REPRINT

INTERIM REPORT OF THE
JOINT SUBCOMMITTEE STUDYING

Early Intervention Services for Handicapped Infants and Toddlers

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

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Report of the Joint Subcommittee
Studying Early Intervention Services
For Handicapped Infants and Toddlers

To

The Governor and General Assembly of Virginia
Richmond, Virginia

TO: The Honorable L. Douglas Wilder,
Governor of Virginia
and
The General Assembly of Virginia

I. EXECUTIVE SUMMARY

The subcommittee found that early intervention services are of vital importance and can prevent or mitigate numerous problems and endorsed Virginia's continued participation in Part H of the Individuals with Disabilities Education Act. Part H is a discretionary five-year federal grant program of early intervention services to infants and toddlers with disabilities and their families. The Department of Mental Health, Mental Retardation and Substance Abuse Services is the lead agency for the development and implementation of Part H which is required to be a statewide, comprehensive, coordinated and interagency system.

Virginia is currently in the third year of the five-year grant and when the fifth year commences, which will be no later than October 1992, all Part H services must be available on an equal basis to qualified children throughout Virginia. This is expected to require an appropriation of additional funds; however, the subcommittee did not receive sufficient information in its first year of study to determine the amount that will be required. Because the subcommittee did not receive sufficient information to determine the fiscal impact of Virginia's continued participation in Part H, a resolution was submitted continuing the study for an additional year so that fiscal issues and other issues that were identified during the course of the study could be examined more closely. Issues that will be studied in the second year include the extent of and remedies for the shortage of physical therapists and other professionals who provide Part H services and how responsibility should be delineated for two-year-olds who may be eligible for special education and/or Part H services. The subcommittee identified various actions that could be taken to enhance the Part H program in Virginia prior to resolution of the major fiscal issues and made a number of recommendations designed to further the implementation of the Part H Program. The subcommittee feels that, in addition to furthering the Part H Program, its interim recommendations will improve the delivery of services to disabled children and their families. These recommendations are contained in House Joint Resolution No. 381, which was passed by the 1991 General Assembly.

II. AUTHORITY

House Joint Resolution 164 (Appendix A), agreed to by the 1990 General Assembly, established a joint subcommittee to study the programmatic and fiscal impact of adopting public policy for the implementation of Part H of P.L. (Public Law) 99-457, the Education of the Handicapped Act, which was subsequently reauthorized by Congress as Part H of P.L. 101-476, the Individuals with Disabilities Education Act. Part H is a discretionary five-year grant program of early intervention services to Virginia's infants and toddlers with disabilities and their families. The Part H Program differs from other intervention programs because it is directed at the birth through age two population and because of its interagency and family focus and the emphasis on a comprehensive range of services.

III. BACKGROUND

A. Federal Legislation

P. L. 99-457 was enacted by Congress in October 1986 as an amendment to Public Law 94-142, the Education of All Handicapped Children's Act of 1975. Public Law 99-457, Part H, came about because of a strong Congressional desire to serve children starting at birth and authorized the United States Department of Education to administer a discretionary state grant program. P.L. 94-142 reflected Congressional intent that all states serve children with handicaps starting at age three and required states to set as a goal the availability of services beginning at birth. When testimony was presented to Congress in planning for the 1986 amendments legislators were concerned because only one-half of the states had implemented mandates for services starting at age three and only five states had birth mandates. Despite a strong push for a federally mandated program of special education beginning at birth, it became very clear to planners and advocates that a downward extension of special education law was not the best approach to serving young handicapped children.

During the planning, a number of critical concepts emerged and became Part H. Among those concepts are: an interagency focus, a family-centered approach, identification and delivery of services to at-risk children, entitlement, collaboration among existing service providers, community planning, and emphasis on planning and designing a system of services by maximizing existing resources. Rather than starting a new program, it was decided that states had many of the needed services and that the emphasis should be on coordination of services and identification of gaps. Federal funds ("glue money") were made available to the states to plan, develop, and implement a statewide system that coordinates existing resources and for direct services which expand and improve existing services. All 50 states have chosen to participate in Part H. Most states have found that they need additional money and disagree with the federal assumption that if, existing money is better utilized, additional money will not be needed. Congress reauthorized Part H in October of 1990 as Part H of Public Law 101-476, the Individuals with Disabilities Education Act, and, according to Congressional staff there is Congressional recognition that additional funds are needed. When Part H was reauthorized, the preferred term changed from "infants and toddlers with handicapping conditions" to "infants and toddlers with disabilities." The terms are used interchangably in this report.

In enacting Part H of Public Law 99-457, Congress found an urgent and substantial need to:

- enhance the development of handicapped infants and toddlers and to minimize their potential for developmental delay;
- reduce educational costs by minimizing the need for special education and related services after handicapped infants and toddlers reach school age;
- minimize the likelihood of institutionalization of handicapped individuals and maximize their potential for independent living in the community; and
- enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps.

Section 671 (b) of Part H of Public Law 99-457 states that it is the policy of the United States to:

- develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for handicapped infants and toddlers and their families;
- facilitate the coordination of payment for early intervention services from federal, state, local, and private sources (including public and private insurance coverage); and
- enhance its capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to handicapped infants and toddlers and their families.

The Act specifies that "handicapped infants and toddlers" are individuals from birth through age two who need early intervention services because of actual developmental delays in certain areas or because of a diagnosed physical or mental condition which has a high probability of resulting in developmental delay. Each state must develop its own definition of developmental delay. This is a critical definition because it determines which children will receive services. The broader the definition, the greater the number of children reached but the more costly the program. The Act also defines "early intervention services" as certain services designed to meet a handicapped infant's or toddler's developmental needs that are provided under public supervision and at no cost unless federal or state law provides for a system of payments.

The Act requires states to establish an interagency coordinating council composed of gubernatorial appointees representing various interests. The legislation also sets out 16 minimum components that the statewide system must contain, including an individualized family service plan (IFSP) for each eligible child and family. The IFSP must be developed by a multidisciplinary team and must contain certain elements. The Act details the state application procedure and sets out minimum procedural safeguards for parents.

In addition to using grant funds to plan, develop, and implement an early intervention program, a state may use grant funds to provide direct services for handicapped infants and toddlers that are not otherwise provided from other public and private sources and to expand and improve on services that are otherwise available. Grant funds may not be used to satisfy a financial commitment for services which would otherwise have been paid for from another source. States are not permitted to reduce medical assistance or other available assistance or to alter eligibility under portions of the Social Security Act dealing with maternal and child health and Medicaid for handicapped infants and toddlers.

B. Implementation in Virginia

One of the first steps taken to implement the Part H program in Virginia was the designation of a lead agency, as required by federal law. On June 3, 1987, Governor Baliles designated the Department of Mental Health, Mental Retardation and Substance Abuse Services as Virginia's lead agency, which is responsible for:

- Administration of the statewide system in accordance with the requirements of federal law;

- General administration, supervision, and monitoring of programs and activities;

- Identification and coordination of all available federal, state, local, and private resources for early intervention services within the State;

- Resolution of interagency disputes and procedures for ensuring the provision of services pending the resolution of such disputes; and

- Entering into formal state interagency agreements that define the financial responsibility of each state agency for paying for early intervention services, procedures for resolving disputes, and any additional components necessary to ensure cooperation and coordination among all agencies involved.

Virginia's initial application for funding was sent to the U.S. Department of Education in June 1987. The Commonwealth was awarded $1,049,898 in funds to be spent between July 1, 1987, and September 30, 1989. For second year funding, Virginia was awarded $1,437,658 to be spent between July 1, 1988, and September 30, 1990. Virginia was awarded $1,533,356 for its third year for expenditure from October 1, 1990, through September 30, 1991. The lead agency expects to submit a fourth-year grant application by July 1, 1991, and to receive $1.7 million in fourth year funds. The fifth year is expected to commence on October 1, 1992, and funding is expected to be $2.6 million for Virginia.

In March 1988 Governor Baliles appointed the initial members of the Virginia Interagency Coordinating Council (VICC). The Council is comprised of parents, service providers, agency representatives and representatives from the state legislature, in accordance with federal law. In Virginia there are eight state agencies involved with infants and toddlers that are represented on the VICC. The agencies are the Departments of Education; Health; Medical Assistance Services;

Mental Health, Mental Retardation and Substance Abuse Services; and Social Services and the Departments for the Deaf and Hard of Hearing; Rights of Virginians with Disabilities; and Visually Handicapped. The Department for Children was initially represented on the VICC but is no longer represented. The Council is responsible for:

- Advising and assisting the lead agency in the performance of its responsibilities, particularly in the preparation of policies and procedures, identification of the sources of fiscal and other support for early intervention services, assignment of financial responsibility to the appropriate agency, and promotion of interagency agreements;

- Assisting in the preparation and updating of grant applications; and

- Preparing and submitting an annual report to the Governor and to the Secretary of the U.S. Department of Education on the status of early intervention programs operating in Virginia.

The lead agency and the VICC have worked together to establish an organizational structure and framework for planning and service development. The VICC established subcommittees and task forces to develop the components required for a comprehensive system of early intervention services. The VICC has met numerous times and among its accomplishments are the following:

- Drafted bylaws for the VICC;

- Developed a mission statement and a philosophy of service delivery;

- Formed a steering committee, four standing committees to address issues in areas of identification/tracking, service delivery, administration/legislation, and personnel and other components:

- Approved a working definition of "developmentally delayed" and "at-risk" categories of eligibility;

- Completed an eligibility projections report which estimated the number of children in need of services by locality and cost (current and future), based on census, vital statistics, and incidence data; and

- Developed and distributed for public comment a policies and procedures packet addressing the 16 federally mandated components of an early intervention program.

The VICC and lead agency established a planning sequence for the accomplishment of the 16 required minimum components. Using this planning sequence, a workplan for first and second year implementation activities was developed and is updated by VICC committees on an ongoing basis. The workplan is intended to serve as the blueprint for a collaborative partnership between the VICC and lead agency. It also gives guidelines for the involvement of the local planning groups and consultants and outlines specific goals and activities for each of the 16 program components.

An interagency agreement, entitled the Memorandum of Agreement for Public Law 99-457, was signed in July 1990 by the Secretary of Health and Human Resources, the Secretary of Education, and the heads of the agencies represented on the VICC.

At the community level, 40 local planning councils for early intervention, corresponding to the community services board areas, have been established. Although federal law does not mandate the establishment of local planning groups, the lead agency and the VICC felt that the establishment of local planning groups would facilitate the implementation of the Part H Program in Virginia by ensuring local input and promoting local flexibility. The lead agency set the guidelines for formation of the local planning councils and provided $10,000 annual planning grants for each of the 40 regions, which range in size from one to ten jurisdictions. Local planning groups began to form in September 1988. Most councils are managed fiscally through the local community services boards, but some are operated through other agencies. Local planning councils are comprised of parents, community services board staff, early intervention program staff, medical providers, education agency staff, social service agency staff, advocacy group representatives, and representatives from other local community services and civic groups. Local planning groups are responsible for establishing a "vision" of a system of services at the local level and plans for making it a reality by:

- Examining current resources in the area and each provider's operating policies and procedures;

- Determining strengths of local services;

- Assessing local needs by examining service gaps and duplications, and identifying policy and procedural barriers and opportunities;

- Ranking issues and needs and establishing work groups to address priority issues;

- Developing written agreements and contracts for services within the locality that address identified issues and outline how agencies will work together (referrals, consultation, and feedback);

- Developing strategies to address identified service gaps; and

- Addressing specific system components, including public awareness, referral, transition, case management, IFSP development, and assessments.

The lead agency has supported local planning councils through staff liaisons to regions within the State. Regional liaisons are responsible for supporting local planning efforts, providing guidance and direction, and clarifying concerns and issues. Technical assistance consultants were under contract with the lead agency for two years and were instrumental in establishing the 40 planning councils and assisting councils in the development of plans. The plans set priorities based on the gaps in services existing in the particular locality and will be used to identify statewide gaps in services and to provide further technical assistance to localities.

By the beginning of the fourth year of a state's participation, eligible infants and toddlers and their families are entitled to service coordination, multidisciplinary team assessment, IFSP development and corresponding procedural safeguards. These persons are entitled to the provision of services as delineated in the IFSP by the beginning of the fifth year.

In April 1989, Virginia sought guidance from the U.S. Department of Education, Office of Special Education Programs (OSEP), regarding the federal interpretation of Part H as "an entitlement program on behalf of each eligible child and the child's family, based on the statutory provisions." Concerns were raised in several areas. While Virginia is working toward a statewide comprehensive, coordinated system of early intervention services by 1991 and the full implementation of an IFSP for each eligible child and family by 1992, the Commonwealth does not have the financial capability to mandate entitlements to early intervention services for all services included in each eligible child's and family's IFSP. Additional federal funds for direct services would be essential in making an entitlement a reality and the absence of clear federal financial support would have a negative impact on future state and local budgets. Clarification needs to be given as to whether federal financial commitment to states will continue after the five-year phase-in period. Given these resource limitations, entitlement could adversely affect the inclusion of various "at-risk" categories in Virginia's definition of the eligible population for services. While it would be financially difficult to entitle children required to be served under the federal definition of handicapped, the cost of entitling those who might be at-risk for developmental delay might be prohibitive.

OSEP responded that its use of the term "entitlement" for the Part H Program had created some confusion among the states. However, its intended meaning was:

> "that by the beginning of the fifth year of participation in the program, all eligible children are entitled to receive the services that are included in their individual family service plans. You have correctly indicated that Sec. 672 (1) (B) permits States to charge for services in certain circumstances. When we characterized the Part H program as an entitlement we did not intend to imply that the requirements of Sec. 672 (2) (B) would not apply."

With respect to future federal financial commitment to the program, OSEP acknowledged that appropriations for the program have been increased yearly and that it anticipated ongoing federal funds to support Part H. OSEP further explained that states are not required to carry out requirements under Part H unless a State elects to participate in Part H and receives Federal funds under Part H for that fiscal year.

IV. SUBCOMMITTEE ACTIVITIES

House Joint Resolution 164 gave the subcommittee the broad directive to study the programmatic and fiscal impact of adopting public policy for the implementation of Part H. The subcommittee held four meetings and heard testimony from the lead agency, numerous state agencies, parents, the Virginia Interagency Coordinating Council, local planning councils, community services boards, other service providers, and experts in fiscal and other Part H matters. The members acquainted themselves with the complex requirements of Part

H and with the activities that had already been undertaken for its implementation Part H in Virginia. The subcommittee heard the federal philosophy, goals, and intent and learned what other states are doing to implement Part H. Some of the public service products, such as brochures, directories and television spots, were reviewed. The subcommittee received lead agency reports of public hearing comments on a proposed policies and procedures package for the 16 federally mandated components of an early intervention program that had been developed through the collaborative efforts of the VICC, lead agency, and local experts.

The subcommittee devoted a substantial amount of time to consideration of the definition of developmentally delayed and the financial impact of various versions of the definition. During the course of the it's work, a study on the impact of the definition of eligibility was conducted in five localities to provide information on the numbers of infants and toddlers who will be entitled to services. The study was to be used to generate statewide estimates on the numbers of infants and toddlers needing services, the types of services available and needed, and some preliminary projections of total costs to deliver services. The members also looked at ways to fund the Part H Program.

The subcommittee monitored the work of the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support for Persons with Physical and Sensory Disabilities in the Commonwealth (HJR 45, 1990), also known as the Beyer Commission, a two-year commission whose membership includes members of the General Assembly, the public and the Lieutenant Governor, who chairs the Commission. The Commission's primary mission is to develop a blueprint for service delivery to the head injured, sensory disabled and physically disabled population for the next decade and into the twenty-first century. The Subcommittee also monitored the work of the Joint Subcommittee Studying Maternal and Perinatal Drug Exposure and Abuse (HJR 41 and SJR 11, 1990). There is a substantial relationship between the two subcommittees because drug exposed babies may have chronic disabilities which require expensive long-term medical, rehabilitative and social interventions and special education services.

V. FINDINGS AND RECOMMENDATIONS

The subcommittee found that the Part H Program is a unique and useful program that has the potential to greatly benefit disabled children and their families. It requires reorienting bureaucratic thinking and rearranging traditional service delivery structures, but presents an opportunity to use existing resources more efficiently and to develop further resources. The subcommittee learned from parent and service provider testimony that disabled children and their families need a diversity of services and that services are currently fragmented and cumbersome to obtain. Full implementation of Part H would increase the services available and their accessibility. The subcommittee found that early intervention can prevent the development of more serious and costlier problems.

Since Part H implementation activities began in Virginia, referrals to infant programs have increased and the number of children served by infant programs has increased, which is attributed primarily to the work of the local planning councils and the public awareness campaign. However, as awareness has

increased, waiting lists have grown. The subcommittee heard that there are service gaps and geographic areas in Virginia where certain services are not available because of a shortage of qualified personnel. These deficiencies will have to be addressed in order for Virginia to receive fifth year funding which is scheduled to commence October 1, 1992.

As mentioned earlier, the Subcommittee devoted a great deal of time to consideration of the definition of eligibility because of its critical importance in determining which children will be eligible for services. Although each state may develop its own definition, all elements of the federal definition must be included. States have the option of adopting a broader definition, which is appealing because at-risk children could be served and the cost of serving at-risk children will be much less than serving the core population. However, inclusion of at-risk children will increase the cost of the program. Estimates are that the federal definition would encompass one or two percent of the birth through two-year-old population in Virginia. As of December of 1990, all of the states that had been approved for a fourth-year grant had not included at-risk children. Once the definition has been submitted to the U.S. Secretary of Education in the fourth-year grant application, which must be submitted no later than June 30, 1991, the definition cannot be constricted although it can be expanded. The earliest opportunity to expand the definition would be in the fifth year grant application.

Speakers before the subcommittee recommended the adoption of a broad definition, citing the cost benefit ratio of serving at-risk children. The subcommittee was told that providing the money initially is an investment in the future of many young Virginians and will reduce long-term monetary and emotional costs.

The subcommittee reviewed a definition of eligibility for services developed and recommended by the VICC. The portion of the recommended definition that was subject to debate was the inclusion of at-risk children. All other elements of the definition are required by federal law. According to VICC representatives, the definition was intended to ensure the broadest possible accessibility for children with developmental disabilities, developmental delays, or a risk of developmental disability. The VICC believed that a broader definition would risk dilution of efforts, which would be wasteful in a time of limited resources, and might needlessly stigmatize infants and their families. A narrower definition would mean the loss of an opportunity to intervene in a positive and timely way in a child's life. The VICC believed that its definition targeted all infants and toddlers truly in need of early intervention services. Representatives of the VICC pointed out that the broadening of the definition of eligibility by a percentage point or two of incidence of risk would not increase the cost of services by the same proportion. Different, less costly services like tracking, monitoring, counseling, education, nutrition, and health maintenance programs can be provided to at-risk infants and their families to obviate the need for far more costly services later on.

The lead agency engaged a health planning consultant to conduct a study to estimate the need for early intervention services under an eligibility definition adopted by the VICC. Although the eligibility definition changed somewhat during the course of the five-month study, according to the definition used for the purposes of the study, eligibility can exist if a child is developmentally delayed, has one or

more specified physical or mental conditions, or has three or more risk factors. The information was collected on infants and toddlers in five selected geographical areas chosen to include urban and rural localities and to encompass varying risk levels based on birth data. The methodology of the study involved prospective data collection on children identified as having a condition specified in the definition during the five-month study period and children who were in an early intervention program at some point during the five-month study period in the five study areas of the state. Information was collected from hospitals, physicians, health departments, social service departments, community services boards, school systems, and others in local communities. Local planning councils handled the data collection. Survey respondents identified whether the level of service that the child needed was intervention, monitoring, or tracking.

A total of 908 children not previously identified as needing services were identified during the study period, but only 341 would potentially be eligible for services under the definition. There were 567 children already being served and of those it was discovered that 155 did not meet the definition. Identified children who did not meet the definition typically had one or two but not three risk factors, although some came close to meeting a third risk factor. According to the data, approximately 15,000 children statewide will qualify under the definition at some point during the first three years of their lives and about 7,500 children will be eligible at any given time. There will be 40,000 to 45,000 children who have a risk factor at any given time. The study found that the need for early intervention services varies considerably according to the area of the State, and services should be targeted to those areas that have high risk populations. The study illustrated that, in addition to the amount of funding needed to implement the program statewide, distribution of funding is a critical issue, since risk levels and the percentage of children likely to need services vary substantially throughout the State. There were children who left the program during the five-month survey period because treatment successfully resolved their problem. A copy of the study is attached to this report as Appendix B.

Representatives of community services boards stated their strong support for early intervention and prevention programs but pointed out that, although many portions of the Part H Program are in place, additional funding is needed for personnel, equipment, training, development of direct services designated in the IFSP, and various other items. Because Part H is an entitlement program, all children found eligible under the definition will be entitled to services. In the fourth year the required services will be service coordination, multidisciplinary team assessment and IFSP development, and, in the fifth year, provision of the services delineated in the IFSP will be required. Concern was expressed that, if the Part H Program is implemented but not adequately funded, funds for other community services board programs will have to be reallocated for Part H.

The subcommittee received information on the amount of money that state agencies are currently spending to provide early intervention services to developmentally delayed infants and toddlers from birth through age two. The figures were gathered from those agencies which provide direct services, which are the Departments of Health; Education; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services and the Department for the Visually Handicapped. However, the data was inconclusive due to the lack of standardized interagency data collection and reporting formats. It was also difficult to identify

the amount of Medicaid money involved. Therefore, the subcommittee was unable to project the cost of the Part H Program and how much additional funding will be necessary because of the lack of availability of precise figures regarding the costs of services, the money that is currently being spent on the state and local levels, and whether any resources could be freed by the elimination of overlapping responsibilities and reinvested.

After a lengthy discussion regarding the desirability of adopting a broad definition so that the greatest number of children could be served versus the uncertainty of the cost of serving both those required to be served and the at-risk population, the subcommittee decided that since the definition would be drawn administratively, the Subcommittee should set the policy that the definition should be as broad as possible and to let the administration determine what is feasible given current financial constraints. The subcommittee recognizes the many problems that can be prevented when children receive services early in their lives and therefore endorses the broadest possible definition, but it also recognizes that financial uncertainty and a lack of resources may require the administration to adopt a definition that allows at-risk children to be phased-in.

1. *RECOMMENDATION: Because of the many problems that can be prevented or mitigated by early intervention, ideally the definition of eligibility should be as inclusive as possible. It is highly desirable to include at-risk children, but the subcommittee recognizes that the executive branch must decide on a definition of "developmentally delayed" in difficult economic times and prior to having precise information regarding the cost of services. The subcommittee realizes that these limitations may require the executive branch to adopt a definition which will allow at-risk children to be phased into the definition over a period of time.*

Upon being informed that state appropriations will be needed for service delivery because the range of services required by federal law is not available throughout Virginia, the subcommittee looked for untapped funding sources and found that Medicaid and its Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) are potential sources. Significant changes to the EPSDT Program increase the range of services available through Medicaid for children in early intervention programs. States must make all previously optional Medicaid treatment services available to children receiving EPSDT screening. The vast majority of services that may be included in an individualized family service plan (IFSP) must be covered by Medicaid through EPSDT for all eligible children. In Virginia this will require amending the state Medicaid plan to cover services such as case management and occupational, physical, and speech therapy. EPSDT is also important because it covers children at 133 percent of poverty level up to age 6. Although the state portion of Medicaid is a considerable cost, the subcommittee heard that other states are discovering that existing state and local appropriations can be used to partially fund the expansion of Medicaid services.

The previously mentioned study estimating the need for early intervention services revealed that of those children identified as being in programs or newly identified, 51 percent already had Medicaid eligibility, 7 percent had applied and a determination was pending, 25 percent were determined ineligible, and the status was unknown for 17 percent. Although some of the children who are not Medicaid eligible would be covered by private insurers, many services would not be covered under an insurance plan.

The Subcommittee noted that when a facility is not Medicaid certified the 50 percent Medicaid match is lost. Of approximately 44 infant programs in Virginia, less than one-half are Medicaid certified. The majority of infant programs are administered by community services boards, although some programs are operated through other public and private agencies. The Virginia Association of Community Services Boards, Inc., endorses encouraging but not requiring Medicaid certification for currently uncertified infant programs sponsored by community services boards (CSBs). Drawbacks to becoming Medicaid certified are the start-up costs that are incurred and the difficulty of locating professionals, especially physicians and physical therapists, particularly in rural areas. Because of budget reductions, many CSBs will not be able to bear the cost of Medicaid certification this year or next year. If the start-up costs could be found, many CSBs would be willing to become certified. The 16 certified infant programs received a range of $3,100 to $179,000 per program in Medicaid reimbursement in calendar year 1989.

2. *RECOMMENDATION: The lead agency and the Department of Medical Assistance Services should continue to work together to examine the possibility of amending the state plan to expand Medicaid coverage of early intervention services and to gather data on the numbers of children served and cost of services.*

3. *RECOMMENDATION: The lead agency and the Department of Medical Assistance Services should collaborate to provide technical assistance regarding Medicaid certification to community service boards and other infant programs that are not Medicaid certified. All community services boards and other infant programs are strongly encouraged to become Medicaid certified. The lead agency should examine the extent to which start-up costs discourage infant programs from becoming Medicaid certified.*

Virginia has no state statutes regarding the Part H Program. The subcommittee considered enacting enabling legislation, as a number of other states have done, or codifying some of the state policies that have been developed to implement the 16 federally required components. Such legislation would have met the federal requirement for development of state policy. When the members learned that the federal requirement could be satisfied by the development of interagency agreements, they decided that this would be preferable since interagency agreements would not only satisfy the requirement but would advance the Part H Program. The subcommittee felt that it would have a clearer picture of what, if any, legislation would be desirable during the second year of the study.

The subcommittee observed that greater cooperation between agencies is essential in order to obtain the data that the subcommittee needs to make financial projections regarding the Part H Program. The subcommittee determined that interagency agreements regarding data collection from state agencies should be encouraged so that the subcommittee could have this information when it examines the fiscal issues in the second year of its study.

4. *RECOMMENDATION: The Board of Mental Health, Mental Retardation and Substance Abuse Services should adopt a policy for a comprehensive, coordinated, interagency, statewide, multidisciplinary system of providing early intervention services. The agencies under the Secretary of Health and Human Resources and the Secretary of Education should strengthen their interagency alliance by developing interagency agreements which delineate the components of the comprehensive system in which each will participate, the respective financial arrangements for components and services, and a mechanism for dispute resolution. Interagency agreements facilitating data collection from state agencies should be developed. Interagency agreements should also emphasize cooperation among local agencies and encourage interdisciplinary training. The lead agency should explore the possibility of developing incentives for demonstrated success in interagency cooperation on the local level.*

The subcommittee recognized the need for service providers and students being educated as service providers who reflect the cultures of the persons being served and expressed concern that training programs for occupations needed by Part H have traditionally not been available at historically black universities. The increasing cultural diversity of the Commonwealth and need for bilingual personnel in Northern Virginia was noted.

5. *RECOMMENDATION: The subcommittee endorsed the inclusion of cultural diversity in all aspects and on all levels of the Part H Program. Local and state agencies involved with Part H are encouraged to hire staff members of diverse cultural backgrounds to reflect the cultural diversity of the families served by Part H. Such agencies are also urged to participate in training opportunities that will increase awareness of and sensitivity to cultural diversity. Persons working with families should be cognizant of and respectful of cultural diversity among the families that they serve.*

The subcommittee determined that there are a number of important issues regarding the relationship between existing special education programs and Part H and that the relationship would be an appropriate matter for the second year of the study. Although two-year-olds have been served by special education since 1975, Part H adds a new dimension, and the effects must be studied and roles clarified. There is also the question of how the Department of Education's goal of serving children starting at birth affects Part H. The members are concerned about the possibility of duplicative services. Testimony indicated that there has been discussion among local special education coordinators about making children covered by special education, who would also be eligible for Part H, eligible under the early intervention program. Part H disallows supplanting of funds and requires maintenance of effort. School divisions may not want to relinquish the money that they are currently spending on two-year-olds to community services boards or other infant programs. Virginia is the only state faced with this dilemma because in all other states Part H serves through age two, and education begins serving when the child turns three. The lead agency and the Virginia Department of Education have written a joint letter to the U.S. Secretary of Education to determine whether school systems that serve two-year-olds will have to meet Part H requirements. Another question is whether the public schools will have to serve all Part H children when they turn two or whether they will serve only those who currently qualify for special education. In addition, there are differences between Part H services and special education, such as the requirement for an IFSP versus an individualized education plan (IEP). The IFSP required by Part H is family centered and more comprehensive than an IEP.

6. *RECOMMENDATION: The relationship between special education programs and Part H should be studied in the subcommittee's second year.*

The subcommittee discussed methods of addressing the shortage of physical therapists in Virginia. Educational programs for physical therapists are limited, and institutions of higher education may be reluctant to start programs because the requirements are arduous and it is difficult to find faculty.

7. *RECOMMENDATION: The shortage of physical therapists and other professionals who provide Part H services should be addressed in the subcommittee's second year, including the reasons for the shortage and possible solutions. The Council of Higher Education should be involved since it is the authorizing body for new programs and administers the Better Information Project.*

8. *RECOMMENDATION: Because of the close relationship between the subject matter of the Joint Subcommittee Studying Maternal and Perinatal Drug Exposure and the Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers, the subcommittees, if both are continued for a second year, should work cooperatively to coordinate services to drug exposed infants and toddlers.*

9. *RECOMMENDATION: The subcommittee should introduce a resolution requesting that it be continued for a second year because of the magnitude of the Part H Program and the numerous issues that still need to be addressed. The subcommittee did not receive sufficient information to enable it to accurately determine the fiscal impact of Part H. Recognizing that Part H is an entitlement program, the subcommittee feels that it is essential that the study be continued for a second year so that this information can be obtained. (House Joint Resolution 380, which continued the subcommittee, was passed by the 1991 General Assembly and is attached to this report as Appendix C.)*

10. *RECOMMENDATION: The subcommittee identified a number of actions that can be taken prior to resolution of the major fiscal issues in the second year of the study and made a number of interim recommendations. Many of these recommendations will not only further the implementation of the Part H Program in Virginia, but will improve services to children with disabilities and their families. The subcommittee decided to introduce a resolution urging the appropriate parties to take certain actions. (The subcommittee introduced House Joint Resolution 381, which endorsed Virginia's continued participation in the Part H Program and set out a number of the subcommittee's recommendations. The resolution was passed by the 1991 General Assembly and is attached as Appendix D.)*

VI. CONCLUSION

Because of the substantial benefits that will accrue to the citizens of Virginia by the full implementation of the Part H Program, the subcommittee endorses Virginia's continued participation in the Program and urges all state and local agencies involved to assist the lead agency in expediting the establishment of the Part H Program in Virginia. By extending its study for a second year, the subcommittee can make legislative and budgetary recommendations based on actual cost projections and can contribute to the implementation process by continuing to identify and make recommendations regarding Part H issues.

Respectfully submitted,

Delegate Mary T. Christian, Chairman
Senator Yvonne B. Miller, Vice Chairman
Delegate Kenneth R. Plum
Delegate Alan E. Mayer
Delegate Charles R. Hawkins
Delegate M. Kirkland Cox
Senator Robert C. Scott
Senator Emilie F. Miller
Senator W. Onico Barker

APPENDIX A

HOUSE JOINT RESOLUTION NO. 164

Establishing a joint subcommittee to study the impact of adopting public policy for the implementation of Public Law 99-457, Part H, a discretionary five-year grant program of early intervention services to infants and toddlers with handicapping conditions and their families in the Commonwealth.

Agreed to by the House of Delegates, February 13, 1990
Agreed to by the Senate, March 7, 1990

WHEREAS, the Department of Mental Health, Mental Retardation and Substance Abuse Services was designated by the Governor as the lead agency to develop and implement a statewide comprehensive, coordinated, interagency system for early intervention services to handicapped infants and toddlers; and

WHEREAS, this system was to be established in cooperation with other agencies offering services to handicapped infants and toddlers, namely, the Department of Education, the Department of Health, the Department of Social Services, the Department for the Visually Handicapped, the Department for Rights of the Disabled, the Department of Medical Assistance Services, the Department for the Deaf and the Hard of Hearing, and the Department for Children and parents and providers; and

WHEREAS, the Commonwealth presently serves approximately 4,700 handicapped infants, toddlers, and their families in local early intervention programs, with approximately 9,000 in need of services; and

WHEREAS, Public Law 99-457, Part H requires the Commonwealth to adopt public policy which provides that all sixteen components of a statewide system of early intervention services be in place by 1991; and

WHEREAS, Public Law 99-457, Part H requires interagency cooperation from all agencies noted above in complex budget and service delivery areas; and

WHEREAS, the adoption of this public policy is vital to Virginia families with handicapped infants and toddlers; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That a joint subcommittee be established to study the programmatic and fiscal impact of the Commonwealth's adopting public policy for the implementation of Public Law 99-457, Part H. The joint subcommittee shall consist of nine members; five members of the House of Delegates shall be appointed by the Speaker of the House and four members of the Senate shall be appointed by the Senate Committee on Privileges and Elections. The Department of Mental Health, Mental Retardation and Substance Abuse Services in cooperation with the above-mentioned agencies and the Department of Planning and Budget shall provide assistance to the joint subcommittee upon request. The joint subcommittee shall complete its work in time to submit its findings and recommendations to the Governor and the 1991 Session of the General Assembly as provided in the procedures for the Division of Legislative Automated Systems for the processing of legislative documents. The indirect and direct costs for this study will be assumed by federal grant funds to the Commonwealth under PL 99-457.

APPENDIX B

EARLY INTERVENTION SERVICES IN VIRGINIA:

IMPACT, ISSUES, AND IMPLICATIONS OF IMPLEMENTATION

Presentation to the

Joint Legislative Subcommittee

Established Pursuant to HJR 164

George Barker

November 7, 1990

EARLY INTERVENTION SERVICES IN VIRGINIA:

STUDY ON THE IMPACT OF THE DEFINITION OF ELIGIBILITY

PURPOSE:

To develop information that is useful in planning early intervention programs and services for handicapped Virginia infants, toddlers, and their families.

PRESENTATION:

- Definition of Eligibility for Services
- Methodology of Study
- Results of Study
- Statewide Estimates
- Distribution of Need
- Issues Identified
- Long-Term Perspective

DEFINITION OF ELIGIBILITY

DEVELOPMENTALLY DELAYED

- 25% or Greater Deficit
- Atypical Development

DIAGNOSED CONDITION

- One or More of List of Specified Physical or Mental Conditions
- Similar Condition Deemed Qualifying by Local Team

MULTIPLE RISK FACTORS

- Three of More Specified Risk Factors
- Risk Factors Include:
    - Several Physical or Mental Factors
    - Child Abuse or Neglect
    - Existence of Social or Environmental Risk(s)
    - Existence of Major Congenital Anomaly(ies)
    - Very Low Birthweight (Less Than 1500 Grams)
    - Very Low Apgar Score (Less Than 4)
    - Very Low Maternal Age (Less Than 16)

METHODOLOGY OF STUDY

PROPECTIVE DATA COLLECTION

- Children Identified As Having A Condition Specified In The Definition
- Children In Early Intervention Programs

STUDY AREAS

- Urban High Risk	Richmond City
- Urban Low Risk	Hampton-Newport News
- Moderate Risk	Colonial (James City, York, Poquoson, and Williamsburg)
- Rural High Risk	Eastern Shore
- Rural Low Risk	Planning District 1

SOURCES OF INFORMATION

- Hospitals
- Physicians
- Health Departments
- Social Service Departments
- Community Services Boards
- School Systems
- Infant Intervention Programs
- Others

LEVELS OF SERVICE NEEDED

- Intervention
- Monitoring
- Tracking

RESULTS OF STUDY

NEWLY IDENTIFIED CHILDREN

Eligibility Category	Number of Children	Cumulative Total
Developmentally Delayed	95	95
Specified Diagnosed Condition	49	144
Multiple Risk Factors	38	182
"Other" Diagnosed Condition	114	296
Suspected Developmental Delay	45	341
Adjustment for Gestational Age (Gross Motor Only)	- 7	334
Limit on "Other" Diagnosed Condition	-67	267
Adjustment of Suspected Delay	-16	251
Others Identified	657	
Total		908

Sequential Effects of Broad Categories (After Adjustments)

Developmentally Delayed	147	147
Diagnosed Condition	74	221
Multiple Risk Factors	30	251
Not Meeting Definition	657	908

RESULTS OF STUDY
(cont.)

CHILDREN IN INTERVENTION PROGRAMS

Eligibility Category	Number of Children	Cumulative Total
Developmentally Delayed	332	332
Specified Diagnosed Condition	20	352
Multiple Risk Factors	15	367
"Other" Diagnosed Condition	80	447
Suspected Developmental Delay	32	479
Adjustment for Gestational Age (Gross Motor Only)	-14	465
Limit on "Other" Diagnosed Condition	-39	426
Adjustment of Suspected Delay	-14	412
Others in Programs	155	
Total in Programs		567

Sequential Effects of Broad Categories
(After Adjustments)

Developmentally Delayed	350	350
Diagnosed Condition	46	396
Multiple Risk Factors	16	412
Not Meeting Definition	155	567

STATEWIDE ESTIMATES

Description	Meeting Definition	Total With Ri
Identified in Survey	251	908
Extrapolated to 3 Year Period	1,800	6,600
Projected to Total State	10,800	40,000
Adjusting for Undercount	14,400-16,200	60,000
Qualifying at a Given Time	7,200-8,100	40,000-45,000

Total Population Ages 0-2 276,000

Eligibility Factor	Sequential Percent of Total	Number Eligible (7,650 Qualifying at a Time)
Developmentally Delayed	58.6 - 84.9	4,481 - 6,499
Diagnosed Condition	11.2 - 29.5	855 - 2,255
Multiple Risk Factors	3.9 - 11.9	297 - 914

DISTRIBUTION OF NEED

Description	Planning District 1	Hampton-Newport News	Colonial	Richmond City	Eastern Shore
Number Newly Eligible	25	71	5	97	54
Adjusted to 3 Years	180	511	36	698	389
Population Ages 0-2	3,420	16,820	3,330	10,540	1,810
Percent Eligible	5.26	3.04	1.08	6.63	21.48

Note: Colonial Area had minimal participation in identifying newly eligible children.

ISSUES IDENTIFIED

From Definition

Limiting Issues

- age adjusted for gestation
- limit on "other" diagnosed condition
- limit on what constitutes social or environmental risk or major congenital anomaly
- multiple risks

Expanding Issues

- multiple social or environmental risks
- multiple congenital anomalies
- flexibility

Level of Service

- For Those Eligible
- For Those Not Eligible
- Tracking and Monitoring
- Screening and Evaluation
- Family Role

Funding

- Total
- Distribution

LONG-TERM PERSPECTIVE

Benefits

- To Children and Families
  - Resolving Problems
  - Helping Reach Potential
  - Prevention
- Savings

Structure

- To Meet Current Needs
  - Identifying Those Eligible
  - Serving Those Eligible
  - Tracking or Monitoring Where Risk
- To Develop System in Future
  - Problems Identified During Ages 3-5
  - Problems Occurring After Entering Schoo

1991 SESSION

LD9074434

APPENDIX C

HOUSE JOINT RESOLUTION NO. 380

Offered January 21, 1991

Continuing the Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers.

Patrons—Christian, Plum, Hawkins, Mayer and Cox; Senators: Miller, Y.B., Miller, E.F., Barker and Scott

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Referred to the Committee on Rules

WHEREAS, the Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers was established in 1990 by House Joint Resolution No. 164 to study the programmatic and fiscal impact of the Commonwealth's adopting public policy for the implementation of Part H of Public Law 99-457, the Education of the Handicapped Act, which was subsequently reauthorized by Congress as Part H of Public Law 101-476, the Individuals with Disabilities Education Act; and

WHEREAS, Part H is a discretionary five-year federal grant program of early intervention services to infants and toddlers with handicapping conditions and their families; and

WHEREAS, the Department of Mental Health, Mental Retardation and Substance Abuse Services was designated by the Governor as the lead agency for the development and implementation of Part H which is required to be a statewide, comprehensive, coordinated and interagency system; and

WHEREAS, there must be substantial cooperation in complex budget and service delivery areas among the state agencies offering services to handicapped infants and toddlers, particularly agencies under the Secretary of Health and Human Resources and the Secretary of Education; and

WHEREAS, Virginia is currently in the third year of the five-year grant and, when the fifth year commences, which will be no later than October 1992, all Part H services must be available on an equal basis to qualified children throughout Virginia, a requirement which will necessitate resolution of complex budget and service delivery issues; and

WHEREAS, the joint subcommittee recognizes that Part H services are of vital importance to Virginia's families with handicapped infants and toddlers and that because early intervention services can prevent or mitigate numerous problems, Part H will ultimately benefit all citizens of the Commonwealth and has made a number of recommendations designed to further the implementation of Part H in Virginia; and

WHEREAS, the joint subcommittee has heard from the lead agency, other agencies, parents, the Virginia Interagency Coordinating Council, local planning councils, service providers and experts in fiscal and other Part H matters but has not received sufficient information to determine the precise fiscal impact of Virginia's continued participation in Part H; and

WHEREAS, the joint subcommittee closely followed the work of the Joint Subcommittee Studying Maternal and Perinatal Drug Exposure and Abuse and the Impact on Subsidized Adoption and Foster Care pursuant to HJR 41 and SJR 11 (1990) and determined that, if both joint subcommittees are continued, they should work cooperatively to coordinate services to drug exposed infants and toddlers; and

WHEREAS, during the course of its study the joint subcommittee has uncovered issues that must be addressed to ensure the success of the Part H program, such as the shortage of physical therapists and other professionals who provide services required by Part H and the question of how responsibility should be delineated for serving two-year-olds who currently receive special education services but would also be eligible for Part H services; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the joint subcommittee established in 1990 pursuant to House Joint Resolution No. 164 be continued

to study (i) the programmatic and fiscal impact of the Commonwealth's adopting public policy for the implementation of Part H, (ii) the extent of and remedies for the short of physical therapists and other professionals who provide Part H services, and (iii) responsibility should be delineated for two-year-olds who may be eligible for special education and/or Part H services. All members of the joint subcommittee shall remain members, and any appointments to fill vacant positions shall be made by the Speaker of the House if the vacant position was previously held by a member of the House of Delegates or by the Senate Committee on Privileges and Elections if the vacant position was previously held by a member of the Senate. In addition, there shall be one additional member from the House of Delegates, to be appointed by the Speaker of the House, and one additional member from the Senate, to be appointed by the Senate Committee on Privileges and Elections.

The Department of Mental Health, Mental Retardation and Substance Abuse Services in cooperation with the above-mentioned agencies and the Department of Planning and Budget shall assist the joint subcommittee.

The joint subcommittee shall complete its work in time to submit its findings and recommendations to the Governor and the 1992 Session of the General Assembly as provided in the procedures for the Division of Legislative Automated Systems for the processing of legislative documents.

The indirect and direct costs for this study shall be assumed by federal grant funds to the Commonwealth under Part H of the Individuals with Disabilities Education Act.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.

Official Use By Clerks	
Agreed to By The House of Delegates	**Agreed to By The Senate**
without amendment ☐	without amendment ☐
with amendment ☐	with amendment ☐
substitute ☐	substitute ☐
substitute w/amdt ☐	substitute w/amdt ☐
Date: _____	Date: _____
_____	_____
Clerk of the House of Delegates	Clerk of the Senate

LD6301434

APPENDIX D

HOUSE JOINT RESOLUTION NO. 381

Offered January 21, 1991

Endorsing Virginia's continued participation in Part H of the Individuals with Disabilities Education Act, a discretionary five-year grant program of early intervention services to handicapped infants and toddlers and their families, and recommending that various parties take certain actions to further such participation.

Patrons—Christian, Plum, Hawkins, Mayer and Cox; Senators: Miller, Y.B., Miller, E.F., Barker and Scott

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Referred to the Committee on Education

WHEREAS, Part H is a discretionary five-year federal grant program of early intervention services to infants and toddlers with handicapping conditions and their families; and

WHEREAS, the Department of Mental Health, Mental Retardation and Substance Abuse Services was designated by the Governor as the lead agency for the development and implementation of Part H which is required to be a statewide, comprehensive, coordinated and interagency system; and

WHEREAS, Virginia is currently in the third year of the five-year grant and when the fifth year commences, which will be no later than October 1992, all Part H services must be available on an equal basis to qualified children throughout Virginia; and

WHEREAS, this requirement will require resolution of complex budget and service delivery issues; and

WHEREAS, the 1990 Session of the General Assembly established, pursuant to House Joint Resolution 164, a joint subcommittee to study the programmatic and fiscal impact of the Commonwealth's adopting public policy for the implementation of Part H of Public Law 99-457, the Education of the Handicapped Act, which was subsequently reauthorized by Congress as Part H of Public Law 101-476, the Individuals with Disabilities Education Act; and

WHEREAS, the joint subcommittee heard from the lead agency, other agencies, parents, the Virginia Interagency Coordinating Council, local planning councils, service providers and experts in fiscal and other Part H matters but did not receive sufficient information to determine the precise fiscal impact of Virginia's continued participation in Part H; and

WHEREAS, the joint subcommittee has submitted a resolution requesting that it be allowed to continue the study for another year so that the fiscal issues and other issues that were identified during the course of the study could be examined more closely but also identified a number of steps that could be taken to enhance the Part H program in Virginia prior to the reconvening of the joint subcommittee; and

WHEREAS, the joint subcommittee recognizes that Part H. services are of vital importance to Virginia's families with handicapped infants and toddlers and recognizes that because early intervention services can prevent or mitigate numerous problems, Part H will ultimately benefit all citizens of the Commonwealth; and

WHEREAS, the Commonwealth must adopt a definition of "developmentally delayed" which will determine which children are eligible for Part H services; and

WHEREAS, the Virginia Interagency Coordinating Council, parents and other speakers have endorsed the inclusion of "at-risk" children in the definition of developmentally delayed so that these children can receive Part H services; and

WHEREAS, the inclusion of at-risk children is not required by federal guidelines, and once the definition is submitted to the federal government no categories of children included in the definition may be eliminated; and

WHEREAS, the subcommittee recognizes the value of including at-risk children in the definition but realizes that the cost of serving at-risk children and those required to be served is not known; and

WHEREAS, Virginia's continued participation in the Part H program is dependent upon the timely submission of its fourth and fifth year grant applications to the U.S. Secretary of Education by the lead agency; and

WHEREAS, Virginia's grant applications must document that Virginia has met required sixteen components of a statewide system of early intervention which requires substantial cooperation in complex budget and service delivery areas among the agencies under the Secretary of Health and Human Resources and the Secretary of Education; and

WHEREAS, Virginia must adopt policy for a comprehensive, coordinated, interagency, statewide, multidisciplinary system of providing early intervention services; and

WHEREAS, Virginia must have an interagency agreement that reflects state participation in Part H, and interagency agreements will assist in fulfilling the requirement for the adoption of state policy and support the lead agency in implementing Part H; and

WHEREAS, interagency cooperation is also important on the local level, and interdisciplinary training is an excellent method of building cooperation and making interagency agreements operational; and

WHEREAS, Medicaid is an important component in implementing a successful Part H program because of the federal match money; and

WHEREAS, because of recent changes in the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), many Part H services can be covered under Medicaid and children at 133 percent of the poverty level are eligible for Medicaid until age 6; and

WHEREAS, less than half of Virginia's infant programs are Medicaid certified; and

WHEREAS, not only are there start-up costs associated with becoming Medicaid certified, but there must be contracts with certain professional service providers, some of whom, most notably physical therapists and physicians, may not be readily available in rural areas; and

WHEREAS, the Department of Medical Assistance Services and the lead agency are currently looking into the possibility of amending the state plan to expand Medic coverage of early intervention services, and the agencies are working together to obtain statistical information regarding Part H services; and

WHEREAS, the subcommittee recognizes that diverse cultures exist within the Commonwealth and that families are best served if their unique cultural values are recognized, understood, and respected; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the General Assembly endorses Virginia's continued participation in the Part H program and encourages all state and local agencies involved to assist the lead agency in meeting the required sixteen components to expedite the establishment of a high quality Part H program in Virginia.

The subcommittee recommends that the definition of developmentally delayed be drawn as broadly as possible so that at-risk children will be included but recognizes that the executive branch must make this decision in difficult economic times and prior to having sufficient information regarding the cost of the services. The subcommittee also realizes that these limitations may require the executive branch to adopt a definition which will allow at-risk children to be phased into the definition over a period of time.

The Subcommittee further recommends that the Board of Mental Health, Mental Retardation and Substance Abuse Services adopt policy for a comprehensive, coordinated, interagency, statewide, multidisciplinary system of providing early intervention services.

The agencies under the Secretary of Health and Human Resources and the Secretary of Education should strengthen their interagency alliance by developing interagency agreements which delineate the components of the comprehensive system in which each will participate, the respective financial arrangements for components and services, and mechanism for dispute resolution. Interagency agreements should also emphas cooperation among local agencies and encourage interdisciplinary training. The lead agency should explore the possibility of developing incentives for demonstrated success in interagency cooperation on the local level.

The lead agency and the Department of Medical Assistance Services should continue to work together to examine the possibility of amending the state plan to expand Medicaid coverage of early intervention services and to gather data on the numbers of children served and cost of services. The lead agency and the Department of Medical Assistance Services should collaborate to provide technical assistance regarding Medicaid certification to community service boards and other infant programs that are not Medicaid certified. The subcommittee strongly encourages all community services boards and other infant programs to become Medicaid certified. The lead agency should examine the extent to which start-up costs discourage infant programs from becoming Medicaid certified.

Local and state agencies involved with Part H are encouraged to hire staff members of diverse cultural backgrounds to reflect the cultural diversity of the families served by Part H. Such agencies are also urged to participate in training opportunities that will increase awareness of and sensitivity to cultural diversity. Persons working with families should be cognizant of and respectful of cultural diversity among the families that they serve.

Official Use By Clerks

Agreed to By The House of Delegates		Agreed to By The Senate	
without amendment	☐	without amendment	☐
with amendment	☐	with amendment	☐
substitute	☐	substitute	☐
substitute w/amdt	☐	substitute w/amdt	☐
Date: _____		Date: _____	
Clerk of the House of Delegates		Clerk of the Senate	