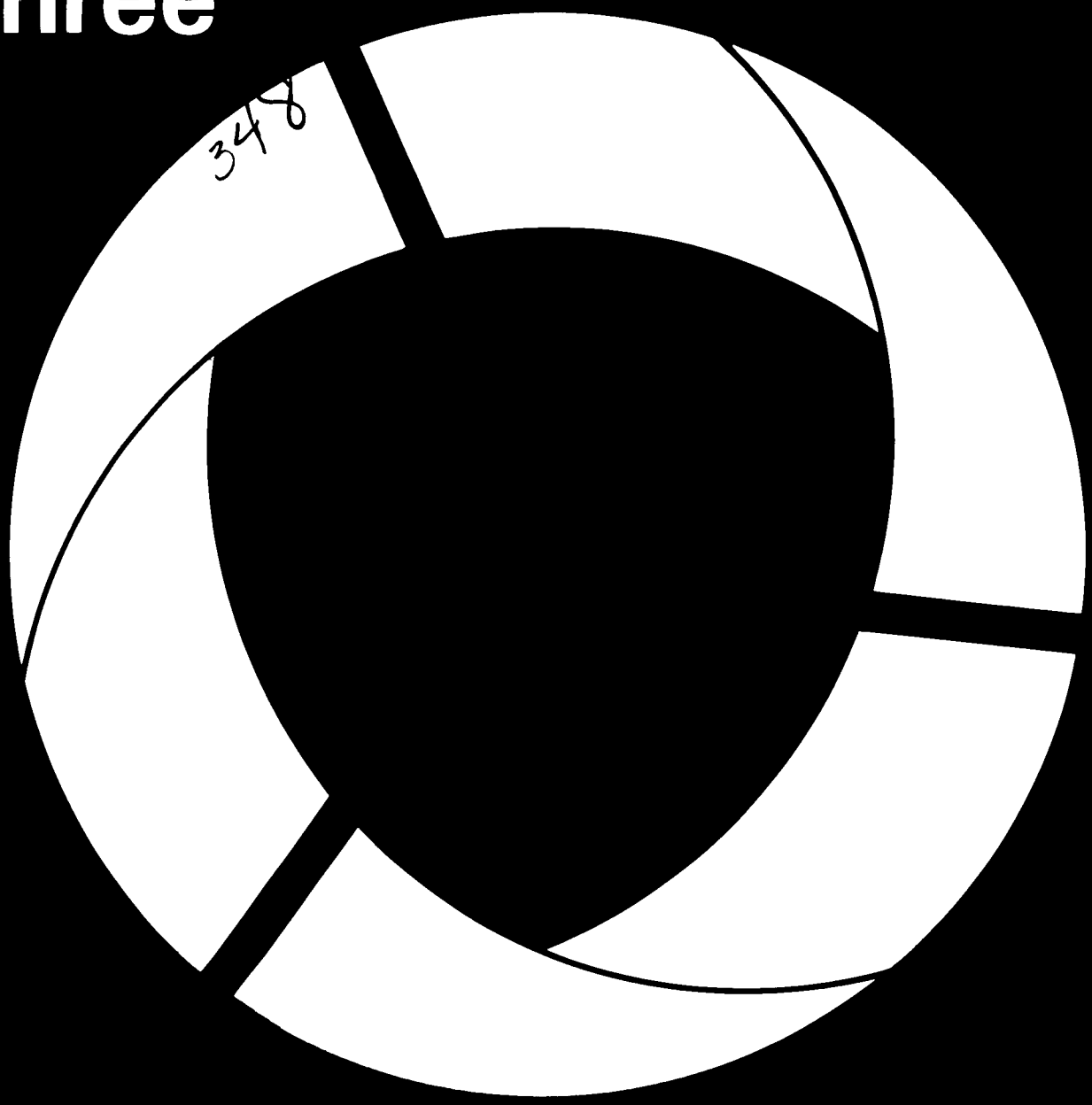
Birth Through Three

Interagency Agreement



348

STATE OF MINNESOTA

Department of Education
Department of Health
Department of Human Services

CONTENTS

	Page
Introduction	1
Goals and Objectives	3
Implementation Activities	4
Descriptions of Participating Agencies	
Department of Education	6
Department of Health	6
Department of Human Services	8
Attachment A	
"Recommendations on Policy Regarding Birth-Three Handicapped Children"	A-1
Attachment B	
Interagency Service Grid	B-1

INTRODUCTION

The Minnesota Departments of Health, Education and Human Services share an interest in providing services to Minnesota's handicapped children from birth through three years of age. Each department has legislatively mandated or permissively allowed services for these children (see description of participating agencies).

Planning efforts to develop interagency coordination around identification and service delivery to handicapped children birth through three years of age have been made in Minnesota. These efforts include the 1973 Child Development Planning Project and the 1976 Minnesota State Council for the Handicapped Task Force on Early Intervention. The 1980 Minnesota Legislature, in an effort to take a systematic look at the needs and related issues of providing services to children birth through three years of age directed the Commissioner of Education, in cooperation with the Commissioners of Health and Public Welfare, "to conduct a statewide needs assessment of the special education and related service needs of handicapped children under the age of four. (Laws of Minnesota, 1980, Chapter 609, Article III, Section 13.)"

The "Birth-Three Needs Assessment" was completed in September 1981. There was no legislation in 1981 as a result of this, but the assessment exemplified the ability of the agencies to cooperate. The agencies recognize the potential benefits of further interagency efforts in serving handicapped children birth through three years of age.

In September of 1982 the three Commissioners signed the document, "Recommendations on Policy Regarding Birth - Three Handicapped Children" (Attachment A) and a statewide coordinating task force was convened. The task force was composed of representatives of public and private service providers and consumer and advocacy groups. Discussions by the task force centered on identifying who should be served (definitions), existing services and the structure needed at the State level to improve coordination and cooperation. The task force compiled a grid of services available to young handicapped children (Attachment B). Services vary from coordinated and comprehensive in one community to no services at all in the next and are delivered through a complex network of providers from a variety of public and private agencies. The task force recommended development of an interagency agreement to specify activities at the State level that would assist in the development of coordinated interagency services systems. By this agreement the three State agencies recognize and support the importance and need for a comprehensive plan for early intervention.

Each State agency agrees to the goal and objectives contained in this agreement and through collaborative effort will continue to gather information about local needs and provide assistance in the development of interagency systems.

Ruth E. Randall date 7/17/84

Ruth E. Randall, Commissioner
Department of Education

Leonard W. Levine date 7/24/84

Leonard W. Levine, Commissioner
Department of Human Services

Sr. Mary Madonna date 7/25/84

Sister Mary Madonna Ashton, Commissioner
Department of Health

GOAL

To promote the development of coordinated interagency systems for serving handicapped children birth through three years of age and their families.

OBJECTIVES

1. To increase public awareness of:

   A. The rationale and need for early intervention services to handicapped children and their families.

   B. The cost-effectiveness of collaboration to provide necessary services.

2. To encourage and facilitate exchange of ideas, plans, program models and resources across disciplines, programs and agencies on state and local level.

3. To clarify issues, define problems, propose alternatives related to screening, diagnosis and assessment and program models so as to promote coordinated services to birth through three year old handicapped children and their families.

4. Identify for the Departments of Health, Education and Human Services changes in fiscal and program policies that may be necessary to improve coordination and comprehensive services to these children and their families.

IMPLEMENTATION ACTIVITIES

1. A staff person will be assigned in each of the Departments of Health, Education and Human Services to:

   A. Serve as the department representative on the State level Interagency Steering Committee,

   B. disseminate information relating to interagency collaboration and program services to field staff and other agency representatives,

   C. explore and document the need for technical assistance to achieve interagency collaboration, and

   D. serve as a liaison within each department to coordinate technical assistance and inservice activities offered.

2. The Steering Committee will:

   A. Serve as an information source to each department regarding interagency collaboration and early intervention for handicapped children birth through three years of age and their families.

   B. Develop, in conjunction with others in the respective departments, an annual work plan to address the goal and objectives contained in the agreement.

   C. Prepare a paper which:

      1. identifies screening, diagnosis and assessment services available,

      2. identifies duplications and gaps in services, and

      3. identifies activities necessary to assure comprehensive and appropriate screening, diagnosis and assessment services to children birth through three years of age suspected of having special needs.

   D. Prepare a paper which:

      1. identifies intervention services available,

      2. identifies any duplications or gaps in the continuum of program services necessary, and

      3. identifies activities necessary to eliminate duplications or gaps in the various program service options so as to assure children with special needs of coordinated and appropriate services.

E. Explore the possibility of using various existing community information systems for tracking and follow-up of children identified.

F. Develop a statewide information/resource directory for staff serving young handicapped children.

G. Explore funding and co-funding options (public and private) to facilitate the interagency planning, development and implementation of services.

DURATION OF THE AGREEMENT

This agreement shall be effective immediately and shall remain in effect until terminated, or upon thirty (30) days written notice by one or all of the parties involved. It shall be reviewed biannually by the Steering Committee and may be amended at any time by mutual agreement of the participating agencies.

DESCRIPTIONS OF PARTICIPATING AGENCIES

A. Department of Education

Special Education Services

Role of State Agency. The Special Education Section, Division of Program Effectiveness, Department of Education is the state agency responsible for the provision of mandatory (ages 4-21) and permissive (birth-age 3) special education services for handicapped students.

Authority. Authority for the provision of special education services includes but is not limited to: (1) The Education of All Handicapped Act as amended by Public Law 94-142, (2) Minnesota Statutes 120.03, M.S. 120.17 and M.S. 124.32, and (3) Minnesota Rules 5 MCAR S 1.0120-1.0129.

Target Population. Mandatory (for ages 4-21) and permissive for (birth-age 3) special education services are provided by local education agencies (LEAs) for all students who have the following handicapping conditions: Learning Disabilities (LD), Educable Mental Retardation (EMR), Moderately and Severely/Profoundly Mentally Handicapped (MSPMH), Emotional/Behavioral Disorder (E/BD), Physically Handicapped (PH), Speech Impairment (SP), Hearing Impairments (HI), Other Health Impairments (OHI), Visual Handicaps (VH) and Multi-Handicapped including Deaf-Blind.

B. Department of Health

Services for Children with Handicaps (SCH)

Role of State Agency. Services for Children with Handicaps (SCH) is the program within the Department of Health with responsibility to assure appropriate casefinding, diagnosis and treatment of children with a suspected or known handicap and to work to improve services to handicapped children.

SCH provides high quality diagnostic services at clinics throughout the state and at medical centers. The program's professional staff counsel, refer and advocate for families of handicapped children, provide inservice training and consultation to local health, education and social services professionals and agencies.

Authority. Authority for the provision of diagnostic and treatment services to handicapped children is provided in the Maternal and Child Health Block Grant Title VI, USC 42 Section 2192, Minnesota Statutes, 1977, Chapter 453, Section 24 and Minnesota Rules, 7 MCAR S 1.651-1.657.

Target Population. Any child with a handicapping condition that interferes with normal growth and development is eligible for services under the SCH program. Typical conditions served include congenital heart disease, epilepsy, cystic fibrosis, hemophilia, diabetes, hearing loss, scoliosis, cerebral palsy, cleft lip and palate, spina bifida, cancer, mental retardation and developmental delay.

Eligibility Criteria.

Diagnosis/Assessment, Treatment - Any Minnesota child 0-21 years of age with a suspected or known handicap is eligible for services. Reimbursement for evaluation is provided with no out-of-pocket cost to families. However, families are required to share in treatment costs according to their ability to pay.

Comprehensive Child Health Screening

Role of State Agency. Comprehensive Child Health Screening within the Department of Health has responsibility for providing standards, technical assistance and training, monitoring and evaluation for the Early and Periodic Screening (EPS) program and components of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) programs. These local programs provide screening services for the early detection of problems in children who may need further evaluation, diagnosis and/or treatment. The EPS program also provides for health counseling so that improved practices can be learned.

Authority. Authority for the provision of comprehensive child health screening services is contained in the Maternal and Child Health Block Grant Title V, USC42 Section 2192, Minnesota Statutes, 1978, Chapter 473 as amended 1980, 1981, 1982 and Minnesota Rules, & MCAR S 1.174-1.178.

Target Population. Any child is eligible for the various screening programs. The screening services of the EPS program is provided through local Community Health Services Agencies.

Eligibility Criteria. There are no eligibility criteria for the EPS Program. EPSDT requires that children be eligible for Medical Assistance (Title XIX). Fees may be required for some screening programs according to ability to pay.

Public Health Nursing

Role of State Agency. Public Health Nursing consultation has responsibility to promote and facilitate the development of locally administered public health nursing services such as community nursing, home care of the ill and disabled, disease prevention and control and health education. This activity provides education programs for nurses and ancillary personnel employed by public health nursing agencies and school districts.

Authority. Authority for the provision of public health nursing is contained in Minnesota Statutes 144.05.

Target Population. Local nursing services in 87 counties employing 950 nurses and over 1000 home health aides. Many counties also contract with physical, occupational and speech therapists. Services are provided to all ages and include but are not limited to Early and Periodic Screening for children, local management of the federal nutrition program (WIC), screening for acute and chronic diseases and home health care for the ill and disabled.

Eligibility. Any local public health nursing service or Community Health Services Agency in Minnesota is eligible for assistance from this activity.

C. Department of Human Services

Role of State Agency. In the Department of Human Services (DHS), services for handicapped children are spread among three program bureaus. The Mental Retardation Division, Bureau of Mental Health, is responsible for Developmental Achievement Centers (DACs). The Social Service Bureau is responsible for services to dependent and/or neglected children, the blind and visually handicapped, and the deaf and hearing impaired. Early Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated program in the Income Maintenance Bureau.

Developmental Achievement Center (DAC), dependent and neglected children, emotionally disturbed chilren, and EPSDT services are provided by the counties, while blind and deaf services are provided directly by DHS regional programs. All of these services are mandatory. However, some programs provide referrals as opposed to treatment, and participation in EPSDT is voluntary for clients.

Authority. Authority for provision of these services is set forth in Minnesota Statutes, 1982, as follows: DAC's, Chapter 252.21; dependent and neglected children, Chapter 256E; emotionally disturbed children, Chapter 252.28; blind, Chapter 248; deaf, Chapter 245C. EPSDT is required by Title XIX.

Target Population. Any child with a handicapping condition that is a responsibility of these service programs may receive services. There is no disability exclusions for dependent and neglected children or for EPSDT. Although services for dependent and neglected children are not specifically targeted for the handicapped, some children become dependent or neglected because of their handicapping condition(s), and their parent's or guardian's failure or inability to meet the child's needs.

Eligibility. EPSDT requires recipients to be eligible for Medical Assistance; none of the other services have income limits. However, fees may be charged according to county fee schedules and third party payments, and according to a sliding fee schedule in the case of services for the blind.

ATTACHMENT A

Minnesota State Departments of Education,
Human Services, and Health:

Recommendations on Policy Regarding Birth-Three Handicapped Children

Policy Area I - Population to be Served

Children with a severe impairment which results in substantial functional limitation in a major life area such as: receptive and expressive language, learning, mobility, or other age appropriate developmental tasks, who should be served from birth or at the time of identification.

Policy Area II - Scope of Services

The Departments of Education, Health and Welfare will work toward the implementation of a system of services to meet the developmental needs related to each child's handicap. The system will utilize existing resources of the three Departments to the fullest. These services will be designed to maximize the potential for each child to benefit from later school enrollment, and delivered in the least restrictive environment.

Policy Area III - Service Provider

Local education agencies will be the primary coordinators for the development of the individual plans, will assure provision of developmental services and will involve social, health and medical services. Existing public health and social service agencies and programs will participate with the local LEA in the provision of services. To the extent possible, coordination efforts will include voluntary private resources.

Policy Area IV - Implementation Considerations

Services will be implemented through a phase-in process including at least the following:

(A) Immediate establishment of a statewide coordinating task force made up of appropriate state agencies, parents and others, whose charge will be the development of a plan to achieve these policies. This task force will be advisory to the interagency steering group.

(B) The Department of Education will serve as the lead agency in the establishment of an ongoing interagency steering group, with the Departments of Health and Welfare, that will facilitate the implementation of the plan and report progress to the respective Commissioners.

(C) Provision of technical assistance to local communities to encourage and to assist in their development and implementation of interagency case management systems.

Attachment B

Interagency Service Grid

The following grid describes services available to birth through three year old handicapped children and their families from Health, Social Services, Education, Head Start, and Developmental Disabilities agencies. This grid, prepared by representatives on the Birth-Three Interagency Task Force, looks at existing services and provides a framework for future planning and recommendations.

Each agency described what services they provided to handicapped children and their families and under what conditions services are available.

Interagency Service Grid

SERVICE SYSTEMS	WHERE IS SERVICE AVAILABLE?	ELIGIBILITY: AGE 0	1	2	3	4	5	DISABILITY MR	PH	SI	LD	E/BD	0	INCOME	CHILD FIND	ASSESS DIAGNOSE
Education																
LEA's	S,R,L	P	P	P	P	M	M	M	M	M	M	M	-	No	M	M
PSS	S,L	E	E	E	M	M	M	All Children						No	M	Refer
Health																
A. MN Dept of Health • Services for Children w/ Handicaps	S,R	M	M	M	M	M	M	M	M	M	M	M	M	Yes Treatmt	M	M
• Public Health Nurse	S,R	P	P	P	P	P	P	P	P	P	P	P	P		E	E
B. Community Health &/or County Health Nurse	L	P	P	P	P	P	P	P	P	P	P	P	P	Yes	P	P
C. EPS	S,L	M	M	M	M	M	M	P	P	P	P	P	P	No	M	Refer
Welfare																
MR/CP	S,L	M	M	M	M	M	M	M	MR/ CP	E	E	E	E	No	M	M
Depend./neglected	S,L	M	M	M	M	M	M	M	M	M	M	M	M	No	M	M
All Other Children	S,L	P	P	P	P	P	P	P	P	P	P	P	P		P	P
Blind Services	S,R	M	M	M	M	M	M	E	E	M	E	EE	E	No	M	M
Deaf Services	S,R	M	M	M	M	M	M	E	E	M	E	E	E	No	M	E
EPSDT	S,L	M	M	M	M	M	M	M	M	M	M	M	M	Yes	M	M
HEADSTART	S,L	E	E	E	P	M	M	M	10% must be handi capped					Yes	M	M
DEVELOPMENTAL DIS.	S,L	P	P	P	P	P	P	P	P	P	P	P	P	No	P	P
Volunteer Social Service Agencies																
Private Physicians and Clinics																

KEY: MR - Mentally Retarded PH - Physically Handicapped
SI - Sensorily Impaired (ie. hearing and/or vision) LD - Learning Disabled

S - State
R - Regional
L - Local

M - Mandatory
P - Permissive
E - Exempt

TREATMENT			INSTRUCTIONAL DEVELOPMENT	RESPRIT CARE	TA & COORD.	COMMENTS
FAMILY	MEDICAL	EMOTIONAL				
[redacted]						
E	E	E	M	E	E	
E	E	E	E	E	E	
[redacted]						
M	M		P	E	P	Fees for treatment for handicapped condition.
E	E	E	E	E	M	Promote & facilitate local services.
P	P	P	P	P	P	Fee for service or 3rd party.
E	E	E	E	E	P	
[redacted]						
M	M	M	M	M	P	Sliding fees for services.
M	M	M	M	P	P	County or 3rd party paymt.
P	P	P	P	P	P	
M	P	M	M	P	M	Sliding fee for purchase of service.
M	E	M	E	E	M	
Referral is mandatory				E	E	
M	M		M	E	M	Not entitlement.
P	P	P	P	P	M	Demonstration programs on selected areas to meet selected needs.

E/BD - Emotionally/Behaviorally Disabled O - Other