

Iowa
IDEA-Part C [Early ACCESS] Interagency
Memorandum of Agreement
2023 to 2028

Iowa Department of Education (Lead Agency)



Iowa Department of Health and Human Services

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Child Health Specialty Clinics (University of Iowa)



Individuals with Disabilities Education Act
(IDEA-Part C Early Intervention Program
for Infants and Toddlers with Disabilities (2004)

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The Iowa Early ACCESS System implements the federal law, *Individuals with Disabilities Education Act (Part C, Early Intervention Program for Infants and Toddlers with Disabilities)*. This Memorandum of Agreement fulfills requirements in 20 U.S.C. § 1435(a)(10).

Iowa Early ACCESS Interagency Memorandum of Agreement

PREFACE

This Memorandum of Agreement forms the foundation of the Iowa interagency system, called Early ACCESS, an integrated system of early intervention services, for infants and toddlers with disabilities and/or at risk for development delays and their families. Early ACCESS is a partnership between families with infants and toddlers; the Departments of Education, Health and Human Services; Child Health Specialty Clinics; and other community partners.

According to the Iowa Administrative Code, the overall purposes of Early ACCESS and this agreement are as follows:

- Develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families;
- Facilitate the coordination of payment for early intervention services from federal, state, local, and private sources (including public and private insurance coverage);
- Enhance Iowa's capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and
- Enhance the capacity of state and local agencies and service providers to identify, evaluate, and meet the needs of all children, including historically underrepresented populations, particularly minority, low-income, inner-city, and rural children, and infants and toddlers in foster care.

According to the Iowa Administrative Code, the overall intended outcome of Early ACCESS is to provide early intervention resources, supports, and services to eligible children and their families within a coordinated, integrated system. Early ACCESS is aimed at the following four outcomes:

- Enhancing the development of eligible children;
- Reducing educational costs to society by minimizing the need for special education and related services after such children reach school age;
- Preparing eligible children for school entry; and
- Enhancing the capacity of families to meet the unique needs of their eligible children.

No one agency can address or meet the needs of children who receive Early ACCESS services and their families. The commitments of the three signatory agencies provide the vision, leadership and resources needed to have a coordinated, interagency, family-centered system of services, consistent with Individuals with Disabilities Education Act, Part C-Infants and Toddlers with Disabilities [20 U.S.C. § 1431].

I.t SIGNATORY AGENCIES AND JOINT COMMITMENTS

The Departments of Education, Department of Health and Human Services and the Child Health Specialty Clinics enter into this interagency agreement to formalize their joint commitments to the establishment and ongoing implementation and evaluation of a comprehensive, integrated, interagency Early ACCESS system, as described in the Iowa Administrative Code's chapter on Early ACCESS (Iowa Admin Code chapter 281-120). These three agencies shall be referred to as signatory agencies.

Iowa Department of Education (Lead Agency)

The Iowa Department of Education is responsible for providing education programs and services for preschool and school-age students, including children with disabilities, from birth through 21 years of age. Pursuant to Iowa state law, the Iowa Department of Education is the lead agency for implementing Part C of the Individuals with Disabilities Education Act.

Mission Statement: Champion excellence for all Iowa's students through leadership and service.

Iowa Department of Health and Human Services

The Iowa Department of Health and Human Services is an agency providing statewide services to individuals, families and communities focusing on empowerment and success at every level.

Mission Statement: To provide high quality programs and services that protect and improve the health and resiliency of individuals, families, and communities.

Child Health Specialty Clinics

The Child Health Specialty Clinics are the statewide public health program for children with special health care needs, as designated by the legislature.

Mission Statement: To improve the health, development, and well-being of children and youth with special health care needs in partnership with families, service providers, communities, and policymakers.

II. DURATION OF THE AGREEMENT

This Agreement shall become effective immediately upon signing by all parties with the last date of signing constituting the Effective Date and shall remain in effect until June 30, 2028, with annual reviews and revisions, as necessary, made by the signatory agencies. Signatory agencies may request a consideration for revision of the Agreement at any time (including consideration of revision or termination of provisions of this Agreement) by contacting the lead agency for review and action by the signatory agencies and approval by agency directors.

A signatory agency may unilaterally terminate its participation only upon a material change in relevant law or funding available to it to provide activities pursuant to the agreement. A signatory agency shall provide a thirty (30) day notice to the other signatory agencies prior to the effective date of termination.

III. PURPOSE OF THIS AGREEMENT

The purpose of this Agreement is to address federal interagency agreement requirements and describe the commitments of the signatory agencies for the Early ACCESS interagency system, consistent with the provisions of Part C of the Individuals with Disabilities Education Act and Iowa's administrative rules governing Early ACCESS regarding:

1. Financial Responsibility;
2. Dispute Resolution of Child, Family and System Issues;
3. Administration Support and Leadership;
4. System Requirements and Improvements;
5. Resource Commitments; and
6. Personally Identifiable Information.

Iowa Administrative Code chapter 281-120 (Iowa's Administrative Rules for Early ACCESS) is incorporated in its entirety by this reference.

This Agreement is not intended to create or convey any benefit to any third party.

IV. FINANCIAL RESPONSIBILITY

A. General

Each signatory agency shall be responsible for the activities it commits to perform under this agreement. Additionally, each signatory agency shall be responsible for any additional activity it commits, in writing, to perform under an Early ACCESS System Action Plan without the necessity of amending this agreement.

If a public agency other than an educational agency fails to provide or pay for services required by this agreement after reasonable notice from the lead agency or regional

grantee of such failure and of the intent to seek reimbursement from such agency, the lead agency or its regional grantee shall provide or pay for the provision of such services. The lead agency or regional grantee is authorized to claim reimbursement for the services from the responsible public agency, which shall promptly reimburse the lead agency or its regional grantee. Any disputes concerning an agency's financial responsibility shall be resolved according to the dispute resolution procedures of this agreement.

B. Use of Funds; Payor of Last Resort

The signatory agencies acknowledge they are governed by restrictions on use of Part C funds contained in Iowa's Administrative Rules for Early ACCESS and in 34 C.F.R. Part 303, as well as the rules on permissive use of Part C funds contained therein.

The signatory agencies acknowledge that Part C funds are the payor of last resort. Funds provided under Part C may only be used for Early ACCESS services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other federal, state, local, or private source, subject to Iowa Administrative Code rules 281-120.520 and 120.521, and divisions C and D of this part.

The signatory agencies acknowledge that, if necessary to prevent a delay in the timely provision of appropriate Early ACCESS services to a child or the child's family, Part C funds may be used to pay the provider of services, in accordance with Iowa Administrative Code rule 281-120.510(2), pending reimbursement from the agency or entity that has ultimate responsibility for the payment. Actions to determine ultimate responsibility shall be under section V of this Interagency Agreement.

The signatory agencies acknowledge that nothing in Part C permits a state to reduce medical or other assistance available in the state or to alter eligibility under Title V or XIX of the Social Security Act, including section 1903(a) of that Act, when services are included in the child's Individualized Family Service Plan (IFSP).

C. Use of Public or Private Insurance or Benefits

The signatory agencies agree that each signatory agency shall be bound by the provisions of Iowa Administrative Code rule 281-120.520, relating to use of public benefits or insurance or private insurance to pay for Early ACCESS services. This includes but is not limited to the provisions relating to parental consent to release personally identifiable information to Iowa's Medicaid agency and the provisions relating to the use of a parent's private insurance, including when use of such private insurance is a prerequisite to the use of public benefits or insurance.

The signatory agencies acknowledge that a child must receive all services required under Part C of the IDEA and Iowa's Administrative Rules for Early ACCESS, notwithstanding a parent's failure to provide consent that would be necessary to access public or private insurance benefits or programs.

D. System of Payments

The state's system of payments implementing Iowa Administrative Code rule 281-120.521 is incorporated by this reference. Because Iowa is a FAPE mandate (also known as a "birth mandate") state, Early ACCESS services shall be provided at no cost to parents. Consistent with division C of this section, as well as Iowa Administrative Code rule 281-120.520, parents may be asked to provide access to public or private insurance or benefits; however, no service may be delayed or denied because a parent refused, withheld, or revoked necessary consent.

V. DISPUTE RESOLUTION OF CHILD, FAMILY AND SYSTEM ISSUES

All signatory agencies recognize the rapid rate of infant and toddler development and the potential for harm when services to children and families are delayed because of undue system delays. Therefore, all signatory agencies value the resolution of child, family and system issues as early in the child's development as possible and using the most efficient and informal methods. All efforts by signatory agencies are to result in the resolution of child service and system level disputes in a manner that services are not interrupted and/or those services are initiated on a timely basis. No service that a child is entitled to receive under Iowa's Administrative Rules for Early ACCESS and Part C of the Act shall be delayed or denied because of disputes between agencies because of financial or other responsibilities; that service shall be provided, pending resolution of such dispute under this section.

Disputes between families and education agencies concerning specific infants and or toddlers and their families shall be resolved according to the procedural safeguards contained in federal and state Part C regulations, and/or available from the Department of Education or regional grantees.

Disputes within a signatory agency shall be resolved according to the procedures established by that agency. A representative of the signatory agency may notify the signatory agencies of the dispute and its resolution. The signatory agencies may offer technical assistance to resolve this intra-agency dispute.

Disputes regarding the eligibility or payment for services by non-educational agencies for particular infants or toddlers, between such agencies and families or between such agencies and educational agencies, shall be resolved pursuant to the dispute resolution and appeal procedures of the non-educational agency. An educational agency that has provided or paid for a service may pursue the non-educational agency dispute resolution or appeal process on behalf of a family.

Subject to the preceding paragraph, disputes between signatory agencies will be brought to the attention of the lead agency by a regional grantee, state coordinator, or any signatory agency. An unaffiliated individual or individuals, chosen by the parties to the dispute and

based on the nature of the interagency dispute, shall attempt to help the signatory agencies resolve the dispute, and all signatory agencies commit to pursue good faith efforts to resolve disputes voluntarily. In resolving an interagency dispute, the signatory agencies may request technical assistance from a variety of sources, including the Office of Special Education Programs, Consortium for Appropriate Dispute Resolution in Special Education (CADRE), the Centers for Medicare and Medicaid Services, the Federal Interagency Coordinating Council, and/or the Early Childhood Technical Assistance Center. If the dispute involves legal issues, the parties to the dispute may request available assistance from the Office of the Attorney General. If the dispute is not resolved, the lead agency representative will convene a meeting of the management staff representatives of Early ACCESS and their respective agency directors. If all other attempts at dispute resolution fail, the dispute shall be submitted to a board of arbitration pursuant to Iowa Code section 679A.19 (2013). The decision of the board of arbitration shall be final.

VI. ADMINISTRATION SUPPORT AND LEADERSHIP

The signatory agencies agree to commit to administrative support and leadership of the Early ACCESS system. Signatory agencies agree to recommend management level representatives to the Governor for appointment to the Iowa Council for Early ACCESS. Signatory agency appointees shall participate on the Council, the Executive Committee of the Council and other committees, as appropriate, for the following purposes:

- To build dynamic relationships that constitute the comprehensive system of services known as Early ACCESS;
- To promote standardization and uniformity of Early ACCESS services statewide; To develop and promote linking with other public and private partners;
- To maintain and improve the infrastructure for Early ACCESS;
- To ensure equitable distribution of resources based on the mission, vision and capacity of each partner and other available resources within the state;
- To promote a comprehensive child find system;
- To ensure and promote a central point of contact and directory;
- To continually monitor Early ACCESS services and implementation of IDEA throughout Iowa including identification and correction of barriers to an effective system of services;
- To meet and communicate regularly for the purpose of carrying out the above responsibilities; and
- If such participation is not possible, then such agency appointee shall send a qualified agency representative, as approved by the lead agency

VII.e SYSTEM REQUIREMENTS AND IMPROVEMENTS

Each signatory agency shall implement Iowa's Administrative Rules for Early ACCESS and Iowa's Early ACCESS policies for the following infrastructure system components:

- e Central Directorye
- e Public Awareness/Child Find Systeme
- e Evaluation and Assessmente
- Service Coordinatione
- e Individualized Family Service Plane
Early Intervention Services in Natural Environments Procedurale
Safeguardse
Funding and Financial Matterse
- e Sharing of Information and Data Managemente
- Personnel Standardse
- e Comprehensive System of Personnel Developmente
Continuous Improvement and Monitoring Identificatione
and Coordination of Available Resourcee
- Interagency Agreementse
- e Resolution of Child, Family and System Issuee
- State Interagency Coordinating Council

The signatory agencies are committed to continue to improve Early ACCESS services. Specifically, agencies are committed to move toward true collaboration, blending services, building trust at the service level, engaging the services and resources from the signatory agencies more broadly, strengthening relationships with the private sector, and creating an environment for sustainability. Furthermore, the signatory agencies commit to espouse the principles of the Early ACCESS system within agency programs and internal environments.

Over the course of this agreement, the signatory agencies will engage in long-term planning to build stronger linkages to the health care and social services delivery systems, driven by data-based decisions to improve child and family results, and supported by the foundation of compliance required by federal law. Based on the Early ACCESS System Action Plan, strategies may include:

- e A periodic review of this Interagency Agreement, with emphasis one interpretations in the current environment and watchful of future trends;e
- e Reaffirmation and clarification of staff liaison positions;e
- e Assessment, implementation and evaluation of system level results for infants,e toddlers and their families;e
- e Designing an effective, flexible financial system; ande
- e Policy recommendations and changes as appropriate.e

VIII. RESOURCE COMMITMENTS

Each signatory agency will commit resources based on their agency's unique vision, mission, capacity, capability, and competency to improve the health, well-being and early learning of infants and toddlers in partnership with families.

Department of Education commits to:

- Provide active leadership of a management level representative for the State Interagency Coordinating Council (known as Iowa Council of Early ACCESS), Executive Committee and signatory agencies group;
- Convene and provide guidance to the signatory agency group to improve ongoing implementation and evaluation of a comprehensive integrated interagency Early ACCESS system;
- Provide systems level expertise for early learning and developmental needs of infants and toddlers of special needs or at-risk and their families;
- Provide general administration and supervision of programs and activities administered by agencies, institutions, organizations, and early intervention services providers receiving assistance;
- Coordinate available fiscal resources for early intervention services; Designate funding, as available, to support liaison staff in their roles and responsibilities to fully engage collaboration across agencies;
- Provide technical assistance to maximize Medicaid reimbursement for Early ACCESS services;
- Fully engage agencies in relevant policy discussions; and
- Provide oversight to develop, implement and monitor the Early ACCESS System Action Plan with the signatory agencies to evaluate results of the Early ACCESS system.

Department of Health and Human Services, Bureau of Early Intervention commits to:

- Maintain active participation of a management level representative on the State Interagency Coordinating Council (known as the Iowa Council of Early ACCESS), Executive Committee, and signatory agency group;
- Jointly participate in the signatory agency group meetings to improve ongoing implementation and evaluation of a comprehensive integrated interagency Early ACCESS system;
- Provide systems level expertise on social services related to Mental Health and Developmental Disabilities, Child Welfare and Medicaid;
- Provide outreach and referral of children under the Child Abuse Prevention and Treatment Act (CAPTA) in foster care, out of home placement, and/or substantiated (known in Iowa as "founded" or "confirmed") cases of abuse or neglect and maintain communication for effective coordination with the Early ACCESS system;
- Engage in discussions of fiscal resources for early intervention service

- Provide Early ACCESS Liaison staff to the extent funding available;
- Provide technical assistance to maximize Medicaid reimbursement for Early ACCESS services;
- Fully engage in relevant policy discussions; and
- Participate in the process to develop, implement and monitor the Early ACCESS System Action Plan with the signatory agencies to evaluate results of the Early ACCESS system.

Department of Health and Human Services, Bureau of Family Health commits to:

- Maintain active participation of a management level representative on the State Interagency Coordinating Council (known as the Iowa Council of Early ACCESS), Executive Committee, and signatory agency group;
- Participate in the signatory agency group to improve ongoing implementation and evaluation of a comprehensive integrated interagency Early ACCESS system; Provide system level expertise related to infrastructure building activities, health policy, and child health promotion and prevention practices;
- Identify and articulate the role of selected child health programs to provide various services for children who receive Early ACCESS services and families, clearly specifying the contribution of each to the system as well as clarifying what selected programs are not responsible for providing;
- Through Title V Child Health Contractors, provide developmental screening follow-up of infants and toddlers deemed not eligible for Early ACCESS after full evaluation;
- Coordinate and provide oversight of the coordinated intake contract;
- Provide training of Early ACCESS signatory agency and state and local public health personnel, as mutually agreed upon;
- Engage in discussions of fiscal resources for early intervention services;
- Provide Early ACCESS Liaison staff to the extent funding available;
- Provide technical assistance to maximize Medicaid reimbursement for IDEA Part C services;
- Fully engage in relevant policy discussions; and
- Participate in the process to develop, implement and monitor the Early ACCESS System Action Plan with the signatory agencies to evaluate results of the Early ACCESS system.

Child Health Specialty Clinics commits to:

- Maintain active participation of a medical director/medical provider representative on the State Interagency Coordinating Council (known as Iowa Council of Early ACCESS), Executive Committee, and signatory agency group;
- Jointly participate in the signatory agency group meetings to improve ongoing implementation and evaluation of a comprehensive integrated interagency Early ACCESS system;
- Provide system level expertise in clinical health and family navigation;

- Through the CHSC Regional Centers, commit to provide service coordination for infants and toddlers who are in vulnerable populations (e.g. medically complex, drug exposed, preterm, foster or out of home placement, etc.) to the extent funding available;
- Through the CHSC Regional Centers, assist with developmental screening and follow-up with primary health care providers and provide family support for infants and toddlers who are referred to Early ACCESS but not eligible, or are eligible but decline services, to the extent possible based on Regional Center clinical services;
- Provide nutrition guidance, assessment, and clinical services for children in Early ACCESS in need of nutrition services and resources;
- Provide expertise and training in clinical health best practices for Early ACCESS providers, which includes caring for medically complex children, nutrition and early relational health;
- Provide support to strengthen relationships between the Early ACCESS system and medical/health providers and/or health care delivery systems by assisting with the inclusion of health information in the Early ACCESS comprehensive multidisciplinary evaluation;
- Contribute to system of child find through Neonatal Intensive Care Units (NICU), newborn screenings programs, and High-Risk Infant Follow-up Programs;
- Engage in discussions of fiscal resources for early intervention services;
- Provide Early ACCESS Liaison staff to the extent funding available;
- Fully engage in relevant policy discussions; and,
- Participate in the process to develop, implement and monitor the Early ACCESS System Action Plan with the signatory agencies to evaluate results of the Early ACCESS system.

IX. PROTECTION OF PERSONALLY IDENTIFIABLE INFORMATION

The signatory agencies recognize their obligations to comply with state and federal laws on confidentiality and privacy. To the extent consistent with such laws, the signatory agencies agree to share all information and data necessary to implement this agreement, including information related to Early Hearing Detection and Intervention (EHDI) and Child Abuse Prevention and Treatment Act (CAPTA). The signatory agencies recognize that parental consent will typically allow for the sharing of private or confidential information; however, the signatory agencies also recognize there are instances in which such consent is not required. To the extent parental consent is required to share confidential information, the signatory agencies agree to take all reasonable steps to promptly request such consent.

The signatory agencies recognize that non-educational agencies maintain records about infants and toddlers that are not related to the provision of Early ACCESS services, as well as records related to the provision of such services. In the case of records that are related to the provision of Early ACCESS services, those records are covered by the confidentiality and consent provisions

of FERPA (20 U.S.C. § 1232g; 34 C.F.R. §§ 303.401 *et seq.*; Iowa Admin. Code rr. 281-120.401 *et seq.*). In the case of records that are not related to the provision of Early ACCESS services, those records are covered by the confidentiality and consent provisions of other applicable state and federal laws on confidentiality and privacy.

The signatory agencies agree to develop and maintain an interagency Early ACCESS data management system. Data gathered within this system and any other signatory agency information system (or partnering agency information system, if applicable) shall be shared among signatory agencies, consistent with state and federal laws on confidentiality and privacy.

IV. DEFINITION OF PARENT

The use of the term "parent" herein means the same as the definition of "parent" in regulations implementing Part C of the Act and includes biological and adoptive parents, as well as individuals appointed by a court having proper jurisdiction to act as the legal guardian of the minor child. The signatory agencies acknowledge that, pursuant to Iowa Administrative Code rule 281-120.27, neither they nor any of their employees may legally act as the parent or guardian in matters pertaining to the Individuals with Disabilities Education Act.

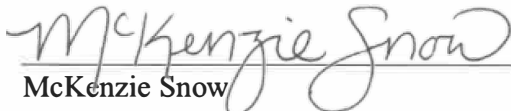
V. NOTICES

Notices under this Agreement shall be in writing to the signers at their official addresses. The effective date of any notice under this Agreement shall be the date of mailing.

VI.e SIGNATURES; AMENDMENT OF THE AGREEMENT

Signatory agencies may request a consideration for revision of the Agreement at any time (including consideration of revision or termination of provisions of this Agreement) by contacting the lead agency for review and action by the signatory agencies and approval by agency directors.

This Agreement may be amended in writing upon mutual consent of all of the signatory agencies.



McKenzie Snow
Director, Department of
Education

Sept 22, 2023


Date



Kelly Garcia
Director, Department of Health
and Human Services

Jul 19, 2023


Date



Dr. Thomas Scholz
Director of the Division of Child &
Community Health and Child Health
Specialty Clinics

7/24/2023

Date

DocuSigned by:


Kimberly Hunter
Interim Chief Executive Officer
University of Iowa Hospitals and Clinics

9/2/2023

Date