

STATEWIDE SYSTEM REQUIREMENTS

The Iowa Department of Education, as Lead Agency, provides a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services based on scientifically-based research, to the extent practicable, to all eligible infants and toddlers and their families, including Indian infants and toddlers and their families residing on a reservation geographically located in the state; infants and toddlers with disabilities who are homeless children and their families; and infants and toddlers with disabilities who are wards of the state.

In Iowa, this system is known as Early ACCESS and services are provided in accordance with Part C-Individuals with Disabilities Education Improvement Act of 2004. The required components of that system follow:

- State definition of developmental delay
- Availability of early intervention services
- Evaluation, assessment, and nondiscriminatory procedures
- Individual family service Plan (IFSP)
- Comprehensive child find system
- Public awareness program
- Central directory
- Comprehensive system of personnel development (CSPD)
- Personnel standards
- Lead agency role in supervision, monitoring, funding, interagency coordination, and other responsibilities
- Policy for contracting or otherwise arranging for services
- Reimbursement procedures
- Procedural safeguards
- Data collection
- State interagency coordinating council
- Early intervention services in natural environments

Legal Requirements

Statewide System Requirements

Federal Requirements:

- 20 U.S.C. 1433 General Authority
- 20 U.S.C. 1434 Eligibility
- 20 U.S.C. 1435(a)(2) Requirements for Statewide System

Iowa Requirements:

- Iowa Administrative Rules for Early ACCESS, effective May 23, 2012*
- 281—120.110 Minimum components of a statewide system

EVALUATION PROCEDURES

Evaluation of Infant, Toddler, and Family Needs

The Iowa Department of Education, as Lead Agency, ensures that, subject to obtaining parental consent, each child under the age of three who is referred for evaluation or early intervention services under Part C and is suspected of having a disability, receives:

- A timely, comprehensive, multidisciplinary evaluation of the child in accordance with Iowa Administrative Rules unless eligibility is established by review of medical and other records and those records indicate that the child's level of functioning in one or more developmental area constitutes a developmental delay; and
- If the child is determined eligible as an infant or toddler with a disability:
 - A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs;
 - A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler. The assessments of the child and family may occur simultaneously with the evaluation, provided that the procedures for evaluation of the child are met.

Definitions

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

- Evaluation of the child and assessments of the child and family, and may include one individual who is qualified in more than one discipline or profession; and
- The IFSP Team must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the service coordinator.

“Evaluation” means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under this Part C, consistent with the definition of infant or toddler with a disability.

An “initial evaluation” refers to the child's evaluation to determine his or her initial eligibility under Part C.

“Assessment” means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility under Part C and includes the assessment of the child and the assessment of the child's family.

“Initial assessment” refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.

General procedures

A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) if those records indicate that the child's level of functioning in one or more of the developmental areas constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability. If the child's Part C eligibility is established under this paragraph, the public agency or EIS provider must conduct assessments of the child and family in accordance with Iowa Administrative Rules.

Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the Lead Agency ensures that informed clinical opinion may be used as an independent basis to establish a child's eligibility under Part C even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility

All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory. Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child. Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed.

Native language, when used with respect to an individual who is limited English proficient or LEP means the language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except for evaluations and assessments conducted. For evaluations and assessments, native language means the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.

Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).

Procedures for Evaluation of the Child

In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under Part C. Procedures must include:

- Administering an evaluation instrument;
- Taking the child's history (including interviewing the parent);
- Identifying the child's level of functioning in each of the following developmental areas: cognitive, physical including vision and hearing, communication, social or emotional, adaptive;
- Gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
- Reviewing medical, educational, or other records.

Procedures for Assessment of the Child and Family

An assessment of each infant or toddler with a disability must be conducted by qualified personnel in order to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs. The assessment of the child must include the following:

- A review of the results of the evaluation;
- Personal observations of the child; and
- The identification of the child's needs in each of the following developmental areas: cognitive, physical including vision and hearing, communication, social or emotional, adaptive.

A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must:

- Be voluntary on the part of each family member participating in the assessment;
- Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and
- Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

The Regional Grantees have the fiscal and legal obligation for ensuring that the Early ACCESS system is implemented regionally. This obligation ensures that procedures are developed and implemented for each referred infant or toddler, birth to age three years.

Legal References Evaluation Procedures

IDEA 2004 Federal Requirements:

20 U.S.C. 1435(a)(3) Evaluation.

Iowa Requirements:

Iowa Administrative Rules for Early ACCESS, effective May 23, 2012

281—120.24	Multidisciplinary
281—120.25	Native language
281—120.321	Evaluation of the child and assessment of the child and family
281—120.804(1)	Early ACCESS grantees

EARLY INTERVENTION SERVICES POLICY

Policies Related to Availability of Services

It is the state of Iowa's policy that early intervention services, based on scientifically based research to the extent practicable and consistent with Part C statute and regulations, are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the state and infants and toddlers with disabilities who are homeless children and their families.

Early Intervention services include:

- Assistive technology device
- Assistive technology service
- Audiology services
- Family training, counseling and home visits
- Health services*
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination services**
- Signed language and cued language services
- Social work services
- Special instruction
- Speech-language pathology services
- Transportation and related costs
- Vision services

* Health services mean services necessary to enable an otherwise eligible child to benefit from the other early intervention services under this chapter during the time that the child is eligible to receive early intervention services. The term does not include:

- services that are surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);
- purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose); or
- related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant. Nothing in this policy limits the right of an infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes. Nothing in this policy prevents the EIS provider from routinely checking that

either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly;

- Devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and
- Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

**Service coordination services include:

- Explaining the system of services and resources called Early ACCESS;
- Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;
- Coordinating the provision of early intervention services 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;
- Coordinating evaluations and assessments;
- Facilitating and participating in the development, review, and evaluation of IFSPs;
- Conducting referral and other activities to assist families in identifying available EIS providers;
- Coordinating, facilitating, and monitoring the delivery of services required under Part C to ensure that the services are provided in a timely manner;
- Conducting follow-up activities to determine that appropriate Part C services are being provided;
- Informing families of their rights and procedural safeguards and related resources;
- Coordinating the funding sources for services required under Part C; and
- Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

The Lead Agency's or an EIS provider's use of the term service coordination or service coordination services does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the Social Security Act--Medicaid), for purposes of claims in compliance with the requirements of payor of last resort provisions.

Qualified Personnel

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

The following are the types of qualified personnel who provide early intervention services under this chapter:

- Audiologists
- Family therapists

- Nurses
- Occupational therapists
- Orientation and mobility specialists
- Pediatricians and other physicians for diagnostic and evaluation purposes
- Physical therapists
- Psychologists
- Registered dietitians
- Social workers
- Special educators, including teachers of children with hearing impairments (including deafness) and teachers of children with visual impairments (including blindness)
- Speech and language pathologists.
- Vision specialists, including ophthalmologists and optometrists

The services and personnel do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. Nothing in this policy prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in Part C Administrative Rules or of another type of personnel that may provide early intervention services in accordance with Part C Administrative Rules, provided such personnel meet the requirements.

Definition of Early Intervention Services

Early Intervention Services means developmental services that:

1. Are provided under public supervision;
2. Are selected in collaboration with the parents;
3. Are provided at no cost except where federal or state law provides for a system of payments by families, including, if applicable, a schedule of sliding fees;
4. Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the Individualized Family Service Plan team, in any one or more of the following areas:
 - a. Physical development;
 - b. Cognitive development;
 - c. Communication development;
 - d. Social or emotional development; or
 - e. Adaptive development;
5. Meet Iowa service standards, including but not limited to the then-applicable version of Iowa's Early Learning Standards and IDEA Part C requirements;
6. Are provided by qualified personnel;
7. To the maximum extent appropriate, are provided in natural environments, including the home and community settings in which children without disabilities participate; and
8. Are provided in conformity with an Individualized Family Service Plan that meets Part C requirements.

Regional Grantees have the fiscal and legal obligation for ensuring that the Early ACCESS system is carried out regionally. Grantees are designated by the lead agency, and exist in geographic areas that ensure statewide coverage.

Early intervention service policies and procedures must be in accordance with the Iowa Administrative Rules for Early ACCESS. Early ACCESS grantees must collaborate with local representatives of signatory agencies, community partners, and families in the implementation and monitoring of this policy.

Iowa assures the implementation of this policy across the state through the Regional Grantees' annual application requirements for Part C funds and monitoring activities.

Legal References Early Intervention Services

Federal Requirements:

- 20 U.S.C. 1432(4) Definition of early intervention services
- 20 U.S.C. 1435(a)(2) Requirements for Statewide System – scientifically research based early intervention services available to eligible children
- 20 U.S.C. 1437(a)(3)(B) State Application and Assurances – early intervention services provided

Iowa Requirements:

Iowa Administrative Rules for Early ACCESS, effective May 23, 2012

- 281—120.13 Early intervention services
- 281—120.16 Health services
- 281—120.31 Qualified personnel
- 281—120.34 Service coordination services (case management)
- 281—120.804(1) Early ACCESS grantees

EQUITABLE DISTRIBUTION OF RESOURCES

Services to All Geographic Areas

Services to all eligible children and families in Iowa are assured through the existence of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services. The lead agency has designated Early ACCESS grantees. These grantees exist, at a minimum, in geographic areas that ensure statewide coverage. Each grantee is required to establish policies and procedures that will ensure the appropriate provision of early intervention services statewide including providing services to Indian infants and toddlers and their families residing on a reservation geographically located in the state and infants and toddlers with disabilities who are homeless children and their families.

Legal References

Equitable Distribution of Resources

Federal Requirements:

20 U.S.C. 1437(a)(7) Services in all geographic area

Iowa Requirements:

Iowa Administrative Rules for Early ACCESS, effective May 23, 2012

281—120.112 Availability of early intervention services

281—120.207 All geographic areas within the state

281—120.804(1) Early ACCESS grantees

PUBLIC PARTICIPATION POLICY

Iowa Information about Public Participation

The state of Iowa provides the general public, including individuals with disabilities and parents of individuals with disabilities, a full opportunity to review and present comments on proposed policies and procedures. When proposing to adopt new policies and procedures, the state of Iowa provides public notice in newspapers and other media.

Part C Application

At least 60 days prior to being submitted to the Department, each application for funds (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.

State Policies and Procedures

Each application must include a description of the policies and procedures used by the state to ensure that, before adopting any new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and these regulations, the lead agency:

- Holds public hearings on the new policy or procedure (including any revision to an existing policy or procedure);
- Provides notice of the hearings at least 30 days before the hearings are conducted to enable public participation; and
- 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 the Iowa Administrative Rules for Early ACCESS.

Public notice includes detailed information about the proposed policies and procedures and allows the general public to understand the purpose and scope of the proposal and its relation to serving eligible individuals. The notice also includes information about the availability of proposed policies and procedures for public review; the date, time and location of public hearings; a description of the procedures for submitting written comments; and the timetable for submitting policies and procedures to the Secretary for review. Public hearings are conducted at times and places that allow interested parties throughout Iowa a reasonable opportunity to participate. The Department of Education uses technology to facilitate public participation with a web site and the Iowa Communication Network (interactive televised technology).

Following public hearings and before adoption of proposed policies and procedures, public comment is reviewed and considered, and any necessary modifications are made.

Upon the Secretary's approval of policies and procedures, a notice is provided in newspapers and other media of such approval. This notice provides information regarding places throughout the state that the policies and procedures are available to any interested person.

Legal References Public Participation

Federal Requirements:

20 U.S.C. 1437(a)(8) Public Participation
34 C.F.R. 303.208 Public Participation

Iowa Requirements:

Iowa Administrative Rules for Early ACCESS, effective May 23, 2012
281—120.208 Public participation policies and procedures
281—120.101(3) Approval before implementation

DESCRIPTION OF LEAD AGENCY EFFORTS TO COLLABORATE WITH HEAD START AND EARLY HEAD START AND EARLY EDUCATION & CARE PROGRAMS

Iowa's Part C system, Early ACCESS, has a strong history of collaboration with Head Start and Early Head Start and early education and childcare programs throughout the state. The Iowa Department of Education is the Lead Agency.

Head Start and Early Head Start

The State Interagency Coordinating Council, known as the Iowa Council for Early ACCESS, assures that a representative of an Early Head Start agency is on the Council. Members of the Council are responsible for exchanging information with their constituencies in order to involve stakeholders in the planning and improvement of the Part C system.

The Part C Lead Agency houses a federally funded Head Start State Collaboration Office position and supports its mission. Consultants from the Head Start Collaboration Office, Part C, Early Childhood Special Education, K-3, Title I, Food and Nutrition, and state-supported early education programs work together to contribute to the improvement of Iowa's early care, health and education system.

A Memorandum of Understanding that meets Head Start federal regulations has been signed by the state education agency, Regional Head Start Collaboration Office and appropriate Head Start organizations in Iowa. State Consultants from Iowa and the regional office of Head Start, Part C, and early childhood special education work together to implement the Memorandum of Understanding. They provide leadership and technical assistance to local Early Head Start, and early intervention providers/administrators. State-level consultants also share program data for system improvement and reporting.

Early Head Start personnel are recruited by Early ACCESS Regional Grantees to provide service coordination to children eligible for Part C and Early Head Start.

Early Childcare, Health and Education Programs

Referral source data are reviewed annually to assess the contributions of early childhood partnering agencies to the Part C system.

State consultants work with other state departments and public/private agencies to coordinate the state early care, health and education system for all children birth to five.

Iowa early childhood partners collaboratively provide opportunities for networking, training, and leadership to early care, health and education stakeholders.

State consultants work collaboratively with state childcare programs and provide resources to enhance the professional development of childcare trainers regarding children with special needs and their families.

Legal References

Federal Requirements:

20 U.S.C. 1437(a)(10) Collaboration among early childhood programs
34 C.F.R. 303.210 Coordination with Head Start....

Iowa Requirements:

Iowa Administrative Rules for Early ACCESS, effective May 23, 2012
281—120.210 Coordination with Head Start....
281—120.601 Composition (of the Iowa Council for Early ACCESS)

TRANSITION TO PRESCHOOL PROGRAMS POLICY

The Iowa Department of Education, as Lead Agency, assures that toddlers receiving early intervention services shall have a smooth transition when exiting from Early ACCESS to preschool or other services.

Early ACCESS Regional Grantees (AEAs) are required to develop and implement a policy to ensure a smooth transition to preschool or other appropriate services for children receiving early intervention services. This policy includes a description of how:

- 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 public agency responsible for providing Early ACCESS services to the toddler will notify the Department of Education and the Area Education Agency for the area in which such a child resides that the child will shortly reach the age of eligibility for preschool services under Part B of IDEA in accordance with State law;
- If the toddler is determined to be eligible for Early ACCESS services 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 public agency responsible for providing Early ACCESS services to the toddler, as soon as possible after determining the child's eligibility, notifies the Iowa Department of Education and the Area Education Agency 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;
- If a toddler is referred to for Early ACCESS 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 public agency that would be responsible for determining the child's eligibility, with parental consent, refers the toddler to the Iowa Department of Education and the Area Education Agency for the area in which the toddler resides; however, no agency is required to conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances;
- If a toddler with a disability may be eligible for preschool services under Part B of the Act, the public agency responsible for Early ACCESS services, with the approval of the family of the toddler, convenes a conference, among that agency, the family, and the AEA of the toddler's residence not fewer than 90 days and, at the discretion of all parties, not more than 9 months, before the toddler's third birthday to discuss any services the toddler may receive under Part B;
- In the case of a child who is not potentially eligible for preschool services under Part B of the Act, the public agency responsible for Early ACCESS services, with the approval of the family of that toddler, makes reasonable efforts to convene a conference among that agency, the family, and providers of other appropriate services for the toddler to discuss appropriate services that the toddler may receive;
- For all toddlers with disabilities, the appropriate public agency 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 each family of a toddler with a disability is included in the development of the transition plan;

- The appropriate public agency establishes 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 toddler's third birthday;
- The transition plan in the IFSP includes as appropriate: steps for the toddler with a disability and his or her family to exit from the Part C program; and any transition services that the IFSP Team identifies as needed by that toddler and his or her family; and
- The transition conference and IFSP meeting to develop the transition plan may be combined into one meeting as long as IFSP meetings must be conducted in settings and at times that are convenient for the family; and in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.
- Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.
- Transition meeting participants will include the parent or parents of the child; other family members, as requested by the parent, if feasible to do so; an advocate or person outside of the family, if the parent requests that the person participate; the service coordinator designated by the public agency to be responsible for implementing the IFSP; a person or persons directly involved in conducting the evaluations and assessments; as appropriate, persons who will be providing early intervention services to the child or family.
- The IFSP must include the steps and services to be taken to support the smooth transition of the child from Part C services to preschool services under Part B of the Act, to the extent that those services are appropriate or other appropriate services;
- The steps required must include: discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition; procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; confirmation that child find information about the child has been transmitted to the LEA or other relevant agency and, with parental consent, transmission of additional information needed by the AEA to ensure continuity of services from the Part C program to the Part B program, including a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP; and identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.

The Iowa Department of Education shall disclose to the AEA where the child resides the following personally identifiable information under the Act:

- A child's name.
- A child's date of birth.
- Parent contact information (including parents' names, addresses, and telephone numbers).

The information is needed to enable the Department, as well as LEAs and AEAs under Part B of the Act, to identify all children potentially eligible for services under Part B of the Act.

Regional Grantees have the fiscal and legal obligation for ensuring that the Early ACCESS system is carried out regionally. Regional Grantees are designated by the Lead Agency and exist in geographic areas that ensure statewide coverage.

Transition policies must be in accordance with the Iowa Administrative Rules for Early ACCESS. Early ACCESS Regional Grantees must collaborate with local representatives of signatory agencies, community partners, and families in the implementation and monitoring of this policy.

The Lead Agency has entered into an intra-agency agreement concerning transition from Parts B to C. That agreement complies with and implements all duly-adopted state rules and federal regulations, and this policy complies with that agreement. The Lead Agency assures the implementation of this transition policy across the state through the Regional Grantees' annual applications for Part C funds, annual reports, and the monitoring of compliance at the regional level.

.Legal References

Transition to Preschool Programs

Federal Requirements:

20 U.S.C. 1437(a)(9) Transition to preschool programs

Iowa Requirements:

Iowa Administrative Rules for Early ACCESS, effective May 23, 2012

281—120.209	Transition to preschool and other programs
281—120.342(4)	Accessibility and convenience of meetings
281—120.343(1)	Initial and annual IFSP team meeting
281—120.344(8)	Transition from Part C services
281—120.401(4)	Disclosure of information: transition from Part C to Part B
281—120.804(1)	Early ACCESS grantees

STATE ELIGIBILITY CRITERIA AND PROCEDURES POLICY

State Definition of Developmental Delay

Children eligible for early intervention service within Iowa's Early ACCESS system include infants and toddlers from birth to the age of three years who have been determined by a multidisciplinary team to meet one of the following criteria:

- Is experiencing a developmental delay, which is a 25 percent delay as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
 - a. Cognitive development;
 - b. Physical development, including vision and hearing;
 - c. Communication development;
 - d. Social or emotional development;
 - e. Adaptive development; or
- Has a diagnosed physical or mental condition that:
 - a. Has a high probability of resulting in developmental delay; and
 - b. 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; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

Use of informed clinical opinion is emphasized when determining eligibility and means the integration of the results of evaluations, direct observations in various settings, and varied activities with the experience, knowledge, and skills of qualified personnel. Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. A multidisciplinary IFSP team determines eligibility of children for early intervention services based on the definition of eligible children as stated above. The multidisciplinary IFSP team must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the service coordinator.

It is the policy of the state of Iowa to not include children considered to be at-risk of having substantial developmental delays in its definition of eligible children for Part C under this application.

State Eligibility Criteria and Procedures

Eligibility procedures of each Regional Grantee must be in accordance with the Iowa Administrative Rules for Early ACCESS. Early ACCESS Regional Grantees must collaborate with local representatives of signatory agencies, community partners, and families in the development, implementation and monitoring of these procedures.

The state of Iowa assures that eligibility criteria and procedures are used throughout the state through the Regional Grantee's annual application for Part C funds and the monitoring of compliance at the regional level.

Legal References
State Eligibility Criteria and Procedures

Federal Requirements:

- 20 U.S.C. 1435(a)(5)(A) Comprehensive Child Find System
- 20 U.S.C. 1435(a)(1) Definition of developmental delay
- 20 U.S.C. 1435(a)(3) Evaluation
- 34 CFR 303.21 Infants and toddlers with disabilities
- 34 CFR 303.113 State eligibility criteria and procedures
- 34 CFR 303.300 et seq.
- 34 CFR 303.111 State definition of developmental delay
- 34 CFR 303.203(c)

Iowa Requirements:

Iowa Administrative Rules for Early ACCESS, effective May 23, 2012

- 281—120.21 Definition, “Infant or Toddler with a Disability
- 281—120.24(2) Definition “Multidisciplinary IFSP Team”
- 281—120.38(8) Definition, “Eligible Children”
- 281—120.38(13) Definition, “Informed Clinical Opinion”

- 281—120.804(1) Early ACCESS grantees
- 281—120.321 Evaluation of the child and assessment of the child and family
- 281—120.322 Determination that a child is not eligible

COMPREHENSIVE CHILD FIND SYSTEM POLICY

It is the policy of the state of Iowa that all infants and toddlers with disabilities in Iowa who are eligible for services under Part C are identified, located, and evaluated including:

- Indian infants and toddlers with disabilities residing on a reservation or settlement geographically located in the state;
- Infants and toddlers with disabilities who are homeless, in foster care, and wards of the state;
- Infants and toddlers who are the subject of a substantiated case of child abuse or neglect; and
- Infants and toddlers identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

The Iowa Department of Education, as Lead Agency, has procedures in place for identifying these children, ensuring their referral to Early ACCESS.

A comprehensive coordinated child find system, consistent with Part B, exists in Iowa that includes a system for making referrals to applicable public agencies or Early Intervention Service providers that includes timelines and provides for participation by primary referral sources. The state ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for early intervention services under Part C that will reduce the need for future services.

Iowa has in place a public awareness program focusing on early identification of infants and toddlers with disabilities, including the preparation and dissemination by the Lead Agency to all primary referral sources, especially hospitals and physicians, of information to be given to parents, especially to inform parents with premature infants, or infants with other physical risk factors associated with learning or developmental complications, on the availability of early intervention services under Part C-Individuals with Disabilities Education Improvement Act of 2004 and of services under Section 619, and procedures for assisting such sources in disseminating such information to parents of infants and toddlers with disabilities.

Policy and procedures to ensure that all infants and toddlers in Iowa who are eligible for services are identified, located, and evaluated are required of Early ACCESS Regional Grantees. Regional Grantees have the fiscal and legal obligation for ensuring that the Early ACCESS system is carried out regionally. Regional Grantees are designated by the Lead Agency and exist in geographic areas that ensure statewide coverage.

The state of Iowa assures a comprehensive child find system across the state through the Regional Grantees' annual applications for Part C funds, annual reports, and the monitoring of compliance at the regional level and through agreements with Signatory Agencies.

Legal References
Comprehensive Child Find System

Federal Requirements:

- 20 U.S.C. 1435(a)(5) Comprehensive child find system
- 20 U.S.C. 1435(a)(6) Public awareness program
- 20 U.S.C. 1437(a)(6) Referral for early intervention services

Iowa Requirements:

Iowa Administrative Rules for Early ACCESS, effective May 23, 2012

- 281—120.301 Public awareness program—information for parents
- 281—120.302 Comprehensive child find system
- 281—120.303 Referral procedures
- 281—120.804(1) Early ACCESS grantees