Individuals With Disabilities Education Act
Part C: Early Intervention Program for Infants and Toddlers With Disabilities

Final Regulations Side-by-Side Comparison
SUBPART F
October 2011
Subpart F – State Administration
Individuals with Disabilities Education Act: Part C Early Intervention Program for Infants and Toddlers with Disabilities Final Regulations

This side-by-side comparison of the 2011 final regulations to the 1999 Part C regulations serves as a tool to assist readers in understanding the new regulations and preparing their own analysis related to Part C. Permission to copy is not required and distribution is encouraged. Please give credit to CEC/DEC/ITCA
The Council for Exceptional Children (CEC) is the largest international professional organization dedicated to improving the educational success of individuals with disabilities and/or gifts and talents. CEC advocates for appropriate governmental policies, sets professional standards, provides professional development, advocates for individuals with exceptionalities, and helps professionals obtain conditions and resources necessary for effective professional practice. www.cec.sped.org

For more information, please contact Deborah A. Ziegler, Associate Executive Director for Policy and Advocacy Services at debz@cec.sped.org, 1-800-224-6830 or 703-620-3660, x406

Division of Early Childhood is one of seventeen divisions of the Council for Exceptional Children (CEC) - the largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted. DEC is especially for individuals who work with or on behalf of children with special needs, birth through age eight, and their families. www.dec-sped.org

For more information, please contact Sarah Mulligan, Executive Director for the Division for Early Childhood at sara.mulligan@dec.sped.org, or 406-543-872 x224, or Sharon Walsh, Governmental Liaison at WALSHTAYLO@aol.com.

Infant and Toddler Coordinators Association

The Individuals with Disabilities Education Act (IDEA) Infant and Toddler Coordinators Association is organized as a not-for-profit corporation to promote mutual assistance, cooperation, and exchange of information and ideas in the administration of Part C and to provide support to state and territory Part C coordinators. www.ideainfanttoddler.org

For more information, please contact Maureen Greer, Executive Director or Sharon Walsh, Governmental Liaison at (317)251-0125 or ideaitca@aol.com.

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Introduction

On Sept. 28, 2011, new regulations for the Part C Early Intervention Program for Infants and Toddlers with Disabilities were published in the Federal Register. These regulations, promulgated under the Individuals with Disabilities Education Act (IDEA), were in response to IDEA 2004, the most recent reauthorization of IDEA. Public comments had been received on a Notice of Proposed Rulemaking (NPRM) for Part C published May 9, 2007. These final regulations are effective Oct. 28, 2011.

The Council for Exceptional Children (CEC), its Division for Early Childhood (DEC) and the IDEA Infant Toddler Coordinators Association (ITCA) are pleased to provide this side-by-side comparison of the 2011 final Part C regulations to the 1999 Part C regulations. This document is designed as a tool to assist readers in understanding the new regulations in relation to the 1999 regulations.

The document is available for downloading in two different formats. The complete document, organized into its eight subparts, can be downloaded or selected subparts can be downloaded. The document is organized according to the subparts in the 1999 regulations with the exception of a new Subpart H, which is based on the new regulations.

Subpart A: General
Subpart B: State Application for a Grant and Requirements for a Statewide System
Subpart C: Procedures for Making Grants to States
Subpart D: Program and Service Components of a Statewide System of Early Intervention Services
Subpart E: Procedural Safeguards
Subpart F: State Administration
Subpart G: State Interagency Coordinating Council
Subpart H: Monitoring and Enforcement; Reporting; and Allocation of Funds

Both formats of the document are available at the Web sites of all three associations:
www.cec.sped.org
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www.ideainfanttoddler.org
Permission to copy is not required and distribution is encouraged. When using the document, please give credit to CEC/DEC/ITCA.

The side-by-side format of the document includes:

- **Left column** “1999 Part C Regulations” includes the current Part C regulations last published in the Federal Register on March 12, 1999.

- **Middle column** “2011 Part C Regulations” provides sections of the new regulations aligned next to the applicable 1999 regulatory section.

- **Right column** “U.S. Department of Education Selected Analysis of Comments and Changes” includes selected quotes from this introductory section of the new Part C regulations package. These quotes are selected to provide the reader with an understanding of why a particular regulation was changed or not as compared with the NPRM. These quotes also provide additional clarification of the Department’s intent when revising or adding a particular final regulation.

The reader should note a few things in reviewing the new regulations. First, all “notes” that are included in the current regulations have been removed. Also, specific language from 34 CFR Part 300, related to confidentiality and dispute resolution, has been incorporated into relevant sections of the Part C regulations package with necessary changes made for applicability to Part C.

Finally, the reader should note that in many instances, the final regulations represent a reorganization of the existing regulations. Numerous provisions have been moved and resulting citations have changed. These changes made the task of alignment difficult. While we have made every effort to ensure accurate alignment of the new provisions, there may be instances in which this was not possible.

The final Part C regulations contain numerous changes and additions. The reader is encouraged to consider and review the new regulations completely. The following are a selected list of changes made and areas to review:

- Definitions of key terms, including multidisciplinary, natural environments, and native language, have been revised and new definitions, including local educational agency (LEA) and scientifically-based research have been added.
- Transition requirements have been revised, including provisions related to notification to the local educational agency (LEA) and state educational agency (SEA), timelines, an opt-out policy, the transition conference, and the transition plan.
An optional state screening policy has been added as part of a new organizational structure of pre-referral, referral, and post-referral activities.

The two working-day requirement from identification to referral has been changed to “as soon as possible but no more than 7 calendar days after identification.”

The 45-day required timeline from referral to the IFSP meeting has been retained with the addition of some provisions permitting documentation of extraordinary circumstances for a delay.

Child Find provisions have been changed to add programs with which the lead agency must collaborate.

Definitions and provisions for evaluation and assessment including family assessment have been revised.

Required provisions for the “use of informed clinical opinion” have been clarified.

Natural environment provisions have been revised to reflect the 2004 statutory change.

Changes in the content of the IFSP have been made including in the “early intervention services” and “other services” components.

Several changes have been made to procedural safeguards, including provisions related to written prior notice, confidentiality, surrogate parents, and dispute resolution.

Changes have been made in provisions related to financial responsibility, systems of payment, and ability to pay, as well as to the use of public benefits and insurance and private insurance.

Provisions related to monitoring, enforcement, reporting, and allocation have been included in a new subpart of the Part C regulations.

The Department has announced plans to publish a Notice of Proposed Rulemaking (NPRM) related to maintenance of effort (MOE) requirements with an opportunity for public comment in the near future.

As you work to implement these new regulations in order to serve infants and toddlers with disabilities and their families, CEC, DEC, and ITCA stand ready to serve as a resource for you.
### §303.500 Lead agency establishment or designation.

Each system must include a single line of responsibility in a lead agency that—
(a) Is established or designated by the Governor; and
(b) Is responsible for the administration of the system, in accordance with the requirements of this part.

NOTE: This regulation now appears under Subpart B §303.201 Designation of lead agency.

### §303.501 Supervision and monitoring of programs.

(a) General. Each lead agency is responsible for—
(1) The general administration and supervision of programs and activities receiving assistance under this part; and
(2) The monitoring of programs and activities used by the State to carry out this part, whether or not these programs or activities are receiving assistance under this part, to ensure that the State complies with this part.

(b) Methods of administering programs. In meeting the requirement in paragraph (a) of this section, the lead agency shall adopt and use proper methods of administering each program, including—
(1) Monitoring agencies, institutions, and organizations used by the State to carry out this part;
(2) Enforcing any obligations imposed on those agencies under part C of the Act and these regulations;
(3) Providing technical assistance, if necessary, to those agencies, institutions, and organizations; and
(4) Correcting deficiencies that are identified through monitoring.

NOTE: This regulation now appears under Subpart B §303.120 Lead agency role in supervision, monitoring, funding, interagency coordination, and other responsibilities.
### §303.510 Adopting complaint procedures.

(a) General. Each lead agency shall adopt written procedures for—

1. Resolving any complaint, including a complaint filed by an organization or individual from another State, that any public agency or private service provider is violating a requirement of Part C of the Act or this Part by—
   - Providing for the filing of a complaint with the lead agency; and
   - At the lead agency’s discretion, providing for the filing of a complaint with a public agency and the right to have the lead agency review the public agency’s decision on the complaint; and
2. Widely disseminating to parents and other interested individuals, including parent training centers, protection and advocacy agencies, independent living centers, and other appropriate entities, the State’s procedures under §§ 303.510–303.512.

(b) Remedies for denial of appropriate services. In resolving a complaint in which it finds a failure to provide appropriate services, a lead agency, pursuant to its general supervisory authority under Part C of the Act, must address:

1. How to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child’s family; and
2. Appropriate future provision of services for all infants and toddlers with disabilities and their families.

**Note:** This regulation now appears under Subpart E §303.432 Adoption of State complaint procedures.
### §303.511 An organization or individual may file a complaint.

(a) General. An individual or organization may file a written signed complaint under § 303.510. The complaint must include—
1. A statement that the State has violated a requirement of part C of the Act or the regulations in this part; and
2. The facts on which the complaint is based.

(b) Limitations. The alleged violation must have occurred not more than one year before the date that the complaint is received by the public agency unless a longer period is reasonable because—
1. The alleged violation continues for that child or other children; or
2. The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received by the public agency.

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### §303.512 Minimum State complaint procedures.

(a) Time limit, minimum procedures. Each lead agency shall include in its complaint procedures a time limit of 60 calendar days after a complaint is filed under § 303.510(a) to—
1. Carry out an independent on-site investigation, if the lead agency determines that such an investigation is necessary;
2. Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint;
3. Review all relevant information and make an independent determination as to whether the public agency is violating a requirement of Part C of the Act of this Part; and

**NOTE:** This regulation now appears under Subpart E §303.434 (a) Adoption of State complaint procedures.
<table>
<thead>
<tr>
<th>§ 303.512 Minimum State complaint procedures.</th>
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<td>(4) Issue a written decision to the complainant that addresses each allegation in the complaint and contains—</td>
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<td>(i) Findings of fact and conclusions; and</td>
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<tr>
<td>(ii) The reasons for the lead agency’s final decision.</td>
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<td>(b) Time extension; final decisions; implementation. The lead agency’s procedures described in paragraph (a) of this section also must—</td>
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<td>(1) Permit an extension of the time limit under paragraph (a) of this section only if exceptional circumstances exist with respect to a particular complaint; and</td>
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<td>(2) Include procedures for effective implementation of the lead agency’s final decision, if needed, including—</td>
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<td>(i) Technical assistance activities;</td>
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<td>(ii) Negotiations; and</td>
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<td>(iii) Corrective actions to achieve compliance.</td>
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<td>(c) Complaints filed under this section, and due process hearings under § 303.420.</td>
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<td>(1) If a written complaint is received that is also the subject of a due process hearing under § 303.420, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the 60-calendar-day timeline using the complaint procedures described in paragraphs</td>
</tr>
<tr>
<td>§303.512 Minimum State complaint procedures. (a) and (b) of this section. (2) If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties— (i) The hearing decision is binding; and (ii) The lead agency must inform the complainant to that effect. (3) A complaint alleging a public agency’s or private service provider’s failure to implement a due process decision must be resolved by the lead agency.</td>
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</table>

| §303.126 Payor of last resort. The statement must include an assurance satisfactory to the Secretary that the State will comply with the provisions in § 303.527, including the requirements on— (a) Nonsubstitution of funds; and (b) Non-reduction of other benefits. | §303.500 Use of funds, payor of last resort, and system of payments. (b) System of Payments. A State may establish, consistent with §§303.13(a)(3) and 303.203(b), a system of payments for early intervention services under Part C of the Act, including a schedule of sliding fees or cost participation fees (such as co-payments, premiums, or deductibles) required to be paid under Federal, State, local, or private programs of insurance or benefits for which the infant or toddler with a disability or the child’s family is | The Department added the word “premiums” to cost participation fees. |
### §303.500 Use of funds, payor of last resort, and system of payments.

A lead agency may use funds under this part that are reasonable and necessary for administering the State’s early intervention program for infants and toddlers with disabilities. The Department clarified “The purpose of §303.501(a) is to ensure that Federal funds are used to supplement or increase the level of resources available in a State for the provision of early intervention services and are not used to replace existing resources.”

“In a State that uses Part C funds to pay for direct early intervention services, the State must ensure implementation of the payor of last resort provisions…”

### §303.560 Use of funds by the lead agency.

A lead agency may use funds under this part that are reasonable and necessary for administering the State’s early intervention program for infants and toddlers with disabilities.

### §303.501 Permissive use of funds by the lead agency.

Consistent with §§303.120 through 303.122 and §§303.220 through 303.226, a lead agency may use funds under this part for activities or expenses that are reasonable and necessary for implementing the State’s early intervention program for infants and toddlers with disabilities including funds--

(a) For direct early intervention services for infants and toddlers with disabilities and their families under this part that are not otherwise funded through other public or private sources (subject to §§303.510 through 303.521);

(b) To expand and improve services for infants and toddlers with disabilities and their families under this part that are otherwise available;

(c)(1) To provide FAPE as that term is defined in §303.15, in accordance with Part B of the Act, to children with disabilities from their third birthday to the beginning of the following school year;

(2) The provision of FAPE under paragraph (c)(1) of this section does not apply to children who continue to receive early intervention services under this part in accordance with paragraph (d) of this section and §303.211;
### IDEA Part C Side-By-Side Comparison

**SUBPART F - STATE ADMINISTRATION**

<table>
<thead>
<tr>
<th>1999 Part C Regulations</th>
<th>2011 Part C Regulations</th>
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<tr>
<td>§303.501 Permissive use of funds by the lead agency. (d) With the written consent of the parents, to continue to provide early intervention services under this part, in lieu of FAPE provided in accordance with Part B of the Act, to children with disabilities from their third birthday (pursuant to §303.211) until those children enter, or are eligible under State law to enter, kindergarten;</td>
<td>The Department indicated that “...States have the option, but are not required, to make Part C services available to eligible children over the age of three.”</td>
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<td>§303.501 Permissive use of funds by the lead agency. (e) In any State that does not provide services under §303.204 for at-risk infants and toddlers, as defined in §303.5, to strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public and private community-based organizations, services, and personnel for the purposes of— (1) Identifying and evaluating at-risk infants and toddlers; (2) Making referrals for the infants and toddlers identified and evaluated under paragraph (e)(1) of this section; and (3) Conducting periodic follow-up on each referral, to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under this part.</td>
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<td>§303.527 Payor of last resort. (a) Nonsubstitution of funds. Except as provided in paragraph (b)(1) of this section, funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source,</td>
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<td>§303.510 Payor of last resort. (a) Nonsubstitution of funds. Except as provided in paragraph (b) of this section, funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any</td>
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| **§ 303.527 Payor of last resort.**  
including any medical program administered by the Secretary of Defense, but for the enactment of part C of the Act. Therefore, funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source. | **§303.510 Payor of last resort.**  
medical program administered by the Department of Defense, but for the enactment of Part C of the Act. Therefore, funds under this part may be used only for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other Federal, State, local, or private source (subject to §§303.520 and 303.521). | **NOTE:** The Congress intended that the enactment of part C not be construed as a license to any agency (including the lead agency and other agencies in the State) to withdraw funding for services that currently are or would be made available to children under part C. Furthermore, funds under this part may be used only to pay the provider of services (or functions authorized under this part, including child find and evaluation and assessment) pending reimbursement from the agency or entity that has ultimate responsibility for the payment. |

**§303.527 Payor of last resort.**  
(b) Interim payments—reimbursement.  
(1) If necessary to prevent a delay in the timely provision of services to an eligible child or the child’s family, funds under this part may be used to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.  
(2) Payments under paragraph (b)(1) of this section may be made for—  
(i) Early intervention services, as described in § 303.12;  
(ii) Eligible health services (see § 303.13); and  
(iii) Other functions and services authorized under this part, including child find and evaluation and assessment.  
(3) The provisions of paragraph (b)(1) of this section do not apply to medical services or “well-baby” health care (see § 303.13(c)(1)).  

**§303.510 Payor of last resort.**  
(b) Interim payments—reimbursement. If necessary to prevent a delay in the timely provision of appropriate early intervention services to a child or the child’s family, funds under this part may be used to pay the provider of services (for services and functions authorized under this part, including health services, as defined in § 303.16 (but not medical services), functions of the child find system described in §§303.115 through 303.117 and §§303.301 through 303.320, and evaluations and assessments in §303.321), pending reimbursement from the agency or entity that has ultimate responsibility for the payment.
## §303.527 Payor of last resort.
available to eligible children but for the existence of the program under this part. Thus, the Congress intended that other funding sources would continue, and that there would be greater coordination among agencies regarding the payment of costs. The Congress further clarified its intent concerning payments under Medicaid by including in section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (Pub. L. 100–360) an amendment to title XIX of the Social Security Act. That amendment states, in effect, that nothing in this title shall be construed as prohibiting or restricting, or authorizing the Secretary of Health and Human Services to prohibit or restrict, payment under subsection (a) of section 1903 of the Social Security Act for medical assistance for covered services furnished to an infant or toddler with a disability because those services are included in the child’s IFSP adopted pursuant to part C of the Act.

### §303.510 Payor of last resort.
(c) Non-reduction of benefits. Nothing in this part may be construed to permit a State to reduce medical or other assistance available in the State or to alter eligibility under Title V of the Social Security Act, 42 U.S.C. 701, et seq. (SSA) (relating to maternal and child health) or Title XIX of the SSA, 42 U.S.C. 1396 (relating to Medicaid), including section 1903(a) of the SSA regarding medical assistance for services furnished to an infant or toddler with a disability when those services are included in the child’s IFSP adopted pursuant to part C of the Act.

In response to several commenters that requested the note in § 303.527 Payor of last resort be incorporated into this citation, the Department’s indicated “The substance of the note that follows current §303.527 is included in §303.510(c) as a rule of construction.”
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| **§303.520 Policies related to payment for services.**  
(a) General. Each lead agency is responsible for establishing State policies related to how services to children eligible under this part and their families will be paid for under the State’s early intervention program. The policies must—  
(1) Meet the requirements in paragraph (b) of this section; and  
(2) Be reflected in the interagency agreements required in § 303.523. | **§303.511 Methods to ensure the provision of, and financial responsibility for, Part C services.**  
(a) General. Each State must ensure that it has in place methods for State interagency coordination. Under these methods, the Chief Executive Officer of a State or designee of the Officer must ensure that the interagency agreement or other method for interagency coordination is in effect between each State public agency and the designated lead agency in order to ensure—  
(1) The provision of, and establishing financial responsibility for, early intervention services provided under this part; and  
(2) Such services are consistent with the requirement in section 635 of the Act and the State’s application under section 637 of the Act, including the provision of such services during the pendency of any dispute between State agencies. | The Department indicated that “New §303.511(a) has been added to track the language of section 640(b)(1)(A) of the Act, requiring each State to ensure that has in place methods for State interagency coordination such that the Chief Executive Officer of a State or designee of the Chief Executive Officer shall ensure that the interagency agreement or other method for interagency coordination is in effect between each State public agency and the designated lead agency.” |
| **§303.520 Policies related to payment for services.**  
(b) Specific funding policies. A State’s policies must—  
(1) Specify which functions and services will be provided at no cost to all parents;  
(2) Specify which functions or services, if any, will be subject to a system of payments, and include—  
(i) Information about the payment system and schedule of sliding fees that will be used; and  
(ii) The basis and amount of payments; and  
(3) Include an assurance that—  
(i) Fees will not be charged for the services that a child is otherwise entitled to receive at no cost to parents; and  
(ii) The inability of the parents of an eligible child | **§303.511 Methods to ensure the provision of, and financial responsibility for, Part C services.**  
(b) The methods in paragraph (a) of this section must meet all requirements in this section and be set forth in one of the following:  
(1) State law or regulation;  
(2) Signed interagency and intra-agency agreements between respective agency officials that clearly identify the financial and service provision responsibilities of each agency (or entity within the agency); or  
(3) Other appropriate written methods determined by the Governor of the State, or the Governor’s designee, and approved by the Secretary through the review and approval of the State’s application. |
<table>
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<tr>
<td>(c) Procedures to ensure the timely provision of services. No later than the beginning of the fifth year of a State’s participation under this part, the State shall implement a mechanism to ensure that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.</td>
<td>(c) Procedures for resolving disputes. (1) Each method must include procedures for achieving a timely resolution of intra-agency and interagency disputes about payments for a given service, or disputes about other matters related to the State’s early intervention service program. Those procedures must include a mechanism for resolution of disputes within agencies and for the Governor, Governor’s designee, or the lead agency to make a final determination for interagency disputes, which determination must be binding upon the agencies involved. (2) The method must-- (i) Permit the agency to resolve its own internal disputes (based on the agency's procedures that are included in the agreement), so long as the agency acts in a timely manner; and (ii) Include the process that the lead agency will follow in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner. (3) If, during the lead agency’s resolution of the dispute, the Governor, Governor’s designee, or lead agency determines that the assignment of financial responsibility under this section was inappropriately made--</td>
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### SUBPART F- STATE ADMINISTRATION

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| §303.511 Methods to ensure the provision of, and financial responsibility for, Part C services.  
(i) The Governor, Governor’s designee, or lead agency must reassign the financial responsibility to the appropriate agency; and  
(ii) The lead agency must make arrangements for reimbursement of any expenditures incurred by the agency originally assigned financial responsibility. | §303.511 Methods to ensure the provision of, and financial responsibility for, Part C services.  
(d) Delivery of services in a timely manner. The methods adopted by the State under this section must—  
(1) Include a mechanism to ensure that no services that a child is entitled to receive under this part are delayed or denied because of disputes between agencies regarding financial or other responsibilities; and  
(2) Be consistent with the written funding policies adopted by the State under this subpart and include any provisions the State has adopted under §303.520 regarding the use of insurance to pay for Part C services. | |
| §303.520 Policies related to payment for services.  
(d) Proceeds from public or private insurance.  
(1) Proceeds from public or private insurance are not treated as program income for purposes of 34 CFR 80.25.  
(2) If a public agency spends reimbursements from Federal funds (e.g., Medicaid) for services under this part, those funds are not considered State or local funds for purposes of the provisions contained in § 303.124. | §303.511 Methods to ensure the provision of, and financial responsibility for, Part C services.  
(e) Additional components. Each method must include any additional components necessary to ensure effective cooperation and coordination among, and the lead agency’s general supervision (including monitoring) of, EIS providers (including all public agencies) involved in the State's early intervention service programs. | |

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**IDEA Part C Side-By-Side Comparison**

**October 2011**

**Section F**
<table>
<thead>
<tr>
<th>§303.520 Policies related to use of public benefits or insurance or private insurance to pay for Part C services.</th>
<th>The Department indicated that “a consent requirement for enrollment protects parents’ financial interests by allowing them to consider the costs they may incur by enrolling in a public benefits or insurance program. Additionally, a consent requirement for enrollment protects parents’ rights regarding the disclosure of personally identifiable information.”</th>
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<tr>
<td>(a) Use of public benefits or public insurance to pay for Part C services.</td>
<td>The Department added explicit language “stating that the State may not use the public benefits or insurance of a child or parent to pay for Part C services unless the State both provides parents with written notification about the IDEA Part C no-cost protections and applicable confidentiality provisions…”</td>
</tr>
<tr>
<td>(1) A State may not use the public benefits or insurance of a child or parent to pay for Part C services unless the State provides written notification, consistent with §303.520(a)(3), to the child’s parents, and the State meets the no-cost protections identified in paragraph (a)(2) of this section.</td>
<td>The Department also added language “… stating that parental consent must be obtained if use of a child’s or parent’s public benefits or insurance would result in …specified costs…”</td>
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<tr>
<td>(2) With regard to using the public benefits or insurance of a child or parent to pay for Part C services, the State—</td>
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<td>(i) May not require a parent to sign up for or enroll in public benefits or insurance programs as a condition of receiving Part C services and must obtain consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program;</td>
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<td>(ii) Must obtain consent, consistent with §§303.7 and 303.420(a)(4), to use a child’s or parent’s public benefits or insurance to pay for Part C services if that use would—</td>
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<td>(A) Decrease available lifetime coverage or any other insured benefit for that child or parent under that program;</td>
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<td>(B) Result in the child’s parents paying for services that would otherwise be covered by the public benefits or insurance program;</td>
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<td>(C) Result in any increase in premiums or discontinuation of public benefits or insurance for that child or that child’s parents; or</td>
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## SUBPART F- STATE ADMINISTRATION

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<tbody>
<tr>
<td><strong>§303.520 Policies related to use of public benefits or insurance or private insurance to pay for Part C services.</strong>&lt;br&gt;(D) Risk loss of eligibility for the child or that child’s parents for home and community-based waivers based on aggregate health-related expenditures.&lt;br&gt;(iii) If the parent does not provide consent under paragraphs (a)(2)(i) or (a)(2)(ii) of this section, the State must still make available those Part C services on the IFSP to which the parent has provided consent.&lt;br&gt;&lt;br&gt;(3) Prior to using a child’s or parent’s public benefits or insurance to pay for Part C services, the State must provide written notification to the child’s parents. The notification must include--&lt;br&gt;(i) A statement that parental consent must be obtained under §303.414, if that provision applies, before the State lead agency or EIS provider discloses, for billing purposes, a child’s personally identifiable information to the State public agency responsible for the administration of the State’s public benefits or insurance program (e.g., Medicaid);&lt;br&gt;(ii) A statement of the no-cost protection provisions in §303.520(a)(2) and that if the parent does not provide the consent under §303.520(a)(2), the State lead agency must still make available those Part C services on the IFSP for which the parent has provided consent;&lt;br&gt;(iii) A statement that the parents have the right under §303.414, if that provision applies, to withdraw their consent to disclosure of personally identifiable information to the State public agency responsible for</td>
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### §303.520 Policies related to use of public benefits or insurance or private insurance to pay for Part C services.

#### 1999 Part C Regulations

(4) If a State requires a parent to pay any costs that the parent would incur as a result of the State’s using a child’s or parent’s public benefits or insurance to pay for Part C services (such as co-payments or deductibles, or the required use of private insurance as the primary insurance), those costs must be identified in the State’s system of payments policies under §303.521 and included in the notification provided to the parent under paragraph (a)(3) of this section; otherwise, the State cannot charge those costs to the parent.

#### 2011 Part C Regulations

The Department indicated “that parental consent must be required when the lead agency or EIS provider seeks to use private insurance to pay for the initial provision of any early intervention service in the IFSP and each time consent for services is required due to an increase in the provision of services in the child’s IFSP.”

The Department identified that “The exceptions to parental consent identified in proposed §303.520(b)(2) apply only to the extent that the State statute provides the protections in that...”
### §303.520 Policies related to use of public benefits or insurance or private insurance to pay for Part C services.

Parental consent must be obtained--

(A) When the lead agency or EIS provider seeks to use the parent’s private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and

(B) Each time consent for services is required under §303.420(a)(3) due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child’s IFSP.

(ii) If a State requires a parent to pay any costs that the parent would incur as a result of the State’s use of private insurance to pay for early intervention services (such as co-payments, premiums, or deductibles), those costs must be identified in the State’s system of payments policies under §303.521; otherwise, the State may not charge those costs to the parent.

(iii) When obtaining parental consent required under paragraph (b)(1)(i) of this section or initially using benefits under a child or parent’s private insurance policy to pay for an early intervention service under paragraph (b)(2) of this section, the State must provide to the parent a copy of the State’s system of payments policies that identifies the potential costs that the parent may incur when their private insurance is used to pay for early intervention services under this part (such as co-payments, premiums, or deductibles or other long-term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps under the

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| §303.520 Policies related to use of public benefits or insurance or private insurance to pay for Part C services. Parental consent must be obtained--  
(A) When the lead agency or EIS provider seeks to use the parent’s private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and  
(B) Each time consent for services is required under §303.420(a)(3) due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child’s IFSP.  
(ii) If a State requires a parent to pay any costs that the parent would incur as a result of the State’s use of private insurance to pay for early intervention services (such as co-payments, premiums, or deductibles), those costs must be identified in the State’s system of payments policies under §303.521; otherwise, the State may not charge those costs to the parent.  
(iii) When obtaining parental consent required under paragraph (b)(1)(i) of this section or initially using benefits under a child or parent’s private insurance policy to pay for an early intervention service under paragraph (b)(2) of this section, the State must provide to the parent a copy of the State’s system of payments policies that identifies the potential costs that the parent may incur when their private insurance is used to pay for early intervention services under this part (such as co-payments, premiums, or deductibles or other long-term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps under the State.” |

The Department stated “The exception in proposed §303.520(b)(2) ensures that parents are afforded needed protections while providing the lead agency with the ability to use private insurance to pay for Part C services in those States, maximize funding sources, and use Part C funds as a payor of last resort.”
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<tr>
<th><strong>SUBPART F- STATE ADMINISTRATION</strong></th>
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<td>§303.520 Policies related to use of public benefits or insurance or private insurance to pay for Part C services.</td>
<td>(2) The parental consent requirements in paragraph (b)(1) of this section do not apply if the State has enacted a State statute regarding private health insurance coverage for early intervention services under Part C of the Act, that expressly provides that - (i) The use of private health insurance to pay for Part C services cannot count towards or result in a loss of benefits due to the annual or lifetime health insurance coverage caps for the infant or toddler with a disability, the parent, or the child’s family members who are covered under that health insurance policy; (ii) The use of private health insurance to pay for Part C services cannot negatively affect the availability of health insurance to the infant or toddler with a disability, the parent, or the child’s family members who are covered under that health insurance policy, and health insurance coverage may not be discontinued for these individuals due to the use of the health insurance to pay for services under Part C of the Act; and (iii) The use of private health insurance to pay for Part C services cannot be the basis for increasing the health insurance premiums of the infant or toddler with a disability, the parent, or the child’s family members covered under that health insurance policy.</td>
<td>(3) If a State has enacted a State statute that meets the requirements in paragraph (b)(2) of this section, regarding the use of private health insurance coverage to pay for early intervention services under Part C of the Act, the State may reestablish a new</td>
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<tr>
<td>§303.520 Policies related to use of public benefits or insurance or private insurance to pay for Part C services. baseline of State and local expenditures under §303.225 (b) in the next Federal fiscal year following the effective date of the statute.</td>
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<tr>
<td>§303.520 Policies related to use of public benefits or insurance or private insurance to pay for Part C services. (c) Inability to pay. If a parent or family of an infant or toddler with a disability is determined unable to pay under the State’s definition of inability to pay under §303.521(a)(3) and does not provide consent under paragraph (b)(1), the lack of consent may not be used to delay or deny any services under this part to that child or family.</td>
<td>The Department clarified that the addition of this section reflects … “the requirement that the inability to pay provisions in this section apply to both the use of public insurance and benefits and private insurance.”</td>
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<tr>
<td>§303.520 Policies related to use of public benefits or insurance or private insurance to pay for Part C services. (d) Proceeds or funds from public insurance or benefits or from private insurance. (1) Proceeds or funds from public insurance or benefits or from private insurance are not treated as program income for purposes of 34 CFR 80.25. (2) If the State receives reimbursements from Federal funds (e.g., Medicaid reimbursements attributable directly to Federal funds) for services under Part C of the Act, those funds are considered neither State nor local funds under §303.225(b). (3) If the State spends funds from private insurance for services under this part, those funds are considered neither State nor local funds under §303.225.</td>
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<tr>
<td>§303.520 Policies related to use of public benefits or insurance or private insurance to pay for Part C services. (e) Funds received from a parent or family member under a State’s system of payments. Funds received by the State from a parent or family member under the State’s system of payments established under §303.521 are considered program income under 34 CFR 80.25. These funds-- (1) Are not deducted from the total allowable costs charged under Part C of the Act (as set forth in 34 CFR 80.25(g)(1)); (2) Must be used for the State’s Part C early intervention services program, consistent with 34 CFR 80.25(g)(2); and (3) Are considered neither State nor local funds under §303.225(b).</td>
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<tr>
<td>§303.521 Fees. (a) Consistent with § 303.12(a)(3)(iv), a system of payments for early intervention services, including a schedule of sliding fees. §303.521 System of payments and fees. (a) General. If a State elects to adopt a system of payments in §303.500(b), the State's system of payments policies must be in writing and specify which functions or services, if any, are subject to the system of payments (including any fees charged to the family as a result of using one or more of the family’s public insurance or benefits or private insurance), and include-- (1) The payment system and schedule of sliding or cost participation fees that may be charged to the parent for early intervention services under this part; (2) The basis and amount of payments or fees; (3) The State’s definition of ability to pay (including its definition of income and family expenses, such as extraordinary medical expenses), its definition of inability to pay, and when and how the State makes</td>
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The Department stated that “Under a State’s system of payments, the State may not charge a family an amount that exceeds the actual cost of providing a particular Part C service. Nor may the State charge a family for amounts received by the State from other funding sources for that service.”

The Department indicated that “… if a State requires that a lead agency’s determination of a parent’s ability or inability to pay be reevaluated on an annual or other basis, the State must include such a provision in its system of payments policies that is provided to parents under §303.521(c) in order for parents to be informed of when and how they may be required to provide financial information.”
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<tr>
<td>§303.521 System of payments and fees. Its determination of the ability or inability to pay; (4) An assurance that-- (i) Fees will not be charged to parents for the services that a child is otherwise entitled to receive at no cost (including those services identified under paragraphs (a)(4)(ii), (b), and (c) of this section); (ii) The inability of the parents of an infant or toddler with a disability to pay for services will not result in a delay or denial of services under this part to the child or the child's family such that, if the parent or family meets the State’s definition of inability to pay, the infant or toddler with a disability must be provided all Part C services at no cost. (iii) Families will not be charged any more than the actual cost of the Part C service (factoring in any amount received from other sources for payment for that service); and (iv) Families with public insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance; (5) Provisions stating that the failure to provide the requisite income information and documentation may result in a charge of a fee on the fee schedule and specify the fee to be charged; and (6) Provisions that permit, but do not require, the lead agency to use Part C or other funds to pay for costs such as the premiums, deductibles, or co-payments.</td>
<td>The Department clarified “that in defining a parent's ability to pay, the State must include consideration of family expenses such as extraordinary medical expenses as many families with infants and toddlers with disabilities have unusually high medical expenses.”</td>
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§ 303.521 Fees. (b) Functions not subject to fees. The following are required functions that must be carried out at public expense:

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<tr>
<td>(b) Functions not subject to fees. The following are required functions that must be carried out at public expense:</td>
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</table>
### §303.521 Fees.

expense by a State, and for which no fees may be charged to parents:
1. Implementing the child find requirements in §303.321.
2. Evaluation and assessment, as included in §303.322, and including the functions related to evaluation and assessment in §303.12.
3. Service coordination, as included in §§303.22 and 303.344(g).
4. Administrative and coordinative activities related to—
   i. The development, review, and evaluation of IFSPs in §§303.340 through 303.346; and
   ii. Implementation of the procedural safeguards in subpart E of this part and the other components of the statewide system of early intervention services in subparts D and F of this part.

### §303.521 Fees.

(c) States with mandates to serve children from birth.
If a State has in effect a State law requiring the provision of a free appropriate public education to children with disabilities from birth, the State may not charge parents for any services (e.g., physical or occupational therapy) required under that law that are provided to children eligible under this part and their families.

### §303.521 System of payments and fees.

expense, and for which no fees may be charged to parents:
1. Implementing the child find requirements in §§303.301 through 303.303.
2. Evaluation and assessment, in accordance with §303.320, and the functions related to evaluation and assessment in §303.13(b).
3. Service coordination services, as defined in §§303.13(b)(11) and 303.33.
4. Administrative and coordinative activities related to—
   i. The development, review, and evaluation of IFSPs and interim IFSPs in accordance with §§303.342 through 303.345; and
   ii. Implementation of the procedural safeguards in subpart E of this part and the other components of the statewide system of early intervention services in subpart D of this part and this subpart.

### §303.521 System of payments and fees.

(c) States with FAPE mandates, or that use funds under Part B of the Act to serve children under age three.
If a State has in effect a State law requiring the provision of FAPE for, or uses Part B funds to serve, an infant or toddler with a disability under the age of three (or any subset of infants and toddlers with disabilities under the age of three), the State may not charge the parents of the infant or toddler with a disability for any services (e.g., physical or occupational therapy) under this part that are part of FAPE for that infant or toddler and the child’s family, and those FAPE services must meet the requirements of both Parts B and C of the Act.
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<tr>
<td><strong>§303.521 System of payments and fees.</strong></td>
<td><strong>§303.521 System of payments and fees.</strong></td>
<td>The Department indicated “that a State may inform parents of these procedural safeguard options by either providing parents with a copy of the State’s system of payments policies when obtaining consent for the provision of early intervention services under §303.420(a)(3) or including this information with the notice provided to parents in §303.421.”</td>
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<tr>
<td>(d) Family fees. (1) Fees or costs collected from a parent or the child’s family to pay for early intervention services under a State’s system of payments are program income under 34 CFR 80.25. A State may add this program income to its Part C grant funds, rather than deducting the program income from the amount of the State’s Part C grant. Any fees collected must be used for the purposes of the grant under Part C of the Act. (2) Fees collected under a system of payments are considered neither State nor local funds under §303.225(b).</td>
<td>(e) Procedural Safeguards. (1) Each State system of payments must include written policies to inform parents that a parent who wishes to contest the imposition of a fee, or the State’s determination of the parent’s ability to pay, may do one of the following: (i) Participate in mediation in accordance with §303.431. (ii) Request a due process hearing under §303.436 or 303.441, whichever is applicable. (iii) File a State complaint under §303.434. (iv) Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny the parent’s procedural rights under this part, including the right to pursue, in a timely manner, the redress options described in paragraphs (e)(3)(i) through (e)(3)(iii) of this section. (2) A State must inform parents of these procedural safeguard options by either--</td>
<td>The Department also indicated that “…if a State requires that a lead agency’s determination of a parent’s ability or inability to pay be reevaluated on an annual or other basis, the State must include such a provision in its system of payments policies that is provided to parents under §303.521(e) in order for parents to be informed of when and how they may be required to provide financial information.”</td>
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</table>
### §303.521 System of payments and fees.
(i) Providing parents with a copy of the State’s system of payments policies when obtaining consent for provision of early intervention services under §303.420(a)(3); or
(ii) Including this information with the notice provided to parents under §303.421.

### §303.523 Interagency agreements.
(a) General. Each lead agency is responsible for entering into formal interagency agreements with other State-level agencies involved in the State’s early intervention program. Each agreement must meet the requirements in paragraphs (b) through (d) of this section.

(b) Financial responsibility. Each agreement must define the financial responsibility, in accordance with §303.143, of the agency for paying for early intervention services (consistent with State law and the requirements of this part).

(c) Procedures for resolving disputes.
(1) Each agreement must include procedures for achieving a timely resolution of intra-agency and interagency disputes about payments for a given service, or disputes about other matters related to the State’s early intervention program. Those procedures must include a mechanism for making a final determination that is binding upon the agencies involved.
(2) The agreement with each agency must—
(i) Permit the agency to resolve its own internal disputes (based on the agency’s procedures that are included in the agreement), so long as the agency acts in a timely manner; and
(ii) Include a mechanism for making a final determination that is binding upon the agencies involved.

(d) Additional components. Each agreement must

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<tr>
<td>§303.523 Interagency agreements.</td>
<td>NOTE: This regulation has been incorporated into Subpart B §303.120(f) Lead agency role in supervision, monitoring, funding, interagency coordination, and other responsibilities and Subpart F §303.511 Methods to ensure the provision of, and financial responsibility for, Part C services.</td>
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### SUBPART F- STATE ADMINISTRATION

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<tr>
<td><strong>§ 303.523 Interagency agreements.</strong>&lt;br&gt;include any additional components necessary to ensure effective cooperation and coordination among all agencies involved in the State’s early intervention program.</td>
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<tr>
<td><strong>§ 303.523 Interagency agreements.</strong>&lt;br&gt;NOTE: A State may meet the requirement in paragraph (c)(1) of this section in any way permitted under State law, including (1) providing for a third party (e.g., an administrative law judge) to review a dispute and render a decision, (2) assignment of the responsibility by the Governor to the lead agency or Council, or (3) having the final decision made directly by the Governor.</td>
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<td><strong>§ 303.524 Resolution of disputes.</strong>&lt;br&gt;(a) Each lead agency is responsible for resolving individual disputes, in accordance with the procedures in § 303.523(c)(2)(ii).&lt;br&gt;(b)(1) During a dispute, the individual or entity responsible for assigning financial responsibility among appropriate agencies under § 303.143 (“financial designee”) shall assign financial responsibility to—&lt;br&gt;(i) An agency, subject to the provisions in paragraph (b)(2) of this section; or&lt;br&gt;(ii) The lead agency, in accordance with the “payor of last resort” provisions in § 303.527&lt;br&gt;(2) If, during the lead agency’s resolution of the dispute, the financial designee determines that the assignment of financial responsibility under paragraph (b)(1)(i) of this section was inappropriately made—&lt;br&gt;(i) The financial designee shall reassign the responsibility to the appropriate agency; and</td>
<td><strong>NOTE:</strong> This regulation has been incorporated into Subpart B §303.120(e) Lead agency role in supervision, monitoring, funding, interagency coordination, and other responsibilities and Subpart F §303.511 Methods to ensure the provision of, and financial responsibility for, Part C services.</td>
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</table>
### § 303.524 Resolution of disputes.

(ii) The lead agency shall make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

(c) To the extent necessary to ensure compliance with its action in paragraph (b)(2) of this section, the lead agency shall—

(1) Refer the dispute to the Council or the Governor; and

(2) Implement the procedures to ensure the delivery of services in a timely manner in accordance with §303.525.

### § 303.525 Delivery of services in a timely manner.

Each lead agency is responsible for the development of procedures to ensure that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among public agencies or service providers.

**NOTE:** This regulation has been incorporated into Subpart F §303.511(d) Methods to ensure the provision of, and financial responsibility for, Part C services.

### § 303.526 Policy for contracting or otherwise arranging for services.

Each system must include a policy pertaining to contracting or making other arrangements with public or private service providers to provide early intervention services. The policy must include—

(a) A requirement that all early intervention services must meet State standards and be consistent with the provisions of this part;

(b) The mechanisms that the lead agency will use in arranging for these services, including the process by which awards or other arrangements are made; and

(c) The basic requirements that must be met by any

**NOTE:** This regulation now appears under Subpart B §303.121 Policy for contracting or otherwise arranging for services.
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<tr>
<td>§ 303.526 Policy for contracting or otherwise arranging for services. individual or organization seeking to provide these services for the lead agency.</td>
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<tr>
<td>§ 303.526 Policy for contracting or otherwise arranging for services. NOTE: In implementing the statewide system, States may elect to continue using agencies and individuals in both the public and private sectors that have previously been involved in providing early intervention services, so long as those agencies and individuals meet the requirements of this part.</td>
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<td>§ 303.528 Reimbursement procedure. Each system must include a procedure for securing the timely reimbursement of funds used under this part, in accordance with § 303.527(b).</td>
<td>NOTE: This regulation has been incorporated into Subpart B §303.122 Reimbursement procedures and Subpart F §303.510(b) Payor of last resort.</td>
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<tr>
<td>§ 303.540 Data collection. (a) Each system must include the procedures that the State uses to compile data on the statewide system. The procedures must— (1) Include a process for— (i) Collecting data from various agencies and service providers in the State; (ii) Making use of appropriate sampling methods, if sampling is permitted; and (iii) Describing the sampling methods used, if reporting to the Secretary; and (2) Provide for reporting data required under section 618 of the Act that relates to this part. (b) The information required in paragraph (a)(2) of this section must be provided at the time and in the manner specified by the Secretary.</td>
<td>NOTE: This regulation now appears under Subpart B §303.124 Data collection.</td>
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