FOR:  
West Virginia Early Intervention Interagency Coordinating Council and  
West Virginia Department of Health and Human Resources  
Bureau for Public Health  
Office of Maternal and Child Health  
Part C WV Birth to Three

DATE: January, 1994

EFFECTIVE DATE OF REVISED POLICY: July 1, 1998
POLICY 5100

FOR: Early Intervention Interagency Coordinating Council

DATE: March, 1994

SUBJECT: Functions of the Early Intervention Interagency Coordinating Council

I. PURPOSE: To designate the functions of the Early Intervention Interagency Coordinating Council in advising and assisting the lead agency, West Virginia Department of Health and Human Resources, regarding P.L.105-17, Part C.

II. DISCUSSION: Public Law 99-457, passed in October, 1986, established a new state grant program for developmentally delayed infants and toddlers (0-2 years) and their families. The program is Part C of the Individuals with Disabilities Education Act. P.L.105-17, Part C, requires that the Governor designate a lead agency to carry out the early intervention program and that the Governor establish an Interagency Coordinating Council, of at least 15 members, as specified in the law.

III. POLICY: The Early Intervention Interagency Coordinating Council advises and assists the lead agency, West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health, in the implementation of P.L.105-17, Part C.

IV. PROCEDURES:

1. The Early Intervention Interagency Coordinating Council is responsible for carrying out the following functions:
   a) Advise and assist the West Virginia Department of Health and Human Resources in the development and implementation of early intervention policies;
   b) Assist the West Virginia Department of Health and Human Resources in achieving the full participation of all relevant state agencies and programs;
   c) Establish a process to seek information about any federal, state, or local policies that impede timely service delivery and take steps to resolve any identified policy problems;
   d) Advise and assist the West Virginia Department of Health and Resources by seeking information from service provider, service coordinators, parents and others.
e) Assist the West Virginia Department of Health and Human Resources in the resolution of disputes, if requested by the department;

f) Advise and assist the West Virginia Department of Health and Human Resources in the identification of fiscal resources and other sources of program support, the assignment of financial responsibility to the appropriate agency/program, and the promotion of intra/interagency agreements;

g) Advise and assist the West Virginia Department of Health and Human Resources and the West Virginia Department of Education regarding appropriate services for children ages 0-5;

h) Advise and assist appropriate agencies in the state with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the state.

i) Advise and assist the West Virginia Department of Education regarding transition of toddlers with disabilities to services under Part B and other appropriate services; and

j) Advise and assist the West Virginia Department of Health and Human Resources in the preparation of applications and amendments to applications.

2. Meetings of the Council are held at least quarterly. Meetings are publicly announced sufficiently in advance to ensure that all interested parties have an opportunity to attend and are open and accessible to the general public. As necessary, interpreters for persons who are deaf and other necessary services are provided at Council meetings. The Council may use Part C funds to pay for these services.

3. No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or their agency or otherwise give the appearance of a conflict of interest.

4. The Council prepares and submits an annual report to the Governor of West Virginia and the Secretary of the U.S. Department of Education on the status of early intervention programs in West Virginia. The annual report contains information on the date established by the secretary of the U.S. Department of Education.

V. RESPONSIBILITIES: The Early Intervention Interagency Coordinating Council is responsible for complying with this policy.

VI. EFFECTIVE DATE: July 1, 1998 (Revised)
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

BUREAU FOR PUBLIC HEALTH

OFFICE OF MATERNAL AND CHILD HEALTH

POLICY 5101

FOR: West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health

DATE: Revised March, 1994

SUBJECT: Lead Agency Administration

I. PURPOSE: To designate a lead agency that will be responsible for the administration of the early intervention service system, including funds provided under Part C, 105-17.

II. DISCUSSION: None.

III. POLICY: The West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health, designated by the Governor as the lead agency in West Virginia, is responsible for the administration of funds provided under Part C.

IV. PROCEDURES:

The West Virginia Department of Health and Human Resources is responsible for carrying out the following duties with the advice and assistance of the West Virginia Early Intervention Interagency Coordinating Council:

a. General administration, supervision, and monitoring of early intervention programs and activities to ensure compliance with Part C law and regulations and with state early intervention policies, including:

1) Monitoring of agencies, institutions, and organizations receiving Part C assistance;

2) Enforcement of any obligations imposed on those agencies under Part C law and regulations;

3) Provision of technical assistance, if necessary, to those agencies; and

4) Correction of deficiencies that are identified through monitoring;
b. Resolution of complaints regarding the requirements of P.L. 105-17, Part C;

c. Informing parents and other interested individuals about policies related to complaint resolutions.

d. Establishment of policies related to payment for early intervention services, which include a prohibition against charging parents directly for early intervention services (Policy 8905) and which are included in all interagency agreements;

e. Identification and coordination of all federal, state, local, and private resources, including necessary updating of information about funding sources if legislative or policy change is made under any of those sources;

f. Formal interagency agreements with other state-level agencies involved in early intervention services including financial responsibility of the agencies, procedures for resolving disputes, and additional components as necessary;

g. The resolution of intra-agency and interagency disputes and interim payments for ensuring the provision of services in a timely manner pending the resolution of such disputes.

h. Prior to the adoption of any other policy or procedure necessary to meet the requirements of Part C, the Department will publish the policy in a manner that will ensure a 60-day circulation throughout the state, with at least 30 days for public comment. The Department will provide notice in local media, through the FAIRSHARE NETWORK newsletter, and through local Part C programs in order to ensure access to individuals with disabilities and parents of infants and toddlers with disabilities.

2. Staff, housed in the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health, work under the advice of the West Virginia Early Intervention Interagency Coordinating Council to carry out these duties.

V. **RESPONSIBILITIES:** The West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health, is responsible for complying with this policy.

VI. **EFFECTIVE DATE:** July 1, 1998 (Revised)
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

BUREAU FOR PUBLIC HEALTH

OFFICE OF MATERNAL AND CHILD HEALTH

POLICY 5102

FOR: West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health

DATE: Revised March, 1994

SUBJECT: Resolution of Complaints

I. PURPOSE: To provide a mechanism for receiving and resolving complaints related to the West Virginia Department of Health and Human Resources’ responsibility for implementing P.L. 105-17, Part C.

II. DISCUSSION: These procedures are used to receive and resolve complaints that one or more requirements of P.L. 105-17, Part C, are not being met. Complaints could concern violations by the West Virginia Department of Health and Human Resources, the Interagency Coordinating Council, other public agencies involved in the state's early intervention program, or service providers receiving Part C funds. This level of complaint may be used to address individual child complaints or those that are systematic in nature.

III. POLICY: The West Virginia Department of Health and Human Resources receives and resolves complaints related to the requirements of P.L. 105-17, Part C, 34 CFR 303.510.

IV. PROCEDURES:

1. Individuals or organizations file a written, signed complaint with the Early Intervention Director in the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health. Complaints must include:

   a) A statement that the state, another public agency, or a local early intervention provider has violated a requirement of Part C law or regulations; and

   b) The facts upon which the complaint is based.

2. While federal regulations allow for a 60 day time line in finalizing decision regarding resolution of complaints under this part (303.510), every attempt shall be made to resolve the complaint within 30 days.

   The Bureau for Public Health, Office of Maternal and Child Health
shall:

a) Offer mediation services. However, parents cannot be required to use mediation and mediation may not deny or delay parents’ rights to a timely resolution.

b) Carry out an independent on-site investigation, if the Office of Maternal and Child Health determines that such an investigation is necessary;

c) Give the claimant the opportunity to submit additional information, either verbally or in writing about the allegations;

d) Review all information and determine whether the public or private agency is violating a requirement of Part C of this part; and

e) Issue a written decision to the claimant that addresses each allegation in the complaint and contains:

i) Findings of facts and conclusions;

ii) The reasons for the lead agency’s decision.

3. An extension to the time limit under paragraph (2) of this policy will be permitted only if exceptional circumstances exist with respect to a particular complaint.

4. The Director of the Office of Maternal and Child Health Early Intervention Program, in conjunction with other state Part C staff and the West Virginia Early Intervention Interagency Coordinating Council Chairperson shall submit in writing a plan for achieving any identified technical assistance, negotiations or corrective actions to a public or private agency found to be violating any portion of the part.

5. Either the complainant or the public/private agency may submit a request to the Secretary of the U.S. Department of Education to review the Bureau for Public Health, Office of Maternal and Child Health's final decision.

V. **RESPONSIBILITIES:** The West Virginia Department of Health and Human Resources, Bureau for Public Health Office of Maternal and Child Health is responsible for complying with this policy.

VI. **EFFECTIVE DATE:** July 1, 1998 (Revised)
FOR: West Virginia Department of Health and Human Resources

DATE: Revised March, 1994

SUBJECT: Resolution of Intra/Interagency Disputes

I. PURPOSE: To provide mechanisms for the resolution of intra/interagency disputes.

II. DISCUSSION: These procedures are used to resolve disputes within West Virginia Department of Health and Human Resources or between state agencies regarding payment for a given early intervention service or other matters related to the early intervention program.

III. POLICY: Individual intra/interagency disputes are resolved in a timely manner and by agency staff whenever possible.

IV. PROCEDURES:

1. Intra-agency Disputes (Within the West Virginia Department of Health and Human Resources)
   a. Intra-agency (i.e., within the West Virginia Department of Health and Human Resources) disputes about payments for a given service or disputes about other matters related to the early intervention program must be brought to the attention of the Early Intervention Director in the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health.
   b. The agency utilizes its own internal mechanisms to resolve the dispute within sixty (60) days. The final decision is rendered by the Secretary or Designee of the West Virginia Department of Health and Human Resources. A copy of the final decision is furnished to the Chairperson of the Interagency Coordinating Council.

2. Interagency Disputes (Between State Agencies)
   a. Disputes between state agencies about payments for a given service or about other matters related to the early intervention program must be brought to the attention of the
Early Intervention Director in the West Virginia Department of Health and Human Resources, who notifies the appropriate state-level administrator in the other involved agency.

b. Staff of the involved agencies attempt to resolve the dispute within thirty (30) days.

c. If it appears that staff of the involved agencies cannot resolve the dispute, a written request for formal dispute resolution is filed by the thirtieth (30th) day with the Early Intervention Director in the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health. Within two days of the receipt of a request for formal dispute resolution, the Governor or his/her designee appoints a Dispute Coordinator, who may not be a representative of any disputing agency.

d. Within fifteen (15) days of receipt of the request for dispute resolution, the Dispute Coordinator holds a meeting of representatives of the disputing agencies, attempts to resolve the dispute by proposing a resolution to which the disputing agencies agree, and documents the activities and results of the meeting. Notes of the meeting are furnished to all involved parties, the Early Intervention Director, the appropriate state-level administrator in the other involved agency, and the Chairperson of the Interagency Coordinating Council.

e. If the Dispute Coordinator cannot resolve the dispute within fifteen (15) days of the request for formal resolution, he/she establishes a Dispute Resolution Committee comprised of members of the Interagency Coordinating Council.

f. Within sixty (60) days of receipt of the request for formal review by the Dispute Coordinator, the Dispute Resolution Committee examines all information provided by the disputing agencies, holds a committee meeting to discuss the dispute, and renders a final decision. The Committee seeks to resolve the dispute by consensus if possible or by majority vote if necessary. Notes of Committee meetings and copies of the final decision are furnished to all involved parties, the Early Intervention Director, the appropriate state-level administrator in the other involved agency, and the Chairperson of the Interagency Coordinating Council by the Dispute Coordinator.

g. The disputing agencies are bound by the decision of the Dispute Resolution Committee and are required to implement the decision, unless it is reversed in a court of
This administrative process must be exhausted prior to any party seeking review of this matter in a court of law.

3. Interim Payments During a Dispute (See Policy 8904)
   
a. During the pendency of an interagency dispute, the West Virginia Department of Health and Human Resources is responsible for ensuring that services are provided to eligible children and their families in a timely manner.

b. During the pendency of an interagency dispute, the West Virginia Department of Health and Human Resources pays for the services in dispute. If the Dispute Resolution Committee determines that the assignment of financial responsibility was inappropriately made, the West Virginia Department of Health and Human Resources reassigns the responsibility to the appropriate agency and makes arrangements, if necessary, for reimbursement within ninety (90) days from the time the agency was found to have ultimate responsibility for the payment.

V. RESPONSIBILITIES: The West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health, is responsible for complying with this policy.

VI. EFFECTIVE DATE: June 1, 1994
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH
OFFICE OF MATERNAL AND CHILD HEALTH

POLICY 5104


DATE: January, 1994

SUBJECT: Timetables for Serving All Part C Eligible Children

I. PURPOSE: To assure that appropriate early intervention services are available to all eligible infants and toddlers. Part C does not apply to any child with disabilities receiving FAPE with funds under Section 619 of Part B of IDEA.

II. DISCUSSION: None.

III. POLICY: West Virginia Department of Health and Human Resources assures that appropriate early intervention services will be available to all eligible children by the beginning of the state’s fifth year of participation.

IV. PROCEDURES:

1. Assurances about timetables are included as part of the West Virginia Department of Health and Human Resources' Application for Part C funding.

V. EFFECTIVE DATE: On Receipt
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

BUREAU FOR PUBLIC HEALTH

OFFICE OF MATERNAL AND CHILD HEALTH

POLICY 5105

FOR: West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health and Early Intervention Interagency Coordinating Council

DATE: Revised March, 1994

SUBJECT: Central Directory of Services

I. PURPOSE: To provide information to parents, agencies, and the general public about available early intervention services and resources in West Virginia.

II. DISCUSSION: None.

III. POLICY: The West Virginia Department of Health and Human Resources and the West Virginia Early Intervention Interagency Coordinating Council maintain and make available a central directory containing resources, services, experts, and research and demonstration projects in the state.

IV. PROCEDURES:

1. Information from existing directories of local and state agencies is incorporated into the central directory.

2. In addition to information about the usual public and private services, resources, and experts, the directory includes information about research and demonstration projects, parent support groups, and advocacy organizations.

3. Information from the directory is in a computerized format for easier access and updating of data.

4. Information about state, regional, and local resources includes the nature and scope of services and assistance available, geographic area, contact person, mailing address, telephone number, and other pertinent information.

5. The directory is updated at least annually.

6. The directory is accessible to the general public, including persons with disabilities, in all geographic regions of the state. Accessibility is assured through a toll-free voice and TDD telephone number, which links the caller with an information and referral coordinator.
7. The information and referral coordinator responds to requests with individualized information provided through telephone contact and written follow-up correspondence.

V. **RESPONSIBILITIES:** The West Virginia Department of Health and Human Resources and the Early Intervention Interagency Coordinating Council are responsible for complying with this policy.

VI. **EFFECTIVE DATE:** June 1, 1994
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

BUREAU FOR PUBLIC HEALTH

OFFICE OF MATERNAL AND CHILD HEALTH

POLICY 5106

FOR: West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health and Early Intervention Interagency Coordinating council

DATE: Revised March, 1994

SUBJECT: Public Awareness

I. PURPOSE: To inform the general public, parents, human service professionals, and state legislators about services for infants and toddlers with developmental delays and their families and about the importance and value of early intervention.

II. DISCUSSION: None.

III. POLICY: The West Virginia Early Intervention Interagency Coordinating Council and the West Virginia Department of Health and Human Resources assist early intervention programs in providing public awareness activities on early identification and services to infants and toddlers with developmental delays as defined in 34 CFR 303.301.

IV. PROCEDURES:

1. The public awareness program provides information about the state’s early intervention programs; the child find system, including how to make referrals and gain access to evaluation and other early intervention services; and the central directory, including the toll-free voice and TDD telephone number.

2. Various formats for conducting public awareness activities are used, such as brochures, newspaper articles, TV and radio coverage, presentations at local functions and conferences, and toll-free telephone number for the central directory.

3. Public awareness materials are sent to early intervention programs to distribute and/or are disseminated directly by the West Virginia Department of Health and Human Resources and the Interagency Coordinating Council.

4. Information materials for parents on the availability of early intervention services are developed by the West Virginia Department of Health and Human Resources, Bureau for Public
Health, Office of Maternal and Child Health. Materials are distributed to early intervention programs for dissemination to all primary referral sources, along with a survey of the extent to which such information is given to parents.

5. Public awareness resources are housed with the Early Intervention Director in the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health or in some other convenient location for distribution and/or loan to early intervention programs.

V. RESPONSIBILITIES: The West Virginia Department of Health and Human Resources and the Early Intervention Interagency Coordinating Council are responsible for complying with this policy.

VI. EFFECTIVE DATE: June 1, 1994
I. PURPOSE: To ensure that individual child complaints by parents are resolved in a timely and impartial manner.

II. DISCUSSION: These procedures are used to resolve individual child complaints (i.e., complaints that generally affect only a single child or the child's family), filed by parents concerning any of the matters in 303.403 (a).

III. POLICY: Individual child complaints are resolved through timely, impartial procedures.

IV. PROCEDURES:

1. Parents are given information regarding the means of requesting mediation services, filing individual child complaints and requesting an administrative proceeding.

2. Mediation must be made available to parents as an intervening step prior to implementing the administrative procedures outlined below. However, parents cannot be required to use the mediation process, and mediation may not be used to deny or delay parents’ rights to an administrative proceeding. The complaint must be resolved, and a written decision made, within 30 days after the receipt of a parent's complaint.

3. Upon receipt of a request for an administrative proceeding, the provider notifies the Early Intervention Director in the West Virginia Department of Health and Human Resources to request appointment of an impartial person to implement the complaint resolution process. This person must have knowledge about the provision of Part C and about the needs of, and services available for, eligible children and their families.

4. An impartial individual may not be an employee of any agency
involved in the provision of early intervention services or care of the child or child's family (except for purposes of resolving the complaint). The impartial person may not have a personal or professional interest conflicting with his objectivity in implementing the complaint resolution process.

5. The impartial individual listens to presentations of relevant viewpoints about a parent's complaint, examines all information relevant to the issues, and seeks to reach a timely resolution of the complaint. He/she also provides a record of the proceedings including a written decision.

6. Parents have the following rights in administrative proceedings to resolve complaints:
   a. Be accompanied and advised by counsel and by individuals with special knowledge or training about early intervention services;
   b. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
   c. Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five (5) days before the proceeding;
   d. Obtain a written or electronic verbatim transcription of the proceeding; and
   e. Obtain written findings of fact and decisions.

7. Administrative proceedings are conducted at a time and place that is reasonably convenient to the parents.

8. During the pending of administrative proceedings, child will continue to receive appropriate early intervention services currently provided unless parent and public agency otherwise agree.

9. If complaint involves application for initial services, child receives those services that aren’t in dispute.

10. Administrative proceedings are completed and a written decision mailed to each party within thirty (30) days after the receipt of a parent's complaint. The provider is bound by the decision of the impartial decision-maker and is required to implement the decision, unless it is reversed in a court of law.

11. Any party aggrieved by the findings and decision as a result of an administrative complaint has the right to bring a civil action in state or federal court.
V. **RESPONSIBILITIES:** The West Virginia Department of Health and Human Resources and the Early Intervention Interagency Coordinating Council are responsible for complying with this policy.

VI. **EFFECTIVE DATE:** July 1, 1998 (Revised)
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH
OFFICE OF MATERNAL AND CHILD HEALTH

POLICY 5110

FOR: West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health, and West Virginia Early Intervention Interagency Coordinating Council

DATE: Revised March, 1994

SUBJECT: Confidentiality

I. **PURPOSE:** To ensure the confidentiality of personally identifiable information collected, used, or maintained under Part C of P.L. 99-457.

II. **DISCUSSION:** None.

III. **POLICY:** The confidentiality of personally identifiable information collected, used, or maintained is consistent with the requirements of the Family Educational Rights and Privacy Act of 1974.

IV. **PROCEDURES:**

1. The West Virginia Department of Health and Human Resources maintains a system of monitoring and evaluation of each provider's compliance with state and federal laws and regulations regarding information. If compliance deficiency, specifying the action necessary to correct the deficiency, and establishing a time line for implementing the corrective action. If corrective action is not taken, and if further assistance from appropriate enforcement personnel is unsuccessful in remediing the deficiency, the West Virginia Department of Health and Human Resources retains the option of stopping further financial support to the affected early intervention program.

2. If the West Virginia Department of Health and Human Resources or its authorized representatives collect any personally identifiable information regarding children with disabilities which is not subject to the Privacy Act of 1974, the Secretary applies the requirements of the statute (5 USC 522a) and the regulations implementing those provisions.

V. **RESPONSIBILITIES:** The West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health and the West Virginia Early Intervention Interagency Coordinating Council are responsible for complying with this policy.

VI. **EFFECTIVE DATE:** January 1, 1997 (Revised)
I. **PURPOSE:** To provide a mechanism for requests and provision of mediation services to resolve disputes among parties involving matters related to the West Virginia Department of Health and Human Resources' responsibility for implementing P.L. 105-17, Part C.

II. **DISCUSSION:** These procedures are used to provide mediation services needed to resolve disputes regarding any matters which may result in complaint under 5102 or 5109.

III. **POLICY:** Parents or other affected parties have a right to access mediation services in order to address disputes relating to provision of services under P.L. 105-17, Part C.

IV. **PROCEDURES:**

1. The mediation process must:
   a) be voluntary on the part of all parties;
   b) mediation may not be used to deny or delay a parent's right to an administrative proceeding or state complaint;
   c) not deny any other rights under P.L. 105-17; and
   d) be conducted by a qualified and impartial mediator trained in effective mediation techniques.

2. The Early Intervention Director in the Department of Health and Human Resources maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of early intervention services.

3. Written requests for mediation services are sent to the Early Intervention Director in the Department of Health and Human Resources.

4. The Early Intervention Director shall coordinate the assignment of an
appropriately qualified mediator.

5. Each session in the mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to the parties involved in the dispute.

6. The assigned mediator shall prepare a written mediation agreement which identifies the agreement reached by the involved parties.

7. Discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent administrative proceedings or civil proceedings.

8. The Department of Health and Human Resources shall bear the cost of the mediator and meeting expenses.

V. **RESPONSIBILITIES:** The West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal and Child Health is responsible for complying with this policy.

VI. **EFFECTIVE DATE:** July 1, 1998.