

Federal Financial Resources to Support Part C Systems

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IDEA
INFANT & TODDLER

COORDINATORS ASSOCIATION

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INTRODUCTION

INTRODUCTION

The IDEA Infant and Toddler Coordinators Association recognizes the need of their members for ongoing assistance and additional resources to support the financing of state systems of early intervention. Part C coordinators are continually adjusting or expanding the array of resources used to support their state systems. This includes dollars allocated by state and local legislatures and the federal government, and the programs and other public and private resources that support the administration and delivery of Part C services. One responsibility of Part C coordinators is to maximize each of these funding streams in order to meet the needs of infants and toddlers with or at-risk for developmental delays. In order to fulfill this responsibility, coordinators must be aware of and understand each of these potential resources. With this knowledge they can begin discussions on adding or expanding the most promising resources and develop necessary partnerships to support and interagency, collaborative financing system for early intervention.

This document is designed to assist coordinators with the task of identifying potential new resources or expanding the use of existing sources, and to learn the basics of these potential resources to their financing system. This paper briefly highlights 24 different federal resources that are frequently or occasionally used to support and build an early intervention system. Each of these descriptions of federal sources also contains a discussion of issues encountered when including each resource in the financing system for Part C. The final page of the document is a spread sheet that represents the use of these fund sources by some of the states who participated in the national survey. This Introduction first gives an overview of these federal resources. The next section discusses the scope of potential resources that may be available at the state and local levels. Then there are discussions of two particular areas of concern in funding Part C systems: family cost participation and private insurance.

Federal Resources

The federal resources described in this paper are administered by five federal cabinet-level agencies: the Departments of Education, Health and Human Services, Defense, Agriculture, and Interior. The list of Education resources starts with the IDEA. Not surprisingly, Part C is the funding stream used most often. It can also be the most flexible resource once the payor of last resort requirement is met. A review of the interim results of the Association's survey indicates that the other IDEA resources may be underutilized and they should be looked at carefully as good options for the increased sharing of resources. The remaining four Education resources need to be evaluated to determine if they might be an option in a given state.

Eleven potential resources from the Department of Health and Human Services (including six separate Titles of the Social Security Act) present a wide range of opportunities to Part C systems. The Medicaid program is both the most widely used resource and the funding stream with the greatest potential for adding to the resources available to the Part C system. Medicaid is also very flexible in what it can cover as each early intervention service is covered by Medicaid in more than one state. The availability of other Health and Human resources can vary across a state depending on which program is available in each community. For example, Early Head Start and Even Start grantees will only be found in a limited number of communities in any state. A number of these resources can be used to support the infrastructure and administration of the Part C system, e. g. Medicaid, the

Maternal and Child Health Block Grant, and University Centers of Excellence in Developmental Disabilities.

The other resources included in this paper are from the Departments of Defense, Agriculture and Interior. In most states only a couple of these resources are significant enough to warrant attention. TRICARE and The Program for Persons with Disabilities are important when there is at least one large military base or several smaller installations in the state. The Department of Interior resources are only significant when there are a number of Indian reservations in the state.

Each resource description presents a synopsis of the intent and parameters of that particular resource organized in the following categories:

- Program Name,
- Authorizing Statute,
- Federal Agency,
- Program Purpose,
- Services and Activities Covered,
- Eligibility, and
- Flow of Funds.

These are followed by information on using the specific resource as part of a financing system for Part C including recommendations and examples in these categories:

- Potential Interface with Part C,
- Level of Effort Required of Part C Systems, and
- Uses by Part C and Common Barriers.

The resource descriptions conclude with sources of additional information including one or more Web sites.

State and Local Resources

A large array of potential funding sources is available in states and local communities. They range from government appropriations for the Part C system to local disability groups and other community organizations. Federal dollars are generally looked to first, but the system cannot rely on these sources alone. A Part C coordinator's efforts will generally be more rewarding at the state level as opposed to the individual community level, because of the potential for garnering a greater amount of support for the time devoted to building the financing system. Three concepts to keep in mind when deciding which sources to seek when attempting to increase the resources devoted to early intervention are:

1. the priority for each source;
2. the amount of resources that may be obtainable; and
3. the level of effort that may be needed for each resource. This is one area where the coordinator's ability to manage time and staff resources as well as to establish ongoing relationships with key players across the state will be tested.

Direct allocations for early intervention in the state budget remain an important resource for most states. These may be made to the lead agency or to other collaborating agencies that often provide some direct services to infants and toddlers. Increases in these state appropriations are becoming more difficult each year, especially with growing pressure on

state budgets. Legislators like to see that other funds are being sought from the federal government or other sources separate from state tax dollars before even considering an increase the state appropriation for Part C.

All of the federal resources described herein have counterparts in state government with the exception of Impact Aid, TRICARE and PFPWD, programs of the Bureau of Indian Affairs, and in some states Head Start and Early Head Start. In addition coordinators may find a number of state-specific resources that can be tapped, based on historical precedents and current priorities of the legislature and the governor. Many of these also can be found in local communities. The following list is only a sample of the types of agencies and programs that may exist in states and that may be interested in collaborating with Part C:

- Lottery Agencies
- Universities (including Extensions)
- Special Education Programs
- Boards of Education
- Literacy Programs
- Mental Retardation/Developmental Disabilities
- Mental Health
- Child Welfare/Protective Services
- Family Preservation Programs
- Public Health Programs
- Juvenile Justice (Prevention)
- Social Services
- State Supplemental Health Programs
- Child Care Programs
- Violence Prevention
- Programs for the Homeless
- Community Development Programs

Another strategy for increasing resources is to maximize the amount of federal matching funds that come into the state that can be use to expand the Part C system and available services. Often this can be accomplished without additional state dollars. If unmatched state funds can be identified and used for the administration of the Part C system or for Part C services, then it is possible these funds can be counted as the state match for Medicaid, the MCH Block Grant, or other federal matching programs. One state that was initially using Part C dollars for state office functions and personnel was able to reallocate funds so that the state dollars were then used for these administrative functions. Then they were able to generate Medicaid administrative funds at 50 percent for the percentage of infants and toddlers on Medicaid. These additional funds could then be used for the Part C system.

Family Cost Participation

Part C of the IDEA clearly states that families can be asked to pay a portion of the cost of early intervention services so long as their inability to pay does not result in a denial or loss of services. The authority to charge families for some early intervention services must be established in state law. This requires a schedule of charges and a sliding fee scale based on family income. IDEA, Part C, does state that fees may not be imposed for five services: child find, screening and assessment, development of the IFSP, service coordination, and procedural safeguards.

There are several considerations in deciding whether and how to adopt a sliding fee scale. Most states have decided not to charge families for services or have tried and stopped collecting revenue from parents. Utah as an example adopted a sliding fee scale and then discontinued it because they were spending more money collecting the fees than they were collecting as income. They now request families to make a voluntary contribution that is not connected to the provision of services. Of the eighteen states completing the financing section of the Association's survey only four reported family fees as a source of income. This is 22 percent of the states and is illustrative of the percentage of the 50 states with a sliding fee scale. Not all states share Utah's findings. Some states are collecting a small, but significant amount from their fee system. The community values in some areas lead to parents expressing a desire to pay for a share of the cost of early intervention services. Another consideration is the relationship of charging fees to the use of private insurance to reimburse some Part C services. This is discussed in the section below. The process must also distinguish between inability to pay and unwillingness to pay. The former should not result in a loss of services, but the latter can have that result when it is clear the family has sufficient income, but chooses not to use it.

Designing a family cost participation process that is fair and equitable is not easy. To insure families do not leave the Part C system, states generally set a maximum level of family payments in a given year. At what income level to start imposing charges is also a difficult decision. The sliding scale should take into consideration the additional expenses incurred by families with one or more child with a disability. Who collects the fees is another issue. Does the provider or the local early intervention system collect the fees or is a centralized billing office established to bill and receive payments? And, who spends the revenue collected and how is that revenue to be allocated?

There is an additional way to view these issues. Indiana among other states has taken on the task of explaining all of the financing sources and considerations to families, including the collection of fees (when the legislature permits the use of a sliding fee scale). They believe that one of their roles is to help the family manage the financing of services for their young child with a delay since it is likely that the child will continue to need services as he or she grows older and loses eligibility for Part C. They refer to this process of both teaching the family and assisting the family to use various resources as financial case management.

Private Insurance

One additional resource needs to be discussed. The family's private insurance is clearly listed in the IDEA, Part C, as one component of the financing of early intervention services for infants and toddlers. Most policy makers agree that a state cannot use a family's private insurance without parental permission. While it has become a significant source of revenue in some states, there are several provisions of the law that relate to and complicate this issue. Congress is being asked to clarify some of these issues in the next reauthorization of Part C. First is the requirement that families not incur any costs unless there is a system of charges and sliding fees permitted in state law. Cost to families has been interpreted to include insurance deductibles and co-pays, reduction of any annual or lifetime caps on benefits in the insurance policy, and an increase in insurance premiums. Therefore, with one major exception, those states without cost participation cannot access a family's private insurance.

The exception is a number of states that have enacted insurance mandates requiring insurance policies to cover a certain amount of early intervention services. These states

impose a limit on the amount that an insurance company has to pay each year. Since the state Part C program can cover deductibles and co-pays, it has been interpreted to mean there is no cost to the family and insurance companies can be billed. In Massachusetts the maximum is \$3,200 per year and in Connecticut and Virginia the maximum annual payment is \$5,000. In Massachusetts all early intervention services are covered while in Virginia four categories of services are covered: physical therapy, occupational therapy, speech and language services, and psychological services. Massachusetts is an example of a state that has no family cost participation, yet due to the mandate, private insurance is a major resource for the early intervention system. However, these mandates only apply to policies regulated by the state and not to those companies that are self-insured and are exempt from state regulation under ERISA, the Employee Retirement Income Security Act. This federal law says that state insurance rules and regulations cannot be applied to those companies that are self-insured.

Even when states are set up to bill private insurers, coordinators need to proceed carefully. Many insurance companies will claim they do not have to pay for Part C services either because they are available at no cost to other individuals or that they do not pay for services provided by public agencies. Also, an insurance company may claim the service is an "education" service and not covered by the "health" insurance policy. Several categories of early intervention services are not covered by many families' insurance policies. Even with all of these issues to overcome the Association's survey shows that ten of the eighteen states completing the financing portion listed private insurance as one of their financing sources.

Summary

This overview discusses some major issues in the financing of a Part C Early Intervention system, reviews the major types of resources that can be combined to meet the needs of infants and toddlers, and introduces the descriptions of federal resources. All of the answers are not here. The resources that are combined to build a Part C system are continually changing and new resources are always being sought. New issues arise and reinterpretation of existing rules and regulations can mean systemic changes in services and financing. Coordinators continue to work on improving collaborative relationships with key players from other state agencies and programs. They also talk with their colleagues in other states about the resources they are using and how these resources are changing. The resource descriptions that follow are designed to help Part C coordinators set priorities as they learn about new resources and the potential for using existing resources in new ways.

DEPARTMENT OF EDUCATION

Program Name: Early Intervention Program for Infants and Toddlers with Disabilities (IDEA, Part C)

Authorizing Statute:

Individuals with Disabilities Education Act (IDEA), Part C, as amended, 20 U.S.C. 1471-1485

Federal Agency:

Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs

Program Purpose:

To assist and encourage states to develop and implement statewide, comprehensive, coordinated, multidisciplinary, interagency systems to provide early intervention services for infants and toddlers with disabilities, and their families. Congress appropriates funds to:

- enhance the development of infants and toddlers with disabilities,
- reduce educational costs by minimizing the need for special education through early intervention,
- minimize the likelihood of institutionalization and maximize independent living, and
- enhance the capacity of families to meet their child's needs.

Services and Activities Covered:

Part C funds assist states in implementing and maintaining their statewide systems of early intervention services. These funds may also be used to provide direct services for infants and toddlers with disabilities and their families that are not otherwise provided by other public or private sources, to expand and improve on services for infants and toddlers with disabilities that are otherwise available, and for transition to Part B, Special Education. A multidisciplinary team evaluates each infant and child identified through child find efforts and, if he or she meets the eligibility criteria, the team with the family develops an individual family service plan (IFSP) for that child. Early intervention services, including therapies, counseling, assistive technology, health and nursing services, and special instruction, listed on the IFSP are provided in natural environments. Each family is assigned a service coordinator to assist them receive all needed services.

Eligibility:

The 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Secretary of the Interior and the following jurisdictions: Guam, American Samoa, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands may apply for funds. Infants and toddlers with a developmental delay (as defined by the state) or an established condition likely to result in a disability are eligible for services. In addition, states have the option of including infants and toddlers at-risk for a disability. In fiscal year 2001 all eligible applicants received funds and 230,853 infants and toddlers with disabilities were served.

Flow of Funds:

Awards are calculated using each applicant's proportionate share of children aged birth through two years in their general population, based on the most recent census data. No state receives less than 0.5 percent of the funds available for all states. The Department of Interior receives 1.25 percent of the amount available to states. The territories receive up to 1 percent of the funds appropriated. This program is subject to non-supplanting requirements and must use a restricted indirect cost rate. Department of Education tables show FY 2000, FY 2001, and FY 2002 allocations for Part C grants for Infants and Families at <http://www.ed.gov/offices/OUS/Budget02/index.html> .

Potential Interface with Part C:

Not Applicable

Level of Effort Required of Part C Systems:

These funds are flexible and can be used for both building the state early intervention system and to support direct services. Part C managers generally have more control over these dollars than any other funding source.

Uses by Part C Systems and Common Barriers:

All Part C systems receive Part C funds and use them for multiple purposes, to both support the state system and reimburse for direct services. The Association's survey of states shows for the eighteen states completing the financing sections, all service categories are reimbursed with Part C funding as well as both the state and the local administration of their systems. In fact while they will feel pressure from both the executive and legislative branches to use these funds for the provision of services, they must remember that there are many different potential funding sources that can support direct services for infants, toddlers, and their families and a smaller number of resources that can be tapped for program administration and building the Part C system. Often the lead agency will transfer some of their Part C allocation to other state agencies that are major players in their state systems. Coordinators must insure that a signed interagency agreement is in place that clearly spells out how that money will be used.

For additional information:

- <http://www.ed.gov/offices/OSERS/OSEP/>
- <http://www.nectac.org/default.asp>
- <http://www.cfda.gov/public/viewprog.asp>
- Office of Special Education Programs
400 Maryland Avenue, SW.
Washington, DC 20202
(202) 205-5547

Program Name: Special Education Grants to States (IDEA, Part B)

Authorizing Statute:

Individuals with Disabilities Education Act (IDEA), Part B, Sections 611-617, and Part D, Section 674 as amended, 20 U. S. C. 1411-1417 and 1420.

Federal Agency:

Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs

Program Purpose:

To provide grants to states to assist them in providing a free appropriate public education to all children with disabilities.

Services and Activities Covered:

Part B funds are used by state and local educational agencies to help provide the special education and related services needed to make a free appropriate public education available to all eligible children. Most funds provided to states must be passed on to local educational agencies. However, a portion of the funds may be used for state-level activities such as administration, monitoring, mediation, direct and support services, and helping local educational agencies address personnel shortages. Children identified through child find efforts are assessed to see if they meet the eligibility criteria and need special education services. An individual education program (IEP) is developed for each child that qualifies specifying the special education and related services he or she needs. Related services include therapies, counseling, assistive technology, audiology, orientation and mobility services, transportation, and social work services. These services must be provided, to the maximum extent possible in classrooms with regular education children.

Eligibility:

The Grants to States program provides formula grants to assist the 50 States, the District of Columbia, Puerto Rico, the Secretary of the Interior, and Outlying Areas in meeting the excess costs of providing special education and related services to children with disabilities. States must serve all children with disabilities ages three through 21 years, unless they are not required to serve children ages 18 through 21 years because services are inconsistent with state law, or practice, or the order of any court. Children and youth with one of these categories of disability will benefit: mental retardation, hearing impairments, including deafness, speech or language impairments, visual impairments, including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments specific learning disabilities, or developmental delays that require special education and related services.

Flow of Funds:

Funds for the 50 States, the District of Columbia, and Puerto Rico are allotted on the basis of a certified count of the number of children with disabilities, aged 3 through 21 years,

receiving special education and related services on December 1 of the fiscal year that the grant is made. Funds to the outlying areas are allotted proportionately among them on the basis of their respective need, not to exceed one percent of the aggregate amounts available to the states in a fiscal year. The Department of the Interior, Bureau of Indian Affairs, receives 1.226 percent of the total amount available to states. Most funds provided to States must be passed on to local educational agencies. However, approximately 25% of the 1997 allocation may be retained for state-level activities such as administration, monitoring, mediation, direct and support services, and helping local educational agencies address personnel shortages. The amount used for administration is limited to the greater of 20 percent of the amount available to a state for state-level activities, or \$500,000, as adjusted for inflation.

Potential Interface with Part C:

The two programs collaborate on child-find activities, transition from Part C to Part B, and often on maintaining a comprehensive system of personnel development (CSPD) and other systemic responsibilities. Part B funds can be used for these activities of the Part C system for infants and toddlers.

Level of Effort Required of Part C Systems:

When the Part C lead agency is housed in the State Education Agency or the SEA is an active member of the Part C interagency team, access to Part B funds is often facilitated. In those states where the mandate for free and public education is extended down to birth, Part B funds are also easier to use for those services and system components that overlap. Although both Parts B and C are components of the Individuals with Disabilities Education Act, the rules and procedures used for each program often vary significantly.

Uses by Part C Systems and Common Barriers:

Of the eighteen states completing the financing section of the Association survey, four reported using Part B, Special Education Funds to help with the provision of direct services. This includes all Part C services except respite care. None of these states reported using these funds for Part C administration at either the state or local level. However at least two states, Connecticut and Texas, use a portion of their Part B administrative allocation to support child find activities down to birth. At least 75 percent of a state's Part B allocation must be given to local education agencies, which means Part C may have to work with a number of different school districts at the community level.

For additional information:

- <http://www.ed.gov/offices/OSERS/OSEP/index.html>.
- <http://www.dssc.org/frc/>
- <http://www.cfda.gov/public/viewprog.asp>
- Office of Special Education Programs
400 Maryland Avenue, SW.
Washington, DC 20202
(202) 205-5547

Program Name: Special Education Preschool Grants (Part B, Section 619)

Authorizing Statute:

Individuals with Disabilities Education Act (IDEA), Part B, Section 619, as amended.

Federal Agency:

Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs

Program Purpose:

To provide grants to states to assist them in providing a free appropriate public education to children with disabilities ages 3 through 5 years.

Services and Activities Covered:

The Preschool Grants program provides formula grants to states, the District of Columbia, and Puerto Rico to make available special education and related services for children with disabilities aged three through five. State education agencies use this funding, which is supplemental to Part B Special Education Grants, to provide a free appropriate public education (FAPE) to preschool children with disabilities ages three through five. The state also has the discretion to set aside some grant funds to administer section 619 and to use state set-aside funds for support services, direct services for children eligible under this program, activities to meet the state's performance goals, and to supplement other funds used for a statewide coordinated service system designed to improve results for children and families. As part of the Part B program preschool children identified through child find are assessed for meeting the eligibility criteria and needing special education services. An individual education program (IEP), or an individual family service plan (IFSP), is developed for each child that qualifies specifying the special education and related services he or she needs. Related services include therapies, counseling, assistive technology, audiology, orientation and mobility services, transportation, and social work services.

Eligibility:

State education agencies in the 50 states, the District of Columbia, and Puerto Rico may apply for Part B, Section 619 funds. Three through five-year old children, having mental retardation, hearing impairments, including deafness, speech or language impairments, visual impairments, including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, specific learning disabilities, or developmental delays that require special education and related services are eligible for preschool services.

Flow of Funds:

Preschool Grants are awarded to states based on a statutory formula. A state first receives the amount it received under this program in federal fiscal year 1997. If the appropriation for this program in any subsequent fiscal year exceeds the amount for the preceding fiscal year, 85 percent of the excess appropriation over the fiscal year 1997 appropriation is awarded to States based on their relative populations of children aged 3 through 5, and 15 percent of the excess appropriation is awarded based on the State's relative population of all children

aged 3 through 5 living in poverty. There are specific floors and ceilings regarding the amount a state can receive in any year. States must distribute approximately 75 percent of their grant awards to local educational agencies. They may retain up to 25 percent for state-level activities.

Potential Interface with Part C:

At a State's discretion Preschool funds can be used to provide services to two year old children with disabilities who will reach age three during the school year. Generally, the two programs collaborate on child-find activities, transition from Part C to Part B, and often on maintaining a comprehensive system of personnel development (CSPD) and other systemic responsibilities. Part B, Section 619, funds may be used for the administration of Part C of the IDEA if the SEA is the lead agency for Part C. (20 U.S.C. 1419(e))

Level of Effort Required of Part C Systems:

Collaboration between the two programs is required under IDEA to insure all children receiving early intervention services who will meet the criteria for a free and appropriate public education at age three continue to receive services without any gaps. Although both Parts B and C are components of the Individuals with Disabilities Education Act, the rules and procedures used for each program often vary significantly. Generally, the Part C system will need to initiate discussions with the preschool program around collaborative funding.

Uses by Part C Systems and Common Barriers:

Only two of the eighteen state Part C programs responding to the Association's survey reported using any section 619 funds for early intervention services or administration. When the Part C lead agency is other than the SEA or the Part C system is largely separate from the Part B, Section 619 system, the exchange of funding for shared purposes is much more difficult.

For additional information:

- <http://www.ed.gov/offices/OSERS/OSEP/index.html>.
- <http://www.nectac.org/default.asp>
- <http://www.dssc.org/frc/>
- <http://www.cfda.gov/public/viewprog.asp>
- Office of Special Education Programs
400 Maryland Avenue, SW.
Washington, DC 20202
(202) 205-5547

Program Name: Special Education--National Activities to Improve Education of Children with Disabilities:

- State Improvement Grants
- Research and Innovation to Improve Services and Results
- Personnel Preparation to Improve Services and Results
- Technical Assistance and Dissemination to Improve Services and Results
- Technology and Media Services
- Training and Information for Parents
- Studies and Evaluation

Authorizing Statute:

Individuals with Disabilities Education Act (IDEA), Part D, Sections 652-656, 672-674 and 682-687; 20 U.S.C. 1452-1456, 1472-1474, and 1482-1487.

Federal Agency:

Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs

Program Purpose:

To assist state educational agencies, their partners, and parents of children with disabilities to improve results for children with disabilities by reforming and improving their systems for providing educational, early intervention, and transitional services, including their systems for professional development, technical assistance, and dissemination of knowledge about best practices.

Services and Activities Covered:

Each of the Part D funding streams can be used to improve the service delivery systems under IDEA for children and their families.

State Improvement Grants provide assistance to state educational agencies and cooperating agencies to improve their systems for providing early intervention and special education services to infants, toddlers, and children with disabilities.

Research and Innovation to Improve Services and Results funds projects that advance the use of knowledge to improve services provided under the Individuals with Disabilities Education Act, including the practices of professionals and other providers and improve educational and early intervention results for infants, toddlers, and children with disabilities.

Personnel Preparation to Improve Services and Results funds are used by state educational agencies to help address state-identified needs for qualified personnel in special education, related services, early intervention, and regular education to work with children with disabilities and to ensure that those personnel have the skills and knowledge needed to serve these children.

Technical Assistance and Dissemination to Improve Services and Results supports technical assistance and information dissemination to states and local entities for building capacity to improve early intervention, education, and transitional services, improving results for

children with disabilities and their families, and addressing systemic-change goals and priorities.

Technology and Media Services promotes the development, demonstration, and utilization of technology and supports education media activities designed to be of educational value to children with disabilities and other specified media-related activities.

Training and Information for Parents supports at least one Parent, Training, and Information Center in each state to ensure that parents of children with disabilities receive training and information to help obtain needed IEP and IFSP services and improve results for their children.

Studies and Evaluation are intended to assess the progress in implementing the IDEA, including state and local efforts to provide a free appropriate public education to children with disabilities and early intervention services to infants and toddlers with disabilities who would be at-risk of having substantial developmental delays if early intervention services were not provided.

Eligibility:

Grantees may be a state educational agency, a local educational agency, an institution of higher education, any other public agency, a private non-profit organization, an outlying area, an Indian tribe or tribal organization (as defined under section 4 of the Indian Self-Determination and Education Assistance Act), and a for-profit organization, if the Secretary finds it appropriate in light of the purposes of a particular competition for a grant, contract, or cooperative agreement. The Secretary may limit the entities eligible for an award to categories of these eligible entities. Grantees for PTIs must be Parent organizations, as defined in Section 682(g) of the Individuals with Disabilities Education Act. Infants, toddlers, and children with disabilities and other individuals with disabilities, and their families benefit from this program.

Flow of Funds:

Each of the programs has its own funding rules and procedures. The information below gives an idea of the scope of the grants for each component of Part D.

State Improvement Grants: The average award in fiscal year 2001 was \$1,067,000. In fiscal year 2001, 46 awards were made.

Research and Innovation to Improve Services and Results: Awards typically range from \$150,000 to \$700,000 per year. About 100 new awards were granted in fiscal year 2001.

Personnel Preparation to Improve Services and Results: Awards typically range from \$200,000 to \$400,000 per year. Approximately 110 new awards were made in fiscal year 2001.

Technical Assistance and Dissemination to Improve Services and Results: Awards typically range from \$500,000 to \$4,000,000 per year. Approximately 50 new awards were made in fiscal year 2001.

Technology and Media Services: Awards typically range from \$150,000 to \$600,000 per year. About 40 awards were made in fiscal year 2001.

Training and Information for Parents: Awards typically range from \$100,000 to \$400,000 per year. Approximately 100 awards were made in fiscal year 2001.

Studies and Evaluation: Awards typically range from \$100,000 to \$1,000,000 per year. Six awards were made in fiscal year 2001.

Potential Interface with Part C:

Early Intervention programs can benefit from any of the funding streams under Part D. The lead agency can apply for funding under most of these programs or they can support other agencies in obtaining some of this funding. These programs cannot provide ongoing funding for service delivery, but can be used as seed money for new endeavors, to demonstrate new ways of accomplishing system goals, and to inform and assist families in obtaining services.

Level of Effort Required of Part C Systems:

To obtain funding under Part D, Early Intervention programs must commit significant time and effort to prepare and submit an application for funding. Therefore they often work in partnership with other agencies or programs in their state.

Uses by Part C Systems and Common Barriers:

Part C programs can only be part of a state improvement grant which is applied for by their Part B agency and may not apply on their own. For most Part D programs the Department of Education specifies the priority areas it wishes to fund each year and may only fund applications responding to these priorities. These are published in the Federal Register and notices are usually shared through numerous listservs and web sites.

For additional Information:

- <http://www.ed.gov/offices/OSERS/OSEP/index.html>.
- <http://www.dssc.org/frc/>
- <http://www.cfda.gov/public/viewprog.asp>
- Office of Special Education Programs
400 Maryland Avenue, SW., Room 3532
Washington, DC 20202
(202) 205-9864

Program Name: Even Start--State Education Agencies, Even Start—Migrant Education, and Even Start--Indian Tribes and Tribal Organizations

Authorizing Statute:

Elementary and Secondary Education Act of 1965; Title I, Part B, Subpart 3. 20 U.S.C. 6362 et seq and 6831-6831k.

Federal Agency:

Department of Education, Office of Elementary and Secondary Education, Compensatory Education Programs

Program Purpose:

To help break the cycle of poverty and illiteracy and improve the educational opportunities of low-income and migrant families, by integrating early childhood education, adult literacy or adult basic education, and parenting education into a unified family literacy program.

Services and Activities Covered:

Even Start combines adult literacy (adult basic education or instruction for English language learners), parenting education, early childhood education, and interactive parent and child literacy activities into a unified family literacy program. Funds are used for activities such as recruitment and screening of children and parents, design of programs, instruction of children and parents, support services, staff training, evaluation, and coordination with other programs. In 2001, more than 1,000 projects were funded in all States including 14 Migrant Education projects and 17 Indian tribes or tribal organizations.

Eligibility:

Each state educational agency uses its grant dollars to fund sub grantees, which are partnerships of a local educational agency (LEA) and a nonprofit community-based organization, a public agency other than an LEA, an institution of higher education or other public or private nonprofit organizations. Any entity may apply under Migrant Education. Federally recognized Indian tribes and tribal organizations as defined in the Indian Self-Determination and Education Assistance Act, Section 4, may apply. Even Start serves parents eligible for participation under the Adult Education Act and their children aged birth through seven as well as parents who are migratory agricultural workers or fishers and their children, from birth through age 7. Families must be in need of Even Start services, as indicated by a low income level and low level of adult literacy or English language proficiency, or other need-related indicators.

Flow of Funds:

States receive formula grants and in turn fund subgrants to LEAs working with another community organization. The federal share of the cost of a subgrant project is not more than 90 percent in the first year, 80 percent in the second year, 70 percent in the third year, 60 percent in the fourth year, and 50 percent in any subsequent year. Federal funds are distributed to SEAs based on their relative shares of Title I, Part A of ESEA. Grants may be made for up to 48 months.

Potential Interface with Part C:

Project Even Start in Brooklyn, New York is a family-centered education program to assist children in reaching their potential as learners, to provide literacy training for their parents, and to help parents become partners in the education of their children. The project includes pre-kindergarten programs and parent-child home training. The Waterville Even Start Project, in Waterville, Maine, provides instructional services that are home-based, with supplemental activities provided at an Even Start Center. The adult element of the program provides literacy education in the context of parenting. Early childhood and primary education specialists work with families using a curriculum developed in conjunction with the Head Start program. The Northwest Indian College Even Start program has established an ongoing relationship with the Lumni Tribal Head Start Program for Even Start children. A parenting class has been established on the NWIC campus where a wide range of family activities are sponsored in addition to formal parenting studies.

Level of Effort Required of Part C Systems:

Collaboration with Even Start grantees needs to be at the local or regional level. Procedures can be developed around child find, family education, respite, service coordination, social work and other services.

Uses by Part C Systems and Common Barriers:

Even Start was not included in the Association's survey. Examples of potential uses of Even Start for Part C are given above. Appropriations for Even start are limited and therefore there are not grantees in all communities.

For additional Information:

- <http://www.ed.gov/offices/OESE/MEP>
- <http://www.cfda.gov/public/viewprog.asp>
- Compensatory Education Programs
- Office of Elementary and Secondary Education
400 Maryland Avenue, SW.
Washington, DC 20202-6132
(202) 260-0991

Program Name: Technology Related Assistance for Individuals with Disabilities (Tech Act)

Authorizing Statute:

Assistive Technology Act of 1998, Title I, Public Law 105-394

Federal Agency:

Department Of Education, Office of the Assistant Secretary for Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research

Program Purpose:

To provide grants to states in support of capacity building and advocacy activities to assist the states in maintaining permanent comprehensive, consumer responsive statewide programs of technology-related assistance for individuals with disabilities of all ages.

Services and Activities Covered:

States receive funds to assist them in developing and implementing consumer-responsible, comprehensive, statewide programs of technology-related assistance for individuals of all ages who have disabilities. States may provide assistance to statewide community-based organizations or directly to individuals with disabilities of all ages. The Act requires projects to examine barriers to accessing and obtaining assistive technology in their state and then work to permanently eliminate these barriers. The Assistive Technology program empowers individuals with disabilities to have greater control over their lives and more fully participate in their home, school, and work environments and in their communities by enhancing access to assistive technology devices and services. Assistive technology devices include such items as communication devices, adapted appliances for accessible living, environmental control devices, modified housing, adapted computers, and specialized software.

Eligibility:

Governors designate an agency in their state, including the District of Columbia, Puerto Rico, and outlying areas, to apply for this assistance. Individuals with disabilities, their families, states, and community-based organizations can receive services from the state projects.

Flow of Funds:

Three-year development grants, potentially followed by two extension grants are awarded. States are funded for a total of 10 years with the possibility of one 3-year extension. This program is subject to non-supplanting requirements and must use a restricted indirect cost rate.

Potential Interface with Part C:

State Tech act projects work to include assistive technology in the early intervention services available to infants, toddlers, and their families. In collaboration with First Steps, Indiana's Part C system, the state Tech Act project developed an assistive technology assessment process that has been recommended for statewide use. The West Virginia

Tech Act project forged an interagency partnership with several early intervention programs to increase access by infants and toddlers to assistive technology. A special summer camp session for professionals, young children with disabilities, and their families provided information, training, and the opportunity to thoroughly test and evaluate devices.

Level of Effort Required of Part C Systems:

The purpose of this program is to support individuals with disabilities, including infants and toddlers, in obtaining and using technology to assist with all of their activities. Part C personnel can easily learn about the resources available and establish relationships to facilitate the provision of services to young children with IFSPs.

Uses by Part C Systems and Common Barriers:

The major barriers, even with funding through Part C and the Tech Act, remain the high cost of much of the technology and limited availability of persons knowledgeable in providing needed assistance. Therefore, working with other potential funders, such as TRICARE's Program for Persons with Disabilities and Medicaid, is essential.

For additional information:

- <http://www.ed.gov/offices/OSERS/RSA>
- <http://resna.org>
- <http://www.cfda.gov/static/p84224.htm>
- National Institute of Disability and Rehabilitation Research
Switzer Building
330 C Street, SW
Washington, DC 20202
(202) 205-5666
(202) 708-7770

Program Name: Migrant Education -- Basic State Grant Program

Authorizing Statute:

Elementary and Secondary Education Act of 1965, Title I, Part C, 20 U.S.C. 6391 et seq.

Federal Agency:

Department of Education, Office of Elementary and Secondary Education, Office of Migrant Education

Program Purpose:

To assist states to ensure that migratory children have the opportunity to meet the same challenging state content and performance standards that all children are expected to meet and to overcome educational disruption, cultural and language barriers, health related problems, and other problems that result from repeated moves.

Services and Activities Covered:

Migrant Education supports high quality and comprehensive programs that address the needs of migratory children. Program funds are used to establish or improve programs to meet the special educational needs of migratory children in such areas as academic instruction; remedial and compensatory instruction; bilingual and multicultural instruction; vocational instruction and career education services; special guidance, counseling, and testing services; health services; and preschool services. Most states offer special programs in the summer. For the 2000 school year, approximately 720,000 full-time equivalent students in approximately 3,500 local school districts in 49 States, the District of Columbia, Puerto Rico, and the Commonwealth of the Northern Mariana Islands received services from Migrant Education.

Eligibility:

State educational agencies or consortia of State educational agencies and other appropriate entities may apply. Children, ages 0 through 21, of migratory agricultural workers or of migratory fishers, including children (i.e. persons under age 21) who are workers themselves and the spouses of such workers, who have moved across school district lines during the past 36 months to obtain temporary or seasonal employment in agriculture, fishing, or related food processing activities.

Flow of Funds:

Formula Grant funds are allocated through a statutory formula based on each State's per pupil expenditure and the number of eligible full-time and part-time equivalent migrant students aged three through twenty-one residing within the state. The average state award was \$6,657,000 in fiscal year 2000 and the awards ranged from \$108,000 to \$107,000,000.

Potential Interface with Part C:

Infants and Toddlers in Part C programs in families that meet the definition of migrant worker are eligible for services. While the number qualifying may be small, this program can be

extremely helpful in arranging continuity of services as families move from place to place during the migratory season.

Level of Effort Required of Part C Systems:

Part C coordinators, state or local, need to first determine if there is a sufficient number of infants and toddlers in migratory families and when they will be in their state. If there is a sufficient number then the next step is to learn more about the program and establish working relationships in advance of the families arriving in their state.

Uses by Part C Systems and Common Barriers:

The major barriers are insufficient resources and the limited time the family stays in one community.

For additional Information:

- <http://www.ed.gov/offices/OESE/MEP/>
- <http://www.nasdme.org/>
- Office of Migrant Education
- 400 Maryland Avenue, SW.
FB6-Room 3E341
Washington, DC 20202-6135
(202) 260-1334.

Program Name: Impact Aid

Authorizing Statute:

Elementary and Secondary Education Act, Title VIII, as amended.

Federal Agency:

Department of Education, Office of Elementary and Secondary Education, Impact Aid Program

Program Purpose:

To provide financial assistance to local educational agencies (LEAs) where enrollments or availability of revenue are adversely affected by Federal activities.

Services and Activities Covered:

Most assistance becomes part of the general operating fund of the LEAs. Districts usually deposit the federal payment in the general operating funds account in accordance with state laws, together with all state and local funds available for current operating expenses and use this combined account to finance the school program in the district. Special additional payments made to LEAs related to enrollments of federally connected children with disabilities must be used for programs and projects designed to meet the special educational and related needs of these children. In fiscal year 2001, grants on behalf of an estimated 1.2 million children were awarded to approximately 2,100 LEAs

Eligibility:

Local educational agencies that provide free public early intervention, preschool, elementary, or secondary education may apply. Generally, assistance is provided to districts where an aggregate of ten percent or more of the assessed valuation of all real property in the school district has been acquired by the federal government and the district is not being substantially compensated by revenue from activities on the eligible federal property; to districts where at least three percent or 400 of the total number of pupils in average daily attendance live on federal property including Indian lands and/or have a parent who works on federal property or is on active duty in the uniformed services; and to districts in which there is a sudden and substantial increase in attendance of military dependents.

Flow of Funds:

Formula grant payments are computed on the basis of the statutory formula. Payments are prorated if appropriations are insufficient. Districts usually deposit the federal payment in their general operating funds account in accordance with state laws, together with all state and local funds available for current operating expenses and use this combined account to finance the school program in the district

Potential Interface with Part C:

Legislation enacted in 2000 clarified that infants and toddlers receiving IDEA, Part C, Early Intervention services from a local education agency can generate impact aid payments. Once obtained Impact Aid funds can be used for any component of the Part C system.

Level of Effort Required of Part C Systems: Two criteria must be met. The first is the LEA must actually deliver early intervention services and the second is there must be a sufficient number of qualifying infants and toddlers. When both are met the local early intervention system or program must establish a working relationship with the LEA administrator responsible for Impact Aid. If there are several LEAs in the state meeting these criteria the state may be able to facilitate this communication.

Uses by Part C Systems and Common Barriers:

Of the eighteen states completing the financing sections of the association's survey only one reported receiving any Impact Aid funds. This income was used to support local administration and travel. Part C can only generate Impact Aid when early intervention services are provided through local school districts and the other requirements above are met.

For additional information:

- <http://www.ed.gov/offices/OESE/esea/progsum/title8.html#top>
- <http://www.cfda.gov/public/viewprog.asp>
- Impact Aid Program
400 Maryland Ave., SW.
Washington, DC 20202-6244
(202) 260-3858.

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Program Name: Medical Assistance Program (Medicaid)¹**Authorizing Statute:**

Social Security Act, Title XIX, as amended; Public Laws 89-97, 90-248, and 91-56; 42 U.S.C. 1396 et seq., as amended; Public Law 92-223; Public Law 92-603; Public Law 93-66; Public Law 93-233; Public Law 96-499; Public Law 97-35; Public Law 97-248; Public Law 98-369; Public Law 99-272; Public Law 99-509; Public Law 100-93; Public Law 100-202; Public Law 100-203; Public Law 100-360; Public Law 100-436; Public Law 100-485; Public Law 100-647; Public Law 101-166; Public Law 101-234; Public Law 101-239; Public Law 101-508; Public Law 101-517; Public Law 102-234; Public Law 102-170; Public Law 102-394; Public Law 103-66; Public Law 103-112; Public Law 103-333; Public Law 104-91; Public Law 104-191; Public Law 104-193; Public Law 104-208, 104-134; Balanced Budget Act of 1997, Public Law 105-33; Public Law 106-113; Public Law 106-554.

Federal Agency:

Department of Health and Human Services, Centers for Medicare and Medicaid Services, Center for Medicaid and State Operations

Program Purpose:

To provide financial assistance to states for payments of medical assistance on behalf of low income persons including cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, other categorically-eligible groups, and, at the state's discretion, certain persons who are considered medically-needy. States are responsible for implementing all of the specifications in their state plans, which are developed and modified by the state with the approval of the Centers for Medicare and Medicaid Services (CMS). Through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program states must provide comprehensive, well-child health care services and medically necessary treatment services to all Medicaid-eligible children ages birth through 21.

Services and Activities Covered:

Medicaid assists states in providing medical assistance for certain individuals and families with low incomes and resources. Within broad national guidelines each of the states establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program. Thus, the Medicaid program varies considerably from state to state, as well as within each state over time. States must provide a minimum set of services and then can choose which optional services to include in its state plan. For the categorically needy, states must provide in- and out-patient hospital services; rural health clinic services; federally-qualified health center services; other laboratory and x-ray services; nursing facility services, home health services for persons over age 21; family planning services; physicians' services; early and periodic

¹ This description covers the Medicaid rules and requirements of Title XIX of the social Security Act. States can request waivers from CMS for many of these provisions. These waivers are used to provide home and community-based services to children not otherwise eligible for Medical Assistance, to require Medicaid recipients to join a Health Maintenance Organization or other managed care plan, and many other purposes.

screening, diagnosis, and treatment for individuals under age 21; pediatric or family nurse practitioner services; and services furnished by a nurse-midwife as licensed by the state. For the medically needy, States are required to provide a minimum mix of services.

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service, a required component of a state's Medicaid program, is a comprehensive and preventive child health program for individuals under the age of 21. Screening services consist of a comprehensive health screen including unclothed physical examination, health and developmental history, hearing and vision test, immunizations, and any necessary laboratory tests. EPSDT also requires dental, hearing, vision, and mental health services. Any diagnostic and treatment service, which is medically necessary to ameliorate a condition detected in a screen, and is available under the federal Medicaid statute must be provided, even if it is not included in the state Medicaid plan. The EPSDT program consists of two mutually supportive, operational components: assuring the availability and accessibility of required health care resources and helping Medicaid recipients and their parents or guardians effectively use these resources. Thus states must screen all enrolled children to assess the child's health needs through initial and periodic examinations and evaluations, and also to assure that the health problems found are diagnosed and treated early, before they become more complex and their treatment more costly.

Eligibility:

States have some discretion in determining which groups their Medicaid programs will cover and the financial criteria for Medicaid eligibility. Thus, eligibility is determined by the state in accordance with federal regulations. States are required to provide Medicaid coverage for most individuals who receive federally assisted income maintenance payments, as well as for related groups not receiving cash payments. Eligibility is mandatory for all children through age 5 if their family's income is less than 133 percent of the federal poverty level (FPL). Infants under one year of age (and pregnant women) are covered to 185 percent of the FPL and states have the option to cover children under six up to 185 percent of the poverty guidelines. States also have the option to provide Medicaid coverage for other "categorically needy" groups. These optional groups share characteristics of the mandatory groups, but the eligibility criteria are somewhat more liberally defined. Coverage may start retroactive to any or all of the 3 months prior to application, if the individual would have been eligible during the retroactive period.

Flow of Funds:

Federal funds are available to match state expenditures for medical care. Under the Act, the federal share for medical services may range from 50 percent to 83 percent. The statistical factors used for fund allocation are Medical Assistance expenditures and per capita income by state based on a 3-year average. This program has maintenance of effort requirements.

Potential Interface with Part C:

Medicaid is reimbursing each Early Intervention service that is included on IFSPs in some or all states. Additionally, federal Medicaid match dollars are also being used to support the state and local administration of Part C when this administration is conducted by a public agency. Nationally, Medicaid is the single largest payer for Part C systems. Several states have obtained waivers of various provisions of the federal Medicaid requirements to

increase the provision of Medicaid services to infants and toddlers with or at-risk of developmental delay. Both IDEA and Title XIX contain provisions requiring Medicaid to pay first when a child is enrolled in both programs.

Level of Effort Required of Part C Systems:

Medicaid is an extremely complex program and requires a significant investment of time and effort to understand fully its potential for supporting early intervention services. However, Part C personnel do not need to wait until they fully comprehend all of its provisions before initiating efforts to expand its support for Part C services and administration. In most states Medicaid is already reimbursing a significant portion of the Part C services provided. Maintaining a strong relationship with a knowledgeable and sympathetic person on the staff of the Medicaid agency is a major advantage for the Part C program. When considering the increased use of EPSDT services additional time must be invested. Only after using all the other provisions of Medicaid should a waiver be considered. It generally takes more than a year, and often several years, to apply for and implement a waiver.

Uses by Part C Systems and Common Barriers:

Virtually all states use Medicaid in some form to fund part of their Part C systems. The Association's survey shows that most states use Medicaid to fund at least twelve different types of services and as many as eighteen. The most common services included by the eighteen states completing the financing sections of the Association's survey were psychological services, physical therapy, occupational therapy, audiology, speech and language services, assistive technology, travel, nursing, and service coordination. Medicaid covers each category of early intervention services in at least seven of the states except respite, which is included under a waiver in five states. Eight states report the use of their state's EPSDT program. Seven of the states include Part C services in their Medicaid managed care system and six have carved out early intervention services from Medicaid managed care. Six states fund some services through a Medicaid waiver.

For additional information:

- <http://www.cms.hhs.gov/medicaid/>
- <http://www.cms.hhs.gov/medicaid/epsdt/default.asp>
- <http://www.cfda.gov/public/viewprog.asp>
- Center for Medicaid and State Operations
Centers for Medicare & Medicaid Services
Room C4-25-02
7500 Security Boulevard
Baltimore, MD 21244
(410) 786-3870

Program Name: State Children's Insurance Program (SCHIP)

Authorizing Statute:

Balanced Budget Act of 1997, Title XXI, Subtitle J, Section 4901, Public Law 105-33; Public Law 105-100 and Medicare, Medicaid and SCHIP Balanced Budget Refinement Act of 1999 Public Law 106-113, Section 702; Medicare, Medicaid, and SCHIP Benefits Improvement Act of 2000, Title VIII, Section 801, 802, and 803, Public Law 106-554.

Federal Agency:

Department of Health and Human Services, Centers for Medicare and Medicaid Services, Center for Medicaid and State Operations

Program Purpose:

To enable states to initiate and expand child health assistance to uninsured, low-income children. The State Children's Health Insurance Program (SCHIP) helps states provide health insurance coverage to uninsured children up to 200% of the federal poverty level (FPL). States may provide this coverage by expanding eligibility for children under the state's Medicaid program by expanding or creating a state children's health insurance program.

Services and Activities Covered:

When a state chooses the SCHIP Medicaid expansion option, all children in both programs must receive the same benefit package because of the Medicaid comparability requirement. Otherwise SCHIP must consist of any of the following: benchmark coverage; benchmark equivalent coverage (which can be the federal employees' insurance plan); state employee coverage or coverage offered through the HMO with the largest insured commercial non-Medicaid enrollment in the state; existing comprehensive state-based coverage; or coverage approved by the Secretary of Health and Human Services. The SCHIP plan may not impose pre-existing condition exclusions for covered benefits. In non-Medicaid CHIP programs, states may offer different benefit packages for children with special needs. The state can define the benefit package to include supplemental services for children with special needs/physical disabilities based on medical necessity. Alternatively, the state may have more than one benefit package, including one designed for children with special needs/physical disabilities, as long as the eligibility criteria for that coverage complies with the Americans with Disabilities Act requirements for non-discrimination. States may spend up to 10 percent of their total SCHIP expenditures (federal and state) on non-benefit activities, including: outreach conducted to identify and enroll eligible children in SCHIP; administration costs; health services initiatives; and other child health assistance.

Eligibility:

All states and territories may receive SCHIP funding. The state must ensure that only targeted low-income children are furnished child health assistance under the plan. Children found through screening to be eligible for Medicaid are to be enrolled in Medicaid. The eligibility criteria are to cover uninsured children who are not eligible for Medicaid under age

19; and at or below 200% of the federal poverty level (FPL).² The legislation allows states to decide to cover all of those children or to target coverage to a narrower group of children. Eligibility standards must not cover higher-income children without covering lower-income children and must not deny eligibility based on a child having a preexisting medical condition. As of fiscal year 2001, there were 3.0 million enrollees. An estimated 4.3 million enrollees are expected in fiscal year 2003. States can also spend up to 10% of the funds to provide coverage through a community-based health delivery system or by purchasing family coverage.

Flow of Funds:

SCHIP provides for an "enhanced Federal Matching Assistance Percentage (FMAP)" for child health assistance provided under Title XXI that is equal to the current FMAP for the fiscal year in the Medicaid Title XIX program, increased by 30 percent of the difference between 100 and the current FMAP for that fiscal year. The enhanced FMAP may not exceed 85 percent. A state child health plan must include a description of the amount (if any) of cost-sharing in accordance with a public schedule. Cost-sharing may be varied in a way that does not favor higher-income children over lower-income children. No cost-sharing is permitted for well-baby and well-child care, including age-appropriate immunizations. Cost-sharing for children with family incomes under 150 percent of poverty must be consistent with Medicaid. Cost-sharing for children at 150 percent of poverty and above must be based on an income-related sliding scale. The aggregate for all children in a family cannot exceed five percent of the family's income.

Potential Interface with Part C:

If the state elects to expand Medicaid then most or all Early Intervention services included on IFSPs can be covered. Some states are choosing a "Medicaid Look-alike" plan which continues all of the benefits of the state's Medicaid program, but without the entitlement provisions. The overlap between Part C and the other SCHIP plans depends on the benefit package of each plan.

Level of Effort Required of Part C Systems:

When a Medicaid expansion is chosen the level of effort is low since the benefits do not change. If the SCHIP program uses a benchmark plan then the Part C program may need to join the discussions around what services will be covered and what providers will be included. Part C programs may need to publicize the availability of early intervention services through SCHIP to local programs, service coordinators, providers, and families.

Uses by Part C Systems and Common Barriers:

Seven of the eighteen states completing the financing section of the Association's survey used SCHIP to fund Part C services. In these states from eleven to seventeen service categories were included. Many of the issues in obtaining services through SCHIP are similar to those encountered when using Medicaid.

² If a state has expanded Medicaid eligibility above 150% for any age group, the income eligibility level is 50% above the current Medicaid eligibility levels.

For additional Information:

- <http://www.cms.hhs.gov/schip/>
- <http://www.aap.org/advocacy/schip.htm>
- <http://www.cfda.gov/public/viewprog.asp>
- Center for Medicaid and State Operations
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
(410) 786-3870

Program Name: Maternal and Child Health Block Grant to the States

Authorizing Statute:

Social Security Act, Title V, Section 501(a) (1) as amended

Federal Agency:

Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau

Program Purpose:

To assist state health care agencies to maintain and strengthen their leadership in planning, promoting, coordinating, and evaluating service systems for pregnant women, mothers, infants, and children who do not have access to adequate health care and to assist these agencies to coordinate or provide health services to children with special health care needs and their families.

Services and Activities Covered:

Funds may be used to develop systems of care for the provision of health services and related activities, including planning, administration, education and evaluation consistent with the state's annual application. In addition, each State must establish and maintain a toll-free information number for parents on maternal and child health (MCH) and Medicaid providers. (Funds may not be used for (1) Inpatient services other than those provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve; (2) cash payments to intended recipients for health services; (3) purchase and improvement of land, construction or permanent improvement of buildings or purchase of major medical equipment; (4) matching other Federal grants; or (5) providing funds for research or training to any entity other than a public or private nonprofit entity.) Title V programs:

- reduce infant mortality and incidence of handicapping conditions among children;
- increase the number of children appropriately immunized against disease;
- increase the number of children in low-income households who receive assessments and follow-up diagnostic and treatment services;
- provide and ensure access to comprehensive perinatal care for women; preventative and child care services; comprehensive care, including long-term care services, for children with special health care needs; and rehabilitation services for blind and disabled children under 16 years of age who are eligible for Supplemental Security Income; and
- facilitate the development of comprehensive, family-centered, community-based, culturally competent, coordinated systems of care for children with special health care needs.

Eligibility:

States and insular areas are eligible for Maternal and Child Health Block Grants. The target population for the range of maternal and child health activities is comprised of mothers,

infants and children, and children with special health care needs, particularly those children in low-income families.

Flow of Funds:

Funds are allocated among the states and jurisdictions in proportion to their relative shares of funds received under eight antecedent programs in fiscal year 1981. When funding exceeds the amount appropriated in fiscal year 1983, the additional funds are allocated in proportion to the poverty population under age 18. A \$3.00 match is required for each \$4.00 of federal dollars received. At least 30 % of each state's allocation must be spent activities for Children with Special Health Care Needs. Annual awards range from \$155,128 to \$41,903,121 with an average of \$9,945,456.

Potential Interface with Part C:

The MCH Block Grant must be used prior to using federal Part C dollars, as specified in IDEA, when a child is eligible under both programs. Service coordination, which is known as care coordination in Title V programs, is a major component of services for Children with Special Health Care Needs and can meet the needs of both programs.

Level of Effort Required of Part C Systems:

Representatives of Title V agencies should be members of state ICCs and be significant partners with Part C programs. In many states this collaboration facilitates the use of Title V for early intervention services.

Uses by Part C Systems and Common Barriers:

Thirteen of the eighteen states completing the financing section of the Association's survey reported using Title V Children with Special Health Care Needs as a funding source and five of these states also reported using title V Maternal and Child Health funds. They are most frequently used for medical, nutrition, audiological, nursing, occupational therapy, and physical therapy services. The priorities for Title V programs for Children with special Health Care Needs have changed over the past few years from the provision of diagnostic and treatment services to an emphasis on building systems of care for these children and insuring they have a "medical home."

For additional information:

- <http://www.mchb.hrsa.gov/programs/default.htm>
- <http://www.cfda.gov/static/p93994.htm>
- Division of State and Community Health
Maternal and Child Health Bureau,
Health Resources and Services Administration
Room 18-31, Parklawn Building
5600 Fishers Lane, Rockville, MD 20857
(301) 443-2204

Program Name: Social Services Block Grant (SSBG)

Authorizing Statute:

Social Security Act, Title XX, as amended; Omnibus Budget Reconciliation Act of 1981, as amended, Public Law 97-35; Jobs Training Bill, Public Law 98-8; Public Law 98-473; Medicaid and Medicare Patient and Program Act of 1987; Omnibus Budget Reconciliation Act of 1987, Public Law 100-203; Family Support Act of 1988, Public Law 100- 485; Omnibus Budget Reconciliation Act of 1993, Public Law 103-66; 42 U.S.C. 1397 et seq.

Federal Agency:

Office of Community Services, Division of State Assistance, Administration For Children And Families, Department Of Health And Human Services

Program Purpose:

To enable each state to furnish social services best suited to the needs of the individuals residing in the state. Block grants may be used to provide services directed toward one of five goals: to prevent, reduce, or eliminate dependency, to achieve or maintain self-sufficiency, to prevent neglect, abuse, or exploitation of children and adults, to prevent or reduce inappropriate institutional care, and to secure admission or referral for institutional care when other forms of care are not appropriate.

Services and Activities Covered:

Social Services Block Grant funds may be used by states for the proper and efficient operation of social service programs. The SSBG funds states, territories, and insular areas for the provision of social services directed toward achieving the five goals specified above. States and other eligible jurisdictions determine their own social services programs. Examples of funded services include child day care, protective and emergency services for children and adults, services to achieve economic self-support or self-sufficiency, homemaker and chore services, information and referral, adoption, foster care, counseling, and transportation.

Eligibility:

Social Service Block Grants are given to the 50 States, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa. Under Title XX, each eligible jurisdiction determines the services that will be provided and the individuals that will be eligible to receive services.

Flow of Funds:

The annual allotment to each state and territory from the Social Service Block Grants is determined by a statutory formula based on each state's population. Section 2003 of Title XX of the Social Security Act specifies how the allotments for each state and jurisdiction will be determined. Each state is entitled to payments in an amount equal to its allotment for that fiscal year. There is no matching requirement. A state may transfer up to 10 percent of its allotment for any fiscal year to the preventive health and health services, alcohol and drug abuse, mental health services, maternal and child health services, and low-income home

energy assistance block grants. Approximately 57 grants will be made in fiscal year 2002 ranging from \$56,330 to \$207,310,764. Individual state allocations are available at <http://www.acf.hhs.gov/programs/ocs/ssbg/docs/allocs.htm>.

Potential Interface with Part C:

At each state's discretion Social Service Block Grant funds can be used to support many Part C services and systems.

Level of Effort Required of Part C Systems:

If Title XX funds are available for early intervention they are flexible and can be easily used.

Uses by Part C Systems and Common Barriers:

Only two of the eighteen state Part C programs completing the Association's survey reported using social Service Block Grant funds for early intervention services and in both states virtually all of the Part C service categories were covered. Title XX funds can be used to support a wide variety of activities and in most states all of the Social Services Block Grant allocation is already committed to other programs and not available for early intervention services.

For additional information:

- <http://www.acf.dhhs.gov/programs/ocs/ssbg>
- <http://www.cfda.gov/public/viewprog.asp>
- Office of Community Services
Division of State Assistance
370 L'Enfant Promenade, SW.
Washington, DC 20447
(202) 401-2333.

Program Name: Temporary Assistance for Needy Families (TANF)

Authorizing Statute:

Social Security Act, Title IV, Part A, as amended; Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193; Balanced Budget Act of 1997, Public Law 105-33.

Federal Agency:

Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance

Program Purpose:

To provide grants to states, territories, or Tribes to assist needy families with children so that children can be cared for in their own homes; to reduce dependency by promoting job preparation, work, and marriage; to reduce and prevent out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families.

Services and Activities Covered:

States are given broad flexibility to use the grant funds in any manner that meets the purposes of the program (including providing low-income households with assistance in meeting home heating and cooling costs) and in ways that were authorized under the predecessor Aid to Families with Dependent Children (AFDC), Job Opportunities and Basic Skills Training, and Emergency Assistance programs. States and territories may also transfer a limited portion of their TANF grant funds to the Child Care and Development Block Grant and Social Services Block Grant Programs. Cash grants, work opportunities and other services are made directly to needy families with children. Forty states have procedures to identify learning disabilities, and thirty-one states target intensive services towards that barrier. Forty-four states have procedures to identify physical disabilities, and thirty-four states target intensive services towards that barrier. Each state and territory must develop a state plan. Applicants must consult with local governments and private organizations and provide them 45 days to comment on the plan. A number of states have taken steps to devolve program responsibilities to the counties. The TANF program must serve all political subdivisions of the state, but not necessarily in a uniform manner. Thus, states have flexibility to give more responsibility for program design and administration to local governments than existed under prior laws. Grants were made to 50 states, the District of Columbia, three territories, and 34 tribal plans in fiscal year 2001.

Eligibility:

In general, all states, territories, the District of Columbia, and all federally-recognized Tribes in the lower 48 States and 13 specified entities in Alaska are eligible. State and local agencies and Tribes that operate TANF programs must do so under plans determined to be complete and approved by the Department of Health and Human Services (DHHS). For contingency funds, all states and the District of Columbia are eligible if they are determined to be a "needy state" by satisfying either an unemployment trigger or a food stamp trigger. Territories and Tribes are not eligible for Supplemental funds. Eligibility for the High Performance Bonus is based on performance in certain criteria as determined by the

Secretary. Needy families with children, as determined eligible by the state, territory or Tribe in accordance with the state or Tribal plan submitted to the Department of Health and Human Services (HHS).

Flow of Funds:

In addition to formula grants the TANF block grant program has an annual cost-sharing requirement known as "maintenance-of-effort" (MOE). This basically means that every fiscal year each state receiving federal TANF funds must spend an applicable percentage of its own money to help eligible families in ways that are consistent with the purposes of the TANF program. The applicable percentage depends on whether the state meets the minimum work participation rate requirements for that fiscal year. In addition to funds states receive to operate their TANF programs, needy states may request and receive funds from the Contingency Fund, which was established for periods when unfavorable economic conditions threaten a state's ability to operate its TANF program. To qualify a state must meet and exceed the Contingency Fund MOE requirement. Under the Contingency Fund MOE requirement, a State must spend 100 percent of the amount it spent for fiscal year 1994 on AFDC and AFDC-related programs. Federal Contingency Funds are then available to match (at the applicable Federal Medical Assistance Percentage rate, or FMAP) expenditures made in excess of the Contingency Fund MOE requirement. Not more than 15 percent of any state grant may be spent on administrative costs, exclusive of certain computerization and information technology expenses. Tribes that receive Federal TANF funds to operate their own approved Tribal TANF program have no matching or maintenance-of-effort requirement.

Potential Interface with Part C:

TANF funds can be used flexibly to support most early intervention services. The rationale for TANF support of early intervention is that the children served will be less likely to need future public support.

Level of Effort Required of Part C Systems:

TANF is governed by a set of rules that differs significantly from the other resources described in this document. There are detailed reporting requirements that can not be met by most state early intervention systems.

Uses by Part C Systems and Common Barriers:

Two of the eighteen states completing the financing sections of the Association's survey reported using TANF funds for early intervention. One state targets this money for service coordination, special instruction, family counseling, and travel. The other state uses TANF for these and eight additional service categories. Many states are using all of their TANF allocation and all of the funds designated to meet the maintenance of effort requirements as well. In these cases states will be unlikely to switch the use of any of these funds from their current uses to the early intervention system.

For additional Information:

- <http://www.acf.hhs.gov/programs/ofa/copy%20of%20ofa.htm>
- <http://www.cfda.gov/public/viewprog.asp>
- Office of Family Assistance
Administration for Children and Families
5th Floor, Aerospace Building
370 L'Enfant Promenade, SW.
Washington, DC 20447
(202) 401-9275

Program Name: Foster Care -- Title IV-E

Authorizing Statute:

Social Security Act, as amended, Title IV-E, Section 470, et seq.

Federal Agency:

Department of Health and Human Services, Administration for Children and Families, Children's Bureau

Program Purpose:

The object of the Foster Care and adoption Assistance program is to help states provide safe, appropriate, 24-hour, substitute care for children who are under the jurisdiction of the administering state agency and need temporary placement and care outside their homes; and to provide Federal Financial Participation (FFP) in costs related to the program.

Services and Activities Covered:

The Title IV-E Foster Care program provides funds to states to assist with the costs of foster care maintenance and adoption assistance for eligible children, administrative costs to manage the program, and training for staff, foster parents, and private agency staff. States receive FFP for these service and costs related to the design, implementation and operation of a statewide data collection system. (Funds may not be used for costs of social services provided to a child, the child's family, or the child's foster family if they provide counseling or treatment to ameliorate or remedy personal problems, behaviors, or home conditions.) State plans must be submitted to the Children's Bureau for approval. Approximately 253,300 children per month receive foster care maintenance payments.

Eligibility:

States, the District of Columbia, and Puerto Rico receive Title IV-E Foster Care funds. Children who are under the jurisdiction of the administering state agency, or through agreement with another public agency such as the juvenile services agency, and need temporary placement and care outside their homes are eligible for Title IV-E services.

Flow of Funds:

This program is an open-ended entitlement program. Federal financial participation in state expenditures for foster care maintenance is provided at the Medicaid match rate for medical assistance payments (with the exception of DC where the FFP rate is 50%), which varies among States from 50 percent to 78 percent. Monthly payments to families and institutions made on behalf of foster children also vary from state to state. Federal financial participation is fixed at a 50 percent match rate for state administrative expenditures and at a 75 percent rate for direct state training expenditures related to the IV-E supported portion of the foster care program. In fiscal year 2001, state allotments ranged from \$2,108,155 to \$1,107,150,883 with an average of \$82,536,976.

Potential Interface with Part C:

Title IV-E matching funds for training, set at 75 percent, can be used for personnel preparation and other components of a state's comprehensive system of personnel development to the extent the program is serving children in foster care or at imminent risk of foster care. This population would constitute a significant but relatively small proportion of the Part C program.

Level of Effort Required of Part C Systems:

A written interagency agreement must be negotiated between Part C agencies and Title IV-E agencies. If the services are actually provided by a public institution of higher learning that joins the agreement, the institution's indirect cost rate can be added to the federal funds received for the training program.

Uses by Part C Systems and Common Barriers:

The Association's survey did not include the Title IV-E funding stream. Part C leadership at the state level often finds that the necessary staff from other state agencies is overworked and unwilling to devote enough time to the early intervention system.

For additional information:

- <http://www.acf.dhhs.gov/programs/cb>
- <http://www.acf.hhs.gov/programs/cb/programs/4efc.htm>
- <http://www.cfda.gov/public/viewprog.asp>
- Children's Bureau
330 C Street, SW.
Washington, DC 20447
(202) 205-8618

Program Name: Promoting Safe and Stable Families (PSSF) (formerly Family Preservation and Support)

Authorizing Statute:

Social Security Act, as amended, Title IV, Part B, Subpart 2; Omnibus Budget Reconciliation Act of 1993; Public Law 103-66; Social Security Amendments of 1994, Public Law 103-432; Adoption and Safe Families Act of 1997, Public Law 105-89

Federal Agency:

Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Child Care Bureau

Program Purpose:

The primary goals of Promoting Safe and Stable Families are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. These services are primarily aimed at preventing the risk of abuse and promoting nurturing families, assisting families at risk of having a child removed from their home, promoting the timely return of a child to his/her home, and if returning home is not an option, placement of a child in a permanent setting with services that support the family.

Services and Activities Covered:

The PSSF program provides funds to states to provide family support, family preservation, time-limited family reunification services, and services to promote and support adoptions. Plans should consider including the following services: reunification and adoption services, preplacement/preventive services, follow-up services after return of a child from foster care, respite care, services designed to improve parenting skills, infant safe haven programs, family reunification services, and adoption promotion and support services when adoptions promote the best interests of children. The welfare and safety of children and of all family members should be maintained while strengthening and preserving the family. The family as a whole should receive services that identify and enhance its strengths while meeting individual and family needs. Services should be easily accessible, often delivered in the home or in community-based settings, and they should respect cultural and community differences. In addition, they should be flexible, responsive to real family needs, and linked to other supports and services outside the child welfare system. Services should involve community organizations and residents, including parents, in their design and delivery. A five-year state plan must be submitted in collaboration with appropriate public and non-profit private agencies and community-based organizations.

Eligibility:

States, territories and certain Indian Tribes are eligible applicants. Services can be provided to families and children who in need to assist them to stabilize their lives, strengthen family functioning, prevent out-of-home placement of children, enhance child development and increase competence in parenting abilities, facilitate timely reunification of the child, and promote appropriate adoptions.

Flow of Funds:

Most formula grant funds go directly to state governments or certain eligible Indian tribes for expenditure in accordance with their five-year plans. In addition, state courts receive grants to improve foster care and adoption proceedings. Grantees must limit administrative expenditures to 10 percent of their allotment that is computed based on the number of children receiving food stamps. States must provide a 25 percent match. Grants range from \$2,999 to \$5,119,421 and average \$2,322,835.

Potential Interface with Part C:

Early Intervention systems can work with their social service agencies and collaborate on the five-year plan. Family support activities that can meet the needs of children and families in both systems can include respite care for parents and caregivers, early developmental screening of children to identify their needs, health education for youth, classes on parenting, and a range of home- and center-based activities, such as drop-in centers and home visiting programs.

Level of Effort Required of Part C Systems:

Successful collaboration between Part C and the Promoting Safe and Stable Families program in their state requires staff willing to learn about the other program and to understand the potential benefits for each program.

Uses by Part C Systems and Common Barriers:

Only two of the eighteen states completing the association's survey reported using this funding source. Both states used the family preservation funds for family counseling and training, respite services, and travel. The second state also included psychological and social work services as well as service coordination.

For additional information:

- <http://www.acf.dhhs.gov/programs/cb>
- <http://www.acf.hhs.gov/programs/cb/programs/fpfs.htm>
- <http://www.cfda.gov/public/viewprog.asp>
- Children's Bureau
330 C Street, SW.
Washington, DC 20447
(202) 401-2779

Program Name: Head Start and Early Head Start

Authorizing Statute:

Community Opportunities, Accountability, Training, and Educational Services Act of 1998, Title I, Sections 101-119.

Federal Agency:

Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Head Start Bureau

Program Purpose:

To promote school readiness by enhancing the social and cognitive development of low-income children, including children on federally recognized reservations and children of migratory farm workers, through the provision of comprehensive health, educational, nutritional, social and other services; and to involve parents in their children's learning and to help parents make progress toward their educational, literacy and employment goals. Early Head Start supports family-centered services for low-income families with very young children designed to promote child development, and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency.

Services and Activities Covered:

Head Start and Early Head Start serve young children in integrated, developmentally appropriate programs. Head Start programs may be full- or part-time and operate all year or for a specific part of the year. Early Head start combines a home-based program with center-based activities. They provide comprehensive child development and family support services for infants, toddlers, and their families. Programs provide an array of developmental, educational, health (including mental health), nutrition, and social services. All Head Start programs emphasize the significant involvement of parents in the operation and administration of their local Head Start programs. Each Head Start program has a staff member who acts as the disability services coordinator who works with enrollees with a variety of conditions and delays. If the child also qualifies for Part C Early Intervention then an IFSP is developed jointly and followed by both programs. In fiscal year 2001, there were 1550 Head Start grantees and this will grow to 1575 grantees in 2002.

Eligibility:

Any local government, federally-recognized Indian tribe, or public or private nonprofit or for profit agency which meets the requirements may apply for a grant in response to a specific announcement, published in the Federal Register or other public document. Grantee agencies may subcontract with other child-serving agencies to provide services to Head Start children. Early Head Start grantees can include entities operating Head Start programs and other public entities, and nonprofit or for-profit private entities capable of providing child and family services that meet the standards for participation in programs. At least 90 percent of the enrollees in a program must come from families whose income is at or below the federal poverty level or from families receiving public assistance. Head Start/Early Head Start programs are for children from birth up to the age when the child enters the school system. However, Head Start programs only serve pre-school age children (i.e. children three or four years old) while Early Head Start programs serve children from birth through

age three. Early Head Start participants may include pregnant women and families with children under age 3. No less than 10 percent of the total enrollment opportunities in each Head Start program shall be available for children with disabilities.

Flow of Funds:

Project grant funds for local Head Start/Early Head Start programs, including a portion of training and technical assistance funds, are awarded by regional offices directly to the grantees. Head Start grantees are required to provide 20 percent of the total cost of the program, although this maybe waived wholly or in part if certain conditions are met. Matching share may be in cash or in-kind contributions. Funds for the following are awarded by the Administration on Children, Youth and Families Headquarters: Indian programs (reservation only); Migrant programs; research, demonstration and evaluation efforts, and some training and technical assistance efforts.

Potential Interface with Part C:

As mentioned above at least 10% of total enrollment in Early Head Start programs must be provided to infants and toddlers with disabilities. As required in the Program Announcement and Performance Standards, EHS grantees must form relationships and agreements with local early intervention service providers or Part C staff to prevent duplication and provide a coordinated approach to services. EHS staff must assess and address inclusion issues and meet with Part C Early Intervention staff regarding:

- referrals for evaluation;
- determination of eligibility for early intervention services within the state;
- the development of Individual Family Service Plans for eligible children; and
- the provision of specific early intervention services that are to be provided at or through the EHS program or elsewhere.

Level of Effort Required of Part C Systems:

The regulations for Part C and Early Head Start are closely correlated. This makes cooperation between the two programs relatively easy compared to other potential collaborations. It is critical that this relationship and necessary agreements are in place so services for children with disabilities are provided to young children in both programs.

Uses by Part C Systems and Common Barriers:

Six of the states completing the financing section of the Association's survey reported using Early Head Start resources and only one state reported the use of Head Start resources. These states covered all of the Part C service categories.

For additional information:

- <http://www2.acf.dhhs.gov/programs/hsb>
- <http://www.headstartinfo.org/>

- <http://www.ehsnrc.org/>
- <http://www.cfda.gov/public/viewprog.asp>
- Head Start Bureau
330 C Street, SW.
Washington, DC 20447
(202) 205-8572.

Program Name: Child Care Development Block Grant / Child Care Development Fund

Authorizing Statute:

42 U.S.C. 9858; Child Care and Development Block Grant Act of 1990; Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193; Balanced Budget Act of 1997, Public Law 105-33

Federal Agency:

Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Child Care Bureau

Program Purpose:

To assist low-income families with child care. Funds under this grant allow each state maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within the state, promote parental choice to empower working parents to make their own decisions on the child care that best suits their family's needs, encourage states to provide consumer education information to help parents make informed choices about child care, assist states to provide child care to parents trying to achieve independence from public assistance, and assist states in implementing the health, safety, licensing, and registration standards established in state regulations.

Services and Activities Covered:

The Child Care Development Fund is a block-grant to states which are then able to make many of the decisions about priorities, policies, and expenditures in achieving goals related to improved family access to quality child care. States must spend 70 percent of their CCDF monies to provide child care services for families on or transitioning off Temporary Assistance for Needy Families (TANF) or at-risk of welfare dependency. Child care providers funded by CCDF must meet basic health and safety requirements which must address prevention and control of infectious diseases, including immunizations; building and physical premises safety; and minimum health and safety training. Lead agencies shall assure that a substantial portion of the Discretionary Funds will be used to provide assistance to low-income working families. A state shall use not less than four percent of the amount of funds to improve child care quality and availability including comprehensive consumer education, activities to increase parental choice, and other activities such as resource and referral services, provider grants and loans, monitoring and enforcement of requirements, training and technical assistance, and improved compensation for child care staff. Subsidized child care services are available to eligible families through certificates or contracts with providers. Parents may select any legally operating child care provider.

Eligibility:

All states, the District of Columbia, Territories, federally recognized Tribal Governments, Tribal organizations, Alaska Native organizations, and Native Hawaiian organizations are eligible to receive funds. Services may be provided for children under age 13 (or, at the option of the grantee, up to age 19, if physically or mentally incapable of self-care or under court supervision), who reside with a family whose income does not exceed 85 percent of the state median income for a family of the same size, and who reside with a parent (or

parents) who is working or attending job training or educational program; or are in need of, or are receiving protective services are eligible to receive CCDF services.

Flow of Funds:

Formula grant funds must be used to supplement, not supplant, state general revenue funds for child care assistance for low-income families. Allocations for states are based on a formula that takes into account the number of children below the age of 5, the number of children receiving assistance through the School Lunch Program and per capita income. Not more than two percent of the total Discretionary funds of the Child Care and Development Fund are reserved for Tribes, Tribal Organizations, and Alaska Native organizations and not more than one-half of 1 percent of the total funds is reserved for the Territories. (Puerto Rico is treated as a State for allotment purposes.) In fiscal year 2001, 350 grants were awarded.

Potential Interface with Part C:

As states work toward providing all (or almost all) early intervention services in natural environments, the Child Care Block Grant takes on increasing importance. \$100,000,000 (almost five percent) from the fiscal year 2002 appropriation is earmarked for activities to improve the quality of infant and toddler care. Much of the cost of training child care personnel to meet the needs of children with disabilities can be covered by these funds.

Level of Effort Required of Part C Systems:

The Child Care Development Fund is most important in assisting communities to offer inclusive day care opportunities for infants and toddlers with or at-risk for developmental delays. While Part C programs may not be able to use these funds directly for early intervention services, they can pay for or supplement the cost of providing day care for these young children. Part C still must use other funding streams to cover the cost of providing early intervention services.

Uses by Part C Systems and Common Barriers:

Surprisingly, only one of the eighteen states completing the financing sections of the Association's survey reported using the Child Care Development Fund for early intervention services. However the survey did not ask how many states benefited from placing children in child care settings supported by the Fund. In North Dakota the child care community is actively involved in the state ICC. One CCDF project trains child care providers and another provides mentors to work with children with disabilities in their child care settings.

For additional Information:

- <http://www.acf.dhhs.gov/programs/ccb>
- <http://www.cfda.gov/public/viewprog.asp>
- Child Care Bureau
330 "C" Street, SW.
Washington, DC 20447
(202) 690-6782.

Program Name: University Centers for Excellence in Developmental Disability Education, Research, and Service (University Centers (UCDD))

Authorizing Statute:

Mental Retardation Facilities and Construction Act of 1963, Title I, Part B, Public Law 88-164, as amended, Public Laws 91-517, 94-103, 95-602; Omnibus Budget Reconciliation Act of 1981, as amended, Public Law 97-35; Developmental Disabilities Act of 1984; Developmental Disabilities Assistance and Bill of Rights Act, as amended, Title I, Section 100, Public Law 98-527; Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987, Public Law 100-146, Developmental Disabilities Assistance and Bill of Rights Act of 1990, Public Law 101-496; Developmental Disabilities Assistance and Bill of Rights Act of 1994, Public Law 103-230; Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1996, Public Law 104-183; Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, 42 U.S.C. 6061 - 6066.

Federal Agency:

Department of Health and Human Services, Administration for Children and Families, Administration on Developmental Disabilities, Division of Program Development,

Program Purpose:

University Centers for Excellence in Developmental Disabilities Education, Research, and Service work to accomplish a shared vision that foresees a nation in which all Americans, including Americans with disabilities, participate fully in their communities. Independence, productivity, and community inclusion are key components of this vision. The UCDD work to defray the cost of administration and operation of programs that: provide interdisciplinary training for personnel concerned with developmental disabilities, demonstrate community service activities that include training and technical assistance and may include direct services, e.g., family support, individual support, personal assistance services, educational, vocational, clinical, health and prevention, conduct research, evaluation and analysis of public policy in areas affecting individuals with developmental disabilities, and disseminate information as a national and international resource.

Services and Activities Covered:

The program is designed to garner additional assistance for a national network of UCDD's that provide interdisciplinary training, exemplary services, technical assistance, research, and information/dissemination activities. The centers support activities that address a variety of service issues including prevention, early intervention, supported employment, community-based service programs, positive behavior management programs, and assistive technology for a broad range of disabilities. These grants furnish a small amount of extra support of salaries for administrators, coordinators, and others needed to operate a training facility, maintenance and housekeeping personnel, overhead expenses, expenses required to start up new programs, and faculty for training programs. Grants were funded to assist in the operation of public or nonprofit facilities that are associated with a college or university and provide training programs and delivery of services for persons with developmental disabilities. The UCDD's now consists of 61 programs, which provide clinical and community-based services and technical assistance to community services personnel.

Eligibility:

Grants are made to a public or nonprofit entity which is associated with, or is an integral part of a college or university and which provides at least: interdisciplinary training; demonstration of exemplary services, technical assistance, research, and the dissemination of its findings. Individuals of all ages with developmental disabilities attributable to a mental and/or physical impairment, their families, and personnel and trainees providing services to them all receive services from UCDDs.

Flow of Funds:

The federal share of project grants awarded may not exceed 75 percent of the necessary cost of projects, except that if project activities or products target individuals with developmental disabilities who live in an urban or rural area, the federal share may not exceed 90 percent of the project's necessary costs. All University Centers are awarded the same amount, which was \$347,000 in FY 2001.

Potential Interface with Part C:

The most important role of UCDDs for Part C programs is the support of pre-service and in-service training for early intervention providers, administrators, and families. They can also provide some of the screening and assessment of infants, toddlers, and their families. In addition, they may operate or have relationships with community programs that may be able to assist with child find, family counseling and training, or other services.

Level of Effort Required of Part C Systems:

Because the goals underlying both programs overlap significantly, collaboration and joint programming should be easy to arrange and implement.

Uses by Part C Systems and Common Barriers:

This potential funding stream was not included in the Association's survey. One UCDD works closely with the Part C program by consulting on service delivery and financing issues, providing pre-service and in-service training, planning and presenting at meetings for providers and families, referring families to Child Find, and performing evaluations and assessments.

For additional information:

- <http://www.acf.dhhs.gov/programs/add>
- <http://www.aucd.org/>
- <http://www.cfda.gov/public/viewprog.asp>
- Administration on Developmental Disabilities
370 L'Enfant Promenade, SW
Washington, DC 20447
(202) 690-7693

Program Name: Healthy Start Initiative

Authorizing Statute:

Public Health Service Act, Title III, Part D, Section 330H; 42 U.S.C. 254c-8

Federal Agency:

Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Perinatal Systems and Women's Health

Program Purpose:

To eliminate disparities in perinatal and women's health by enhancing a community's service system and infrastructure, and a state's infrastructure, directing resources and interventions to improve access to, utilization, and full participation of comprehensive perinatal and women's health services for high-risk women and infants.

Services and Activities Covered:

From pregnancy either to the next pregnancy or 2 years post delivery for the mother and infant, every Healthy Start project assures the availability of a core set of services and system building activities to the perinatal population in the project area. Every Healthy Start project implements community-driven approaches to address infant mortality rates by reducing behavioral and medical risk factors and promotes healthy outcomes for young women and their families. Beginning with prenatal care and continuing through the infant's second year of life, each community awarded funds assures the availability of a core set of services and activities for the perinatal population in their project area. These services include case management, home visiting and links to health care and other needed services for mothers and their infants; direct outreach and peer mentoring by trained community members; screening and referral for perinatal/postpartum depression; and strong coordination with and access to substance abuse, domestic violence, mental health, early intervention, parenting and other critical services for high-risk women and families. In addition, each Healthy Start project is required to have a community-based consortium of individuals and organizations and includes women and families served by the project, to collaborate with the state Title V (MCH) Agency, and a local health system action plan to improve the quality, cultural competence, access to services or addresses other problems in the local system of care. Approximately 120 projects will be awarded for fiscal year 2002 and fiscal year 2003.

Eligibility:

Funding is available for urban and rural communities with significant disparities in perinatal health, and the states with need to build their infrastructure/capacity to address and support those communities trying to achieve the goals of the Healthy Start program. Eligible applicants are any public or private entity, including an Indian Tribe or tribal organization. Community-based organizations, including faith-based organizations are eligible to apply. Services are made available to area residents, particularly women and infants in areas with significant perinatal health disparities.

Flow of Funds:

This program has no statutory formula or matching requirements. Project grants funds may not be used to supplant currently funded activities/services. Awards range from \$150,000 to \$2,300,000 and average \$779,000.

Potential Interface with Part C:

Healthy Start programs can help Part C programs with service coordination, child find activities, health and nursing services, and mental health services, among others.

Level of Effort Required of Part C Systems:

If one or more Healthy Start projects are located in your service area, then collaboration should not be difficult to achieve.

Uses by Part C Systems and Common Barriers:

Healthy Start programs are only in a limited number of communities.

For additional information:

- <http://www.mchb.hrsa.gov>
- <http://www.ncemch.org/databases/HSNRCPDFs/HSResourceGuide2000.pdf>
- <http://www.cfda.gov/public/viewprog.asp>
- Division of Perinatal Systems and Women's Health
Room 11A-05, Parklawn Building
5600 Fishers Lane, Rockville, MD 20857
(301) 443-0543

OTHER FUND RESOURCES

Program Name: TRICARE

Authorizing Statute:

5 U. S. C. 301 et. seq.; 10 U. S. C. chapter 55 et. seq.; 32CFR199

Federal Agency:

Department of Defense, Health Affairs, TRICARE Management Activity

Program Purpose:

TRICARE is the revamped health system for military dependents and has the following goals: improve overall access to health care for beneficiaries, provide faster, more convenient access to civilian health care, create a more efficient way to receive health care, offer enhanced services, including preventive care, provide choices for health care, and control escalating costs.

Services and Activities Covered:

The Department of Defense provides a Military Health System known as TRICARE, formerly known as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). It is a regionally managed health care program that combines the military's direct health care system of hospitals and clinics with a network of civilian health care professionals to provide improved access and high quality health care services. TRICARE consists of three options: _TRICARE Prime, a Health Maintenance Organization-like option; _TRICARE Extra, a fee-for-service option with reduced cost-shares; and _TRICARE Standard, a fee-for-service option with deductibles and cost-shares. TRICARE offers a range of health services as specified in its authorizing act. According to *TRICARE and Part C: A Guide to Services* (the URL for this document is given below), most early intervention services can be covered by TRICARE under certain conditions. The exceptions are nutrition services, service coordination, special instruction, and transportation.

Eligibility:

Generally, the TRICARE program is available to active duty members of the United States Uniformed Services and their family members, retirees and their family members, and survivors of all uniformed services who are under 65 years of age. Eligibility for TRICARE is based solely on a beneficiary's relationship to an active duty or retired member of the U.S. Uniformed Services.

Flow of Funds:

TRICARE coverage is subject to the rules of double coverage and is second payer to most other plans. Medicaid and IDEA Part C are two exceptions to this policy.

Potential Interface with Part C:

In 1997 Congress amended Part C to state that IDEA Part C is payor of last resort "for services that would have been paid for from another public or private funding source, including any medical program administered by the Department of Defense..." (1997

Amendments to IDEA) Thus TRICARE pays first for services that are otherwise eligible for reimbursement by TRICARE. The Federal Interagency Coordinating Council developed and in 2000 published a document entitled TRICARE and IDEA PART C: A Guide to Services which is available on-line at the URL below. This document addresses the interface between the military health system and the Infants and Toddlers with Disabilities program and includes a brief description of Part C, a chart indicating the availability of TRICARE coverage for early intervention services, frequently asked questions about TRICARE programs, and references.

Level of Effort Required of Part C Systems:

The state Part C system must first determine how many of the infants and toddlers receiving services are also covered by TRICARE. This is generally when there is one or more large military base or other federal installations in the state. If the number is deemed sufficient then they must determine who is a key player in the TRICARE system and establish a relationship. Most likely they will have to explain the Part C program and its relationship to TRICARE. The Guide referenced above can be a good source of information to share. Then they will have to determine what services can be easily covered and negotiate arrangements for billing TRICARE. If this is successful more services can be added. It also may be beneficial to start with one geographic region of the state and expand to other areas when a successful model can be shared.

Uses by Part C Systems and Common Barriers:

Seven of the eighteen states completing the financing section of the Association's survey reported using TRICARE as part of their financing system for early intervention. All direct services were being reimbursed except respite. Occupational therapy, physical therapy, speech and language services and medical services were most frequently covered under TRICARE.

For additional Information:

- <http://www.fed-icc.org/policy/Joint-Document-091900.pdf>
- <http://www.tricare.osd.mil/administration/default.html>
- Office of the Assistant Secretary of Defense
Health Affairs
Skyline Five, Suite 810
5111 Leesburg Pike
Falls Church, VI 22041
(303) 676-3520

Program Name: Program for Persons with Disabilities

Authorizing Statute:

5 U. S. C. 301 et. seq.; 10 U. S. C. chapter 55 et. seq.; 32CFR199.5

Federal Agency:

Department of Defense, Health Affairs, TRICARE Management Activity

Program Purpose:

The Program for Persons with Disabilities (PFPWD) provides financial assistance to reduce the effects of mental retardation or a serious physical disability.

Services and Activities Covered:

The Military Health System provides the Program for Persons with Disabilities (PFPWD), which was formerly known as the Program for the Handicapped, in addition to TRICARE. The PFPWD is not a stand-alone program, but can be used concurrently with other TRICARE medical programs. Congress established this program for active duty family member(s) with a qualifying disability. The PFPWD provides financial assistance and another mechanism to receive services, equipment, and supplies necessary for diagnosis, treatment, habilitation, and rehabilitation. Prior approval by TRICARE is required for all services and supplies through the PFPWD. Each case is considered and evaluated individually. To the extent adequate and available, services from other public resources must be utilized first. The one exception to this is the IDEA, which in 1997 was amended to clarify that the Department of Defense health care system pays first for otherwise allowable Part C services. Active duty family members can take advantage of the TRICARE options and benefit from the PFPWD at the same time. However, services authorized for receipt through the PFPWD may not be concurrently furnished through other TRICARE options.

Eligibility:

Eligibility for services through the PFPWD is limited to dependents of active duty military personnel who are moderately or severely mentally retarded or has/have a serious physical disability. Any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or with reasonable certainty is expected to last, for a minimum period of twelve contiguous months, and which precludes the person with the disorder, condition, or anatomical loss from unaided performance of at least one of the following major life activities is a PFPWD qualifying condition: breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, rooming, speaking, stair use, toilet use, transferring, and walking. For a beneficiary less than three years of age, a developmental delay qualifies as a serious physical disability when the score on the standardized diagnostic psychometric tests of motor function is two standard deviations below the mean. A diagnosis of moderate or severe mental retardation is a PFPWD qualifying condition. For a beneficiary less than three years of age, conditions that may be presumed to precede a diagnosis of moderate or severe mental retardation will qualify: Down Syndrome and Fetal Alcohol Syndrome. For a beneficiary less than three years of age, a developmental delay qualifies as moderate or severe mental retardation when standardized diagnostic psychometric tests demonstrate developmental delay equivalent to

two standard deviations below the mean in adaptive, cognitive, or language function. Beneficiaries under the age of three with a neuromuscular developmental condition or other condition that is likely to precede a diagnosis of moderate or severe mental retardation or be characterized as a serious physical disability by the age of seven may also be eligible for the PFPWD.

Flow of Funds:

PFPWD coverage, like TRICARE, is subject to the rules of double coverage and is second payer to most other plans. Medicaid and IDEA Part C are two exceptions to this policy. All services and equipment must be authorized prior to receiving the service or equipment if payment is to be made.

Potential Interface with Part C:

In 1997 Congress amended Part C to state that IDEA Part C is payor of last resort "for services that would have been paid for from another public or private funding source, including any medical program administered by the Department of Defense..." (1997 Amendments to IDEA) Thus the PFPWD pays first for services that are otherwise eligible for reimbursement and authorized by PFPWD. The Federal Interagency Coordinating Council developed and in 2000 published a document entitled TRICARE and IDEA PART C: A Guide to Services which is available on-line at the URL below. This document addresses the interface between the military health system (both TRICARE and the PFPWD) and the Infants and Toddlers with Disabilities program and includes a brief description of Part C, a chart indicating the availability of PFPWD coverage for early intervention services, frequently asked questions about PFPWD and TRICARE programs, and references.

Level of Effort Required of Part C Systems:

Since to receive benefits from PFPWD an active duty family member must first be eligible for TRICARE, all of the conditions for a sufficient number of infants and toddlers who qualify for both Part C and TRICARE/PFPWD must be met in the state. Also, many military families may not be aware of or fully understand the PFPWD. The Part C must first explain the program and show the family how it operates. They may also need to help the family with the prior approval process.

Uses by Part C Systems and Common Barriers:

The Association's survey did not ask about the PFPWD separately from TRICARE. We can assume most of the states that collaborate with TRICARE also have relationships with PFPWD personnel.

For additional Information:

- <http://www.fed-icc.org/policy/Joint-Document-091900.pdf>
- <http://www.tricare.osd.mil/administration/default.html>
- Office of the Assistant Secretary of Defense
Health Affairs
Skyline Five, Suite 810
5111 Leesburg Pike
Falls Church, VI 22041
(303) 676-3520

Program Name: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)

Authorizing Statute:

Child Nutrition Act of 1966, as amended, Section 17, 42 U.S.C. 1786

Federal Agency:

Department of Agriculture, Food and Nutrition Service, Supplemental Food Programs Division

Program Purpose:

To safeguard the health of low-income pregnant, breastfeeding and postpartum women, infants, and children up to age five determined to be at nutritional risk by providing supplemental nutritious foods, nutrition education, and referrals to health care providers.

Services and Activities Covered:

WIC agencies include state health departments or comparable agencies; Indian tribes, bands, or intertribal councils; and groups recognized by the Bureau of Indian Affairs or the Indian Health Service. These state agencies, Indian tribes, and Territories receive funds from the federal government and then distribute these funds to participating local public or nonprofit private health or welfare agencies. These agencies provide supplemental foods, nutrition education, and referrals for health care and other related services for participating women, infants, and children.

Eligibility:

The Food and Nutrition Service funds agencies in 50 States, 33 Indian agencies, Puerto Rico, the Virgin Islands, Guam, American Samoa and the District of Columbia. A local agency is eligible to apply to deliver all of the services of the WIC Program, provided it serves a population of low-income women, infants, and children at nutritional risk and it is a public or private nonprofit health or human service agency. Pregnant, breastfeeding and postpartum women, infants, and children up to five years of age are eligible if they are individually determined by a competent professional to be in need of the special supplemental foods supplied by the program because of nutritional risk and meet an income standard, or receive or have certain family members that receive benefits under the Food Stamp, Medicaid or Temporary Assistance for Needy Families Program. They must also reside in the State in which benefits are received.

Flow of Funds:

State agencies and other qualifying entities receive formula grants in accord with legislative and regulatory requirements. Grants are allocated on the basis of formulas determined by the Department of Agriculture, which allocates funds for food benefits, nutrition services, and associated administrative costs. No matching funds are required, but some states contribute nonfederal funds in support of a larger WIC Program in their state. Only local agencies qualifying under State agency applications with formal agreements may receive

funds to operate WIC programs. Annual grants ranged from \$56,167 to \$718,922,206 with an average of \$46,854,375 in fiscal year 2001.

Potential Interface with Part C:

Early Intervention systems can collaborate with local WIC agencies on child find, nutrition services, and community referrals.

Level of Effort Required of Part C Systems:

Community agencies that provide WIC services generally provide a number of other health and social services and typically establish collaborative arrangements with a number of other programs and agencies in their communities. Thus Part C can work with these WIC agencies to provide nutrition, child find, and health information and training services to infants and toddlers.

Uses by Part C Systems and Common Barriers:

Eight of the eighteen states completing the financing sections of the Association's survey reported the use of WIC as part of their early intervention system. All of these states use WIC for nutrition services. One state uses WIC for five additional services: family training and counseling, nursing, special instruction, social work, and travel.

For additional information:

- <http://www.fns.usda.gov>
- <http://www.cfda.gov/public/viewprog.asp>
- Supplemental Food Programs Division
Food and Nutrition Service
3101 Park Center Drive
Alexandria, VA 22302
(703) 305-2746

Program Name: Indian Child and Family Education (FACE)

Authorizing Statute:

Indian Education Amendments of 1978, Public Law 95-561, 25 U.S.C. 2001 et seq.

Federal Agency:

Department of the Interior, Bureau of Indian Affairs, Office of Indian Education Programs

Program Purpose:

To begin educating children at an early age through increased parental involvement, to increase high school graduation rates among Indian parents, and to encourage life-long learning.

Services and Activities Covered:

Indian Child and Family Education is a program of early childhood education, adult education and parenting skills. The early childhood program involves three collaborative models of reform that increases parental involvement and family literacy while developing positive parenting skills. This includes center-based and home-based educational components and creates a holistic approach to the family where the parent and child attend school together. Parents As Teachers is a home-based model used with adults, infants, and toddlers from birth to three years of age. It has four major components: 1) home visits, 2) infant screening (Denver II and ASQ), 3) monthly parent meetings and referrals, and 4) the Born to Learn curriculum. Annually, over 1,800 children and 1,800 adults from 1,700 families receive services.

Eligibility:

Federally recognized Indian tribal governments and tribal organizations authorized by Indian tribal governments on reservations with Bureau of Indian Affairs funded schools may apply for funds to administer the program. Parents and their Indian children under 5 years of age who live on a reservation with a Bureau of Indian Affairs funded school are eligible to receive services.

Flow of Funds:

Project grant funds must be used for one of three program components: early childhood education, adult education, and parenting skills training. Funds may not be used for program administration. Each site receives the same amount of funding, \$225,000. The annual appropriation for this program is \$12,100,000 which means approximately 50 programs can be funded each year.

Potential Interface with Part C:

When both programs serve the same community they can collaborate on early intervention/early childhood education services and parent training.

Level of Effort Required of Part C Systems:

Part C programs need to determine the number of Indian reservations with a Bureau of Indian Affairs funded school, if any, that are receiving Indian and Child Family Education grants. In these communities local Infant and Toddler programs or local interagency coordinating councils will need to determine the programmatic model being used for the FACE grant and if it coincides with the requirements and purposes of Part C. If there is a match then conversations about working together and sharing resources can begin.

Uses by Part C Systems and Common Barriers:

Since only 50 FACE grants are funded each year only a small number of communities can benefit from this program. However, many Indian reservations are "resource poor" and infants and toddlers on these reservations can benefit from this additional resource.

For additional Information:

- <http://www.oiep.bia.edu/sirc.htm>³
- <http://www.doi.gov/bureau-indian-affairs.html>³
- <http://www.cfda.gov/public/viewprog.asp>
- Office of Indian Education Programs
Bureau of Indian Affairs
201 Third Street, NW, Suite 510
Albuquerque, NM, 87102
(505) 346-6544

³ Note that the BIA Web sites as well as the BIA mail servers have been made temporarily unavailable due to the Cobell litigation. You may check these sites from time to time. The BIA has no estimate on when authorization will be given to reactivate these sites. Here are some alternate ways to get BIA related information:

For general BIA information: 202-208-3710
For Tribal Leaders Directory: 202-208-3711

Program Name: Indian Child Welfare Act -- Title II Grants

Authorizing Statute:

Indian Child Welfare Act; Public Law 95-608, 92 Stat. 3075, 25 U.S.C. 1901.

Federal Agency:

Department of the Interior, Bureau of Indian Affairs, Human Services, Office of Tribal Services

Program Purpose:

To promote the stability and security of American Indian tribes and families by protecting American Indian children and preventing the separation of American Indian families by providing assistance to Indian tribes in the operation of child and family service programs.

Services and Activities Covered:

Title II grants are used to support the operation and maintenance of counseling facilities, family assistance services (homemaker and home counselors), protective day care, after school care, recreational activities, respite care, employment of professionals to assist tribal court personnel, education and training, foster care subsidy programs, legal advice and representation, home improvement programs with the primary emphasis of upgrading unsafe home environments, preparation and implementation of child welfare codes, and providing matching shares for other federal programs. The need for these funds is supported by the fact that there are over 27,000 referrals each year to the more than 500 Bureau and tribal programs for child abuse and neglect investigations.

Eligibility:

Grants under Title II are available to federally recognized Indian tribal governments. Services are provided to American Indian children and families.

Flow of Funds:

Title II Project Grants are awarded annually. They range from \$26,449 to \$750,000 with an average of \$60,000 per year. The total appropriation for fiscal year 2002 is estimated at \$11,645,000.

Potential Overlaps with Part C:

Potential areas of collaboration between Part C and Title II include family counseling, respite care, and special instruction.

Level of Effort Required of Part C Systems:

Part C programs need to determine the number of Indian reservations, if any, that are receiving title II grants under the Indian Child Welfare Act. In these communities local Infant and Toddler programs or local interagency coordinating councils will need to determine on what these funds are being spent and if any funds or funded services can be used for early

intervention services for infants and toddlers. If there is willingness on the part of Title II administrators to collaborate with Part C, then they can discuss in what areas and for which infants and toddlers they will work together.

Uses by Part C Systems and Common Barriers:

When serving children and families in "resource poor" areas, the sharing of limited resources is imperative, yet difficult to arrange. Local Part C personnel will have to make a determination of the potential benefits of working with Title II grantees and estimate the time that this collaboration will require.

For additional Information:

- <http://www.doi.gov/bia/ots/otshome.htm>⁴
- <http://www.doi.gov/bureau-indian-affairs.html>⁴
- <http://aspe.os.dhhs.gov/CFDA/p15144.htm>
- Human Services
- Bureau of Indian Affairs
MS 4660 MIB
1849 C Street, NW
Washington, DC 20240
(202) 208-2479

⁴ Note that the BIA Web sites as well as the BIA mail servers have been made temporarily unavailable due to the Cobell litigation. You may check these sites from time to time. The BIA has no estimate on when authorization will be given to reactivate these sites. Here are some alternate ways to get BIA related information:

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For Tribal Leaders Directory: 202-208-3711