

**South Carolina's Part C
Grant Application
FFY 2019**

OMB NO. 1820-0550
Expires: 11/30/2020

**ANNUAL STATE APPLICATION UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT AS AMENDED IN 2004
FOR FEDERAL FISCAL YEAR (FFY) 2019**

CFDA No. 84.181A

ED FORM No. 1 B20—26P

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

Washington, DC 20202-2600

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefits (20 U.S.C. 1433; 20 U.S.C. 1435). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., S.W., Washington, D.C. 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0550. Note: Please do not return the completed Annual State Application form to this address.

Section I

A. Submission Statements for Part C of IDEA

Select 1 or 2 below. Check 3 if appropriate.

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

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

2. The State cannot provide the policies, procedures, methods, descriptions, and/or assurances for all application requirements of Part C of the Act as found in Part C of the IDEA, 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State has determined that it is unable to provide the policies, procedures, methods, descriptions, and/or assurances that are checked 'No' in Sections II.A and II.B. However, the State assures that throughout the period of this grant award the State will operate consistently with all requirements of IDEA in 20 U.S.C. 1431 through 1443 and the 2011 Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and regulations, as amended, as soon as possible, and not later than June 30, 2019. The State has included the date by which it expects to complete necessary changes associated with policies, procedures, methods, descriptions, and assurances marked 'No'. The items checked 'Yes' in Section II.A are enclosed with this application as revised or new or are identified as "OF" already on file with the Secretary.¹

Optional:

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

B. Conditional Approval for Current Grant Year

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

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

- a. Sections II.A and II.B reflect completion of all issues identified in the FFY 2018 conditional approval letter (attach any additional documentation required by the FFY 2018 letter).
- b. As noted in Sections II.A and II.B, the State has not completed all issues identified in the FFY 2018 conditional approval letter.

¹ If Option 2 is checked, the State is to provide dates in Sections II.A and II.B as to when the required policies, procedures, methods, descriptions, and assurances will be provided, which date can be no later than June 30, 2020.

2. Conditional Approval Related to Other Issues:

- a. The State previously submitted documentation of completion of all issues identified in the FFY 2018 conditional approval letter.
- b. The State is attaching documentation of completion of all issues identified in the FFY 2018 conditional approval letter. *(Attach documentation showing completion of all issues.)*
- c. The State has not completed all issues identified in the FFY 2018 conditional approval letter. *(Attach documentation showing completion of any issues and a list of items not yet completed.)*

Section II

A. State Policies, Procedures, Methods, and Descriptions

As checked below, the State hereby declares that it has or has not filed the following policies, procedures, methods, and descriptions with the U.S. Department of Education, and, as of the date of the signature below, affirms and incorporates by reference those policies, procedures, methods, and descriptions with respect to Part C of the Individuals with Disabilities Education Act (IDEA or Act) in 20 U.S.C. 1431–1443 and the Part C regulations in 34 CFR Part 303 (Part C). By submission of this Section II, the State assures that throughout the period of this FFY 2017 grant award, the State will operate consistently with all requirements of Part C of the IDEA in 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and regulations by the date indicated below and not later than June 30, 2020.

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

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

N = 'New' Policy and/or Procedure

R = 'Revised' Policy and/or Procedure

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

No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2020.)

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

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

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

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

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p style="text-align: right;">§303.401(d) and (e)), §303.344(h), and 34 CFR 300.101(b), 300.124, 300.321(f) and 300.323(b).</p> <p>(4) Any policy the lead agency has adopted under §303.401(d) and (e).</p> <p>(b) <u>Notification to the SEA and appropriate LEA.</u> The State must ensure that—</p> <p>(1) Subject to paragraph (b)(4) of this section, not fewer than 90 days before the third birthday of the toddler with a disability if that toddler may be eligible for preschool services under Part B of the Act, the lead agency notifies the SEA and the LEA for the area in which the toddler resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law; or</p> <p>(2) Subject to paragraph (b)(4) of this section, if the lead agency determines that the toddler is eligible for early intervention services under Part C of the Act more than 45 but less than 90 days before that toddler's third birthday and if that toddler may be eligible for preschool services under Part B of the Act, the lead agency, as soon as possible after determining the child's eligibility, notifies the SEA and the LEA for the area in which the toddler with a disability resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law; or</p> <p>(3) Subject to paragraph (b)(4) of this section, if a toddler is referred to the lead agency fewer than 45 days before that toddler's third birthday and that toddler may be eligible for preschool services under Part B of the Act, the lead agency, with parental consent required under §303.414, refers the toddler to the SEA and the LEA for the area in which the toddler resides; but, the lead agency is not required to conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances;</p> <p>(4) The notification required under paragraphs (b)(1), (2), and (3) of this section is consistent with any policy that the State has adopted, under §303.401(e), permitting a parent to object to disclosure of personally identifiable information.</p> <p>(c) <u>Conference to discuss services.</u> The State must ensure that—</p> <p>(1) If a toddler with a disability may be eligible for preschool services under Part B of the Act, the</p>

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

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>this part before those toddlers turn age three, including any toddler with a disability under the age of three who is served by a State that offers services under §303.211.</p> <p>(2) In a State that offers services under §303.211, for toddlers with disabilities identified in paragraph (b)(1) of this section, the parent must be provided at the transition conference conducted under paragraph (c)(1) of this section: (i) An explanation, consistent with §303.211(b)(1)(ii), of the toddler's options to continue to receive early intervention services under this part or preschool services under section 619 of the Act; (ii) The initial annual notice referenced in §303.211(b)(1). (3) For children with disabilities age three and older who receive services pursuant to §303.211, the State must ensure that it satisfies the separate transition requirements in §303.211(b)(6)(ii).</p> <p>(34 CFR §303.209)</p>
	X			<p>11. Each application must contain a description of State efforts to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, <i>et seq.</i>, as amended), early education and child care programs, and services under Part C. (34 CFR §303.210)</p>
	X			<p>12. Each application must include, as required by Section 427 of the General Education Provisions Act (GEPA), a description of how the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C. (34 CFR §303.212(a))</p>
			N/A	<p>13. (a) General. (1) Subject to paragraphs (a)(2) and (b) of this section, a State may elect to include in its application for a grant under Part C a State policy, developed and implemented jointly by the lead agency and the SEA, under which a parent of a child with a disability who is eligible for preschool services under section 619 of the Act and who previously received early intervention services under Part C, may choose the continuation of early intervention services under Part C for his or her child after the child turns three until the child enters, or is eligible under State law to enter, kindergarten or elementary school.</p> <p>(2) A State that adopts the policy described in paragraph (a)(1) of this section may determine whether it applies to children with disabilities—</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>(i) From age three until the beginning of the school year following the child's third birthday;</p> <p>(ii) From age three until the beginning of the school year following the child's fourth birthday; or</p> <p>(iii) From age three until the beginning of the school year following the child's fifth birthday.</p> <p>(3) However, in no case may a State provide services under this section beyond the age at which the child actually enrolls in, or is eligible under State law to enter, kindergarten or elementary school in the State.</p> <p>(b) <u>Requirements</u>. If a State's application for a grant under Part C includes the State policy described in paragraph (a) of this section, the system must ensure the following:</p> <p>(1) Parents of children with disabilities who are eligible for services under section 619 of the Act and who previously received early intervention services under Part C will be provided annual notice (the initial annual notice must be provided as set forth in §303.209(f)(2)(ii)) that contains—</p> <p>(i) A description of the rights of the parents to elect to receive services pursuant to §303.211 or under Part B of the Act; and</p> <p>(ii) An explanation of the differences between services provided pursuant to §303.211 and services provided under Part B of the Act, including—</p> <p>(A) The types of services and the locations at which the services are provided;</p> <p>(B) The procedural safeguards that apply; and</p> <p>(C) Possible costs (including the costs or fees to be charged to families as described in §§303.520 and 303.521), if any, to parents; and</p> <p>(2) Consistent with §303.344(d), services provided pursuant to §303.211 will include an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills.</p> <p>(3) The State policy ensures that any child served pursuant to this section has the right, at any time, to receive FAPE (as that term is defined at §303.15) under Part B of the Act instead of early intervention services under Part C of the Act under §303.211.</p> <p>(4) The lead agency must continue to provide all early intervention services identified in the</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>toddler with a disability's IFSP under §303.344 (and consented to by the parent under §303.342(e)) beyond age three until that toddler's initial eligibility determination under Part B of the Act is made under 34 CFR §300.306. This provision does not apply if the LEA has requested parental consent for the initial evaluation under §300.300(a) and the parent has not provided that consent.</p> <p>(5) The lead agency must obtain informed consent from the parent of any child with a disability for the continuation of early intervention services pursuant to this section for that child. Consent must be obtained before the child reaches three years of age, where practicable.</p> <p>(6)(i) For toddlers with disabilities under the age of three in a State that offers services under this section, the lead agency ensures that the transition requirements in §303.209(b)(1) and (2), (c)(1) and (d) are met.</p> <p>(ii) For toddlers with disabilities age three and older in a State that offers services under this section, the lead agency ensures a smooth transition from services under this section to preschool, kindergarten or elementary school by: (A) Providing the SEA and LEA where the child resides, consistent with any State policy adopted under §303.401(e), the information listed in §303.401(d)(1) not fewer than 90 days before the child will no longer be eligible under subsection (a)(2) of this section to receive early intervention services under this section; (B) With the approval of the parents of the child, convening a transition conference, among the lead agency, the parents, and the LEA, not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the child will no longer be eligible under subsection (a)(2) of this section to receive, or will no longer receive, early intervention services under this section, to discuss any services that the child may receive under Part B of the Act; and (C) Establishing a transition plan in the IFSP not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the child will no longer be eligible under subsection (a)(2) of this section to receive, or no longer receives, early intervention services under this section.</p> <p>(7) In States that adopt the option to make services under Part C available to children ages three and older pursuant to §303.211, there will be a referral to the Part C system, dependent upon parental consent, of a child</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>under the age of three who directly experiences a substantiated case of trauma due to exposure to family violence, as defined in section 320 of the Family Violence Prevention and Services Act, 42 U.S.C. 10401, et seq.</p> <p>(c) <u>Reporting requirement.</u> If a State includes in its application a State policy described in §303.211(a), the State must submit to the Secretary, in the State's report under §303.124, the number and percentage of children with disabilities who are eligible for services under section 619 of the Act but whose parents choose for their children to continue to receive early intervention services under §303.211.</p> <p>(d) <u>Available funds.</u> The State policy described in §303.211(a) must describe the funds—including an identification as Federal, State, or local funds—that will be used to ensure that the option described in §303.211(a) is available to eligible children and families who provide the consent described in §303.211(b)(5), including fees, if any, to be charged to families as described in §§303.520 and 303.521.</p> <p>(e) <u>Rules of construction.</u></p> <p>(1) If a statewide system includes a State policy described in §303.211(a), a State that provides services in accordance with this section to a child with a disability who is eligible for services under section 619 of the Act will not be required to provide the child FAPE under Part B of the Act for the period of time in which the child is receiving services under §303.211.</p> <p>(2) Nothing in this section may be construed to require a provider of services under Part C to provide a child served under Part C with FAPE.</p> <p>(34 CFR §303.211)</p> <p><i>The policies and procedures listed in 13 are optional. Enter 'NA' in the cells to the left if the State has elected not to develop and implement a policy under 34 CFR §303.211 to make Part C services to children beyond age three; otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach policies and procedures.</i></p>

B. Assurances and Optional Assurance

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

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
	X 7/1/19	<p>1. The State has adopted a policy that appropriate early intervention services, as defined in 34 CFR §303.13, are available to all infants and toddlers with disabilities in the State and their families, including—</p> <p>(a) Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State;</p> <p>(b) Infants and toddlers with disabilities who are homeless children and their families; and</p> <p>(c) Infants and toddlers with disabilities who are wards of the State.</p> <p>(34 CFR §303.101(a))</p>
	X 7/1/19	<p>2. The State has in effect a statewide system of early intervention services that meets the requirements of section 635 of the Act, including policies and procedures that address, at a minimum, the components required in 34 CFR §§303.111 through 303.126. (34 CFR §303.101(a))</p>
	X 7/1/19	<p>3. The State ensures that any State rules, regulations, policies and procedures relating to 34 CFR Part 303 conform to the purposes and requirements of 34 CFR Part 303. (34 CFR §303.102)</p>
		<p>4. Each statewide system (system) must include, at a minimum, the components described in §§303.111 through 303.126. (34 CFR §303.110)</p>
	X 7/1/19	<p>5. The State has a policy in effect that ensures that appropriate early intervention services are based on scientifically based research, to the extent practicable, and are available to all infants and toddlers with disabilities and their families, including—</p> <p>(a) Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State; and</p>

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

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

<p>Yes</p> <p><i>(Assurance is hereby provided.)</i></p>	<p>No</p> <p><i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i></p> <p><i>Check and enter date(s) as applicable</i></p>	<p>Subpart B—Assurances</p> <p>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
Act, if applicable. (34 CFR §303.118)		
	<p>X</p> <p>7/1/19</p>	<p>12. The Statewide system includes policies and procedures relating to the establishment and maintenance of qualification standards to ensure that personnel necessary to carry out the purposes of Part C are appropriately and adequately prepared and trained. These policies and procedures provide for the establishment and maintenance of qualification standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing early intervention services. Nothing in Part C of the Act may be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy, to assist in the provision of early intervention services under Part C of the Act to infants and toddlers with disabilities. (34 CFR §303.119(a)–(c))</p>
<p>X</p>		<p>13. The Statewide system includes a single line of responsibility in a lead agency designated or established by the Governor that is responsible for the following—</p> <p>(a) (1) The general administration and supervision of programs and activities administered by agencies, institutions, organizations, and EIS providers receiving assistance under Part C of the Act; and</p> <p>(2) The monitoring of programs and activities used by the State to carry out Part C of the Act (whether or not the programs or activities are administered by agencies, institutions, organizations, and EIS providers that are receiving assistance under Part C of the Act), to ensure that the State complies with Part C of the Act, including—</p> <ul style="list-style-type: none"> (i) Monitoring agencies, institutions, organizations, and EIS providers used by the State to carry out Part C of the Act; (ii) Enforcing any obligations imposed on those agencies, institutions, organizations, and EIS providers under Part C of the Act and 34 CFR Part 303; (iii) Providing technical assistance, if necessary, to those agencies, institutions, organizations and EIS providers; (iv) Correcting any noncompliance identified through monitoring as soon as possible and in no case later than one year after the lead agency's identification of

<p>Yes <i>(Assurance is hereby provided.)</i></p>	<p>No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i></p>	<p>Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
		<p>the noncompliance; and</p> <p>(v) Conducting the activities in paragraphs (a)(2)(i) through (a)(2)(iv) of this section, consistent with 34 CFR §§303.700 through 303.707, and any other activities required by the State under those sections.</p> <p>(b) The identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources, consistent with subpart F of 34 CFR Part 303.</p> <p>(c) The assignment of financial responsibility in accordance with subpart F of 34 CFR Part 303.</p> <p>(d) The development of procedures in accordance with subpart F of 34 CFR Part 303 to ensure that early intervention services are provided to infants and toddlers with disabilities and their families under Part C of the Act in a timely manner, pending the resolution of any disputes among public agencies or EIS providers.</p> <p>(e) The resolution of intra- and interagency disputes in accordance with subpart F of 34 CFR Part 303.</p> <p>(f) The entry into formal interagency agreements or other written methods of establishing financial responsibility, consistent with 34 CFR §303.511, that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination as set forth in subpart F of 34 CFR Part 303.</p> <p>(34 CFR §303.120)</p>
	<p>X 7/1/19</p>	<p>14. The Statewide system includes a policy pertaining to the contracting or making of other arrangements with public or private individuals or agency service providers to provide early intervention services in the State, consistent with the provisions of Part C of the Act and 34 CFR Part 303, including the contents of the application, and the conditions of the contract or other arrangements. The policy —</p> <p>(a) Includes a requirement that all early intervention services must meet State standards and be consistent with the provisions of Part C; and</p> <p>(b) Is consistent with the Education Department General Administrative Regulations in 34 CFR Part 80.</p> <p>(34 CFR §303.121)</p>

<p>Yes</p> <p><i>(Assurance is hereby provided.)</i></p>	<p>No</p> <p><i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i></p> <p><i>Check and enter date(s) as applicable</i></p>	<p>Subpart B—Assurances</p> <p>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
	<p>X</p> <p>7/1/19</p>	<p>15. The Statewide system includes procedures for securing the timely reimbursement of funds used under Part C of the Act, in accordance with subpart F of 34 CFR Part 303. (34 CFR §303.122)</p>
	<p>X</p> <p>7/1/19</p>	<p>16. The Statewide system includes procedural safeguards that meet the requirements of subpart E of 34 CFR Part 303. (34 CFR §303.123)</p>
<p>X</p>		<p>17. The Statewide system includes a system for compiling and reporting timely and accurate data that meets the requirements of 34 CFR §§303.700 through 303.702 and 303.720 through 303.724 and the following requirements. The data system includes a description of the process that the State uses, or will use, to compile data on infants or toddlers with disabilities receiving early intervention services under Part C, including a description of the State's sampling methods, if sampling is used, for reporting the data required by the Secretary under sections 616 and 618 of the IDEA and 34 CFR §§303.700 through 303.707 and 303.720 through 303.724. (34 CFR §303.124)</p>
<p>X</p>		<p>18. The Statewide system includes a State Interagency Coordinating Council (Council) that meets the requirements of subpart G of 34 CFR Part 303. (34 CFR §303.125)</p>
	<p>X</p> <p>7/1/19</p>	<p>19. The Statewide system includes policies and procedures to ensure, consistent with 34 CFR §§303.13(a)(8) (early intervention services), 303.26 (natural environments), and 303.344(d)(1)(ii) (content of an IFSP), that early intervention services for infants and toddlers with disabilities are provided—</p> <p>(a) To the maximum extent appropriate, in natural environments; and</p> <p>(b) In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP Team, only when early intervention services cannot be achieved satisfactorily in a natural environment.</p> <p>(34 CFR §303.126)</p>
	<p>X</p> <p>7/1/19</p>	<p>20. The Statewide system ensures that Federal funds made available to the State under section 643 of the Act will be expended in accordance with the provisions of 34 CFR Part 303, including §§303.500 and 303.501. (34 CFR §303.221)</p>

<p>Yes</p> <p><i>(Assurance is hereby provided.)</i></p>	<p>No</p> <p><i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i></p> <p><i>Check and enter date(s) as applicable</i></p>	<p>Subpart B—Assurances</p> <p>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
	<p>X</p> <p>7/1/19</p>	<p>21. The Statewide system will comply with the requirements in §§303.510 and 303.511 in subpart F of this part. (34 CFR §303.222)</p>
<p>X</p>		<p>22. The Statewide system ensures that—</p> <p>(a) The control of funds provided under 34 CFR Part 303, and title to property acquired with those funds, will be in a public agency for the uses and purposes provided in 34 CFR Part 303; and</p> <p>(b) A public agency will administer the funds and property. (34 CFR §303.223)</p>
<p>X</p>		<p>23. The Statewide system ensures that it will—</p> <p>(a) Make reports in the form and containing the information that the Secretary may require; and</p> <p>(b) Keep records and afford access to those records as the Secretary may find necessary to ensure compliance with the requirements of 34 CFR Part 303, the correctness and verification of reports, and the proper disbursement of funds provided under 34 CFR Part 303. (34 CFR §303.224)</p>
<p>X</p>		<p>24. The Statewide system ensures that –</p> <p>(a) Federal funds made available under section 643 of the Act to the State –</p> <p>(1) Will not be commingled with State funds; and</p> <p>(2) Will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds.</p> <p>(b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for—</p>

<p>Yes <i>(Assurance is hereby provided.)</i></p>	<p>No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i></p>	<p>Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
		<p>(1) A decrease in the number of infants and toddlers who are eligible to receive early intervention services under this part; and</p> <p>(2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.</p> <p>(c) Requirement regarding indirect costs.</p> <p>(1) Except as provided in paragraph (c)(2) of this section, a lead agency under this part may not charge indirect costs to its Part C grant.</p> <p>(2) If approved by the lead agency's cognizant Federal agency or by the Secretary, the lead agency must charge indirect costs through either—</p> <p>(i) A restricted indirect cost rate that meets the requirements in 34 CFR 76.560 through 76.569; or</p> <p>(ii) A cost allocation plan that meets the non-supplanting requirements in paragraph (b) of this section and 34 CFR Part 76 of EDGAR.</p> <p><u>(3) In charging indirect costs under paragraph (c)(2)(i) and (c)(2)(ii) of this section, the lead agency may not charge rent, occupancy, or space maintenance costs directly to the Part C grant, unless those costs are specifically approved in advance by the Secretary.</u></p> <p>(34 CFR §303.225)</p>
<p>X</p>		<p>25. The Statewide system ensures that fiscal control and fund accounting procedures will be adopted as necessary to ensure proper disbursement of, and accounting for, Federal funds paid under 34 CFR Part 303. (34 CFR §303.226)</p>
	<p>X 7/1/19</p>	<p>26. The State ensures that policies and practices have been adopted to ensure that—</p> <p>(a) Traditionally underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the State, are meaningfully involved in the planning and implementation of all the requirements of Part C; and</p> <p>(b) These families have access to culturally competent services within their local geographical areas.</p> <p>(34 CFR §303.227)</p>

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

C. Certifications

The State Lead Agency is providing the following certifications:

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

D. Statement

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

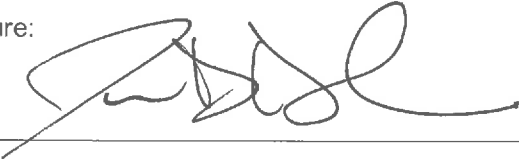
If any policies, procedures, methods, descriptions, and assurances have been checked 'no', I certify that the State will operate throughout the period of this grant award consistently with the requirements of the IDEA as found in 20 U.S.C. 1431-1443 (as amended) and the 2011 regulations in 34 CFR Part 303 (as amended), and will make such changes to existing policies and procedures as are necessary to bring those policies and procedures into compliance with the requirements of the IDEA, as amended, as soon as possible, and not later than June 30, 2020. (34 CFR §76.104)

I, the undersigned authorized official of the

South Carolina Department of Health and Human Services,

(Name of State and official name of State agency)

am designated under Part C by the Governor of this State to submit this application for FFY 2019 funds under Part C of the Individuals with Disabilities Education Act (IDEA).

Printed/Typed Name and Title of Authorized Representative of the State:	
Joshua D. Baker Director	
Signature: 	Date: 2019-05-03

Section III

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

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

When completing this section include:

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

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

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
100% funded with Part C Funds	12	100%	1,052,627	Activities related to the management, oversight, and general supervision of the South Carolina early intervention system under IDEA Part C.
< 100% funded with Part C Funds		50%	5,000	General administrative support for the South Carolina ICC, including preparation of meeting materials, scheduling committee and subcommittee meetings, public outreach hearings, and maintaining the ICC website.
Subtotal of amount under A:			1,057,627	

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

Section III (Continued)

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

When completing this section include:

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

Special Note: Prior Approval

Some activities or expenses³ require prior approval. These items include using Federal IDEA Part C funds for: (1) equipment (with per unit costs of \$5,000 or more); (2) participant support costs (such as training or travel costs for non-employees); (3) construction or renovation of facilities; or (4) rent, occupancy or space maintenance costs. For any activity or expense listed under Section III of this application that requires OSEP prior approval, please mark an "X" in the right hand column of the chart below. Although the State will be required to submit supporting documentation for any expenses that require OSEP prior approval, you do not need to include this documentation with Section III.

Approval of the State's FFY 2019 application and Section III does not constitute OSEP's approval of these expenses.

(Add rows as needed)

Major Activity	Part C Funds to be Spent	Description of Activities	Prior Approval Needed
Data System	405,300	Annual license fees and enhancements for the maintenance and operation of an early childhood data system.	
General Administration	50,000	General supplies, per-diem, in-state travel expenses, and office services necessary to maintain the statewide system.	
Data systems management and personnel development	250,000	Data systems management and personnel development	
Financial management	100,000	Fiscal agency	

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

Major Activity	Part C Funds to be Spent	Description of Activities	Prior Approval Needed
Community Outreach and Training	350,000	Hosting and maintenance of the Part C central directory, child find, and parental support through Family Connections	
Public Outreach	10,000	Hosting public hearings and outreach sessions to promote the consideration of public input in the Part C system	
Subtotal of amount under B:	1,165,300		

Section III (Continued)

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

When completing this section include:

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

(Add rows as needed.)

Description of Each Direct Early Intervention Service	Approximate Amount of Federal IDEA Part C Funds to be Spent on Each Direct Service
Assistive Technology	5,000
Audiology Services	5,000
Autism Services	100,700
Evaluation Services	100,000
IFSP Meetings	75,000
Interpreter Services	300,000
Occupational Therapy Services	500,000
Physical Therapy Services	400,000
Speech/Language Services	1,400,000
Vision Services	6,000
Other Services (Transportation/Family Coordination)	114,000
Subtotal of amount under C:	3,005,700

Section III (Continued)

D. Activities by Other State Agencies

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

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

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

State Agency Receiving Funds	Amount of Funds	Purpose
South Carolina School for the Deaf and Blind	900,000	Provision of sign language interpretation, service coordination for children with sensory impairment, and sign language instruction as identified in an IFSP
SC Department of Disabilities and Special Needs	400,000	Assist the lead agency in assuring that South Carolina's Early Intervention personnel meet state standards by maintaining and reviewing applications for the BabyNet Credential for Part C system personnel
Subtotal of amount under D:	1,300,000	

Section III (Continued)

E. Description of Optional Use of IDEA Part C Funds⁴

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

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

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

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

⁴ See IDEA section 638.

Section III (Continued)

F. Totals

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

Row No.	Section	Amount
Enter the subtotal amounts for Sub Sections A-E found in Section III of this application.		
1.	III.A.	\$ 1,057,627
2.	III.B.	\$1,165,300
3.	III.C.	\$3,005,700
4.	III.D.	\$1,300,000
5.	III.E.	\$ 0
Enter any Indirect Costs Charged (See Section IV.B of this application.)		
6.	IV.B	\$
Total (Rows 1-6)		\$6,528,627

Section IV

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

The State

does (check as applicable)

does not (check as applicable)

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

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

B. Restricted Indirect Cost Rate/Cost Allocation Plan Information

Under 34 CFR §303.225(c), a lead agency may not charge indirect costs to its Part C grant unless the lead agency charges indirect costs through either— (i) A restricted⁵ indirect cost rate that meets the requirements in 34 CFR §§76.560 through 76.569; or (ii) A cost allocation plan that meets the non-supplanting requirements in paragraph (b) of this section and 34 CFR part 76 of EDGAR.

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

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

The lead agency is a State educational agency (SEA) and works directly with the U.S. Department of Education's Indirect Cost Unit to ensure that indirect costs are only charged on a restricted basis to the State's IDEA Part C grant.

The lead agency is not an SEA and has a final restricted indirect cost rate that has been approved by the State lead agency's cognizant Federal agency and is in effect for this FFY (ending on June 30, 2020). (The State must attach a copy of the approved restricted indirect cost rate agreement.)

The lead agency is not an SEA and has either a provisional or final restricted indirect cost rate that expires or expired on _____ and the State is in the process of negotiating a new restricted indirect cost rate agreement that will be in effect for the period _____.⁶ The State lead agency will continue to charge or bill the Part C grant using the provisional or previously approved final restricted indirect cost rate until a new rate is negotiated and approved by the State's cognizant Federal agency, at which point the State lead agency must make appropriate adjustments for applicable FFYs. The State acknowledges that a final restricted indirect cost rate may result in an adjustment of the final audited expenditures allowable to be charged to the Part C grant and the Department's approval of this FFY Part C application with an expired or provisional restricted indirect cost rate does not constitute approval

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

⁶ A "provisional" indirect cost rate is a temporary rate established for a future prospective period of time to permit budgeting, obligations, and payment of funds by awarding agencies until such time as the actual indirect costs can be determined and a final rate is established for the applicable period; provisional rates are subject to adjustment by issuance of a "final" rate based on actual indirect costs incurred for the period (usually the organization's fiscal year).

of that rate as the final rate for the lead agency for this FFY. When a final restricted indirect cost rate is approved, the lead agency must submit to OSEP: (1) a copy of the "final" restricted indirect cost rate agreement; and (2) details of adjustments made to past GAPS draw downs in light of the "final" rate. (The State must attach a copy of the previously approved restricted indirect cost rate agreement.)

_____ The lead agency is not an SEA and has a final cost allocation plan that has been approved by the State lead agency's cognizant Federal agency, which is _____. The cost allocation plan charges costs only on a restricted basis and has also been approved by ED's Indirect Cost Unit. It is in effect for this Federal fiscal year (FFY) (ending on June 30, 2020). (The State must attach a copy of the approved cost allocation plan and approval documentation from both the lead agency's cognizant Federal agency and ED's Indirect Cost Unit.)

South Carolina's Part C 2019 Grant Application

This addendum is provided as documentation requested in Section I, B., 2., c.

South Carolina's Part C grant was conditionally approved for Federal fiscal year (FFY) 2018. That conditional approval came with specific conditions related to four major areas of noncompliance listed below:

1. Monitor, and ensure interagency coordination of, the early intervention program as required by IDEA sections 635 (a) (10) and 640 and 34 CFR §§ 303.120, 303.501;
2. Provide early intervention services to eligible children and families in a timely manner as required by IDEA sections 633 and 634 and 34 CFR §303.342 (e);
3. Provide valid and reliable data under IDEA sections 616, 618 635 (a) (14), and 642 and 34 CFR §§ 303.701 (c) and 303.720; and
4. Submit its State Systemic Improvement Plan as part of its Annual Performance Report, required under IDEA sections 616 and 642 and 34 CFR §303.700 through 303.78.


While South Carolina has not completed all items outlined above, progress has been made. As discussed during OSEP's recent DMS visit (April 16-18, 2019), South Carolina is currently developing a general supervision plan to include activities that have occurred, as well as future activities to identify and address noncompliance.


Since the lead agency transfer from South Carolina First Steps to South Carolina Department of Health and Human Services, systemic changes are being made to increase our network of providers. This increase will result in the state being able to provide early intervention services to eligible children and families in a timely manner.


Another positive impact of the lead agency transfer has been direct access to a team of data governance staff who have been able to recreate reports outside of our Part C data system. The state has had longstanding concerns about that system's ability to provide valid and reliable data. The SCDHHS Data Governance team believes they have developed a more accurate methodology for Indicator 1 and 7 reporting and will continue to work with IDEA Part C program staff to review additional indicators.


Phases I and II of the State Systemic Improvement Plan were submitted timely. We currently await approval of Phase II.

Draft Policies related to 2019 Grant Application

<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Child Find and Referral	Date Effective:
<p>Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.5, 303.10, 300.21, 303.111, 303.115, 303.206, 303.303.</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1401(16), 1412(a)(3)(A), 1431–1444</p>	
<p>As State Lead Agency under Part C of the Individuals with Disabilities Education Act of 2004 (IDEA; Public Law 108-446), the South Carolina Department of Health and Human Services (SCDHHS) will ensure all infants and toddlers with disabilities in the State who are eligible IDEA/Part C services are identified, located, and evaluated, including:</p> <ul style="list-style-type: none"> • Indian infants and toddlers with disabilities residing on a reservation geographically located in the State (including coordination, as necessary, with tribes, tribal organizations, and consortia to identify infants and toddlers with disabilities in the State) • Infants and toddlers with disabilities who are homeless, in foster care, and wards of the State, including those who are <ul style="list-style-type: none"> o The subject of a substantiated case of abuse or neglect o Directly affected by illegal substance abuse o Experiencing withdrawal symptoms resulting from prenatal drug exposure o Suspected of having a disability or developmental delays <p>The comprehensive child find system includes public awareness initiatives, interagency efforts across child-serving agencies and initiatives at the state and local level including education and training of primary referral sources.</p>	


<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Intake, Screening, and Initial Eligibility Evaluation	Date Effective:
<p>Federal Authority:</p> <p><u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.310; 303.320; 303.321(a)(2)(i); 303.321(a)(3)(1)-(ii); 303.321(a)(4)-(6); 303.321(b)(1)-(5); 303.322</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1432(4)(E)(ix), 1433, 1434(1), 1435(a), 1435(a)(2), 1435(a)(3), 1435(a)(5) and (a)(6), 1435(c)(2)(G), 1436(a)(1)-(2), 1436(c), 1437(a)(6), 1439(a)(6).</p>	
<p>All referred families electing to engage with the state’s early intervention system will receive a detailed explanation of all child and family rights under Part C of the Individuals with Disabilities Education Act, and the opportunity to provide informed consent to all processes related to determination of IDEA/Part C eligibility and as appropriate, provision of Early Intervention Services (EIS).</p> <p>South Carolina’s definition of/eligibility criteria for IDEA/Part C are either a diagnosis known to result in lifelong disability, or significant delays in development as follows: Delay of at least 40% in one area, or delays of at least 25% in two areas.</p> <p>Once consent is obtained, each referred child may receive a screening for developmental delays and disabilities. Families may elect to accept the results of screening or may, at any time, request a full eligibility evaluation. The evaluation must include state-approved instruments or processes to determine if the child meets state eligibility criteria for IDEA/Part C.</p>	


<p><small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small></p> <p>Healthy Connections </p> <p>BABYNET</p>	
<p>Policy: Initial and Annual Assessment of the Family and the Child</p>	<p>Date Effective:</p>
<p>Federal Authority: Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399: §§ 303.321.</p> <p>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499: §§ 1435(a)(3), 1435(a)(5), 1436(a)(1)–(2).</p>	
<p>Each family of an eligible child must be offered following:</p> <ul style="list-style-type: none"> • An initial and annual assessment of their resources, priorities, and concerns related to enhancing their child’s development • An initial and annual assessment of the child’s unique strengths and needs. <p>The family and child assessments must be conducted:</p> <ul style="list-style-type: none"> • With parental consent. • Prior to development of the initial Individualized Family Service Plan (IFSP) and each annual evaluation of the plan. • Using approved assessment processes: <ul style="list-style-type: none"> ◦ Each family assessment must include a standardized family assessment tool. ◦ Each child assessment must include a review of the initial and annual eligibility evaluation and personal observation of the child in the family’s home and community routines and activities as prioritized in the most recent family assessment. • By qualified personnel. • Be used in identification of functional IFSP outcomes and in the selection of IDEA/Part C Early Intervention Services (EIS), other services, and service settings. 	


<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Development of Initial Individualized Family Service Plan (IFSP) and Periodic Reviews	Date Effective:
<p>Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.7, 303.13, 303.20, 303.24, 303.25, 303.114, 303.340, 303.342, 303.343, 303.344, 303.345, 303.346, 303.441, 303.520, 303.720.</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 31.</u> §1221e-3</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1401(15), 1401(20), 1415(b)(7), 1415(c)(2), 1418, 1432(4), 1435(a)(3), 1435(a)(4), 1435(a)(10), 1435(a)(14), 1435(a)(16), 1436, 1437(a)(9)-(10), 1439, 1440, 1442.</p>	
<p>Each Individualized Service Plan (IFSP) shall be completed in accordance with federal and state requirements.</p> <p>Service Coordinator Responsibilities The Service Coordinator is responsible for:</p> <ul style="list-style-type: none"> • Ensuring Early Intervention Services (EIS) are individualized and appropriate to meet the needs of the child and family. • Ensuring the IFSP includes required content. • Ensuring completion of the Consent to Use Insurance Resources, including the notice of the state’s system of payment policies; • Implementing all applicable procedural safeguards before, during, and immediately following development or review of each IFSP; and • Monitoring the delivery of services to ensure that the services are provided in a timely manner and as written in the IFSP. <p>Initial IFSP Each eligible child and their family will have an initial IFSP developed within 45 days of referral to IDEA/Part C, unless:</p> <ul style="list-style-type: none"> • The parent and child are unavailable to complete the screening, initial evaluation, initial family assessment, initial child assessment, or the initial IFSP team meeting due to exceptional family circumstances; or • The parent has not provided consent for screening, initial evaluation, or initial child assessment despite documented, repeated attempts by the Intake Coordinator or Service Coordinator to obtain parental consent. <p>The Intake Coordinator and the Service Coordinator are responsible for documenting all delays in the 45-day process and providing a reason for each delay.</p>	


Periodic Review of the IFSP

- A formal, periodic review of the IFSP will take place every six months after the most recent initial or annual IFSP. The six-month review will be led by the Service Coordinator and will include the family and all EIS providers on the IFSP team.
- A formal annual review of the plan will be led by the Service Coordinator and will include the family and all EIS providers on the IFSP team. The review will include a review of the child's eligibility status and updates to all consents, notices, and family and child assessments.
- When changes to the IFSP are needed prior to or between the six-month review and the annual review of the plan, the Service Coordinator will follow all applicable procedural safeguards and federal requirements for IFSP Team meetings, document the needed change(s), and inform all members of the IFSP team of the change(s).

<small>NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Annual Determination of IDEA/Part C Eligibility	Effective:
<p>Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.321, 303.322.</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1435(a)(3); 1435(a)(5); 1436(a)(1)–(2); 1439(a)(6)</p>	
<ul style="list-style-type: none"> • Infants and toddlers initially eligible due to an Established Risk Condition remain eligible for IDEA/Part C services until age three, or the parent withdraws participation in IDEA/Part C. Parent withdrawal may be based on accomplishment of Individualized Family Service Plan (IFSP) outcomes and the family agrees there is no need for ongoing IDEA/Part C services. • Infants and toddlers initially eligible under Documented Significant Delays in Development are considered eligible for IDEA/Part C if the present level of performance in the annual IFSP documents a 15% delay in at least one area of development. Sources of documentation for the present level of performance for the annual IFSP must include up-to-date reassessments from all Early Intervention Service (EIS) providers on the IFSP team using approved evaluation or assessment tools. 	

<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Transition at Age Three	Date Effective:
Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§303.34(b)(10); 303.209(a)-(d); 303.344(h); 303.604(b). <u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1412(a)(9); 1414(d)(1)(D); 1419; 1435(a)(8)(A)(iii); 1436(a)(3); 1436(d)(7)-(8); 1437(a)(9)(A)(i); 1437(a)(9)(C)	
Each child and their family will receive the following to ensure a seamless transition at age three: <ul style="list-style-type: none"> • Transition planning, including Early Intervention Services (EIS) and supports, beginning with the initial Individualized Family Service Plan (IFSP); • Transition notification to the South Carolina State Department of Education and each Local Education Agency (LEA) of all children potentially eligible for preschool special education services, beginning at age 24 months. • A transition referral to the LEA no later than age 30 months. • A transition conference with the LEA or other community preschool providers between 24 and 33 months of age. Note: LEA attendance at a transition conference will be noted in the IDEA/Part C electronic record.	


<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Service Coordination Services	Date Effective:
<p>Federal Authority:</p> <p><u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.13(b)(11); 303.34(a)-(c); 303.114; 303.124, 303.343(a)(1)(iv); 303.344(g)(1)-(2); 303.345(b)(1).</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1416, 1418(a)-(c), 1432(4), 1435(a)(4), 1435(a)(10)(B), 1435(a)(14), 1435(a)(16), 1436, 1437(a)(9)-(10), 1440, 1442.</p>	
<p>All children eligible for IDEA/Part C will be assigned a Service Coordinator. For eligible children with established risk conditions or documentation of significant delays in development, Service Coordinators are provided by early intervention providers qualified by the South Carolina Department of Disabilities and Special Needs (SCDDSN). For children who have vision or hearing impairments, The South Carolina School for the Deaf and the Blind (SCSDB) provides Service Coordinators.</p> <p>The Service Coordinator is responsible for:</p> <ul style="list-style-type: none"> • Coordinating evaluations, assessments of the family, and assessments of the child. • Facilitating and participating in the development, review, and evaluation of IFSPs. • Assisting parents of infants and toddlers with disabilities in obtaining access to needed Early Intervention Services (EIS) and other services identified in the IFSP, including making referrals to providers for needed EIS and other services and scheduling appointments for infants and toddlers with disabilities and their families. • Coordinating the provision of EIS and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided. • Conducting referral and other activities to assist families in identifying available EIS providers. • Coordinating, facilitating, and monitoring the delivery of EIS required under IDEA/Part C to ensure that the EIS are provided in a timely manner. • Conducting follow-up activities to determine that appropriate EIS are being provided. • Informing families of their rights and protections under IDEA/Part C. • Ensuring all procedural safeguards are met. • Coordinating funding for EIS and other services across all sources. • Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services. • For all activities in this policy, submitting all service coordination documentation and data in an accurate and timely manner. 	


<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Public Awareness and Central Directory	Effective:
<p>Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.116-117; 303.301</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1435(a)(6)-(7); 1437(a)(7); (9).</p>	
<p><i>Public Awareness Program</i></p> <p>The South Carolina Department of Health and Human Services (SCDHHS) will maintain an ongoing public awareness program using a variety of methods to inform the public about the importance of early identification of infants and toddlers with disabilities and the availability of Early Intervention Services (EIS). The target audience shall include, but is not limited to, individuals with disabilities, public agencies at the state and local level, private providers, professional associations, parent groups, and advocacy associations.</p> <p>The lead agency will develop, prepare, and disseminate public awareness materials for distribution through primary referral sources.</p> <p>Methods for informing the public and locating children and families include:</p> <ul style="list-style-type: none"> • Maintaining an up to-date central directory. • Maintaining a toll-free access line that will link families and other concerned individuals to the IDEA/Part C Central Referral Team. • Development and implementation of a plan for effective outreach for underserved areas of the state or specific populations. • Maintaining a website which provides pertinent information regarding the early intervention system. <p>The public awareness program will inform the public about:</p> <ul style="list-style-type: none"> • The State's early intervention system • The child find system including: <ul style="list-style-type: none"> ○ The purpose and scope of the system. ○ How to make referrals to the early intervention system. ○ How to gain access to a comprehensive, multidisciplinary evaluation, and other EIS. <p><i>Central Directory</i></p> <p>SCDHHS or its designee shall develop and maintain a central directory of information which identifies EIS, resources, experts, professionals, and other groups (including parent support groups and advocate associations) that provide assistance to eligible children and their families. The directory will be developed in coordination with families and community groups, including local early intervention systems.</p> <p>The Central Directory will include:</p> <ul style="list-style-type: none"> • Public and private EIS, resources, and experts available in the State. • Research and demonstration projects being conducted in the State. 	


- Professional and other groups that provide assistance to eligible children and their families.


The Central Directory must be:


- Readily accessible to the general public.
- Updated at least annually.
- Available through the SCDHHS website and other appropriate means
- Accessible by persons with disabilities or with limited English proficiency.


<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Early Intervention Services in Natural Environments	Date Effective:
<p>Federal Authority: Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399 §§ 303.12(b), 303.13(a)(7)-(8), 303.26, 303.31, 303.126, 303.344(d)(1)(ii)(A)-(B), 303.700(d)(1).</p> <p>Title 20 of the U.S. Code of Law, Chapter 33, §§1400-1499 §§ 1416(a), 1431-1444</p>	
<p>IDEA/Part C services must be provided in settings that are natural or typical for a same-aged infant or toddler without a disability, to the maximum extent possible.</p> <p>IDEA/Part C services may be provided in other settings when outcomes on the child’s Individualized Family Service Plan (IFSP) cannot be satisfactorily achieved in a natural environment.</p>	


<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections BABYNET 	
Policy: Contracted Service Providers	Effective:
<p>Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.121, 303.202</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1432(4)(B), 1435(a)10 and (a)(11), 1437(a)(2), 1439(a), 1440.</p>	
<ul style="list-style-type: none"> • The South Carolina Department of Health and Human Services (SCDHHS) shall utilize contractual arrangements as a method of securing Early Intervention Services (EIS) for children and families. Individuals or organizations seeking to serve as EIS providers will meet the requirements and standard established by the lead agency. Contract approval and renewal processes include review of areas of the state with a shortage of EIS providers. All EIS providers are required to adhere to their contract. • All EIS providers shall meet the federal definition of early intervention services, and services shall be provided in a manner that is consistent with state and federal standards for services under IDEA/Part C. • Subcontracting of EIS providers shall conform to the applicable SCDHHS procurement policies and requirements under IDEA/Part C. 	


<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Enforcement of Procedural Safeguards	Effective:
<p>Federal Authority:</p> <p><u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.7; 303.13; 303.25; 303.34(a); 303.34(b)(1), (b)(5); 303.101(a)(1)(i)–(a)(1)(ii); 303.112-303.113; 303.118(b)(3); 303.209(b)-(d)(3); 303.211(b)(1)(ii)(C); 303.211(b)(7); 303.227(a)-(b); 303.302(c)(1)(ii)(I); 303.303(c)(10); 303.310(a); 303.321(a)(1)(ii)(B); 303.321(a)(5)–(6); 303.321(b); 303.432(b); 303.342(d)(1)(i)- (ii), (d)(2); 303.342(e); 303.343(a)(1)(i)-(iii); 303.344(b)-(c); 303.345; 303.400-303.417; 303.420-303.422; 303.430-303.433; 303.435-303.438; 303.440-303.449; 303.501(a)–(b); 303.510(b); 303.520(a)(4); 303.520(b)(1)-(2); 303.521(a)-(c), (e); 303.601(a)(1); 303.731(d)(1).</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1221(e)(3); 1231d; 1401(20); 1412; 1415; 1431; 1432(4); 1433; 1434; 1435; 1436; 1437; 1439; 1440; 1441; 1442; 1443(b)</p>	
<ul style="list-style-type: none"> • As lead agency for South Carolina’s IDEA/Part C Early Intervention System, the South Carolina Department of Health and Human Services (SCDHHS) will establish and enforce: <ul style="list-style-type: none"> ◦ Procedural safeguards in the areas of confidentiality, parental consent and notice, surrogate parents, and dispute resolution consistent with IDEA/Part C and FERPA; and ◦ Effective implementation of the safeguards by each public agency in the State (including the lead agency), Intake Coordinators, Service Coordinators, and Early Intervention Service (EIS) providers. • All Intake Coordinators and Service Coordinators, upon request, will make available to parents an initial copy of the child’s early intervention record at no cost to the parents. • In the event of due process proceedings, unless the parent and lead agency agree otherwise, the child will continue to receive the appropriate early intervention services and in the setting identified in the Individualized Family Service Plan (IFSP) and for which the parent has given consent. • The IDEA/Part C Family Guide and state policies and procedures define the process by which infants and toddlers with disabilities and their families will be assured of their rights. 	


<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Early Intervention Records	Date Effective:
<p>Federal Authority: Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399: §§ 303.3(b)(2); 303.7(b); 303.224(b); 303.321(a)(3)(i); 303.321(b)(5); 303.343(a)(2)(iii); 303.401–303.417; 303.448(c)(1).</p> <p>Title 20 of the U.S. Code of Law, Chapter 31, and Chapter 33, §§1400-1499 §§ 1221(b); 1221(e)(3); 1412(a)(8)-(9); 1415(i)(2); 1415(i)(3)(A); 1415(l); 1417(c); 1431–1444</p>	
<p>The lead agency, Intake Coordinators, Service Coordinators, and Early Intervention Service (EIS) providers shall maintain the early intervention record in a manner that is secure and confidential. Records should be accessible to the family and for state quality review activities upon request and includes all federal and state required components and documentation.</p> <p>Upon exit from IDEA/Part C, the early intervention record of each child shall be securely stored for six years. At the end of six years, the early intervention record will be automatically destroyed unless there is an ongoing audit or legal action requiring access to the record.</p> <p>IDEA/Part C will maintain a permanent electronic record of the child’s participation in IDEA/Part C, to include the following information: the child’s name and date of birth; parent/guardian contact information (including address and phone number); names of Service Coordinators and EIS Providers; and exit data (including year and age upon exit, and any programs entered into upon exiting).</p>	

<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Receipt and Resolution of Child-Level Complaints	Effective:
<p>Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.430(a), (c)-(d); 303.433(c); 303.721(c)</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1412(a)(8); 1412(a)(9); 1415(e); 1415(f)(1)(A); 1415(f)(3)(A)-(D); 1417(c); 1418(a)(1)(B), (C), (F)-(H); 1435(a)(5), 14; 1435(c)(3); 1437(a)(9); 1439; 1442</p>	
<p>IDEA/Part C shall maintain procedures for receiving and resolving early intervention systems complaints. The early intervention system complaint may concern violations by any public agency in the State that receives funding under IDEA/Part C; other public agencies that are identified as being part of the State’s early intervention system; or Early Intervention Service (EIS) providers under public supervision.</p> <ul style="list-style-type: none"> • Any individual or organization, including an organization or individual from another state, may file a complaint with the lead agency. • The alleged violation must have occurred not more than one (1) year before the date that the complaint is received by the public agency unless a longer period is reasonable. 	


<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>ABYNET</small> 	
Policy: Comprehensive System of Personnel Development	Effective:
Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.12, 303.13, 303.31, 303.32, 303.34, 303.118, 303.119, 303.601. <u>Title 20 of the U.S. Code of Law, Chapter 31 §§ 1221 - 1235 and Chapter 33 §§ 1400 - 1499:</u> §§ 1231(d), 1431-1444	
<p>The goal of South Carolina’s Comprehensive System of Personnel Development (CSPD) for IDEA/Part C is to implement a system of professional development that provides initial preparation (pre-service) and ongoing education and learning (in-service). This will result in IDEA/Part C system personnel (individuals who provide Early Intervention Services (EIS) listed on a child’s and family’s Individualized Family Service Plan (IFSP) who are highly effective in supporting the development and learning outcomes of children and families.</p> <p>IDEA/Part C system personnel must meet State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing services in order to receive an approved contract as an EIS provider.</p>	

<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections BABYNET 	
Policy: Data Reporting	Effective:
<p>Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.124, 303.402, 303.416(b), 303.701, 303.702(b), 303.720, 303.722(a)-(b), 303.724(d).</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1416, 1417(c), 1418, 1435(a)(5), 1435(a)(14), 1439(a)(2), 1439(a)(4), 1442</p>	
<p>SCDHHS shall maintain a system for collecting, managing, analyzing, and reporting statewide data regarding the current operational status of the various components of IDEA/Part C.</p> <ul style="list-style-type: none"> • Data will be publicly reported in a manner that does not disclose personally identifiable or protected health information. • All Intake Coordinators, Service Coordinators and Early Intervention Service (EIS) providers are responsible for accurate and timely data collection and entry into the IDEA/Part C data system. • IDEA/Part C shall provide data each year to the U.S. Department of Education, Office of Special Education Programs, and the public on state performance for compliance and results with Part C regulations. SCDHHS maintains procedures for data reporting responsibilities of Intake Coordinators, Service Coordinators, and EIS providers. 	

<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: Public Participation and Public Hearings	Effective:
<p>Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.208</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1221; 1231;1400-1499:</u> §§ 1221(e)(3); 1231(d); 1437(a)(8))</p>	
<p>The South Carolina Department of Health and Human Services (SCDHHS) will solicit public participation and input as follows for applications, and state policies, and procedures.</p> <p>Application At least 60 days prior to being submitted to the U.S. Department of Education, each application for funds under this IDEA/Part C (including any policies, procedures, descriptions, methods, certifications, assurances, and other information required in the application) must be published in a manner that will ensure circulation throughout the State for at least a 60-day period, with an opportunity for public comment on the application for at least 30 days during that period.</p> <p>State Policies and Procedures Each application will include a description of the policies and procedures used by the State to ensure that, before adopting any new policy or procedure (including any revision to an existing policy or procedure) needed to comply with part C of the Act and these regulations, SCDHHS will:</p> <ul style="list-style-type: none"> • Hold public hearings on the new policy or procedure (including any revision to an existing policy or procedure); • Provide notice of the hearings at least 30 days before the hearings are conducted to enable public participation; and • Provide an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, Early Intervention Service (EIS) providers, and the members of the South Carolina Interagency Coordinating Council (SCICC), to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with the federal statute and regulations for IDEA/Part C. 	

<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections BABYNET 	
Policy: State Interagency Coordinating Council	Effective:
Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§ 303.600-605 <u>Title 20 of the U.S. Code of Law, Chapter 33. §§ 1231; 1400-1499:</u> §§ 1231d; 1435(a)(10); 1441(a); 1441(b); 1441(c); 1441(d); 1441(e)(1)-(2); 1441(f)	
<p>South Carolina’s early intervention system shall maintain a State Interagency Coordinating Council (SCICC) which:</p> <ul style="list-style-type: none"> • Is appointed by the Governor in accordance with IDEA/Part C; • Consists of a membership representative of the population of the state, and is composed as follows: <ul style="list-style-type: none"> ◦ At least twenty (20) percent of the members shall be parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged twelve (12) or younger with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one such member shall be the parent of an infant or toddler with a disability or a child with a disability aged six (6) or younger; ◦ At least twenty (20) percent of the members shall be public or private providers of Early Intervention Services (EIS); ◦ At least one (1) member shall be from the state legislature; ◦ At least one (1) member shall be involved in personnel preparation; ◦ At least one (1) member shall be from each of the state agencies involved in the provision of, or payment for, EIS to infants and toddlers with disabilities and their families and shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies; ◦ At least one (1) member shall be from the state educational agency responsible for preschool services to children with disabilities and shall have sufficient authority to engage in policy planning and implementation on behalf of such agency; ◦ At least one (1) member shall be from the agency responsible for the state governance of health insurance; ◦ At least one (1) member shall be from a Head Start agency or program in the state; ◦ At least one (1) member must be from a state agency responsible for child care; ◦ Others appointed as deemed appropriate and selected by the Governor. • The Governor shall designate a member of the council to serve as chairperson or shall require the council to so designate such a member. No member who is a representative of the lead agency shall be able to serve as the council chairperson. • The SCICC shall advise and assist the lead agency in the development and implementation of the policies that constitute the statewide system including, but not limited to: <ul style="list-style-type: none"> ◦ Achieving the full participation, coordination, and cooperation of all appropriate public agencies in the state; ◦ The effective implementation of the statewide system, by establishing a process that includes: 	

- Seeking information from parents, Intake Coordinators, Service Coordinators, EIS providers, and others about any federal, state, or local policies that impede timely service delivery.
- Taking steps to ensure that any policy problems identified under this section are resolved.
 - The resolution of disputes, as appropriate;
 - The provision of appropriate EIS for children from birth to three (3) years of age.
 - The integration of EIS for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether or not “at-risk” is a recognized eligibility for EIS;
 - The identification of the sources of fiscal and other support for EIS, assignment of financial responsibility to the appropriate agency, and the promotion of interagency agreements;
 - The preparation of applications and the amendments thereto
 - The transition of toddlers with disabilities to preschool and other appropriate services.
- The SCICC shall prepare and submit an annual report to the Governor and to the Secretary of Education on the status of early intervention programs for infants and toddlers with disabilities and their families operated within the state in keeping with the date and format established by the Secretary of Education.
- The SCICC shall meet at least quarterly. Meetings shall be:
 - Announced to the public, no later than ten (10) business days, prior to the scheduled meeting; and
 - To the extent appropriate, open, and accessible to the general public.
 - Minutes and attendance shall be maintained for each meeting.
- The Lead agency shall prepare a budget for support of the ICC in accordance with 34 CFR 303.603 and current year approved grant.
- Except as provided in this section, council members shall serve without compensation from Part C funds.
- No member of the SCICC shall cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under South Carolina law.

<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections <small>BABYNET</small> 	
Policy: System of Payments	Effective:
<p>Federal Authority: <u>Title 34 of the U.S. Code of Federal Regulations, Subtitle A, Part 76:</u> §§ 76.709-710</p> <p><u>Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399:</u> §§; 303.1(b); 303.13(a)(3); 303.203(b); 303.211(b)(1)(ii)(C); 303.211(d); 303.420(a)(4); 303.510(c); 303.520-303.521; 303.601(a)(10)</p> <p><u>Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499:</u> §§ 1231(d); 1400(d)(2); 1417(c); 1431(a)(5); 1431(b); 1432(3)-(4); 1435(a)(1); 1435(a)(10); 1435(c); 1436(e); 1437(a)(2)-(3); 1437(a)(11); 1439(a); 1440; 1441(b); 1441(f); 1442.</p>	
<p><i>System of Payments</i></p> <ul style="list-style-type: none"> • The South Carolina IDEA/Part C system of payments does not include cost participation fees but includes the use of public and private insurance. Proceeds or funds from public benefits or private insurance will not be treated as program income. • Procedural safeguards, service coordination, child find, eligibility evaluations, assessments, and development and administration of the Individualized Family Service Plan (IFSP) will be provided at no cost to the family. • Early Intervention Services (EIS) authorized on the IFSP will not be delayed or denied because of disputes between agencies regarding financial or other responsibilities. <p><i>Parent Consent to Use Insurance:</i></p> <ul style="list-style-type: none"> • <u>Only Private Insurance:</u> <ul style="list-style-type: none"> ○ Parent consent is required for IDEA/Part C to access private insurance to pay for EIS, and with written communication, may be withdrawn at any time. ○ If the parent provides consent, IDEA/Part C will pay all deductibles, co-payments, and/or co-insurance for EIS on the child's IFSP. It is the responsibility of the Service Coordinator to document consent so that deductibles, co-payments, and/or co-insurance are not paid by the family. The parent is responsible for all private insurance premiums. IDEA/Part C funds cannot be used for premium assistance. ○ All EIS on the IFSP are available to the child and family regardless of whether the family provides or denies permission to use private insurance to pay. • <u>Medicaid:</u> Parent consent is not required to access Medicaid for payment of EIS; however, as lead agency under IDEA/Part C, the South Carolina Department of Health and Human Services (SCDHHS) must notify families if their Medicaid benefits are used in accordance with 34 CFR §303.520. <p><i>Family Rights in The System of Payments:</i> The family has the right to contest a fee via dispute resolution options.</p>	

IDEA/Part C federal funds may be used to:

- Ensure that EIS authorized on the IFSP are received by eligible children and families, and that EIS continue until the IFSP team determines that the EIS are no longer necessary to meet the child and family's outcomes or until the child's third birthday, whichever comes first.
- Supplement the level of state funds expended for infants and toddlers with disabilities and their families.
- Pay for the provision of EIS and supports when the responsible entity fails to provide or pay for EIS that have been authorized by the IFSP, or the determination of payment responsibility has not been made and EIS must be provided prior to such a determination.
- Pay for direct EIS for eligible children and their families that are not otherwise provided from other public or private sources, or to expand and improve on EIS that are otherwise available.
- Pay co-payments, and/or deductibles to third party payers for authorized EIS when necessary for the child and family to access EIS, as identified on the IFSP. IDEA/Part C funds will not be used to pay private insurance premiums.
- Cover costs incurred by SCDHHS for administering the IDEA/Part C early intervention system to the extent it is reasonable and necessary to do so.

IDEA/Part C federal funds may not be used to:

- Supplant existing state and local funds, nor will they be commingled with state funds.
- Satisfy a financial commitment for EIS that would otherwise have been paid for from another public or private source, including Early Head Start or any medical program administered by the Secretary of Defense.
- Permit reduction of medical or other assistance available, or to alter eligibility under Title V of the Social Security Act (SSA) relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for children eligible IDEA/Part C), when EIS covered under these eligibilities are included in the child's IFSP.

Other Conditions of IDEA/Part C Funds

- IDEA/Part C federal funds that are not fully expended in the year in which they were appropriated will "roll forward" and become available to IDEA/Part C during the subsequent fiscal year.
- Policies related to how EIS will be provided and paid must be reflected in the interagency agreements, EIS provider contracts, and other required methods.

Fiscal Supervision and Monitoring

Each participating state agency (PSA) and EIS provider with IDEA/Part C will:

- Submit financial and other written reports at the time and manner specified by IDEA/Part C;
- Submit an annual fiscal certification regarding:
 - Appropriate use of state IDEA/Part C funds
 - Payor of last resort
 - System of payments, including any use of public benefits and/or private insurance
- Participate in periodic on-site fiscal monitoring visits conducted by IDEA/Part C.


Interagency Coordination of Resources

SCDHHS shall maintain control of IDEA/Part C funds provided by the State by the U.S. Department of Education and title to all property acquired with those funds. SCDHHS shall utilize all funds provided under IDEA/Part C that are reasonable and necessary for administering the state early intervention system.

- SCDHHS shall be responsible for the identification and coordination of available resources for EIS within the State, including those from federal, state, local and private sources. Federal funding sources in this section include:
 - Title V of the Social Security Act (relating to Maternal and Child Health)

- Title XIX of the Social Security Act (relating to the general Medicaid Program which includes EPSDT)
- The Head Start Act
- Parts B and C of IDEA
- Subpart 2 of Part D of Chapter 1 of Title I of the Elementary and Secondary Education Act of 1965, as amended
- The Developmental Disabilities Assistance and Bill of Rights Act (P.L. 94-103); and
- Other Federal Programs
- Updating the information on the funding sources if there is a legislative or policy change under any of those sources
- IDEA/Part C funds are federally designated as payor of last resort. IDEA/Part C system personnel are prohibited from utilizing IDEA/Part C funds (“IDEA/Part C Service Funds”) to pay for EIS that would otherwise have been covered by funds from another public or private source were the family and child not eligible for EIS. IDEA/Part C Service Funds may be used only for EIS listed on the Individualized Family Service Plan, for which the family and/or child is not currently entitled to under any other federal, state, local, or private source. Service Coordinators are responsible for ensuring and documenting that all other potential funding sources (including but not limited to private health insurance, TriCare, Medicaid, Medicaid waivers, Children’s Rehabilitative Services, etc.) have been exhausted prior to authorizing use of IDEA/Part C Service Funds.
- In no way will IDEA/Part C eligibility be used to reduce medical or other assistance available, or to alter eligibility under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for children eligible for IDEA/Part C).
- Maintenance of Effort: Funds provided to the State under IDEA/Part C shall only be used to supplement and increase state and local funds for eligible children. They may not be utilized to supplant existing state and/or local funds. The total amount of state/local funds budgeted for expenditures in each current fiscal year shall be at least equal to the total amount of state/local funds actually expended for EIS for these children and families in the most recent preceding fiscal year for which the information is available. Allowances may be made for:
 - Decreases in the number of infants and toddlers who are eligible to receive EIS under IDEA/Part C
 - Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.
- In compliance with the General Education Provisions Act, SCDHHS is responsible for ensuring equitable access and participation for all IDEA/Part C-eligible children. Resources are made available under Part C for all geographic areas within the state through contracts with Participating State Agencies and providers. Each agency and provider is required to serve all eligible children within their service area.

SCDHHS is responsible for ensuring that traditionally underserved groups, including minority, low-income, and rural families, are meaningfully involved in the planning and implementation of all components of the early intervention system and that these families have access to culturally competent EIS within their local geographical areas.

<small>SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</small> Healthy Connections BABYNET 	
Policy: General Supervision and Monitoring	Effective:
Federal Authority: Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399: §§ 303.120; 303.511(e); 303.604(a)(3); 303.700 – 303.708; 303.720 – 303.724 Title 20 of the U.S. Code of Law, Chapter 33. §§1400-1499: §§ 1416; 1418; 1435; 1437(a)(2); 1440(b); 1441(e)(1); 1442	
SCDHHS is responsible for the supervision and monitoring of IDEA/Part C providers and programs including: <ul style="list-style-type: none"> • Supervising and monitoring programs and activities that comprise the early intervention system, including agencies, institutions, organizations, and individuals which provide Early Intervention Services (EIS) to children eligible for IDEA/Part C and their families. Monitoring processes include, but are not limited to, compliance with IDEA/Part C and the provisions of federal and state regulations, policies, and procedures, whether or not the programs or activities receive financial assistance under IDEA/Part C, including fiscal compliance. • Providing, or facilitating the provision of, technical assistance to those agencies, institutions, and organizations including self-evaluation, program planning and implementation. Staff of IDEA/Part C State Office will utilize monthly meetings with local early intervention system teams, at least one per each of the four geographic regions utilized by SCDHHS, as one mechanism by which technical assistance and monitoring feedback may be provided. • Enforcing obligations imposed on those participating state agencies, companies and organizations as required under these regulations. • Ensuring that deficiencies identified through monitoring are corrected. 	

Draft Procedures
related to 2019 Grant
Application

Child Find Activities: Pre-Referral

Approved: *PENDING*



Who is responsible: IDEA/Part C State Office, S.C. Interagency Coordinating Council

Mandated Agency Responsibilities for Child Find

All contracts and interagency agreements with child-serving state agencies and organizations will stipulate requirements to participate in training about how to make a referral to IDEA/Part C.

IDEA/Part C State Office Responsibilities

IDEA/Part C State Office will develop materials for mandated child find agencies and organizations.

Content will include, but not be limited to:

- State eligibility criteria.
- When and how to make a referral.
- Resources for developmental screening.
- Basic components of early intervention services in South Carolina.
- Responsibilities of the IDEA/Part C Central Referral Team and Intake Coordinator.

Information will be delivered by either IDEA/Part C State Office, at monthly local early intervention system meetings and/or by appropriate other methods (e.g., online). IDEA/Part C State Office will provide partners with county-level data comparing IDEA/Part C enrollment to national targets on a bi-monthly basis to assist with targeting agency training efforts by location.

In addition to mandated Child Find agencies (Appendix A) IDEA/Part C State Office will collaborate with other primary referrals sources (Appendix B) to identify all potentially eligible children, including traditionally underserved populations. IDEA/Part C State Office will either disseminate materials or provide information to primary referral sources.

Reporting Child Find Activities

Child-serving agencies choosing to incorporate IDEA/Part C Child Find activities in their business practices will maintain documentation of such activities, to be made available upon request by the Lead Agency.

This documentation should include:

- Child Find activities performed.
- Target audience.
- Tools used.
- Location and date of activity.

Appendix A: Mandated Child Find Agencies

Early Intervention Service (EIS) Providers

The South Carolina Children's Trust:

- Maternal, Infant, and Early Childhood Home Visitation Program
- Family Violence Prevention and Services

The South Carolina Department of Disabilities and Special Needs:

- County Boards of Disabilities and Special Needs
- Private Qualified Providers of IDEA/Part C Services

The South Carolina Department of Education:

- Office of Special Education Services
- McKinney-Vento District Liaisons

The South Carolina Department of Health and Environmental Control:

- Maternal and Child Health
- Early Hearing and Detection
- Birth Defects Registry
- County Health Departments

The South Carolina Department of Health and Human Services:

- Early Periodic Screening, Diagnosis, and Treatment
- Supplemental Security Income
- Children's Health Insurance
- Federally Qualified Health Centers

The South Carolina Department of Mental Health

The South Carolina Department of Social Services:

- Head Start programs
- Early Care and Education programs
- Child Protective Services
- Foster Care Services

The South Carolina School for the Deaf and the Blind

Referral to IDEA/Part C

Approved: PENDING

Who is responsible: Central Referral Team

Receipt of Referrals

All referrals for IDEA/Part C services will be received and processed by the program's Central Referral Team (CRT). The CRT will accept referrals for children birth to 36 months via central referral line, webform, email, and mail. Referrals are processed Monday–Friday during normal business hours (8:30 a.m.-5:00 p.m.). Referrals received after hours will be processed the following business day.

Referrals received from the South Carolina Department of Social Services (SCDSS) pursuant to the Child Abuse Prevention and Treatment Act (CAPTA) shall be addressed in the same manner as traditional referrals, except for children in out-of-home placements. In the case of an out-of-home placement, CRT member shall coordinate with SCDSS appointed guardians.

Referral Verification

CRT member assigned to work the [LEAD] queue in OnBase must evaluate referrals on a first-in, first-out basis, per date of referral.

CRT member will evaluate the referral for completeness. To be deemed complete, a referral must contain:

- Child's first and last name
- Valid contact information, including address, and guardian's phone number or email address.
- Child's date of birth
- Parent's Name
- Referral source contact information
- Reason for referral including any diagnoses or concerns with development

If the minimum requirements above are not included with the referral, the CRT will attempt to contact the referral source and/or the parent to obtain information. Contact attempts must be documented in OnBase. Failure of the referrer or parent to provide complete information within 7 business days of contact will result in the referral being deemed as incomplete, this c will be documented in OnBase.

45-day timeline does not start until a complete referral has been received. The CRT will complete the following actions:

- The CRT administrative assistant will log the referral and assign a CRT member to the referral, using the CRT assignment matrix.
- CRT administrative assistant will select the appropriate CRT member from the OnBase drop-down to begin the referral work flow.
- If the referral is not submitted through the WebForm, the CRT administrative assistant must enter the referral information into the WebForm and then follow the previous steps to assign referral to CRT member.
- CRT administrative assistant will push the lead to the referral queue in OnBase.
- The assigned CRT member gathers information from the referral in the referral queue and begins the MMIS/Curam process (see Curam Job Aid).

- CRT member contacts family to discuss referral and set appointment. CRT member also updates the notes section in OnBase (see Curam Job Aid).
- If Parent does not wish to proceed with intake and an eligibility evaluation, the referral is closed based on parent request (See OnBase Job Aid).
- Until the child's information is transferred into BRIDGES, all CRT activities will be documented in OnBase notes.

Special Considerations

Reasonable efforts must be made to contact parent in their native language, including use of approved contract interpreters and multilingual staff. Native language contact, however, should not delay attempts to contact and communicate with the family of a referred child.

Homeless children and families: following up with children and families known to be homeless may require non-traditional methods of contact that might include working with local law enforcement officers, soup lines, Salvation Army, homeless shelters, etc. IDEA/Part C and partnering agencies should make efforts to locate and refer these children.

In lieu of natural environment, hospitalized children may be screened and evaluated in an inpatient setting.

Children referred to IDEA/Part C who are identified in MMIS as receiving hospice services may concurrently receive early intervention services if eligible. Referral process should continue per procedures.

CRT may elect to extend the referral an additional 7 business days if there is evidence that the child or family is homeless, has been recently displaced, or for other good cause. Such good cause must be documented in OnBase. If the referral results in eligibility and a late initial IFSP, the delay reason documented in the IDEA/Part C electronic record by the Intake Coordinator. The delay reason will be "Child/Family/Guardian Unavailable".

Referral Follow-up

The initial contact must be conducted in the native language(s) of the family in accordance with the definition of native language. There may be instances when conducting the initial contact in the native language of the family is not possible because, for example, interpreters for a particular language cannot be located. CRT will refer to IDEA/Part C Early Intervention Service (EIS) provider list to select an approved interpreter.

CRT member must attempt the initial contact within 24 hours of receipt of referral. A second attempt must be made within 24 hours of the first attempt. All attempts to contact must be documented in OnBase. If the second contact is unsuccessful, document the attempt in OnBase and follow the procedure for no-contact referral closure. If contact with the parent is successful, CRT should:

- Explain the purpose of the IDEA/Part C program and the nature of the child's referral.
- Ask the parent if they would like to move forward with screening and/or evaluation.

Once a parent elects to participate in the eligibility process, CRT should:

- Inform the family that they will be receiving a packet of information and forms relevant to the Part C program [See Job Aid]
- Explain the purpose of the intake visit and possible outcomes.

- Document intake information in OnBase.

Should a parent decline to move forward with the screening, evaluation, and assessment process, document the decision in OnBase and follow the procedure for referral closure due to parent withdrawal in BRIDGES.

Scheduling an Intake and Evaluation Visit

Once a parent has agreed to schedule an intake and evaluation visit, the intake should be scheduled at the first available date and location that accommodates the family and the IDEA/Part C Eligibility Office in their area. Some considerations for scheduling visit location are:

- Transportation availability
- Distance from the nearest SCDHHS office with available evaluation rooms
- Child's physical health [see Job Aid]

Note: If the family is not available within 14 calendar days or if the family wants an appointment later than what is offered, document the delay in BRIDGES communication log.

CRT member will schedule the intake appointment through the Outlook Scheduler (See CRT Scheduling Job Aid).

CRT member should ensure the following tasks are completed:

- An Outlook task is added to the relevant local Part C staff's calendar that includes the family's contact information, relevant OnBase document IDs, the child's BRIDGES ID, and time and location of the assessment.
- An appointment letter with the date, time, and location, contact information for SPOE staff, and instructions on how to reschedule appointments through CRT is included in the appointment packet. CRT will ask families if they need directions.
- The Intake packet will include a service coordination provider choice form that includes a brief explanation of the service and a list of all providers serving that county.
- Intake paperwork is mailed or e-mailed to the family.
- The Intake Coordinator will retrieve all current IDEA/Part C records, including documentation, from OnBase.
- CRT will send the Referral Status Update form (referral only) to the referral source.

Rescheduling an Intake and Evaluation Visit

The appointment letter sent to families contains detailed instructions on how to reschedule appointments [JOB AID].

If a family contacts the local office to cancel/reschedule, inform them that they will be transferred to a CRT member and they will assist the parent with rescheduling the appointment and transfer them to the CRT line at 1-866-512-8881.

CRT will amend the original Outlook appointment to reflect the cancellation and reschedule the family for an intake visit in the same manner as scheduling the original visit, including mailing an updated appointment letter.

If a family fails to show-up to scheduled intake within 30 minutes of the scheduled time, the Intake Coordinator will make one attempted communication (phone call, email, etc.) and send Prior Written Notice explaining to the family that the record will be closed in 7 days if there is no response. If there is no response, the Intake Coordinator will document this in BRIDGES and will close the case. The Intake Coordinator will also update

OnBase to reflect the closure (see OnBase Job Aid). If the family calls prior to the 7 days, the Intake Coordinator will inquire as to if the family wants to reschedule the visit and if they do, the family will be transferred to the CRT.

Referral Closure

If the referral exits IDEA/Part C at any time prior to completion of an IDEA/Part C eligibility evaluation, CRT and the Intake Coordinator must follow the appropriate procedures for documenting the closure and making best efforts to notify the family of the closure.

Closure of a Complete Referral: Referrals that are closed prior to the eligibility evaluation should receive a complete closure packet. The Intake Coordinator responsible for the referral must document the closure actions in the BRIDGES Communication Log and close the case in BRIDGES. The Intake Coordinator must email the closure information to the babynetreferrals email, in order for closure to be processed in MMIS and Curam. The Intake Coordinator and CRT member must select the correct reason for closure on the prior written notice letter, as follows:

Reason	Prior Written Notice Selection	BRIDGES Closure Reason
Lack of contact	A referral to IDEA/Part C was made for a child, but we have not been able to contact the parent to discuss IDEA/Part C services.	Attempts to Contact Unsuccessful
Intake and evaluation appointment not kept	The parent has missed an appointment without contacting IDEA/Part C.	Attempts to Contact Unsuccessful
Withdrawal	The parent has notified IDEA/Part C that they are not (or no longer) interested in IDEA/Part C services for the child.	Parent Withdraw

- Closure prior to Scheduling Intake, conducted by CRT member:
 - Mail closure packet to the child's parent.
 - CRT will set eligibility end dates in Curam and MMIS. [see Curam Job Aid]
 - If a response is not received within the 7 days, CRT will scan and upload the closure letter in OnBase and close the case in CURAM and MMIS.
 - Document the closure action in OnBase notes and add the keyword closed referral to the OnBase file.

- Closure after assignment to Intake Coordinator:
 - The Intake Coordinator will mail a closure packet to the child's parent.
 - If a response is not received within the 7 days, the Intake Coordinator will scan and upload the closure letter in OnBase and close the case in BRIDGES.
 - The Intake Coordinator will scan and email closure letter to CRT for closure in CURAM and MMIS.
 - CRT will set eligibility end dates in Curam and MMIS. [See Curam Job Aid]
 - CRT will document the closure action in OnBase notes and add the keywords 'closed referral' to the OnBase file.

Appendix B: Primary Referral Sources

Cass Elias McCarter Guardian ad Litem Program

Domestic Violence Shelters: <https://www.domesticshelters.org/help/sc.south-carolina>

Neonatal intensive care units:

- Greenville Hospital, Greenville
- McLeod Regional Medical Center, Florence
- Medical University of South Carolina (MUSC), Charleston
- Prisma Health Children's Hospital, Columbia
- Self Regional Healthcare's Neonatal Intensive Care Unit, Greenwood
- Spartanburg Regional Medical Center, Spartanburg

South Carolina Academy of Family Physicians

South Carolina Center for Child Care Career Development

South Carolina Chapter of American Association of Nurse Practitioners

South Carolina Chapter of the American Academy of Pediatrics

South Carolina Child Care Association

South Carolina Foster Parent Association

South Carolina Hospital Association

South Carolina Indian Development Council

South Carolina Nurses Association

South Carolina Obstetrical and Gynecological Society

South Carolina Early Childhood Association

Orientation and Intake

Approved: PENDING



Appointment Preparation

The Intake Coordinator will review all documentation uploaded to OnBase by the Central Referral Team (CRT). In the event the family does not complete the paperwork sent by CRT, the Intake Coordinator will:

- Have a complete copy of the intake packet available in the family's native language or mode of communication,
- Make every effort to make foreign language or sign language interpretation available, as appropriate.
- Ensure all items needed for screening and/or evaluation are available, including scoring protocols and kit manipulatives.

Orientation and Intake Meeting

The Intake Coordinator will provide the family with a brief overview of IDEA/Part C and review the Parent Notice of Family Rights and Safeguards, and the Introduction and Part 1 of the IDEA/Part C Family Guide. This guide will help to ensure that families understand the IDEA/Part C system and the initial eligibility process.

Review intake packet sent to family by CRT. Complete forms that were not previously completed by the parent. The Intake Coordinator must sign and date each form listed below with an asterisk for the date of the intake meeting:

- *Notice of BN Record Retention and Destruction
- *Consent for Screening, Evaluation, Family Assessment, and Child Assessment
- Family Vision and Hearing Questionnaire
- Consent to Release and/or Obtain Information
- Primary Healthcare Provider Summary
- *Prior Written Notice and Meeting Notification

Complete optional forms as needed:

- Assignment of Surrogate Parent
- Transition Referral

Developmental Screening

Screening is optional and is offered as part of the orientation and intake visit to determine the need to proceed with an eligibility evaluation.

It is not appropriate to offer screenings to families with children who have documentation supporting an established risk condition. If the child is suspected of having significant delays, coordinators may use their professional judgement to bypass the screening.

At any time during the screening process, the family may elect to proceed straight to evaluation. Screening cannot be used to determine eligibility, and a family should not be told the child is eligible or ineligible based on screening results.

Administration of Screening(s)

The Intake Coordinator will complete the following activities with the parent:

- Explain the purpose of the screening to the parent.
- Using the Consent for Screening, Evaluation, and Family and Child Assessment form, secure consent for developmental screening. If the parent declines screening and requests an eligibility evaluation, see Scenario 1, Option 1 below.
- If child's age is 18 through 24 months or if concerns are present, also conduct a screening for autism. If the results of the screening for Autism Spectrum Disorders is positive for concerns, please see the procedures for the Initial Eligibility Evaluation.

Results of Developmental Screening

Scenario 1: The screening results demonstrate the need for further evaluation.

The Intake Coordinator will inform the parent of and discuss screening results, and ensure the parent is aware of their right to accept or deny the evaluation.

<i>Option 1:</i>	<i>Option 2:</i>
Parent requests to proceed with eligibility process	Parent declines to proceed with the eligibility process
<ul style="list-style-type: none"> • Discuss the process for administering the Battelle Developmental Inventory, 2nd Ed. (BDI). • Confirm the parent has initialed the evaluation section of Consent for Screening, Evaluation, and Family and Child Assessment form. <p>Forms: <u>N/A</u></p> <p>BRIDGES :</p> <ul style="list-style-type: none"> • Intake Coordinator adds Service Coordination to the Planned Services screen. • Complete the following in the IDEA/Part C electronic record: Date of intake, screening, screening tool(s) used, results; required information for status of health, hearing, and vision. Record screening scores in the Service Log. • Document all activities in the Service Log • Health screen, including hearing and vision <p>Next Steps:</p> <ul style="list-style-type: none"> • See procedures for determination of initial eligibility. 	<ul style="list-style-type: none"> • Inform family of their right to re-refer to IDEA/Part C at any time before the child reaches 3 years old • Provide the family with resources regarding developmental milestones. <p>Forms:</p> <ul style="list-style-type: none"> • Prior Written Notice • Referral Status Update • Record retention and destruction form <p>BRIDGES:</p> <ul style="list-style-type: none"> • Intake Coordinator adds Service Coordination to the Planned Services screen • Complete appropriate fields in the Screening screen • Document activities in the Service Log • After 7 days from the Prior Written Prior Notice, close in BRIDGES record with exit reason, "Parent Withdrawal." <ul style="list-style-type: none"> ✓ Change the assignment of Service Coordinator from the Intake Coordinator to "IDEA/Part C Eligibility Office." ✓ Review the record for accuracy and completion. ✓ Close the record in the IDEA/Part C electronic record: with exit reason, "Parent Withdrawal." ✓ Send completed referral status update form to referral source. <p>CRT will close case in Curam as outlined in the Curam Job Aide.</p>

Scenario 2: The screening results document no concerns at this time.

The Intake Coordinator will discuss screening results with the parents, and ensure parent is aware of their right to request an eligibility evaluation during the orientation and intake appointment, or at any time prior to the child turning 3 years of age.

<i>Option 1:</i>	<i>Option 2:</i>
Parent requests to proceed with eligibility process	Parent has no additional concerns about the child’s development and does not want an eligibility evaluation at this time.
<ul style="list-style-type: none"> • Discuss the process for administering the Battelle Developmental Inventory, 2nd Ed. (BDI). <p>Forms: Confirm the parent has initialed the evaluation section of Consent for Screening, Evaluation, and Family and Child Assessment form.</p> <p>BRIDGES:</p> <ul style="list-style-type: none"> • Intake Coordinator adds Service Coordination to the Planned Services screen. • Complete the following in the IDEA/Part C electronic record: Date of intake, screening, screening tool(s) used, results; required information for status of health, hearing, and vision. Record screening scores in the Service Log. • Document all activities in the Service Log Health screen, including hearing and vision <p>Next Steps: See procedures for determination of initial eligibility.</p>	<ul style="list-style-type: none"> • Inform family of their right to re-refer to IDEA/Part C at any time before the child reaches 3 years old • Provide the family with resources regarding developmental milestones. <p>Forms:</p> <ul style="list-style-type: none"> • Prior Written Notice • Referral Status Update • Record retention and destruction form <p>BRIDGES:</p> <ul style="list-style-type: none"> • Intake Coordinator adds Service Coordination to the Planned Services screen • Complete appropriate fields in the Screening section • Document activities in the Service Log • After 7 days from the Prior Written Prior Notice, close in BRIDGES record with exit reason, “No IFSP-Screening Passed at Intake.” <ul style="list-style-type: none"> • Change the assignment of Service Coordinator from the Intake Coordinator to “SPOE Office.” • Review the record for accuracy and completion. • Close the record in the IDEA/Part C electronic record: with exit reason, “Parent Withdrawal.” • Send completed referral status update form to referral source. <p>CRT will close case in Curam as outlined in the Curam Job Aide.</p>

Special Considerations

The native language(s) or mode of communication(s) of both parent and child must be accommodated in the orientation, intake, and screening processes. There may be instances when conducting the orientation and intake in the native language of the family in the native language of the child is not possible because, for example, interpreters for a particular language cannot be located. Refer to the Early Intervention Service (EIS)c provider list for approved interpreter.

Determination of Initial Eligibility

Approved: PENDING

Who is responsible: Intake Coordinator



Categories of IDEA/Part C Eligibility for Children Ages Birth to Three

In South Carolina, infants and toddlers are determined eligible for Part C if the child:

1. Is experiencing a developmental delay of 40% (2 standard deviations below the mean) in one area of development or a delay of 25% (1.5 standard deviations below the mean) in two areas of development, as measured by appropriate diagnostic instruments and procedures. Areas of Development: Cognitive development, Physical development (including vision and hearing), Communication development, Social or Emotional development, Adaptive development.
OR
2. Has a diagnosed physical or mental condition (verified by a physician) that as a high probability of resulting in developmental delay: and includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; complications of prematurity; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

If a child's medical and/or other records indicate that a child meets state eligibility criteria for developmental delay, the child does not have to be evaluated. Medical and/or other records should be recent (within 90 days). With parental consent, the child will proceed to the child and family assessment.

Preparation for the Eligibility Evaluation

Unless there are exceptional family circumstances, the initial eligibility evaluation may be conducted the same day as the orientation, intake, and screening activities.

The Intake Coordinator will ensure all items needed for evaluation are available, including scoring protocols, evaluation kit, and test item manipulatives.

Determining Eligibility Based on Established Risk Conditions

For children referred on the basis of an established risk condition, the Intake Coordinator will request and review all available information from the child's healthcare providers and determine if the child has a diagnosis or condition that meets state eligibility criteria. Eligibility on the basis of complications of prematurity may be determined for children referred to IDEA/Part C before age two.

Scenario 1: Child's Diagnosis or Condition Meets State Criteria

For children eligible for IDEA/Part C, the following **must** be completed by the Intake Coordinator prior to referring the child to a Service Coordinator:

- Document multidisciplinary eligibility team decision in the IDEA/Part C electronic record.
- Provide prior written notice of IDEA/Part C's eligibility decision.

- Provide family with a copy of the evaluation results.
- Ensure all appropriate sections of the IDEA/Part C electronic record are completed.
- State policy regarding selection of the Service Coordinator requires the following:
 - If vision and/or hearing impairments are present, the South Carolina School for the Deaf and the Blind (SCSDB) will provide service coordination.
 - If the established risk condition does not include impairment of hearing and/or vision, parents have one business day to choose a service coordination provider or the local service coordination matrix will be used. The Service Coordinator has one business day to respond or the parent's next choice will be used. After accepting a referral, the service coordination agency will receive the file through BRIDGES and secure e-mail of hardcopy documents within one business day.
- Referral status update form is sent to the referral source.

Screening for Autism Spectrum Disorders (ASD):

- All children referred between 18 and 24 months of age (with or without an established risk condition) and with the consent of the family shall also be provided with a screening for Autism Spectrum Disorders.
- If the results of both the general development screening and the ASD screening are negative for concerns, and the family does not choose to request an eligibility evaluation, the family must be given Prior Written Notice of the decision not to conduct an eligibility evaluation, the Notice of Record Retention and Destruction, and the Parent Notice of Family Rights and Safeguards. The notice must include the family's right to request an evaluation regardless of the screening results.
- If screening for ASD (MCHAT) documents concerns, the Intake Coordinator should proceed with determination of eligibility by documented significant delays (including completion of the BDI-2), as described below.
 - If the BDI scores meet the eligibility criteria, the Intake Coordinator will determine the child eligible for BabyNet. The Intake Coordinator should refer the family to a qualified clinician to administer the MCHAT follow-up interview and if necessary the STAT (Screening Tool for Autism Toddlers, a 2nd-tier screening for Autism Spectrum Disorders).
 - If the child's BDI scores do not meet the eligibility criteria, the Intake Coordinator will wait for the results of the STAT to determine eligibility based on Established Risk Condition (presumptive eligibility) or consider the use of ICO. If the STAT documents concern, the BNIC will refer the child for service coordination, assessment of child and family, and development of the initial IFSP. The Service Coordinator is responsible for making the referral for a diagnostic evaluation of ASD.

If the results of the diagnostic evaluation do not confirm the diagnosis of an autism spectrum disorder, an IFSP Change Review meeting must be held (see procedures for Periodic Review of the IFSP).

Scenario 2: Child's Diagnosis or Condition Does Not Meet State Criteria

Option 1: The Intake Coordinator may consult with his or her supervisor to ensure the diagnosis does not include a high-risk of lifelong impairment.

Option 2: The Intake Coordinator may proceed to determine if the child is eligible on the basis of significant delays in development.

Determining Eligibility Based on Significant Developmental Delays

Approved tools for initial eligibility:

- Battelle Developmental Inventory-2 (BDI-2)
- For infants and toddlers who were eligible in another state, a standard evaluation tool or the most recent assessment of the child (less than 90 days old) may be considered in the eligibility decision.

The Intake Coordinator will:

- Ensure prior written notice of the evaluation has been provided, and the parent has provided consent.
- Explain the purpose of the evaluation and how the BDI is administered.
- Administer the BDI by using the domain books or BDI Mobile Data Solution evaluation protocol appropriately.
- Once BDI is completed, the Intake Coordinator will enter results in the BDI Data Manager and BRIDGES.

Scenario 1: Child Meets State Criteria for Significant Developmental Delay

For children eligible for IDEA/Part C, the following must be completed by the Intake Coordinator prior to referring the child to a Service Coordinator:

- Document multidisciplinary eligibility team decision in the IDEA/Part C electronic record.
- Provide prior written notice of IDEA/Part C's eligibility decision.
- Provide family with a copy of the evaluation results.
- Ensure all appropriate sections of the IDEA/Part C electronic record are completed.
- If parents have not chosen a service coordination provider, the service coordination matrix will be used.
- The Service Coordinator has one business day to respond or the parent's next choice will be used.
- After accepting a referral, the service coordination agency will receive the file through BRIDGES and secure e-mail of hardcopy documents within one business day.
- Referral status update form is sent to the referral source.

Scenario 2: Child Does Not Meet State Criteria for Significant Developmental Delay

The Intake Coordinator will provide family with a copy of the evaluation results. If parents are not satisfied with the results, discuss the case with the Intake Coordinator supervisor for further guidance.

If the family has no further concerns, the Intake Coordinator will:

- Provide family with information about other resources based on the child's situation (private therapy providers, home visitation programs, etc.)
- Provide prior written notice of IDEA/Part C's eligibility decision and of the family's right to appeal or re-refer at any time before the child reaches 3 years of age. Families of children re-referred after 34.5 months of age will be directed to their local school district as potentially eligible for Part B services.
- Send the referral status update form is sent to the referral source.
- Document multidisciplinary eligibility team decision in the IDEA/Part C electronic record.
- Enter all necessary data for exit and closure in the IDEA/Part C electronic record.
- Ensure all appropriate sections of the IDEA/Part C electronic record are completed.
- Close the IDEA/Part C electronic record and follow established procedures for closure in SC Department of Health and Human Services (SCDHHS) data systems.

Use of Informed Clinical Opinion (ICO)

If the diagnosis or the eligibility evaluation results do not meet state criteria ***and*** the Intake Coordinator has evidence the child has a significant delay, ICO may be used as an independent process for eligibility. All sources of documentation (i.e., medical records, therapy records), observation, and interview information should be considered as part of the ICO process.

There is no single evaluation tool that will capture every child with a significant delay. It is critical for the Intake Coordinator to obtain and review as much information as possible. If there is documentation to support a significant delay, the Intake Coordinator should staff the case with their supervisor. If additional discussion is needed, they should contact the state IDEA/Part C Eligibility Director.

Native Language of the Child

Reasonable efforts must be made to conduct the initial eligibility evaluation in the native language of the child (as defined in this manual) unless it is not developmentally appropriate for the child.

There may be instances when conducting the initial eligibility evaluation in the native language of the child is not possible because, for example, interpreters for a particular language cannot be located. The Intake Coordinator will make every effort to make sure foreign language or sign language interpretation is available, as appropriate. Refer to the EIS provider list for approved interpreter.

Initial and Annual Child Assessment

Approved: PENDING

Who is responsible: Service Coordinator



Purpose

The purposes of the child assessment are to:

- Determine child's present levels of development
- Provide age-anchored information for the entry and exit ratings for the Early Childhood Outcomes (ECO) using the Child Outcomes Summary (COS) process.
- At annual reviews of the Individualized Family Service Plan (IFSP), assist in determining ongoing eligibility for children initially eligible due to significant delays in development.

Procedural Safeguards for the Child Assessment

The Service Coordinator will ensure the following steps are taken to protect the child and family's rights and protections under IDEA/Part C. The child assessment must be:

- Preceded by Prior Written Notice at least seven calendar days before each child assessment, and the family must be given the opportunity to decline the child assessment. The family cannot be requested to waive this notice.
- Conducted only with parental consent and use non-discriminatory procedures in the child's native language or mode of communication, unless not feasible to do so (i.e., documentation is available that describes efforts to locate an interpreter).
- Be conducted by qualified personnel.
- Be documented and a copy provided to the parent/guardian.

Steps in Conducting the Child Assessment

The Service Coordinator will ensure completion of the child assessment prior to the development of the initial IFSP, and within 30 days of the annual review of the plan. With the family, the Service Coordinator will review applicable sections of the Family Guide that address child assessment, as well as the consent to the child assessment process.

Initial Child Assessment

For children initially eligible by documented delays in development, the results of the Battelle Developmental Inventory, 2nd Edition (BDI-2[®]), serve as the child assessment. For children initially eligible by an established risk condition, the Service Coordinator will ensure an approved curriculum-based assessment (CBA) is administered to determine the present levels of development for the initial IFSP. The CBA results will also be used to assist in the completion of the COS process. The child assessment must also include observation of the child in the home and community routines and activities.

Annual Child Assessment

In preparation for the annual review of the IFSP, the Service Coordinator will ensure each child receives updated health, hearing, and vision screenings, a CBA, and observation in home and community routines and activities in order for the IFSP team to:

- Assist in determining ongoing eligibility for IDEA/Part C services.
- Determine the present levels of development.

- Upon leaving IDEA/Part C, complete the exit rating for the COS process.

The Service Coordinator will record the results of the child assessment in the IDEA/Part C electronic record and apply the results in development or annual review of the IFSP. There must be a clear relationship between the family assessment, the child assessment, and functional IFSP outcomes; i.e., the outcomes address improvement of child function in one or more family routines or activities, and the function is focused on engagement, independence, or social interactions.

The results of the child assessment must be shared with all members of the child's IFSP team.

Initial and Annual Family Assessment

Approved: PENDING

Who is responsible: Service Coordinator



Purpose

The purpose of the family assessment is to establish a positive relationship with the family, assess child and family function within the family's home and community routines and activities, and, develop a list of functional outcomes for the initial and each annual Individualized Family Service Plan (IFSP).

Procedural Safeguards for the Family Assessment

In order to protect the family's rights and protections under IDEA/Part C, the Service Coordinator will ensure that the family assessment is:

- Voluntary
- Conducted using non-discriminatory procedures in the family's native language or mode of communication unless not feasible to do so (i.e., documentation is available that describes efforts to locate an interpreter)
- Includes a Routine-Based Interview (RBI)
- Conducted by qualified personnel
- Documented and a copy provided to the parent/guardian.

Steps in Conducting the Family Assessment

The Service Coordinator will complete the family assessment prior to development of the initial IFSP, and no more than 30 days prior each annual review of the IFSP. Provide the family with Prior Written Notice at least seven calendar days before each family assessment and give the family the opportunity to decline the family assessment.

The Service Coordinator will record the results of the routines-based interview using the RBI© protocol and provide a copy of each to the family. The results must be used to identify functional IFSP outcomes, select Part C and other services and service settings. Family assessment results should be shared with all members of the child's IFSP team.

Determination of Annual Eligibility

Approved: PENDING

Who is responsible: Service Coordinators, Early Intervention Service Providers



Criteria for Annual Eligibility

Each child's eligibility must be re-established yearly prior to the annual review of the Individualized Family Service Plan (IFSP). The following criteria will be used by the Service Coordinator and Early Intervention Service (EIS) providers on the child's IFSP Team when determining ongoing eligibility for IDEA/Part C services:

- Has a diagnosed physical or mental condition (verified by a physician) that as a high probability of resulting in developmental delay; and includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; complications of prematurity; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.
- Infants and toddlers initially eligible under Documented Significant Delays in Development are considered eligible for IDEA/Part C if the present level of performance in the annual IFSP documents a delay of at least 15% in one or more areas of development.

Ongoing Eligibility for Children with Established Risk Conditions

Infants and toddlers initially eligible due to an Established Risk Condition remain eligible for IDEA/Part C services until age three, or the parent withdraws participation in IDEA/Part C. Eligibility may also end based on accomplishment of IFSP outcomes and agreement by the family that there is not a continuing need for IDEA/Part C services. In either instance of exit from IDEA/Part C, the Service Coordinator, the parent, and all EIS providers serving the child are responsible for completion of the Early Childhood Outcomes exit rating.

The Service Coordinator is responsible for entering the exit rating, appropriate exit reason, and exit date in BRIDGES.

Infants and toddlers initially eligible under the Established Risk Condition of prematurity must be re-determined eligible under the criteria of Documented Significant Delays in Development beginning at age two.

Ongoing Eligibility for Children with Confirmed Developmental Delay

If a child's medical and/or other records indicate that a child continues to meet the state eligibility criteria for developmental delay, the child does not have to be reevaluated, including EIS provider reevaluation or reassessment reports. With parental consent, the child will proceed to the child and family assessment in preparation for the annual review of the IFSP.

Sources of documentation for the present level of performance for the annual IFSP must include up-to-date reassessments from all EIS providers on the IFSP team using approved evaluation or assessment tools.

Procedures for determination of annual eligibility based on developmental delays:

If medical and/or other records are not available, or do not substantiate ongoing eligibility for IDEA/Part C, the Service Coordinator is responsible for providing or arranging for provision of a curriculum-based assessment (CBA) to determine annual eligibility. (See Procedures for Initial and Annual Child Assessment for use of the CBA results in development/review of the IFSP.)

- Use of approved tool to determine present levels of development:
 - Hawaii Early Learning Profile
 - Carolina Curriculum for Infants and Toddlers
- Results of state-approved, re-assessments conducted by EIS providers on the child's IFSP team within 60 days of the annual IFSP.
- A child's relevant medical and other records.

The Service Coordinator will:

- Ensure Prior Written Notice of the annual eligibility evaluation has been provided and the parent has provided consent.
- Explain the purpose of the annual eligibility evaluation and how the state-approved assessment tool is administered.
- Administer the state-approved assessment tool using evaluation protocol.
- Once the state-approved assessment tool is completed:
 - If results of the assessment do not meet IDEA/Part C's eligibility criteria, all sources of documentation, observation, and interview information should be considered as part of the informed clinical opinion (ICO) process.
 - Share the eligibility evaluation results with the parent.
 - If parents are not satisfied with the results, discuss the case with the assessor should discuss the case with their supervisor for further guidance.

Results of the Annual Eligibility Evaluation

For children who continue to be eligible for IDEA/Part C, the Service Coordinator will proceed with all activities required for the annual review of the IFSP.

If the child is ineligible for IDEA/Part C, the Service Coordinator must provide prior written notice of the annual eligibility results, and of the parent's right to appeal or re-refer at any time before age three. The Service Coordinator will assist the family with referral for any services or supports the family thinks may still be needed. In all instances of exit from IDEA/Part C, the Service Coordinator, the parent, and all EIS providers serving the child are responsible for completion of the Early Childhood Outcomes exit rating.

The Service Coordinator is responsible for entering the exit rating, appropriate exit reason, and exit date in BRIDGES.

Special Considerations

The annual eligibility evaluation must be conducted in the native language(s) of the child in accordance with the definition of native language, and every effort should be made to do so unless it is not developmentally

appropriate for the child. There may be instances when conducting the ongoing eligibility evaluation in the native language of the child is not possible because, for example, interpreters for a particular language cannot be located. The Service Coordinator should refer to the IDEA/Part C provider list for an approved interpreter.

Transition at Age Three

Approved: PENDING

Who is responsible: Service Coordinator



Transition Planning

The Service Coordinator will develop a transition plan for all eligible children who are between the ages of birth and 34.5 months beginning with the Initial Individualized Family Service Plan (IFSP). Ongoing transition planning must be part of IFSP team meetings except for administrative change reviews. Requirements for participants of IFSP team meetings as well as all applicable procedural safeguards must be met (see procedures for initial and annual IFSP team meetings for specific requirements).

The transition plan must include:

- Determination of need for new IFSP outcomes, services, and supports to address transition-related knowledge, skills, and behaviors.
- Transition referral to the Local Education Agency (LEA) no later than 2 years 9 months of age using the *Transition Referral* form.
- A review of transition options for preschool services, including private preschool, Head Start, other service options.
- Interim placement options for children turning three between school years.
- Preparing the child for changes in service delivery including steps to help the child adjust to and function in a new setting.
- Preparing the parent regarding future placement options and other matters related to the child's transition, including differences between IDEA/Part C services and educationally related services under IDEA/Part B.
- Purpose of transition conference.

Documentation of transition planning must include:

- Steps (activities) to be completed and person(s) responsible.
- Services required or desired.
- Plans to identify and obtain needed services.
- Documentation in the IFSP, with additional service notes as needed.
- That transition planning began with the initial IFSP.

Transition Notification

Transition notification is the transmission of directory information for children eligible for Part C services and are "potentially eligible for Part B services" under the IDEA. Directory information as defined by the Family Educational Rights and Privacy Act (FERPA) includes the following information: child's name, parents' names, date of birth, address, and telephone number. Parental consent is not required to transmit directory information for the child's transition notification.

IDEA/Part C State Office is responsible for ensuring the following reports are sent each month to the SC State Department of Education (SCDOE) and each LEA for active children with an IFSP in each of the following age groups during the previous month.

- 24 Months
- Over 24 Months
- 30 Months
- Over 30 Months
- Over 33 Months
- Over 34.5 Months (referred children only)

If no children in a school district qualify for notification, a “Zero Report” is sent, notifying the SCDOE and LEA that there are no children to report in a specific month range.

The Part C Data Manager or designee is responsible for generating these reports and will retain an electronic or hard copy of all reports sent to SCDOE and LEA. The SCDOE will notify the Part C Data Manager or designee of any LEA contact information updates.

Transition Referral

Transition Referral is a written referral to LEAs between 24 months and 33 months of age for all IDEA/Part C - eligible children. The transition referral may be sent as either a hard copy or encrypted electronic copy, and with parent consent, the transition referral may include relevant information from the child’s IDEA/Part C record.

The Service Coordinator is responsible for sending the Transition Referral Form for children found eligible before 33.0 months of age to the appropriate LEA.

The Intake Coordinator is responsible for sending the Transition Referral Form for children found eligible between 33.0 and 34.5 months of age to the appropriate LEA.

The Central Referral Team (CRT) will provide the family with the following information for children referred to IDEA/Part C between 34.5 and 36 months of age:

- Give the family contact information for their LEA for future reference.
- Inform the family that they can contact their LEA at any time to receive information about Part B services.
- Inform the family that directory information will be sent to the SCDOE and LEA to assist with LEA child find activities.

Further contact about these services is the responsibility of the LEA.

Transition Conference

The Transition Conference refers to either:

- A meeting convened by IDEA/Part C with the LEA for children “potentially eligible” for preschool services under IDEA/Part B.

- A meeting convened by IDEA/Part C for children choosing preschool services in the community instead of the LEA.

The Service Coordinator is responsible for scheduling and facilitating the transition conference, including prior written notice to both the family and the LEA or community preschool provider. Transition conferences may be completed by telephone, face-to-face or by using other technology with a secure connection. The transition conference must:

- Be held for all children determined eligible and with an IFSP in place by 33 months of age.
- Be held between 27 and 33 months of age.
- Include the Service Coordinator and either the LEA or community preschool providers.
- Be documented on the Transition Conference Form and on the BRIDGES transition screen by the Service Coordinator.

Parent participation in the transition conference is optional. If the parent is interested in preschool services through the LEA and has provided necessary consent, but declines to participate in the conference, the Service Coordinator is responsible for:

- Reviewing transition planning information listed above with the family.
- Arranging for an exchange of relevant information regarding the ongoing services specified in the IFSP between IDEA/Part C, LEA, or other appropriate services.
- Record the date relevant information was exchanged (the conference date) in BRIDGES.
- Providing the family with the LEA contact information

If the parent is NOT interested in IDEA/Part B services through the LEA, the Service Coordinator is responsible for:

- Reviewing transition planning information listed above with the family.
- Providing the family with the LEA contact information should they change their mind.
- Check the box in BRIDGES “family refuses participation in the transition process”.

Contact information and procedures for arranging the transition conference will be based on information from each LEA. These arrangements will be reviewed, updated annually, and will include LEA transition conference procedures for children turning three when school is not in session.

A transition conference is not required for children referred to IDEA/Part C at or after 33 months of age or children determined eligible for IDEA/Part C after 33 months of age.

Early Intervention Services In Natural Environments

Approved: PENDING



Who is responsible: Service Coordinators and Early Intervention Service Providers

Natural Environments

Individualized Family Service Plan (IFSP) services are required to be provided in natural environments, including home and community routines, activities, and settings in which children without disabilities would typically participate. When services are provided in natural environments, they are focused on training the parent(s) and other family members and are provided as part of a family’s natural routines and activities. The provision of early intervention services for any infant or toddler may 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.

Procedures for Identifying Settings on the IFSP

It is the responsibility of the Service Coordinator to ensure the family and child receive services in natural environments. For the initial and annual IFSPs, and any change review in which a service is added or changed, the Service Coordinator will facilitate discussion among all members of the IFSP team about service settings. The results of the state approved child and family assessment instrument used in the child assessment process will provide the team information about difficulties a child is having in fully participating in the routines and activities of the family. Any IDEA/Part C services identified to support full participation must be provided during the routines and activities the family has prioritized.

Service settings for children in IDEA/Part C are reported each year to the U.S. Department of Education, Office of Special Education Programs. The setting must be identified for each service needed to support attainment of IFSP outcomes. On the BRIDGES’ Planned Services screen, the Service Coordinator will choose the setting in which the service will most often be delivered. BRIDGES will display the following options for service settings:

Natural Environment Settings	Non-Natural Environment Setting
Community Day Care Center Day Care Home Early Childhood Center Home	Early Intervention Center (self-contained/segregated setting, or primarily other children with disabilities) Hospital/Clinic Other (Phone, Office, etc.)

Exceptions to Natural Environments

The following IDEA/Part C services are automatically exempted from the natural environment requirement due to the nature of the service:

- Fitting of Assistive Technology Devices
- Audiological services
- Medical Services:

- Services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
- Medical or other professional services provided by a licensed ophthalmologist or optometrist necessary for the habilitation or rehabilitation of visual functioning disorders, or both.
- Intake Coordination
- Service Coordination
- Activities related to initial eligibility for IDEA/Part C.
- Development and delivery of IFSP services prior to discharge from NICU.

All other services must be delivered in a natural environment setting. If the parent and all other members of the IFSP team agree the child is not making satisfactory progress due to the service setting, the IFSP team may choose a non-natural environment on a short-term basis. This option requires the Service Coordinator and other members of the IFSP team to:

- Provide data and documentation of concerns regarding the child's progress.
- Provide a justification for services outside the natural environment on the Planned Services screen in BRIDGES that includes the steps the IFSP team will take to return the child to the natural environment.
- Review the justification at the next periodic or annual review of the IFSP.

Special Circumstances

Under no circumstances should an Early Intervention Service (EIS) provider change the service location from a natural to a non-natural environment without first pursuing a change to the IFSP. If an EIS provider has concerns about a child's progress, he or she must inform the Service Coordinator so that an IFSP Change Review meeting can be held. Changing a setting without an IFSP Change Review may result in recoupment of EIS provider reimbursement, termination of the EIS provider contract, or both.

In the event there are no EIS providers in the area where the child lives, the Service Coordinator may temporarily utilize providers working in non-natural environments. When an EIS provider becomes available to serve the child in the natural environment, Service Coordinator must call an IFSP Change Review meeting to change the provider and service setting in the IFSP.

- If the parent chooses to use a non-natural environment provider when an EIS provider who provides natural environment services is available, the Service Coordinator must inform the family that all costs associated with the service become their responsibility.
- The Service Coordinator would then conduct a change review of the IFSP to remove the service from Planned Services and document the change on the IFSP screen in BRIDGES, Section 5, "Other Services."

Early Intervention Provider Contracts

Approved: *PENDING*



Who is responsible: IDEA/Part C State Office, Budget and Planning Team and Operations Team

Early Intervention Service (EIS) Providers

Early Intervention Service (EIS) providers include all non-governmental entities or individuals with a current SCDHHS contract for provision of IDEA/Part C services through the IDEA/Part C system. Reimbursements will be made only for services provided in accordance with applicable federal and state laws, regulations, and guidelines, including those outlined in the IDEA/Part C policy and procedure manual and written in an Individualized Family Service Plan (IFSP).

Procedures for Executing an SCDHHS Contract

Interested providers must request an EIS provider enrollment packet from the SCDHHS IDEA/Part C State Office. The provider will complete the enrollment packet and return it to the IDEA/Part C State Office with all required supporting documentation.

- IDEA/Part C State Office reviews the application and if approved, sends a signed contract to the provider for their signature.
- The provider will sign the contract, make a copy for their records, and then return the signed contract to IDEA/Part C State Office for necessary signatures. Once signed, the provider will receive a copy of the fully executed contract.
- IDEA/Part C State Office adds the provider to the matrix of approved EIS providers in the IDEA/Part C electronic record and data system known as BRIDGES. Reimbursements are made only to contractors on the approved EIS provider matrix.
- If the application is denied, the requesting provider will be notified in writing within 15 working days of receipt of a complete and accurate application.

Denial of Contract Applications

EIS provider enrollment requests will be denied if the requesting provider:

- Was terminated from previous employment due to Medicaid or financial fraud.
- Has prior ethical or criminal convictions.
- Was previously terminated from being an EIS provider due to non-compliance with contract requirements.
- There is other evidence of the provider's inability to meet the contract requirements.

EIS Provider Change of Information

If an EIS provider has a change of address or a name change, they must fill out a "Change of EIS Provider Information" form and a *W-9* form and mail the forms to the IDEA/Part C State Office.

If an EIS provider has a change of services or adds additional EIS providers to their contract, they will need to fill out the "EIS Provider Sub-Contractor Enrollment Form" and mail the form to IDEA/Part C State Office along with other required supporting documentation.

Reporting Misconduct

Any individual participating in provision of IDEA/Part C services is required to report misconduct to IDEA/Part C State Office within five (5) working days by the way of written complaint.

If at any point, any individual who reasonably believes that an EIS provider is posing an imminent risk of danger to children, parents, or staff should report the information to a local law enforcement agency or South Carolina Department of Social Services and then to IDEA/Part C State Office within twenty-four (24) hours.

Initiation of Formal Investigation

All written complaints are investigated under the requirements for dispute resolution for Part C of the Individuals with Disabilities Education Act (IDEA). Please see the procedures for Procedural Safeguards for a complete description of the complaint investigation process.

Until completion of the investigations, IDEA/Part C State Office may temporarily remove the EIS provider from the EIS Provider Matrix in BRIDGES. Upon completion of investigation, if required, relevant procedures for contract termination will be followed.

Discontinuance or violation of original requirements of an EIS contract constitutes grounds for automatic termination. All contractors are subject to professional conduct guidelines included in the IDEA/Part C policy and procedure manual, their professional standards of practice, and their professional licensure/certification requirements.

Identification of Non-Compliance

“Noncompliance” is any contractor action not consistent with applicable federal and state laws, regulations, and guidelines, including those outlined in the IDEA/Part C policy and procedure manual. Such actions may be reported by family members, EIS providers, and/or qualified personnel who reasonably believe an EIS provider to be out of compliance with the IDEA/Part C contract requirements and/or applicable federal and state laws or regulations.

Please see the procedures for General Supervision and Monitoring for required state and EIS provider actions related to non-compliance.

Public Participation in Grant, Policies, and Procedures

Approved: *PENDING*

Who is responsible: *IDEA/Part C State Office*

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections

BABYNET



Federal Grant Application

Prior to submission of the annual grant application to the U.S. Department of Education, Office of Special Education Programs (OSEP), IDEA/Part C State Office will post the draft grant application for a period of not less than 60 days to include a 30-day comment period. The grant application will be posted on the SC Department of Health and Human Services (SCDHHS) website and the announcement of posting distributed to the SC Interagency Coordinating Council (SCICC), interagency partners, and IDEA/Part C System personnel.

IDEA/Part C State Office will assure:

- The draft application is accessible.
- The announcement provides instructions regarding how interested members of the public may provide comments about the application.

Proposed or Revised Policies and Procedures

If the draft grant application includes new content or revisions to existing policies and procedures, the notice will include an announcement of public hearings. Feedback will be received from parents of infants and toddlers, Intake Coordinators, Service Coordinators, Early Intervention Service (EIS) providers, and other interested members of the public either in writing or at the public hearings.

In addition to the information above, the notice will provide at least 30 days for review of the documents prior to convening the first public hearing.

IDEA/Part C System of Payments

Approved: Pending



Who is responsible: Service Coordinators and Early Intervention Service (EIS) Providers

System of Payment Requirements

All Service Coordinators and Early Intervention Service (EIS) providers contracted with IDEA/Part C must enroll with the state Medicaid program and in the South Carolina Enterprise Information System (SCEIS) as a condition of the contract. Service Coordinators and EIS providers will request payment for early intervention services in accordance with all Medicaid rules, including those pertaining to prior authorization of services covered by Medicaid, in order to access Medicaid funds for all covered services provided to Medicaid enrolled families.

The IDEA/Part C State Office will fund services based on the prevailing South Carolina Department of Health and Human Services' Medicaid rate for services, when such a rate has been established. When there is not an established Medicaid rate for a specific service, IDEA/Part C will establish a rate for the service.

IDEA/Part C Service Funds cannot be used to duplicate, or supplement payments made by Medicaid. EIS providers must agree to accept the Medicaid payment rate as payment in full for the service authorized by the IFSP. EIS providers cannot request additional funds from families to supplement established Medicaid and IDEA/Part C State Office rates, including Medicaid Managed Care rates.

Responsibilities of the Service Coordinator

For all eligible children, the Service Coordinator will provide and review the information outlined in the Written Notice Related to Private Insurance and Medicaid with the family each time a new service is added to the IFSP, and each time a service on the IFSP increases in any way. The review must be documented in the child's service log.

With the family, the Service Coordinator will complete the Consent to Use Insurance Resources and file the original in the child's record. A copy of this form must be given to the family and each EIS provider on the child's IFSP team each time it is signed.

Insurance Coverage: Private Insurance Only

If consent to use private insurance has been given, the family must be informed that if insurance is billed, the insurance company might send the Explanation of Benefits and payment to them rather than directly to the EIS provider. If this happens and the family receives the payment, these checks and paperwork must be turned over to the appropriate EIS Provider as payment for their service.

Service Coordinator responsibilities:

- On the BRIDGES Financial Support Screen: enter all requested information about the private insurance policy and save the screen.
- On the BRIDGES Planned Services Screen: place a check in the box for 'Permit Insurance.' If checked, private insurance will be payor 1, and IDEA/Part C Service Funds will be payor 2. This must be completed

accurately for IDEA/Part C Service Funds to be used to cover deductibles, co-payments, and/or co-insurances for the IFSP service; and

- Send a copy of the signed Consent to Use Insurance Resources form to the EIS provider.

EIS Provider Responsibilities:

- The EIS provider must use the consent to bill insurance form the family gave IDEA/Part C when submitting claims for payment.
- Private insurance is always payor of first resort before IDEA/Part C Service funds.
- All services must be documented in BRIDGES service logs.
- The EIS provider must pursue all insurance denials of service coverage unless documentation is provided verifying that a particular service is not covered or is only covered for a specific number of sessions.
- IDEA/Part C will not reimburse an EIS provider for that service unless denial of payment by the insurance company has been documented in writing on company letterhead or an Explanation of Benefits (EOB) is on file in accordance with IDEA/Part C contract specifications. When a denial, EOB, or written statement is not in the EIS provider's record, or on file with Accounting Operations for IDEA/Part C at SCDHHS, the record must contain documentation of all reasonable attempts to obtain these documents.
- EIS providers may submit claims for IDEA/Part C Service Funds for up to 364 days from the date of service by completing a service log in BRIDGES and entering the amount billed to and paid by the private insurance company on the Accounts Payable screen in BRIDGES.
- IDEA/Part C Service funds will be used to reimburse the EIS provider for IFSP services covered by private insurance as follows:
 - 100% of the IDEA/Part C posted rate at the time of service delivery if the service is denied in full by the private insurance company;
 - No reimbursement from IDEA/Part C Service Funds will be provided if:
 - ✓ The EIS provider fails to enter a service log or to provide the required information for Accounts Payable;
 - ✓ The EIS provider fails to complete these activities in a timely manner; or
 - ✓ The private insurance company reimburses the EIS provider at a rate equal to or higher than the IDEA/Part C posted rate at the time of service delivery.
- When the EIS provider is properly enrolled and has included all required documentation with a claim, reimbursement will typically be received within 30 days of submitting the claim.
- Disallowance of payment for failure of the EIS provider to follow proper billing procedures, incorrect diagnosis code or other correctable reasons for disallowance by public and private insurance will not constitute grounds for payment from IDEA/Part C funds.

Insurance Coverage: Medicaid Only

If an eligible child is covered by Medicaid or Children's Health Insurance Program, the family is not required to give consent to IDEA/Part C to use Medicaid for payment of IFSP services. However, the family must be notified that their child's Medicaid may be billed for Part C services. This notification will be included in the copy of the IFSP provided to the family.

Service Coordinator Responsibilities:

- On the BRIDGES Financial Support Screen: enter all information about the Medicaid coverage and save the screen.
- On the BRIDGES Planned Services Screen: place a check in the box for 'Permit Medicaid.' If checked, Medicaid must be selected as payor 1, and IDEA/Part C Service Funds as payor 2; and
- Send a copy of the signed Consent to Use Insurance Resources form to the EIS provider.

EIS Provider Responsibilities:

- The EIS provider must use the consent to bill insurance the family gave IDEA/Part C.
- Medicaid is always payor of first resort before IDEA/Part C Service funds.
- All services must be documented in BRIDGES service logs
- Medicaid reimbursement must be accepted as payment in full for IFSP services.
- IDEA/Part C will not reimburse a provider for IFSP services for children with Medicaid coverage unless a valid denial of payment is documented in writing, or an EOB is provided in accordance with IDEA/Part C contract specifications. When a denial, EOB, or written statement is not in the EIS Provider's record, or on file with Accounting Operations for IDEA/Part C at SCDHHS, the record must contain documentation of all reasonable attempts to obtain these documents.
- EIS providers may submit claims for IDEA/Part C Service Funds for up to 364 days from the date of service by completing a service log in BRIDGES and entering the amount billed to and paid by Medicaid on the Accounts Payable screen in BRIDGES.
- IDEA/Part C Service funds will be used to reimburse the EIS provider for IFSP services covered by Medicaid as follows:
 - 100% of the IDEA/Part C posted rate at the time of service delivery if the service is denied in full by Medicaid;
 - No reimbursement from IDEA/Part C Service Funds will be provided if Medicaid denies the claim and:
 - ✓ The EIS provider fails to enter a service log or to provide the required information for Accounts Payable; or
 - ✓ The EIS provider fails to complete these activities in a timely manner; or
 - ✓ Medicaid reimburses any amount.
- When the EIS provider is properly enrolled and has included all required documentation with a claim, reimbursement will typically be received within 30 days of submitting the claim.
- Disallowance of payment for failure of the provider to follow proper billing procedures, incorrect diagnosis codes, or other correctable reasons for disallowance by public and private insurance will not constitute grounds for payment with IDEA/Part C Service Funds.

SECTION 4: PRIVATE INSURANCE INFORMATION AND CONSENT

PRIMARY INSURANCE		SECONDARY INSURANCE	
Policy Holder Name		Policy Holder Name	
Relationship to Child		Relationship to Child:	
Policy Holder's Address		Policy Holder's Address	
Insurance Company		Insurance Company	
Phone Number		Phone Number	
Claim Address		Claim Address	
Member Number	Plan Name	Member Number	Plan Name
Group Number	Effective Date	Group Number	Effective Date
Employer		Employer	
Address		Address	

Exceptions to Consent: If there are individual services on your child's IFSP for which you do not consent to the use of your private insurance, please list below and initial below.

IDEA/PART C SERVICES ON MY IFSP	PARENT INITIALS

SECTION 5 (if applicable): My child is not covered by private health insurance or Medicaid at this time and I agree to inform my Service Coordinator of any changes to my child's health insurance or Medicaid coverage as they occur. Not Applicable: (initial here.) _____

<i>Signature of Parent</i>	<i>Date</i>
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SECTION 6: SERVICE COORDINATOR SIGNATURE

<i>Signature of Service Coordinator</i>	<i>Date</i>
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Service Coordination Agency

A. GENERAL:

This written notice is to inform you of the South Carolina Department of Health and Human Services (SCDHHS)/IDEA Part C's financial policies that may impact the use of your private insurance and/or Medicaid.

SCDHHS will not charge you fees for services that your child is otherwise entitled to receive at no cost, including any fees charged to you as a result of using one or more of your private insurance benefits or Medicaid. SCDHHS will also cover most copayments, financial responsibility associated with any deductibles, and other coinsurance associated with services listed on an Individualized Family Service Plan (IFSP).

Although consent is not required for SCDHHS to coordinate IDEA Part C and Medicaid financing, consent is required for the use of private insurance. Consent to use private insurance is NOT required for your child to receive IDEA Part C services.

If you elect to use a provider that is not contracted with SCDHHS in your community when one is available, you may be responsible for the full cost of EIS services. If an out-of-network provider is required to provide services, a single case agreement must be on-file with SCDHHS before services will be reimbursed.

B. PRIVATE INSURANCE:

If your health coverage is through private health insurance, it will only be used with your consent as expressed by your signature on the Consent to Use Insurance Resources form.

You must be given a copy of this notice, including where to review IDEA/Part C System of Payments policies, before giving your consent for the use of private insurance to pay for IDEA/Part C services.

If you give IDEA/Part C permission to use your insurance to help cover the cost of services, IDEA/Part C will cover payment for applicable deductibles, co-payments, and/or co-insurance associated with the services on my child's IFSP but does not assume responsibility for payment of my health insurance premiums.

In the event your insurance reimburses you directly for services covered both by private insurance and IDEA Part C, it is your responsibility to forward that payment on to your Early Intervention Service (EIS) Provider.

C. MEDICAID:

If your child is not already enrolled in Medicaid, he/she is not required to become enrolled in order to receive IDEA/Part C services.

If your child is enrolled in Medicaid, additional consent is not required for SCDHHS to coordinate financing between IDEA part C and the Title XIX Medicaid program. The IDEA requires that Medicaid be billed for services on your IFSP if your child is dually eligible.



**IDEA/PART C SYSTEM OF PAYMENTS
 POLICIES**

IDEA/PART C POLICY MANUAL EFF. [INSERT DATE] IDEA/PART C SYSTEM OF PAYMENTS POLICIES	FEDERAL REFERENCE
The IDEA/Part C system of payments does not include any sliding or cost participation fees but includes the use of public and private insurance, as outlined in System of Payments of the IDEA/Part C Policies.	IDEA §632(4)(B) 34 CFR 303.520 34 CFR 303.521(a)
The IDEA/Part C system ensures that: <ul style="list-style-type: none"> • Parents are not charged any out-of-pocket costs for any IDEA/Part C services. • Fees will not be charged for the services that a child is otherwise entitled to receive at no cost to the parents. • The inability of the parents to pay for services will not result in the delay or denial of services to the child or the child’s family. • Services on the IFSP are available regardless of consent to use insurance. 	34 CFR §303.520(b)(1)(2)(3)(4) 34 CFR 303.520(c) 34 CFR 303.521(a)(4)(i), (ii) 34 CFR 303.520(a)(3)(iii)
Services on your child’s IFSP may not be delayed or denied because of disputes between agencies regarding financial or other responsibilities.	34 CFR §303.511(d)
Neither your IDEA/Part C Service Coordinator nor your IDEA/Part C Early Intervention Service (EIS) Providers may charge fees for: <ul style="list-style-type: none"> • Implementation of the child find requirements; • Evaluation and assessment; • Service coordination; nor • Administrative and coordinative activities related to: <ul style="list-style-type: none"> ○ The development, review, and evaluation of IFSPs; ○ The implementation of procedural safeguards and the other components of the statewide system of early intervention services. • Early intervention services authorized on the IFSP, including any co-payments or deductibles related to these services. 	IDEA §632(4)(B) 34 CFR 303.500(b) 34 CFR 303.521(b) 34 CFR 303.521(a)
If you elect to use a provider that is not contracted with SCDHHS in your community when one is available, you may be responsible for the full cost of EIS services.	34 CFR 303.26
You are responsible for the cost of any private insurance premiums or any other potential long-term costs not directly connected to the cost of receiving EIS services	34 CFR 303.520(b)(1)(ii) 34 CFR 303.520(b)(1)(iii) 34 CFR 303.521(a)(6)
You have the right to contest a fee via dispute options outlined in the Parent Notice of Family Rights and Safeguards, which includes (1) filing a state complaint, (2) participation in mediation, and/or (3) requesting a due process hearing. Your rights are also in the Family Guides to the IDEA/Part C System.	34 CFR 303.521(e)(1) 34 CFR 303.521(e)(2)
Proceeds or funds from private insurance or Medicaid reimbursements will not be treated as IDEA/Part C program income.	34 CFR §80.25 34 CFR §303.225 34 CFR §303.520(d)

Comprehensive System of Personnel Development

Approved: *PENDING*

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections

BABYNET



Who is responsible: All IDEA/Part C System Personnel, IDEA/Part C State Office

Requirements for Comprehensive System of Personnel Development (CSPD)

All IDEA/Part C System Personnel must meet the state and federal requirements for the Comprehensive System of Personnel Development (CSPD) under IDEA/Part C. The goal of South Carolina's CSPD is to implement a system of professional development that impacts initial preparation (pre-service) and ongoing education and learning (in-service), and that results in IDEA/Part C system personnel who are highly effective in supporting the development and outcomes of every young child and family. This includes knowledge, skills, and application of knowledge in practice, related to the Early Childhood Outcomes, early intervention core competencies, and evidence-based practices in working with families, teams, and infants and toddlers age birth to three with disabilities across all personnel.

IDEA/Part C requires each state's early intervention system to have a comprehensive system of personnel development that is consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that applies to the profession, discipline, or area in which personnel are providing early intervention services. Specific federal requirements for CSPD include the following:

- Training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services.
- Implementing innovative strategies and activities for the recruitment and retention of Early Intervention Service (EIS) providers.
- Promoting the preparation of EIS providers who are fully and appropriately qualified to provide early intervention services.
- Training personnel to coordinate transition services for infants and toddlers.
- Training personnel to work in rural and inner-city areas.
- Training personnel in the emotional and social development of young children.

IDEA/Part C System Personnel

All personnel are defined by the role(s) an individual serve(s) in South Carolina's IDEA/Part C early intervention system. These roles include:

- State Office Personnel
- Intake Coordinators
- Program Managers
- Supervisors within participating agencies
- Service Coordinators
- EIS Providers, including Parent-to-Parent support providers

EIS Providers

EIS providers are defined as personnel who provide services listed on a family and child's Individualized Family Service Plan (IFSP). EIS Providers include:

- Applied Behavior Analysis Providers
- Audiologists providing evaluation, assessment, and/or auditory verbal therapy
- Counselors
- Registered Dietitians

- Foreign Language Interpreters/Translators
- Intake Coordinators
- Interpreters for the Deaf & Hard of Hearing
- Assistive Technology Providers
- Nurses
- Occupational Therapists and Assistants
- Optometrists and Ophthalmologist
- Orientation and Mobility Specialists
- Parent-to-Parent Support Providers
- Physical Therapists and Assistants
- Physicians
- Psychologists
- Service Coordinators
- Social Workers
- Speech-Language Pathologists & Assistants
- Special Instructors
- Transportation Providers.

The South Carolina Part C Credential Process: Initial Credential

Attainment of the Part C Credential documents the acquisition of competencies. The following personnel are required to apply for the South Carolina Part C Credential upon contract approval or hire, and to complete CSPD core curriculum in order to fulfill their state and federal CSPD obligations.

- EIS Providers with an approved contract from the South Carolina Department of Health and Human Services (SCDHHS), IDEA/Part C.
- Intake Coordinators
- Service Coordinators
- Parent-to-Parent Support providers with Family Connection of South Carolina

IDEA/Part C contracts with the Team for Early Childhood Solutions (TECS) to manage the CSPD process in South Carolina. Upon approval of the Credential application, EIS Providers are registered into the learning management system, referred to as TECSBOOK, and assigned to the IDEA/Part C Core Curriculum modules. Professional development activities, training records, and certificates of completion are available to registered users on demand through this system.

New EIS Providers have 90 calendar days from Credential application approval month to successfully complete the Core Curriculum modules. A permanent South Carolina Part C Credential certificate is issued to the user after successful completion. The renewal timeline starts the month the core curriculum modules are completed.

Current IDEA/Part C System Personnel are required to renew their Part C Credential application every two (2) years/24 months with the appropriate documented hours of professional development training. IDEA/Part C defines professional development training as “activities inclusive of those offered by TECS training (face-to-face or online), pre-approved agency in-service training, and pre-approved outside continuing education experiences”. A permanent South Carolina Part C Credential certificate is issued to the professional upon successful completion of renewal requirements.

The South Carolina Part C Credential Process: Renewal of Credential

Credential Renewal is accomplished by:

- Completion of core curriculum modules.
- Completion of additional professional development activities required by the Lead Agency in order to comply with IDEA/Part C Policies and Procedures.
- Completion of other pre-approved training:
 - EIS providers and other licensed system personnel may be able to submit the modules to their relevant professional association for continuing education credits.
 - System personnel who are considered Licensed Practitioners of the Healing Arts (LPHA) are not required to complete additional hours of training for the Credential if they meet the requirements of their own professional association's continuing education requirements.

IDEA/Part C TECSBOOK Core Curriculum

The TECSBOOK CSPD Core Curriculum modules include content based on:

- Federal statute and regulations for IDEA/Part C.
- State legislation, policy, and procedures.
- South Carolina's Core Competency Areas for IDEA/Part C System Personnel as established by the Personnel Committee of the State Interagency Coordinating Council.
- The interdisciplinary early intervention competency areas set by the Council for Exceptional Children-Division of Early Childhood.
- Relevant national professional association practices for licensed disciplines (e.g., ASHA, AOTA, APTA, AAP, Nursing, Psychology, and Social Work).
- The IDEA/Part C Performance and Results Indicators.

The core curriculum is designed to be reinforced by effective supervision mechanisms. TECSBOOK is designed according to the following CSPD content standards in order to:

- Provide enhanced support to South Carolina's early intervention system's ability to apply policies and procedures in a manner consistent with current evidence-based practice and scientifically-based research in the following areas:
 - Meeting the interrelated social or emotional, health, developmental, and educational, early literacy & language needs of eligible children served by IDEA/Part C.
 - Facilitating children's development and maintenance of positive social relationships; acquisition and use knowledge and skills; and initiation of appropriate action to meet their needs.
 - Assisting families in knowing their rights, enhancing the development of their children, and in participating fully in the development and implementation of IFSPs;
 - Meeting the service coordination and service delivery needs of children who are:
 - Involved in substantiated child abuse or neglect,
 - In foster care,
 - Wards of the state,
 - In the transition process, or
 - Identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure; and
- Assist IDEA/Part C System Personnel in meeting the service coordination & service delivery needs of families and children who reside in rural and inner-city areas, on Indian reservations, and who are homeless.

Phase II-State Systemic Improvement Plan Update

During Phase II, South Carolina made significant changes to the SSIP. These changes were related to the four previously determined coherent improvement strategies. Strategies 1 and 2 focused on improving the Family Outcomes Measurement System (FOMS) and incorporating the Routines-based Interview (RBI) as the family assessment tool. After discussing the plans for evaluation methods with technical assistance providers and the South Carolina Interagency Coordinating Council (SCICC), it was determined that strategies 3 and 4 (improved communication with referral sources and use of the DEC Recommended Practices) would be very difficult to measure. The state still considers these efforts important and can include some activities in strategies 1 and 2, but will also address each through other initiatives.

South Carolina's previous lead agency explored the possibility of mandating use of both the RBI and the Coaching model. Based on many variables, including cost, availability of resources, and the presence of national and state certified trainers and staff from private early intervention companies, the state determined that RBI was the best choice for South Carolina. Under the previous lead agency, the State Leadership Team (at that time) participated in a weeklong RBI Boot Camp that would initiate the process of these staff becoming certified trainers. Not long after the boot camp, the SLT determined they were not the appropriate staff to train on RBI. RBI trainers need access to families in order to practice while working towards fidelity. Most state-level staff could not spend the necessary amount of time with families to properly practice the RBI. It was clear that those who currently serve children and families on a daily basis should be directly trained by nationally certified trainers. Soon after this realization, the SC Part C program was transferred to SCDHHS. During the transition to SCDHHS, two private early intervention providers began the process of RBI implementation. Both employ staff who have been nationally trained and have since become nationally or state certified as RBI trainers. These companies are partnering with the state as stakeholders to assist with statewide implementation.

Under new leadership at SCDHHS, the state has revisited the original training plan and made adjustments as needed. The State Leadership Team (SLT) and RBI training team have developed a high-level train-the-trainer plan that will eventually lead to statewide implementation of RBI. See Tables 1, 2 and Figure 1. All service coordinators serving families living in Region 4 of the state will attend an all-day RBI training session. This session will provide an overview of RBI, live demonstration, and demonstration debriefing session. Each service coordination provider (company) will identify 1-2 staff who will be designated as RBI trainers for their company. These staff will participate in more intensive training on days 2 and 3 of the boot camp. The trainers will learn specific interview techniques and practice using the observation checklist (used for self-reflection and teaching). The trainers will practice with family scenarios/vignettes and conduct real practice interviews with families. The last day of training will be for service coordination supervisors and state leadership. Supervisors will learn how to keep their staff motivated throughout the training and implementation process and how to measure data related to the RBI. Finally, the SLT will meet in the afternoon to discuss potential roadblocks to training and implementation and finalize the statewide implementation plan. This training plan will be repeated in Regions 1-3, using the data to determine each next implementation site. The state understands that follow-up training will need to occur often in order to prevent examiner drift and account for staffing changes.

Table 1. Train-the-Trainer Model

	Step 1	Step 2	Step 3
Region 4	RBI Boot Camp with national trainer 5/28/19-5/31/19.	Targeted trainees will practice administering the RBI to current families and work towards state-certification.	After targeted trainees are issued state-certification, they will begin working with existing service coordinators in their offices/companies to get all staff certified.

Table 2. RBI Boot Camp Agenda

RBI Boot Camp			
Tuesday	Wednesday	Thursday	Friday
<p>Region 4 All</p> <ul style="list-style-type: none"> - All service coordinators serving families who live in Region 4 (also referred to as the Horry BabyNet District). - Session includes an overview of RBI, live demonstration, and debriefing. 	<p>Region 4 Trainers only</p> <ul style="list-style-type: none"> - Review how to obtain rich information. - Prepare for practice interviews. - Review resources and training tools - Group work with scenarios - Group work debriefing 	<p>Region 4 Trainers Only</p> <ul style="list-style-type: none"> - Family Interviews - Interview debriefing - Discuss next steps - Review steps to earning state certification 	<p>Region 4 Supervisors Only (AM)</p> <ul style="list-style-type: none"> - How to motivate and support staff. - Data Measures <p>State Leadership only (PM)</p> <ul style="list-style-type: none"> - Finalize Implementation Plans - Discuss potential roadblocks and how to address those

Figure 1. RBI State Certification Process



In the Phase III SSIP report, the SLT will ensure that several questions are clarified or explained in greater detail. These include, but are not limited to, the following:

Why was Region 4 chosen as the first implementation site?

Why the state selected RBI as the family assessment tool?

How will the state ensure that staff are trained and administering the tool with fidelity?

How will coaches and supervisors be used to ensure fidelity?

How will the training be evaluated?

How will technical assistance be provided to build capacity at the local level to ensure long-term success?

How will the state use early implementers (private companies already using the RBI) to ensure a successful transition?

What are the roles of the State Leadership Team, State Implementation Team, and Regional Implementation Teams?

