**GUIDANCE FOR USING THE STATE INTERAGENCY AGREEMENT AS A TEMPLATE FOR LOCAL INTERAGENCY AGREEMENTS**

**June 2014**

On the following pages, comments have been added to the state interagency agreement to specify how each section of the agreement may be adapted for local agreements and what must be included. This guidance is provided to assist local systems in including all required components in their local agreements. Local systems are not required to use the state interagency agreement format for their local agreements, as long as the required components are included, and may include additional areas of agreement that reflect the principles and structure of the local system.

**Virginia Interagency Memorandum of Agreement**

**Among the Agencies Involved in the Implementation of Part C of the Individuals with Disabilities Education Act (IDEA)**

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**Parties to the Agreement:**

**Department of Behavioral Health and Developmental Services**

**Department of Education**

**Department of Health**

**Department of Medical Assistance Services**

**Department of Social Services**

**Department for the Deaf and Hard-of-Hearing**

**Department for the Blind and Vision Impaired**

**State Corporation Commission – Bureau of Insurance**

May 2013

**I. PURPOSE**

This agreement among the parties, hereinafter referred to as “participating agencies”, documents the understandings and commitments of the participating agencies to meet the statutory and regulatory requirements of Part C of the Individuals with Disabilities Education Act (IDEA) and the Virginia statutory requirements related to Part C.

The purpose of this agreement is to ensure collaboration and coordination in the implementation of Virginia’s statewide, comprehensive, family-centered system of Part C early intervention supports and services for infants and toddlers with disabilities and their families. It is the intent of this agreement to ensure optimal use of resources and prevent duplication of effort by detailing each participating agency’s commitment and financial responsibility related to Part C systems components (e.g., public awareness, child find, data collection, training) and provision of Part C early intervention supports and services.

**II. PARTIES TO AGREEMENT**

The parties to this agreement are the participating agencies set forth in Virginia Code § 2.2-5300.

**III. AUTHORITY**

Virginia Code §§ 2.2–5303

**IV. FUNDAMENTAL PRINCIPLES**

The participating agencies shall coordinate and implement a comprehensive system of early intervention supports and services that shall be:

1. Family-centered
   1. Parents/caregivers shall be the primary agents of change in their child’s development.
   2. Families identify outcomes that are important to them and how supports and services can fit into the family’s life and build effectively on the resources and supports already in place.
   3. The focus of supports and services shall be on increasing the child’s participation in family and community activities identified by the family.
   4. Language and cultural differences shall be respected and appropriately addressed.
2. Accessible
   1. All eligible infants, toddlers and their families shall be identified and referred to the Part C early intervention system as soon as a delay or disability is suspected.
   2. Supports and services shall begin in a timely manner.
   3. Ability to pay shall not be a barrier to receiving supports and services.
3. Community-based
   1. Supports and services shall be individualized and provided within the context of and integrated into the everyday routines, activities and environments of each child and family.
   2. Children with disabilities are children first and to the extent possible shall be enabled to participate in the full range of activities in integrated settings with their typically developing peers.
4. Coordinated
   1. Interagency coordination shall ensure the responsible use of public money.
   2. Service coordination shall ensure that children and families receive necessary supports and services and reduce duplication of effort.
   3. Stakeholders rely on the collaboration between Virginia agencies responsible for ensuring that the Part C mandates are implemented for all eligible children and families.
5. Effective
   1. Family involvement and support is a critical component of effective services for children.
   2. Supports and services shall reflect evidence-based practice.
   3. Outcomes shall be measured and monitored to determine the effectiveness of early intervention supports and services in making a positive impact on children and families.
   4. System improvement shall be ongoing and based on timely and accurate data.
   5. Stakeholders shall have access to state and local performance data in accordance with applicable federal and state confidentiality laws.

**V. DEFINITION OF TARGET POPULATION**

Part C early intervention supports and services shall be available to all eligible infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in Virginia, infants and toddlers with disabilities who are homeless children and their families, and infants and toddlers with disabilities who are wards of the State. In Virginia, children are eligible if they have (1) a 25% delay in one or more areas of development; (2) atypical development; or (3) a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

**VI. MUTUAL AGREEMENTS**

All participating state agencies agree to the following:

1. **General Agreements**

**Each participating agency shall:**

1. Designate a representative with sufficient authority to engage in policy planning and implementation on behalf of the agency to participate on the Virginia Interagency Coordinating Council (VICC);
2. Provide leadership, direction and coordination, as appropriate, regarding the local planning and provision of services to children and families;
3. Assist local counterparts, if any, in fulfilling their obligations to children and families;
4. Assist in the development of local agreements that will provide guidance to local interagency collaborative efforts;
5. Coordinate the provision of Part C system components and supports and services to avoid duplication of effort;
6. Share and review any contemplated policies related to services for infants, toddlers and their families with the other participating agencies; and
7. Share information about resources that are available within each agency that are mutually helpful. Resources may include material, staff expertise, space, data, training, and/or technology.

**B. Financial Agreements**

**Each participating agency shall:**

1. Jointly identify and coordinate use of all available public and private resources to ensure availability of supports and services to all eligible children and their families and to ensure Part C funds are used as payor of last resort and not used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source;
2. Provide the State Lead Agency annually with expenditure and budget information as part of the annual assessment of State Part C expenditures inclusive of Medicaid and for calculation of maintenance of effort;
3. Adhere to Part C’s maintenance of effort requirements within its agency’s financial expenditures, in addition to the State’s aggregate expenditures;
4. Assure a clear audit trail for all Part C income and expenditures as required by Federal law;
5. Ensure that State and Federal Part C funds are not used for children past their third birthday;
6. Abide by the Part C requirement that the following Part C system functions and services are provided at no cost to families:
7. Child find;
8. Evaluation for eligibility determination and assessment;
9. Service coordination; and
10. Administrative and coordinative activities related to the development, review and evaluation of Individualized Family Service Plans (IFSPs) and implementation of procedural safeguards;
11. Follow the Family Cost Participation procedures, as identified in the *Infant & Toddler Connection of Virginia Practice Manual*, when providing Part C supports and services to ensure that the inability of the parents of an eligible child to pay for services will not result in the denial of Part C early intervention services to the child or the child’s family and to ensure adherence to written notice and consent requirements for the use of public and private insurance;
12. Assist in the development of joint agency budget requests when appropriate;
13. Recognize that the Department of Behavioral Health and Developmental Services (DBHDS), as the State Lead Agency for Part C in Virginia, is financially responsible for:
    1. Service coordination and a multidisciplinary evaluation to determine eligibility for all children referred to Part C, unless the parent declines an evaluation to determine eligibility;
    2. A multidisciplinary assessment, with parent consent, for all children found eligible for Part C; and
    3. All supports and services identified on signed IFSPs, unless otherwise specified in this agreement.

DBHDS’s financial responsibility ends on the child’s third birthday or on the day of discharge from the Part C system if the child transitions to Part B at age 2, the parent declines further Part C services, or the child becomes ineligible for Part C. DBHDS remains financially responsible for 2-year-olds who choose not to transition to Part B until their third birthday or who initially transition to Part B but choose to return to Part C prior to their third birthday; and

1. Recognize that the Virginia Department of Education (DOE) is financially responsible for all special education and related services listed on an Individualized Education Plan (IEP) for a Part B eligible child on the child’s third birthday or the earlier date on which the child is eligible for and begins Part B services (e.g., the beginning of the school year in which the child is 2 years old by September 30).

**C. Service Delivery Agreements**

**Each participating agency shall:**

1. Disseminate Part C public awareness materials, including, but not limited to, posters and brochures, during conferences, trainings, and other contacts involving the general public or professionals who have contact with and/or coordinate the medical or developmental care of young children and families or pregnant women;
2. Participate in child find activities designed to locate and identify children who may be eligible for Part C supports and services;
3. Refer ~~and/or require local counterparts~~ to refer all potentially eligible infants, toddlers and their families to the Infant & Toddler Connection of Virginia through the appropriate local single point of entry as soon as possible, but no more than 7 calendar days, after identifying the child as potentially eligible;
4. Follow all Part C procedural safeguards, including confidentiality requirements, as identified in Virginia’s Part C Policies and Procedures, during eligibility determination, assessment, individualized family service plan (IFSP) development, and the provision of supports and services;
5. Provide information to parents about ways to connect to family support resources, including related agencies, services, training, support groups, advocacy organizations and family leadership opportunities;
6. Support culturally diverse approaches to service delivery that reflect sensitivity to the different cultures involved in the Infant & Toddler Connection of Virginia;
7. Make efforts to enhance the capacity of ~~the participating agencies and their local~~ providers to identify, assess, and meet the needs of under-represented groups, including low income and minority populations, homeless children and families, wards of Virginia, and Indian children and families living on reservations;
8. Share information about eligible children and their families, to the extent consistent with State and Federal confidentiality requirements, including the requirements of the Health Information Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), in order to ~~get accurate and unduplicated counts to meet Federal reporting requirements and to~~ facilitate the effective and efficient delivery of services; and
9. For participating agencies that provide Part C services either directly ~~or through local counterparts~~:
10. Ensure, to the maximum extent appropriate for each child, all early intervention services are provided in natural environments, which means settings that are natural or normal for the child's age peers who have no disabilities. Early intervention services can occur in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment and if the child’s IFSP includes a (child-based) reason why the service can not be provided in a natural environment.
11. Ensure the timely start of services, within 30 calendar days of the date the family signs the Individualized Family Service Plan (IFSP), unless the IFSP team determines that a later start date is necessary to meet the child’s or family’s needs.

**D. Personnel Development, Training and Technical Assistance Agreements**

**Each participating agency shall:**

1. Collaborate in planning, developing, and conducting training and providing technical assistance for service providers and families. Coordination of efforts will include, but not be limited to:
2. Sharing needs assessments;
3. Offering cooperatively sponsored or jointly attended training activities;
4. Blending funding streams for training when applicable policies allow;
5. ~~Posting training events on the “Early Childhood Meeting Place;”~~ and
6. Collaborating on scheduling, evaluation of training, and disseminating information about planned training;
7. Ensure trainings offered reflect culturally competent practices and promote family-centered practices; and
8. Encourage parental involvement in the planning and implementation of training, including parents as trainers and co-trainers.

**E. Monitoring and Supervision Agreements**

**Each participating agency shall:**

1. Participate in monitoring and supervision activities for the Infant & Toddler Connection of Virginia. Activities may include, but are not limited to:
2. Analysis of data for the purpose of monitoring, supervision and/or system planning and improvement;
3. On-site visits with local systems;
4. Fiscal monitoring and verification;
5. Desk audits;
6. Support local counterparts in the implementation of corrective action plans and service enhancement plans; and
7. Share results from agency/program monitoring or other quality assurance activities upon request.

**VII. TRANSITION AGREEMENT BETWEEN THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES AND THE DEPARTMENT OF EDUCATION**

In Virginia, children who reach the age of two on or before September 30 of any given year and who meet Part B eligibility requirements as defined in the *Code of Virginia* and in accordance with the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia* are eligible to receive special education and related services through their local school divisions. Children who meet Part C eligibility requirements as they near the age of eligibility for preschool services under Part B are considered potentially eligible for Part B preschool services. Notwithstanding the availability of FAPE (free, appropriate public education) at age two, a child remains eligible to receive Part C services until his/her third birthday. In order to ensure a smooth and timely transition for children exiting the Infant & Toddler Connection of Virginia:

1. **The Department of Behavioral Health and Developmental Services (DBHDS) shall:**
2. ~~Require local lead agencies, through the Local Contract for Participation in Part C, to~~:
3. Develop local interagency agreements with local school divisions that specify local roles and responsibilities for participation on the local interagency coordinating council and for accomplishing the transition planning and activities required under Part C and Part B of IDEA;
4. In the case of a child who may be eligible for preschool services under Part B, notify the Virginia Department of Education and the local educational agency for the area in which a child resides that the child will shortly reach the age of eligibility for preschool services under Part B, as determined by State law, by transmitting each child’s name, parent’s name(s), address, phone number and birth date not fewer than 90 calendar days before that child reaches the age of eligibility for Part B, unless the parent disagrees in accordance with the opt-out procedures specified in the *Infant & Toddler Connection of Virginia Practice Manual.* Notification to the Virginia Department of Education will occur by entry or transfer of the notification information into a secure single sign-on web server hosted by the Virginia Department of Education. The method for notifying the local educational agency will be determined at the local level between the local educational agency and the local lead agency for Part C;
5. Ensure service coordinators review with all families the opt-out notice on the IFSP to inform families of the information to be disclosed in the notification to the Virginia Department of Education and the local educational agency (child’s name and date of birth and parent contact information), the right of the parent to opt out of disclosure, the period of time the parent has to notify the local lead agency that the parent is opting out, and how the parent can opt out in writing.
6. Ensure the continuity of services by:
   * + Referring, with parent consent, children who are potentially eligible for Part B to the local school division by April 1; and
     + Transferring child-specific information, with parent consent, including eligibility and assessment information and copies of IFSPs, by the same date.

Exceptions to the date must be documented and the referral processed as quickly as possible following the parent’s consent.

1. In the case of a child who may be eligible for preschool services under Part B, with the approval of the family, convene and ensure Part C participation in a conference among the local Part C system, the family and the local educational agency not less than 90 calendar days and, at the discretion of all parties, not more than 9 months before the child is eligible for preschool services under Part B of IDEA to discuss any such preschool services the child may receive;
2. In the case of a child who may not be eligible for preschool services under Part B, with the approval of the family, make reasonable efforts to convene a conference, with the approval of the family, among the local Part C system, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the appropriate services the child may receive;
3. Establish a transition plan in the IFSP, including a review of program options from the child’s third birthday through the remainder of the school year, not fewer than 90 calendar days and, at the discretion of all parties, not more than 9 months before the child’s third birthday (or before the child is age eligible for Part B preschool services if the child will transition prior to age 3) and include in the transition plan:
   * + Steps for the child and family to exit from the Part C program;
     + Any transition services the IFSP team identifies as needed by the child and family;
     + Confirmation that child find information has been transmitted to the local educational agency consistent with the opt-out procedures specified in the *Infant & Toddler Connection of Virginia Practice Manual*; and
     + Confirmation that the local lead agency has transmitted additional information such as the most recent evaluation (eligibility determination), assessments, and IFSP, with parent consent.

The IFSP meeting to develop the transition plan may be combined with the transition planning conference as long as the requirements for IFSP meeting accessibility, notice, consent, and participants, including the family, are met; and

1. Support the transition of children referred late to Part C as follows:
   * + If the child is found eligible for Part C more than 45 calendar days but less than 90 calendar days before the child’s third birthday, provide notification to DOE and the local educational agency for the area in which the child resides as soon as possible after determining the child’s eligibility that the child will shortly reach the age of eligibility for Part B services.
     + If the child is referred to the Infant & Toddler Connection of Virginia fewer than 45 calendar days before the child’s third birthday and the child may be eligible for preschool services under Part B, refer the child to DOE and the local educational agency for the area in which the child resides, with parent consent.
2. Apply the transition notification, transition conference and transition plan requirements described in VII.A.1.a-h to all Part C children approaching their third birthday.
3. Maintain financial responsibility and pay for supports and services listed on the IFSP until the child’s third birthday or the earlier date on which the child begins Part B services (e.g., the beginning of the school year in which the child is 2 years old by September 30), to the extent funding is available and to the extent those services are not otherwise paid for by public or private insurance, family fees or other third party payor sources. DBHDS remains financially responsible for 2-year-olds who choose not to transition to Part B until their third birthday or who initially transition to Part B but choose to return to Part C prior to their third birthday.
4. Share data including, but not limited to, the following:
5. Child outcome data, with parent consent; and
6. Other data, with parent consent, as appropriate to meet reporting needs and improve services;
7. Work collaboratively with the Department of Education (DOE) towards a common identifier in the Part C and Part B data systems that will facilitate sharing of data and longitudinal tracking and data collection; and
8. Ensure all data sharing, including that referenced in VII.A.2 and VII.A.3 of this agreement, is in accordance with IDEA requirements for parent consent and confidentiality (at 34 CFR §§303.401 through 303.421).
9. **The Department of Education shall:**
10. ~~Require local school divisions to~~:
11. Enter into local interagency agreements with the Part C local lead agency to specify local roles and responsibilities for accomplishing the transition planning and activities required under Part C and Part B of IDEA;
12. Accept notification from the local Part C system of children who are residing in the community who are potentially eligible for Part B services and process the referrals, with parent consent, including child-specific information from the local Part C system. Once the local educational agency receives notification for such a child, the local educational agency must treat this as an initial referral to Part B and provide notice of procedural safeguards to the child’s parent under 300.504(a)(1);
13. Participate in the individual transition planning conference between the family, the local Part C system and the local school division not less than 90 calendar days and, at the discretion of all parties, not more than 9 months before the child’s third birthday or the date on which the child will be eligible under Part B of IDEA;
14. Review the evaluation/assessment data transmitted from the Infant & Toddler Connection of Virginia to determine if it is appropriate or sufficient to assist in determining the eligibility of a particular child for special education and related services. The local school division shall utilize this information whenever appropriate to avoid unnecessary reassessment and delays in services;
15. Inform parents of their option to invite the Part C service coordinator or other Part C representative to the initial Individualized Education Program (IEP) meeting and invite the Part C service coordinator or other Part C representative if the parent so requests;
16. Consider when developing the initial IEP the child’s IFSP that contains the IFSP content, including the natural environments statement, and an educational component that promotes school readiness and incorporates pre-literacy, language and numeracy skills for children with IFSPs who are at least three years of age;
17. Develop and implement an initial IEP specifying the child’s program as of his/her third birthday or the earlier date on which the child is eligible to begin Part B services (e.g., the beginning of the school year in which the child is 2 years old by September 30); and
18. Accept financial responsibility and pay for all special education and related services, as listed on an Individualized Education Program (IEP), to a Part B eligible child beginning on the child’s third birthday or the earlier date on which the child is eligible for and the parent chooses to begin Part B services (e.g., the beginning of the school year in which the child is 2 years old by September 30 or some other point between the beginning of the school year and the child’s third birthday if the local school division offers rolling admission). DBHDS shall remain financially responsible for 2-year-olds who choose not to transition to Part B until their third birthday or who initially transition to Part B but choose to return to Part C prior to their third birthday;
19. Share data including, but not limited to, the following:
20. Child outcome data, with parent consent;
21. Verified Section 618 child count data on children under three served through Part B to DBHDS in January of each year for reporting to OSEP; and
22. Other data as appropriate to meet reporting needs and improve services; and
23. Work collaboratively with DBHDS toward a common identifier in the Part C and Part B data systems that will facilitate sharing of data and longitudinal tracking and data collection.
24. Ensure all data sharing, including that referenced in VII.B.2 and VII.B.3 of this agreement, is in accordance with IDEA requirements for parent consent and confidentiality (at 34 CFR §§303.401 through 303.421).

**VIII. AGENCY-SPECIFIC AGREEMENTS**

1. **The Department of Behavioral Health and Developmental Services (DBHDS) shall:**
2. Fulfill the responsibilities of State Lead Agency by:
3. Serving as a single line of responsibility for the Infant & Toddler Connection of Virginia system;
4. Administering the Infant & Toddler Connection of Virginia system in compliance with Part C of IDEA;
5. Taking appropriate action to identify and coordinate all available resources for early intervention services within the State, including those from Federal, State, local, and private sources;
6. Monitoring programs and activities used by the State to carry out its obligations under Part C, whether or not these programs or activities are receiving assistance under Part C, to ensure that the State complies with Part C;
7. Monitoring Part C compliance of agencies, institutions, and organizations used by the State to carry out Part C requirements, ensuring enforcement of any requirements imposed by law on those agencies, institutions and organizations; and providing technical assistance, if necessary;
8. Ensuring correction of deficiencies that are identified through monitoring and supervision activities;
9. Entering into formal interagency agreements with other State-level agencies involved in the State’s early intervention program;
10. Establishing or adopting procedural safeguards that meet the requirements of Part C;
11. Ensuring effective implementation of procedural safeguards by each public agency in the State that is involved in the provision of early intervention services; and
12. Developing and implementing State regulations, policies and procedures and a Practice Manual to ensure consistent statewide program implementation among the participating agencies;
13. Develop public awareness materials about Virginia’s early intervention system and the child find system including the purpose and scope of the system, how to make referrals, and how to gain access to an eligibility determination, services and the central directory. Materials shall be posted on the Infant & Toddler Connection of Virginia web site, [www.infantva.org](http://www.infantva.org);
14. Accept joint responsibility with the Department of Education to locate and identify all infants and toddlers potentially eligible under Part C or Part B, given the parallel requirements for child find under Part B and Part C of IDEA. Local interagency agreements shall identify the specific responsibilities of local school divisions and the local Part C lead agency with regard to local child find procedures;
15. Contract with local lead agencies for administration of local early intervention systems across Virginia;
16. Ensure that local policies, procedures, and mechanisms are in place statewide to receive referrals through the Department of Social Services, in accordance with federal and state Child Abuse and Prevention Treatment Act (CAPTA) regulations, and to make an individualized determination about the child’s eligibility for Part C; and
17. Provide ongoing training and technical assistance in collaboration with the Virginia Department of Education to local lead agencies, Part C service providers, local school division personnel and families on areas of joint responsibility, including but not limited to transition, child find and data collection; and
18. Require that local community services boards responsible for implementing and managing discharge plans required by § 32.1-127.B.6 of the Code of Virginia for substance-abusing postpartum women refer to Virginia’s Part C early intervention system any child under the age of three who is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.
19. **The Department of Health (VDH) shall:**
20. Provide families with information about Part C early intervention services as well as EPSDT and public health services through the 2-1-1 System and Children with Special Health Care Needs program;
21. Make available the services of the following programs and entities to infants, toddlers and their families who are eligible for each service, within available resources:
22. Care Connection for Children (CCC);
23. Child Development Services (CDS);
24. Bleeding Disorders Program (BDP);
25. Genetics and Newborn Screening (GNS);
26. Pediatric Comprehensive Sickle Cell Services; and
27. The thirty-three local health districts that are units of VDH;
28. Be considered a Part C provider agency for all children who are both enrolled in Part C and served in one of the VDH programs listed above, allowing data sharing in accordance with established policies and procedures; and
29. Work with other state and local agencies in child find activities and be involved in development of IFSPs as appropriate.
30. **The Department of Education (DOE) shall:**
31. Accept joint responsibility with DBHDS to locate and identify all infants and toddlers potentially eligible under Part C or Part B, given the parallel requirements for child find under Part B and Part C of IDEA. Local interagency agreements shall identify the specific responsibilities of local school divisions and the local Part C lead agency with regard to local child find procedures; and
32. Provide ongoing training and technical assistance in collaboration with the DBHDS to local lead agencies, Part C service providers, local school division personnel and families on areas of joint responsibility, including, but not limited to, transition, child find and data collection.
33. **The Department of Social Services (DSS) shall:**
34. Refer any child under the age of three who is the subject of a founded child abuse/neglect disposition to the local Infant & Toddler Connection of Virginia;
35. Refer any child under the age of three who is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure; and
36. Encourage local Child Protective Services supervisors and workers to make referrals to the Infant & Toddler Connection of Virginia for any children under three who appear developmentally delayed or who have a physical or mental condition that has a high probability of resulting in delay, even for children for whom there is not a founded child abuse/neglect disposition.
37. **The Department of Medical Assistance Services (DMAS) shall:**
38. Provide full reimbursement of Part C services that are covered under the State Medical Assistance Plan for Medicaid and under the State Child Health Plan for FAMIS;
39. Pay the state share of services for early intervention performed by "non-traditional" providers from the Medicaid program. DMAS shall draw Medicaid and FAMIS federal funds as well as state general funds in order to cover the total cost of early intervention services, and make necessary payments to the providers. The expenses shall be reported on DMAS records as of year-end; and
40. Except as provided herein, all terms and conditions of Interagency Agreement No. 137-07, originally signed between the parties on March 28, 2007, and heretofore amended, remain unchanged and in full force.

**F**. **The Department for the Blind and Vision Impaired (DBVI) shall:**

1. Refer to the Infant & Toddler Connection of Virginia infants, toddlers and families who become known to DBVI through its regional offices who may be eligible under Part C; and
2. Provide and be financially responsible for the following services when those services are provided by DBVI staff to infants and toddlers who are enrolled in DBVI services and their families:
3. Assistive technology: DBVI shall offer assistive technology information related to infants with visual disabilities;
4. Family training and counseling: DBVI staff shall provide technical assistance and materials that parents use with their child;
5. Participation in multidisciplinary assessments: DBVI staff shall provide vision related assessments as part of the team;
6. Coordination of agency services: DBVI staff shall work with the family's service coordinatorto coordinate agency services with those of other service providers in the community;
7. Development of Individualized Family Service Plans (IFSP): DBVI staff shall participate on the IFSP team to help develop goals and strategies for eligible children and their families.

**G. Department for the Deaf and Hard of Hearing (DDHH) shall:**

1. Provide and pay for technical assistance and resources provided by DDHH to local lead agencies, Part C service providers, and families on topics related to screening, assessment and services for children who are deaf or hard of hearing and their families.

**IX. DISPUTE RESOLUTION**

In instances of intra-agency or interagency conflict, every effort shall be made to resolve the differences at the lowest level possible. In the event of a difference of opinion in any matter related to the implementation of this agreement, disagreements regarding systemic issues of responsibility for service provision or compliance with the interagency agreement, the participating agencies agree to the following procedures for resolution of disputes:

* + 1. Participating agencies shall make every effort to resolve their own disputes according to the procedures within their agency. If a dispute involves two or more state agencies, resolution shall first be attempted through discussion between the state agencies involved.
    2. If participating agencies are unable to resolve disputes in a timely manner, a participating agency may forward a written request to DBHDS, the State Lead Agency, to initiate a state-level intra-agency or interagency dispute. The written request shall include a written summary of the steps taken to resolve the intra-agency or interagency dispute and a written summary of findings.
    3. Upon receipt of a written request from a participating agency to initiate an intra-agency or interagency dispute, the following steps shall be taken:
       1. DBHDS shall review all materials submitted to determine if the request warrants the initiation of the state-level intra-agency or interagency dispute process or if the dispute needs to be resolved through other channels
       2. If DBHDS determines the dispute needs to be resolved through the state-level intra-agency or interagency dispute process, the dispute shall be referred to the Commissioner of DBHDS, or his designee, for resolution.
       3. If the dispute cannot be resolved by DBHDS, then the dispute shall be referred to the Secretary of Health and Human Resources and/or the Secretary of Education for resolution.
       4. If the dispute cannot be resolved by the Secretary(ies) within 30 calendar days, the dispute shall be referred to the Governor.
       5. When resolutions of disputes are reached at any level, the resolution, as well as any actions to be taken by the involved parties, shall be in writing.
    4. To ensure services are not delayed or denied during the pendency of a dispute, the Governor, who is responsible for assigning financial responsibility among the appropriate agencies, shall:
       1. Assign financial responsibility to an agency; or
       2. Assign DBHDS as the State Lead Agency to pay for the support or service, in accordance with Part C payor of last resort provisions.
    5. If, during resolution of the dispute by DBHDS, the Governor determines that the assignment of financial responsibility was inappropriately made, the:
       1. Governor shall reassign the responsibility to the appropriate agency; and
       2. DBHDS shall make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.
    6. If a participating agency fails to provide or pay for the supports and services pursuant to the interagency agreement:
       1. DBHDS shall provide or pay for the provision of such supports and services to the child.
       2. DBHDS shall claim reimbursement for the supports and services from the participating agency that failed to provide or pay for such supports and services and such participating agency shall reimburse DBHDS pursuant to the terms of the interagency agreement, except where such reimbursement would violate federal law or where such reimbursement could not be the basis for a claim for federal financial participation.
       3. DBHDS shall implement the procedures to ensure the delivery of services in a timely manner in accordance with 34 CFR §303.511(d).

**X. DURATION OF AGREEMENT**

This agreement is effective on the date of signature. This agreement shall be reviewed periodically and revised as necessary with the agreement of all participating agencies.

**XI. SIGNATURES**

EACH PARTY has caused this Memorandum of Agreement to be properly executed on its behalf as of the date below.

**For: [Agency name]**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

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**For: [Agency Name]**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For: [Agency Name]**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For: [Agency Name]**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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