirements in §§303.342(d) and (e) and 303.343(a).

§303.209(f) Applicability of transition requirements

The transition requirements in (b)(1)(i) and (b)(1)(ii), (c)(1), and (d) of this section apply to all toddlers with disabilities receiving services under this part before those toddlers turn age three, including any toddler with a disability under the age of three who is served by a State that offers services under 303.211.

10 (f) §303.211 State option to make services available to children ages three and older

NH does not make Part C services available to children ages three and older.

Section II.A.11. Each application must contain a description of State efforts to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, et seq., as amended), early education and childcare programs, and services under Part C. (34 CFR §303.210)

Collaborative activities:

1. Head Start Collaboration Office

The Bureau of Child Development and Head Start Collaboration, Debra Nelson, Bureau Chief, is located in the Department of Health and Human Services, which is also the Lead Agency for the Part C program. For this reason, there is no interagency agreement, but there has been a great deal of collaboration between the two programs for many years. Documentation of this collaboration is attached at the end of this document. Additional documentation is available if needed.

2. Watch Me Grow Screening and Information System –

A statewide developmental screening system comprised of partnerships throughout the state to provide access to developmental screening for both families and providers, and to ensure meaningful family connection to services when indicated. Funding for WMG is provided by Part C, Child Development Bureau and Head Start Collaboration, Preschool Development Grant, and the Bureau for Family Centered Services.

3. NH Head Start Association

A Memorandum of Understanding (MOU) between Part C Lead Agency and the NH Head Start Association has recently been developed for the following purposes:

- A. To improve the quality of services for NH's children with disabilities, birth to age three, and their families;
- B. To promote collaboration regarding the agreement among the NH FCESS and NH HS and their local counterparts; and
- C. To define the roles and responsibilities within respective mandates of FCESS and HS.

All Early head Start Programs (3) currently have MOUs with local FCESS (Part C) programs, but differ in content. The statewide MOU will serve as a model for future local EHS/FCESS local programs MOUs.

4. Early Childhood Advisory Council

NH's Council for Thriving Children was established in 2020 to guide NH's Early Childhood Care & Education (ECCE) governance system. The system includes four main quadrants: Department of Education (DOE), Department of Health and Human Services (DHHS), B-8 Parent Advisors, and the Early Childhood Scientific Advisory Panel. The Council is co-led by DHHS and DOE. DHHS and DOE Early Childhood Integration Teams (ECITs) support data-driven policy and program coordination, integration, and development while increasing performance and resource accountability across the ECCE system. The ECITs are comprised of staff from across both agencies that directly touch or support early childhood programs, as well as parents, local programs, educational partners, coalitions and agencies. ECCE Advisors, including parents, representatives from Legislative entities, providers, advocates, and other stakeholder groups, share emerging trends for children, families, communities, workforce and business, while generating learning and capacity across the ECCE system.

The Council's vision: *All families are afforded comprehensive and responsive supports, so they are healthy, learning, and thriving now and in the future.* Its four goals to achieve this vision:

1. Positive Learning Experiences across all settings including the home and childcare, as well as after school programs, preschools, and elementary schools.
2. Healthy Children and Families shall have access to the best opportunities for early and lifelong health.
3. Strong Families will have the skills, basic resources, and supports to promote their children's development and learning before birth and continuing through age five and beyond.
4. Statewide Coordination – Children and families will have the benefit of well-coordinated early childhood programs and services that work effectively together on their behalf.

5. NH Interagency Coordination Council

Since 1997, New Hampshire has maintained an established Interagency Coordinating Council with members appointed by the Governor.

The New Hampshire Interagency Coordinating Council is an advisory body to the Department of Health and Human Services, Bureau of Developmental Services and the Department of Education, Bureau of Special Education. The purpose of the NH ICC is to assist these agencies to promote and increase the quality of Family Centered Early Supports and Services (Part C of IDEA) and Preschool Special Education (Part B/619) supports and services to eligible children, birth through five years, and their families. Four major goals underlie the ICC's mission:

1. Assure that supports and services are: high quality; family centered; evidence based and provided within natural settings for children and their families;
2. Support the lead agencies to implement a statewide monitoring, data collection and improvement system that identifies strengths and needs and utilizes results to improve programs and services;
3. Facilitate interagency collaboration at the federal, state, regional, and local levels in order to assure that: quality supports and services exist for children and their families; duplication and gaps in supports and services provided are identified; and sufficient public and private resources are identified, allocated equitably and appropriately utilized; and
4. Address immediate and relevant issues regarding the viability, finances, implementation, philosophy, practices, and/or quality of supports and services via subcommittees, work groups or other responsive mechanisms.

The ICC has Governor appointed seats for members including Head Start staff, Part B, parents, and the Parent Information Center. The Interagency Coordinating Council has determined through a facilitated process that its work is still relevant and appropriate to the goals.

Section II.A.12. A description of how the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C.

The Department of Health and Human Services (DHHS) has taken the following steps to ensure that there is equitable access to, and participation in, family-centered early supports and services (Part C) in New Hampshire as required by section 427(b) of GEPA.

DHHS has a statewide system of 10 regional area agencies providing family centered early supports and services through 14 family centered early supports and services programs, 10 regional family support councils and family support coordinators. These entities provide supports and services to all geographic areas of the State, and they have significant influence on the development of family-centered early supports and services and family support regionally and statewide. Distribution of resources is based on data confirming the need for supports and services, expansion of service options for families, and underserved populations through the Bureau of Developmental Service contract Reporting Requirements. New Hampshire periodically evaluates its allocation methodology to address any inequities that may be identified.

Additional ways that barriers are addressed:

- Resource and referral information is available through a toll free number at the State Library;
- Informational materials can be translated in languages other than English (including Braille) in those communities that have this need;
- Referral and other information is available in the local community at a wide variety of locations including:
 - Health care facilities,
 - The public library system and State Library website: [https://nhsl.nhais.bywatersolutions.com/Child care programs](https://nhsl.nhais.bywatersolutions.com/Child%20care%20programs)
 - Regional Child Care Resource and Referral sites,
 - Social service agencies,
 - Educational facilities,
 - Federal, State, and regional offices,
 - Lead Agency website: <http://www.dhhs.nh.gov/dcbcs/bds/earllysupport/refer.htm>
- Interpreters (for languages other than English, including Sign Language) are available if there is a need, at no cost to the family;
- Parent to Parent program connects families with similar concerns; and
- The regional family support staff work closely with family-centered early supports and services programs to ensure families in need of literacy or other educational opportunities are connected to local resources and are provided financial support as needed.
- Statewide web-based data system collects data used for Federal reports as well as for identifying and confirming the need for supports and services as noted above.

