

State of Wyoming

General Application Requirements

A.	Definitions	2
B.	State	13
C.	Lead Agency	15
D.	State Interagency Coordinating Council	15
E.	Description of Use of Funds	19
F.	Public Participation	22
G.	Equitable Distribution of Resources	23
H.	Transition to Preschool Programs	24

Requirements Related to Components of a Statewide System

I.	State Eligibility Criteria And Procedures	25
II.	Central Directory	25
III.	System For Serving All Eligible Children	27
IV.	Public Awareness Program	27
V.	Comprehensive Child Find System	28
VI.	Evaluation and assessment	31
VII.	Nondiscriminatory Procedures	33
VIII.	Natural Environment Policy	34
IX.	Individualized Family Service Plan (IFSP)	35
X.	Comprehensive System of Personnel Development (CSPD)	40
XI.	Personnel Standards	42
XII.	Procedural Safeguards	44
XIII.	Supervision and Monitoring of Programs	54
XIV.	Lead Agency Procedures for Resolving Complaints	55
XV.	Policies Related to Payment for Services	57
XVI.	Interagency Agreements / Resolution of Disputes	60
XVII.	Policy for Contracting or Otherwise Arranging for Services	61
XVIII.	Data Collection	62
XIX.	Mediation	62

B. Definitions

Act: means the Individuals with Disabilities Education Act

Administrator: means the person appointed by the Governor pursuant to W.S.9-2-103 to administer the Developmental Disabilities Division of the Department of Health.

Administrative Director: means the person appointed by a governing authority and responsible for the overall management of the regional developmental program.

Affiliate: means any agency or alternative entity providing services defined within these standards as a subcontractor or by a cooperative agreement with a regional developmental program.

Approved Program: means a public, private, or nonprofit program that meets the requirements contained in these Rules and Regulations.

Assessment: means the ongoing procedures used by appropriate qualified personnel throughout the period of child's eligibility under Part C to identify:

- 1) The child's unique strengths and needs;
- 2) The family's resources, priorities and concerns and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child; and
- 3) The nature and extent of early intervention services that are needed by the child and the child's family.

Assistive Technology Device: means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

Assistive Technology Service: means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

- 1) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- 2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- 3) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or

replacing assistive technology devices;

4) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

5) Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and

6) Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

At Risk: means children birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided. (Commonly cited factors include low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, or a history of abuse/neglect. This population is not considered eligible to receive early intervention services under Part C according to Wyoming's definition of developmental delay).

Audit: (financial) means an opinion by an independent auditing agency verifying the developmental program's financial condition as to its soundness and validity.

Audiological Services: means identification of children with hearing loss, using appropriate audiological screening techniques including:

1) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;

2) Referral for medical and other services necessary for the habilitation or rehabilitation of children with hearing loss;

3) Provision of auditory training, aural rehabilitation, speech reading, and listening device orientation and training, and other services;

4) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices; and

5) Counseling and guidance of children, parents, and teachers regarding hearing loss.

Child: means a child birth through two years of age with developmental delays, disabilities or found to be eligible using informed clinical opinion.

Child Find: means a coordinated regional system for identifying eligible children and families. States are required to insure that 1) the child find efforts under Part C extend to infants and toddlers (birth through two years of age and 2) a comprehensive evaluation is conducted at no cost to parents. Through a Memorandum of Understanding dated 01/10/01 with the SEA the LA is responsible for conducting the statewide child identification search for children birth through age five.

CFR: Code of Federal Regulations.

Consent: means that:

1) The parent has been fully informed of all information relevant to the activity for which

consent is sought, in the parent's native language or other mode of communication;

2) The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the *consent* describes that activity and list the records (if any) that will be released and to whom;

3) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time;

(b) Native language, where used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parents of a child eligible under this part;

(c) Personally identifiable means that information includes—

(1) The name of the child, the child's parents, or other family member;

(2) The address of the child;

(3) A personal identifier, such as the child's or parent's social security number; or

(4) A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

Contract: means a promissory agreement between a regional developmental program governing board and any other organization, agency, or individual creating a legal relationship that specifies monies to be expended in exchange for services, personnel, and/or space to be provided to the program.

Council: means the State Interagency Coordinating Council (SICC), known in the State of Wyoming as the Early Intervention Council (EIC).

Days: means calendar days.

Department: means Wyoming Department of Health.

Developmental Delay: means children who are experiencing developmental delays measuring a negative of at least 1.5 standard deviations, or 25% delay utilizing appropriate diagnostic instruments and procedures in one or more of the following areas: 1) cognitive development; 2) physical development, including vision and hearing; 3) communication development; 4) social or emotional development; 5) adaptive development; or

Diagnosed Condition: means a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. This applies to a condition if it typically results in developmental delay. Examples of these conditions may include:

1) chromosomal abnormalities;

2) congenital or genetic disorders;

- 3) severe sensory impairments, including hearing and vision;
- 4) inborn errors of metabolism;
- 5) disorders reflecting disturbance of the development of the nervous system;
- 6) congenital infections;
- 7) disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and;
- 8) severe attachment disorders.

Disclosure: means to permit access to, or the release, transfer, or other communication of early intervention records, or the personally identifiable information contained in those records by any means, including oral, written, or electronic.

Division: means the Wyoming Department of Health, Developmental Disabilities Division.

Documentation: means the provision of evidence to substantiate compliance with standards including evaluation and assessment results, early intervention records, written notices, therapy notes, health and medical records and personnel credentials.

Early Intervention Services: means services that:

1) are designed to meet the developmental needs of each child eligible under Part C and the needs of the family related to enhancing the child's development in any one or more of the following areas-

- (i) physical development
- (ii) cognitive development
- (iii) communication development
- (iv) social or emotional development; or
- (v) adaptive development;

2) are selected in collaboration with the parents; and

3) are provided –

- (i) Under public supervision;
- (ii) By qualified personnel;
- (iii) In conformity with an individualized family service plan; and
- (iv) At no cost, unless, subject to 34 CFR 303.520(b)(3), Federal or State law provides for a system of payments by families, including a schedule of sliding fees; and

(4) Meet the standards of the State, including the requirements of this part.

(b) Natural environments. To the maximum extent appropriate to the needs of the child, early intervention services are provided in natural environments which infants and toddlers without disabilities participate including home and community settings.

Service providers are responsible for:

- 1) consulting with parents, other service providers, and representatives of appropriate community agencies to ensure effective provision of services in that area;
- 2) training parents and others regarding those services; and
- 3) participating in the multi-disciplinary team's assessment of a child and the child's family, and in the development of integrated goals and outcomes for the individualized family service plan.

Early Intervention Services include:

- 1) assistive technology devices and assistive technology services;
- 2) audiology services;
- 3) family training, counseling, and home visits;
- 4) health services;
- 5) medical services;
- 6) nursing services;
- 7) nutrition services;
- 8) occupational therapy;
- 9) physical therapy;
- 10) psychological services;
- 11) service coordination;
- 12) social work services;
- 13) special instruction;
- 14) speech-language pathology services;
- 15) transportation and related costs that are necessary to enable an child and the infant's or toddler's family to receive another service described in this paragraph; and
- 16) vision services.

Qualified personnel that have met provide early Intervention Services State approved or recognized certification, licensing, registration, or other requirements that apply to the area in which the person is providing early intervention services, including;

- 1) audiologists;
- 2) family therapists;
- 3) nurses;
- 4) nutritionists;
- 5) occupational therapists;
- 6) orientation and mobility specialists;
- 7) physical therapists;
- 8) pediatricians and other physicians;
- 9) psychologists;
- 10) social workers;
- 11) special educators;
- 12) speech/language pathologists.

Evaluation: means the procedures used by appropriate qualified personnel to determine an infant's or toddler's initial and continuing eligibility under Part C, consistent with the definition

of infants and toddlers with disabilities including determining the status of the child in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.

Family Educational Rights and Privacy Act (FERPA): means the federal law that covers confidentiality and educational records (20 U.S.C. 1232g).

Family Training, Counseling, and Home Visits: means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under Part C in understanding the special needs of the child and enhancing the child's development.

Health Services: means services necessary to enable a child to benefit from the other early intervention services during the time that the child is receiving the other early intervention services. The term includes:

- 1) such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings, or colostomy collection bags and other health services; and
- 2) consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include the following:

- 1) services that are surgical in nature (such as cleft palate surgery, surgery for clubfoot, or the shunting of hydrocephalus); or purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).
- 2) devices necessary to control or treat a medical condition; or
- 3) medical-health services (such as immunization and regular "well-baby" care) that are routinely recommended for all children.

(Authority: 20 USC 1472(2))

NOTE: The definition in this section distinguishes between the health services that are required under Part C and the medical-health services that are not required. The IFSP requirements provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services or the steps that will be taken to secure the services through public or private sources. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under Part C.

LICC: means the Local Interagency Coordinating Council.

Infants and Toddlers with Disabilities: means children birth through age two who need early intervention services because they:

- 1) are experiencing developmental delays, as measured by appropriate diagnostic instruments

and procedures in one or more of the following areas: (a)cognitive development; (b)physical development, including vision and hearing; (c)communication development; (d)social or emotional development; (e)adaptive development; or
2) have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Informed Clinical Opinion: means making use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current development status and the potential need for early intervention . Informed clinical opinion shall be used in determining a child’s eligibility under Part C. Documentation must be maintained in the child’s file.

Interagency Agreements: means a delineation of the responsibilities of the parties to perform activities associated with federally funded implementation of a statewide early intervention services system for young children with special needs and their families. It is the assigning of operation and fiscal responsibility for serving eligible children and their families.

Location: means actual place where a service is provided.

Lead Agency: means the Wyoming Department of Health, Developmental Disabilities Division.

Medical Services Only For diagnostic or Evaluation Purposes: means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

Multidisciplinary: means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities and development of the Individual Family Service Plan.

Native Language: when used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible under Part C.

Natural Environments: means settings that are natural or normal for the child’s age peers who have no disabilities.

Nursing Services: include:

- 1) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- 2) provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- 3) administration of medications, treatments, and regimens prescribed by a licensed physician.

Nutrition Services: include:

- 1) conducting individual assessments in:
 - (a) nutritional history and dietary intake,
 - (b) anthropometrics, biochemical, and clinical variables,
 - (c) feeding skills and feeding problems,
 - (d) food habits and food preferences;
- 2) developing and monitoring appropriate plans to address the nutritional needs of children eligible under Part C; based on evaluation findings; and
- 3) making referrals to appropriate community resources to carry out nutrition goals.

Occupational Therapy: means services provided by a qualified occupational therapist and includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:

- 1) identification, assessment, and intervention;
- 2) adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- 3) prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

Parent: means a natural or adoptive parent of a child, a guardian, but not the State if the child is a ward of the State, a person acting in the place of a parent (such as a grandparent or step-grandparent with whom the child lives, or a person who is legally responsible for the child's welfare), or a surrogate parent who has been assigned in accordance with section 303.406 on page 54 of this application.

Foster parent. Unless state law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the Act if:

- 1) the natural parent's authority to make decisions required of parents under the Act has been extinguished under state law;
- 2) the foster parent has an ongoing, long-term parental relationship with the child;
- 3) the foster parent is willing to make the decisions required of parent's under the Act; and
- 4) the foster parent has no interest that would conflict with the interests of the child.

Part C: means the statewide system of early intervention services for children aged birth through two, within the Act.

Personally identifiable: means information that includes:

- 1) the name of the child, the child's parent(s), or other family member;
- 2) the address of the child;
- 3) a personal identifier, such as the child's or parent's social security number; or
- 4) a list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

Physical Therapy: means services provided by a qualified physical therapist and includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- 1) screening, evaluation, and assessment, to identify movement dysfunction;
- 2) obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- 3) providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Policies: means State statutes, regulations, Governor's orders, directives by the lead agency, or other written documents that represent the State's position concerning any matter covered under Part C. Policies include:

- 1) the State's commitment to develop and implement the statewide system;
- 2) the State's eligibility criteria and procedures;
- 3) a statement that a) provides that under Part C will be provided at no cost to parents except where State law allows for payment under the sliding fee schedule, b) sets out what fees (if any) will be charged and the basis for those fees;
- 4) the State's standards for personnel who provide services to children eligible under Part C;
- 5) the state's position and procedures related to contracting or making other arrangements with service providers; and
- 6) the State's position and procedures related to implementing other requirements of this law.

Primary Referral Source: includes:

- 1) hospitals (including prenatal and postnatal care facilities),
- 2) physicians,
- 3) parents,
- 4) public health agencies
- 5) child care programs
- 6) local educational agencies
- 7) social service agencies, or
- 8) other health care providers.

Psychological Services: include:

- 1) administering psychological and developmental tests and other assessment procedures;
- 2) interpreting assessment results;
- 3) obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- 4) planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

Public Agency: includes the lead agency and any other State Department or Division that is responsible for providing early intervention services to children eligible under Part C and their families.

Qualified: means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

Region: means a section of Wyoming designated by the Department of Health, based on geography and population, to be a service area for children with disabilities, birth through five.

Service Coordination: means the activities carried out by a service coordinator to assist and enable a child eligible under Part C and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state's early intervention program.

Service coordination is an active, ongoing process that involves:

- 1) assisting parents of eligible children in gaining access to early intervention services and other services identified in the Individual Family Service Plan.
- 2) coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
- 3) coordinating all services across agency lines and serving as the single point of contact in helping parents obtain the services and assistance they need;
- 4) facilitating timely delivery of available services; and
- 5) continuing to seek appropriate services and situations necessary to benefit development of each child being served for the duration of the child's eligibility.

The activities include:

- 1) coordinating the performance of evaluations and assessments;
- 2) facilitating and participating in the development, review, and evaluation of individualized family service plans;
- 3) coordinating and monitoring the delivery of available services;
- 4) informing families of the availability of advocacy services;
- 5) coordinating with medical and health providers; and
- 6) facilitating the development of transition plan to preschool services, if appropriate.

Social Work Services: include:

- 1) making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- 2) preparing a social or emotional developmental assessment of the child within the family context;
- 3) providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents.
- 4) working with those problems in a child's and/or family's living situation (home, community, and any center where early intervention services are provided) that effect the child's maximum utilization of early intervention services; and

5) identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

Special Instruction: includes:

- 1) the design of learning environments and activities that promote the child's acquisition of skills in the following developmental areas: cognitive; physical; communication; social or emotional; and adaptive.
- 2) curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
- 3) providing families with information, skills, and support related to enhancing the skill development of the child; and
- 4) working with the child to enhance the child's development.

Speech-Language Pathology: means services provided by a qualified speech-language pathologist and includes:

- 1) identification of children with communicative or swallowing disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays to those skills;
- 2) referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or swallowing disorders and delays in development of communication skills; and
- 3) provision of services for the habilitation, rehabilitation, or prevention of communicative or swallowing disorders and delays in development of communication skills.
- 4) counseling and guidance of parents, children, and teachers regarding speech and language impairments.

State: means the State of Wyoming and its political subdivisions.

State Education Agency : means The Wyoming Department of Education.

Transportation and Related Costs: includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under Part C and the child's family to receive early intervention services.

Vision services: means:

- 1) evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
- 2) referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- 3) communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

A. State

303.120 General

- (a) Required Assurances The State of Wyoming makes the following assurances and provisions as required by Part C of the Individuals with Disabilities Education Act: (PL 102-119)

303.3 Activities that may be supported under this part.

Funds received under Part C will be used for the following activities:

- (a) To maintain and implement a statewide system of early intervention services for children eligible under this part and their families.
- (b) For direct services for eligible children and their families that are not otherwise available, from other public or private sources.
- (c) To expand and improve on services for eligible children and their families that are otherwise available, consistent with 303.527.
- (d) To provide a free appropriate public education, in accordance with Part C of the Act, to children with disabilities from their third birthday to the beginning of the following school year.
- (e) To strengthen the statewide system by initiating, expanding, and improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purposes of -
- (i) Identifying and evaluating at-risk infants and toddlers;
- (ii) Making referrals of the infants and toddlers identified and evaluated under paragraph (e)(i) of this section; and
- (iii) Conducting periodic follow-up on each referral under paragraph (e)(ii) of this section 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.

303.121 Reports and records

The State will:

- (a) Provide reports containing information that the Secretary may require; and

- (b) keep records and afford access to those records as the Secretary may find necessary to assure compliance with the requirements of this part, the correctness and verification of reports, and proper disbursement of funds provided under this part.

303.122 Control of funds and property

- (a) The control of Federal funds provided under Part C, and title to property acquired with those funds, is in the Wyoming Department of Health for the uses and purposes provided by Part C, and
- (b) The Wyoming Department of Health will administer the funds and property.

303.123 Prohibition against commingling

The Wyoming Department of Health assures to the Secretary that Federal funds made available under Part C will not be commingled with State funds.

303.124 Prohibition against supplanting

- (a) The Wyoming Department of Health assures to the Secretary that Federal funds made available under Part C will be used to supplement and increase the level of State and local funds expended for children eligible under this part and their families and in no case to supplant such State and local funds.

303.125 Fiscal control

The Wyoming Department of Health assures to the Secretary that fiscal control and fund accounting procedures have been adopted to assure proper disbursement of, and accounting for, Federal funds paid under Part C.

303.127 Assurance regarding expenditure of funds

The Wyoming Department of Health assures to the Secretary that the funds paid to the state under this part will be expended in accordance with the provisions of this part, including the requirements in 303.3

303.128 Traditionally underserved groups

The Wyoming Department of Health assures to the Secretary that policies and procedures have been adopted to ensure:

- (a) Traditionally underserved groups, including minority, low-income, and rural families, are meaningfully involved in the planning and implementation of all the requirements of this part; and
- (b) That these families have access to culturally competent services within their geographical areas.

303.140 general

The Wyoming Department of Health assures to the Secretary that –

- (a) The statewide system of early intervention services is in effect; and
- (b) An executive order is in effect that ensures that the appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State.

C. Lead Agency

In 1986, former Governor Ed Herschler by executive Order 1984-1986 designated the Department of Health and Social Services, as the single state agency authorized to make application and assurances for the supervision and administration of the Human Services Block Grants pursuant to the Omnibus Reconciliation Act of 1981 (P.L. 97-35). In 1991 W.S. 9-2-101 created the Wyoming Department of Health. W.S. 9-2-102 names the Department of Health and its divisions; the Developmental Disabilities Division is the Department of Health's designated Lead Agency for administering the Early Intervention Program for Infants and Toddlers with Disabilities (Part C of the Individuals with Disabilities Education Act). Appendix A is the Executive Order outlining the single line of authority to the Department of Health.

D. State Interagency Coordinating Council

303.141 Information about the Council

By June 30 of each year, the Governor appoints needed members (as terms expire) to the State Interagency Coordinating Council.

303.600 Establishment of Council:

- (a) The Council is known as Wyoming's Early Intervention Council.
- (b) The Governor appoints membership to the Council. The Governor shall ensure that the membership of the Council reasonably represents the

population of the State. The Governor determines terms, appointments, and reappointments.

- (c) The Governor shall designate a member of the council to serve as chairperson of the Council or require the Council to do so. The Council has approved a chairperson, which is not a representative of the lead agency.
- (d) The State of Wyoming's current ICC Chairperson is Dr. Ken Heinlein, Associate Director of the Wyoming Institute for Disabilities.

303.601 Composition:

- (a) The Council must be composed as follows:
 - (1)(i) At least 20 percent of the members shall be parents including minority parents of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities.
 - (ii) At least one such member shall be a parent of an child with a disability or a child with a disability aged 6 or younger.
 - (2) At least 20 percent of the members shall be public or private providers of early intervention services.
 - (3) At least one member must be from the State legislature.
 - (4) At least one member must be involved in personnel preparation
 - (5) At least one member shall be from each of the State agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families, and have sufficient authority to engage in policy planning and implementation on behalf of such agencies.
 - (6) At least one member shall be from the State educational agency responsible for preschool services to children with disabilities and have sufficient authority to engage in policy planning and implementation on behalf of such agency.
 - (7) At least one member must be from the agency responsible for the State governance of health insurance.
 - (8) At least one member must be from a Head Start agency or program in the State.
 - (9) At least one member must be from a State agency responsible for childcare.
 - (i) The Council may include other members selected by the Governor, including

a representative from the BIA or, where there is no school operated or funded by the BIA, from the Indian Health Service or the tribe or tribal council.

- (10) Appendices B and C evidence the Council Members for FY 2004 and the Council By Laws.

303.602 Use of funds by the Council

- (a) Subject to the approval of the Governor, the Council may use funds under this part—
- (1) To conduct hearings and forums.
 - (2) To reimburse members of the Council for reasonable and necessary expenses, as per approved State of Wyoming reimbursement policy, for attending Council meetings and performing Council duties (including childcare for parent representatives).
 - (3) To pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing an official Council business.
 - (4) To hire staff.
 - (5) To obtain the services of professional, technical, and clerical personnel, as may be necessary to carry out the performance of its functions under this part.
- (b) Compensation and expenses of Council members. Except as provided in paragraph (a) of this section, Council members shall serve without compensation from funds available under this part.

303.603 Meetings

- (a) The council shall meet at least quarterly, and in various areas of the State.
- (b) The meetings must:
- (1) Be publicly announced sufficiently in advance of the dates they are to be held to ensure that all interested parties have an opportunity to attend.
 - (2) To the extent appropriate, be open, and accessible to the general public.
 - (3) Are accessible for individuals with disabilities.
- (c) Interpreters for persons who are deaf and other necessary services must be provided at council meetings, both for council members and participants. The council may use funds

under this chapter to pay for those services.

303.604 Conflict of Interest.

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

303.650 Functions of the Council

- (a) The Council Shall:
 - (1) Advise and assist the lead agency in the development and implementation of the policies that constitute the statewide system;
 - (2) Assist the lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State;
 - (3) Assist the lead agency to the extent appropriate in the effective implementation of the statewide system by establishing a process that includes:
 - (i) Seeking information from service providers, family service coordinators, parents, and others about any Federal, State, or local policies that impede timely service delivery; and
 - (ii) Taking steps to ensure that any policy problems identified are resolved; and
- 4. To the extent appropriate, assist the lead agency in the resolution of disputes.
 - (i) The Council may advise and assist the lead agency and the State educational agency regarding the provision of appropriate services for children aged birth to five, inclusive.
 - (ii) The Council may advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

303.651 Advising and assisting DDD in its administrative duties.

The Council shall advise and assist the Developmental Disabilities Division (L.A.) in the:

- (a) Identification of sources of fiscal and other support for services for early intervention programs under this part.
- (b) Assignment of financial responsibility to the appropriate agency.
- (c) Promotion of the interagency agreements under 303.523.

303.652 Applications. Each Council shall advise and assist the lead agency in the preparation of applications under this part and amendments to those applications.

303.653 Transitional services. Each Council shall advise and assist the State educational agency regarding the transition of toddlers with disabilities to services provided under Part B of the Act, to preschool and other appropriate services.

303.654 Annual report to the Secretary

- (a) The Council shall--
 - (1) Prepare an annual report to the Wyoming Governor and to the Secretary on the status of early intervention programs operated within the state for children eligible under this part and their families.
 - (2) Submit the report to the Secretary by a date that the Secretary establishes.
- (b) Each annual report must contain the information required by the Secretary for the year for which the report is made.

E. 303.145 Description of use of funds

Administrative Positions, Salaries and the Description of Duties

100% Federal funded Part C Coordinator Salary and Fringe:

Part C Coordinator is responsible for maintaining and implementing the statewide, comprehensive, coordinated multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families in such a way that it complies with all federal and State requirements in meeting the needs of infants and toddlers and their families. The Part C Coordinator is responsible for enhancing the State's capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families. The Part C Coordinator is responsible for the administration, supervision, and monitoring of programs and activities receiving assistance under Part C, enforcing any obligations imposed on the programs providing service under Part C and providing technical assistance and training to the early intervention programs. The Part C Coordinator is responsible for completing the annual performance report, reporting OSEP 618 data, and developing annual Part C application. The Part C Coordinator facilitates the development of interagency agreements to facilitate early intervention services by agencies other than the lead agency. The Part C Coordinator is the Project Lead for Newborn Hearing Screening and the Wyoming Vision Program. The Part C Coordinator assures completion and submittal of the EHDI Grant and Maternal Child hearing screening grants. The Part C Coordinator serves as the liaison to the State Interagency Coordinating Council.

50% Federal Funded Early Intervention and Education Program Manager:

The Early Intervention and Education Program Manager supervises the Part C Coordinator to ensure the statewide, comprehensive, coordinated multidisciplinary, interagency system of early intervention

services for infants and toddlers with disabilities and their families in such a way that it complies with all federal and State requirements in meeting the needs of infants and toddlers and their families. The Part C Coordinator is responsible for enhancing the State's capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families. The Early Intervention and Education Program Manager is responsible for the administration, supervision, and monitoring of programs and activities receiving assistance under Part C, enforcing any obligations imposed on the programs providing service under Part C and technical assistance in the area of IDEA law interpretation. The Early Intervention and Education program manager also assists with the State Interagency Coordinating Council.

100% Federal Funded Children's Program Manager:

The Children's Program Manager is responsible for all Part C program fiscal accounting activities. This includes all payments related to Part C services. Prepares Part C contracts and maintains appropriate disbursement schedule. Provides voucher payments for other activities related to the Part C system. Helps develop projects for the early intervention system. Has the responsibility for maintaining and operating the Wyoming referral line, 877-WYO-GROW. Provides technical assistance to the Part C early intervention providers related to payment discrepancies. Performs duties associated with the State Interagency Coordinating council including the recording to minutes, arranging accommodations, council member packets, and travel reimbursements.

60% Federal Funded Family Services Specialist:

Works with the regional early intervention programs and families in providing a comprehensive system of personnel development (CSPD) for services provision to children birth to five years of age with developmental delays, established conditions, and disabilities. The family services specialist interacts with families, early intervention providers, and national/regional/local training providers to increase the availability of information on best practices, innovative methodologies, and other identified needs. The goal of this position is to provide a comprehensive system, which leads to the development of highly qualified administrators, therapists, early childhood special educators, parents, and other service providers. Focus is on family-centered services including training parents to be an optimum resource for their children as they endeavor to work in partnership with the local early intervention programs, local education agencies, and other agencies.

Total Part C Salary and Fringe Support: \$149,019.88

Description Of Use Of Part C Funds

Direct Service	Part C Funds To Be Spent	Summary of methods to be Used to Provide the Service
Direct and consultative services with the child and the child's family are the primary methods used to ensure a family centered approach.		
Assistive technology, Audiology, Nutrition, Psychological, Social Work, and Vision services	\$78,619.89	
Occupational Therapy	\$345,931.00	

Other Early Intervention	\$47,172.00	
Parent Training/Counseling	\$47,492.11	
Physical Therapy	\$283,034.00	
Special Instruction	\$235,862	
Speech-Language Pathology	\$534,621.00	
TOTAL	\$1,572,732.00	

Maintenance and Implementation Activities

State ICC Support	\$20,000.00	All ICC members are reimbursed for reasonable and necessary expenses, per approved State of Wyoming reimbursement policy, for attending Council meetings and performing Council duties (including childcare for parent representatives).
Public Awareness	\$15,000.00	The Lead agency will continue to promote a Statewide Public Awareness and Child Find System. A Parent Guidebook describing the scope of Early Intervention System will be published. The LA will continue to disseminate shaken baby t-shirts to all birthing hospitals across the state as well as, disseminate information about early childhood development, and the early intervention system to all primary referral sources. The LA is producing a public service announcement for television intended to educate the public about the importance of early intervention.
Technical Assistance and Training	\$163,632.12	The Lead Agency will provide technical assistance and training to all fourteen regional programs, parents, and others providing early intervention services. The Lead Agency will contract with Mountain Plains Regional Resource Center to enhance its Continuous Improvement Monitoring Process.
Travel	\$60,000.00	These funds support both in state and out of state travel expenses. Travel in Wyoming is expensive mainly due to the large geographical area and sparse accommodations.
Communications	\$32,000.00	These funds are allocated to cover the costs of postage, phones, fax, commercial printing, dues, conference registrations, and meeting rooms.
Data Support & Special Services	\$80,000.00	These funds support the data collection system, data consultant fees, and statewide data system training and technical assistance. This allocation also supports both hard ware and software enhancements.

Universal Newborn Hearing	\$82,000.00	Allocated to maintain and support the Universal Newborn Hearing Project. These funds provide each of the fourteen regional programs with an audiological consultant to children and families with hearing loss. The audiological consultant also provides training to hospital staff operating screening equipment. This funding also supports data collection efforts and provides for in-service training to regional early intervention staff and parents. It is anticipated that this will be the last year Part C funds will be used to support this project.
Vision Screening Project	\$20,000.00	Allocated for the purpose of maintaining the Wyoming Lion's Vision Screening Project. The MDT Photo-Screener is used to examine children for possible eye problems such as, Amblyopia, strabismus, Cataracts, Hyperopia, Myopia, astigmatism, and Anisometropia. This is a joint project with the Wyoming Lion's Clubs, and the Wyoming Institute for Disabilities.
TOTAL	\$452,632.12	

Categories	PART C FUNDS
Salaries	\$149,019.88
Direct Services	\$1,572,732.00
Maintenance and Implementation Activities	\$452,632.12
ICC Support	\$20,000.00
TOTAL PART C FUNDS	\$2,194,384.00

F. Public Participation

303.146 information about public participation

The application will be published in various newspapers to ensure circulation throughout the state for at least 60 days, with an opportunity to comment for at least 30 days during that period. State policy allows for public hearings, adequate notice of the hearings, and an opportunity for comment available to the general public, specifically including individuals with disabilities and parents of infants and toddlers with disabilities

303.113 Reviewing Public comments received

A public comment period will be initiated. A notice regarding the availability for review of the Wyoming Department of Health, Developmental Disabilities Division's application for FFY 2005 funds under Part C of the Individuals With Disabilities Education Act and proposed adoption of 34 CFR Part 303 as the governing regulations for Part C of the Act.

A Public notice announcing the hearings and how to obtain a copy of the application will be published and a copy will be available in all regional offices.

G. Equitable Distribution of Resources

303.147 Services to all geographic areas

Part C funds are equitably distributed to the fourteen (14) regional programs, which comprise the early intervention service delivery system in Wyoming. The allocation process includes distribution of Part C funds for service coordination and direct services to children and their families. Each regional program receives an equal per child payment based on the average number of eligible children counted on December 1 and May 1. Part C dollars disseminated are specified as payor of last resort. The regional programs are required to identify all available resources in their communities and to use such resources prior to the use of Part C funds to develop or pay for direct services. Appendix E is a map depicting the designation of the statewide regional programs.

General Education Provisions Act Requirements

The following is a description of the steps that Wyoming takes to ensure equitable access to, and participation in, the Part C of the Individuals with Disabilities Education Act for eligible children and their families. Wyoming makes use of a number of strategies to avoid potential barriers to underserved and difficult to reach populations all over the State.

1. The WYO-GROW line (toll free access line) provides callers with two options, medical or developmental. Option one (medical) is a direct line to the Maternal and Child Health State office. Option two (developmental) is a direct line to the Wyoming Department of Health Part C Early Intervention Program.
2. The Wyoming Department of Health contracts statewide with fourteen regional early intervention programs, one of which is the Shoshone & Arapahoe Early Intervention program located on the Wind River Indian Reservation.
3. The Wyoming Department of Health supports training and technical assistance for Child Find activities in each of the statewide fourteen regional programs.
4. Regional programs throughout the state have identified priority populations for outreach activities. The regional programs provide free developmental screenings in a variety of settings. Some examples include, Physicians offices, community recreation centers, private daycare facilities, and Head Starts.
5. Regional programs annually sponsor a “doughnuts for dads” day to involve and support fathers of young children with disabilities.
6. Regional programs have produced posters of children with their fathers to encourage involvement of fathers with their children.
7. Bilingual employees are sought and employed in areas where the population of Spanish speaking individuals is high. In other areas, procedures and contracts are in place for translation services for non-English speaking families including those with hearing impairments. Program brochures and public awareness materials are developed in English and Spanish. Procedural Safeguards materials are available in other alternative formats.

8. Services in rural and remote areas have required programs to acquire vehicles, cell phones, and establish satellite sites in small frontier communities.

H. Transition to Preschool Programs

303.148 transition to preschool programs

Transition of infants and toddlers from the Part C to Part B program in Wyoming is very unique. In 1989 the State Legislature designated the lead agency an Intermediate Education Unit. This ensures a seamless service provision system because the agencies that provide services to infants and toddlers from birth to three also provide section 619 services.

- (1) Notify the local educational agency for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part C of the Act, as determined in accordance with State law
- (2) In the case of a child who may be eligible for preschool services under Part C of the Act, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency at least 90 days, and at the discretion of the parties, up to 6 months, before the child is eligible for the preschool services, to discuss any services that the child may receive; or
 - (i) In the case of a child who may not be eligible for preschool services under Part C of the Act, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part C, to discuss the appropriate services that the child may receive;
- (3) Review the child's program options for the period from the child's third birthday through the remainder of the school year; and
- (4) Establish a transition plan; and
- (c) If the state educational agency, which is responsible for administering preschool programs under Part C of the Act, is not the lead agency under this part, an interagency agreement between the two agencies to ensure coordination on transition matters.
- (d) Appendix F is the Memorandum of Understanding outlining responsibilities of the lead agency for transition to Part B special education and related services.

Requirements related to components of a statewide system

I. 303.300 State eligibility criteria and procedures

- (a) Infants and toddlers with disabilities are those individuals from birth through two who need early intervention services because they:
 - (1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
 - (i) Cognitive development;
 - (ii) Physical development including vision and hearing;
 - (iii) Communication development;
 - (iv) Social and emotional development;
 - (v) Adaptive development ; or
 - (2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.
 - (3) Criteria to determine developmental delay include:
 - (b) 1.5 standard deviations, or 25% delay in one or more developmental areas listed in (a)(1). Informed clinical opinion shall be used in determining an child's eligibility under Part C. Informed clinical opinion is especially important if there are no standardized measures, or the standardized procedures are not appropriate for a given age or developmental area. (Documentation of clinical opinion will be maintained in the child's file).
 - (c) The State of Wyoming has not elected to serve at risk children at this time.

II. 303.162 Central Directory

- (a) The Department of Health, Developmental Disabilities Division has adopted a central directory of information, which includes:
 - (1) Public and private early intervention services, resources and experts available in the State;
 - (2) Research and demonstration projects being conducted in the state; and
 - (3) Professional and other groups that provide assistance to infants and toddlers eligible under Part C and their families.
- (b) The Wyoming Department of Health, Developmental Disabilities Division

assures that the Central Directory is in sufficient detail to-

- (1) Ensure that the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and
 - (2) Enable the parent of a child eligible under Part C to contact, by telephone or letters, any of the sources listed in the directory.
- (c) The Central directory is:
- (1) updated at least annually; and
 - (2) accessible to the general public;
- (d) The Wyoming Department of Health, Developmental Disabilities Division arranges for copies of the directory to be available –
- (1) In each geographic region of the State, including rural areas; and
 - (2) In places and a manner that ensure accessibility by persons with disabilities.

The Lead Agency and the Governor's Planning Council on Developmental Disabilities entered into an agreement to develop and make available throughout the state a central directory of information which includes, but is not limited to, public and private Early Intervention Services, resources and experts available in the state, and professionals and groups providing assistance to infants and toddlers with disabilities and their families. The central directory includes general information about the agency or group, as well as address and phone number. The 1-800 number for more information is also included.

Copies of the central directory were mailed to a variety of service agencies, health providers, etc. across the state. The central directory was also mailed to parents who are on the DD Planning Council mailing list and was made available to parents of infants and toddlers served through regional programs.

Some regions have adopted and modified the DD Planning Council Central Directory, others have developed models they feel are more appropriate for their area. The local central directories also include general information, phone numbers and addresses.

The central directory of services is available on-line at <http://wind.uwyo.edu/connect/>. The name of the central directory website is Connect Wyoming. Connect Wyoming officially launched on July 8, 1999. With its launching, the project provided Wyomingites access to the Pathways Plus database, the interactive Wyoming Village, the monthly CW Newsletter, an online Calendar, and the Internet Clearinghouse.

Connect Wyoming grew out of the Wide Area Network and Directory Assistance (WANDA) project, which conducted various focus groups and needs assessments throughout the state. Through this project, Wyomingites were able to express the need for an infrastructure that would allow them to easily access human services information and network with other citizens experiencing similar human services needs.

County-level directories are available for download by using a link on the lower left-hand side of the web page. The Wind River Reservation Resource Directory is also available, as are directories listing only programs, which serve the entire state, and programs that are national. Moreover, a directory of programs that offer services in languages other than English is also available. All the directories are free of charge and may be re-distributed. As a part of the Pathways Plus project, custom print directories can be created using the information included in the Pathways Plus database. Persons may request to have a print directory created for their geographic area by contacting Connect Wyoming.

III. System for serving all eligible infants and toddlers

The Wyoming Department of Health, Developmental Disabilities Division assures that appropriate early intervention service was available to all infants and toddlers with disabilities including native American infants/toddlers with disabilities, living on reservations, no later than the beginning of July 1990.

Part C does not apply to any child with disabilities receiving FAPE with funds under Section 619 of Part B of IDEA.

IV. 300.164 Public Awareness Program

The Wyoming Department of Health, Developmental Disabilities Division, assures that it has established a public awareness program that focuses on early identification of children who are eligible to receive early intervention services under this part including preparation and dissemination by the lead agency, to all primary referral sources, especially hospitals and physicians, of materials for parents on the availability of early intervention services.

The State has established a public awareness program that provides information about:

- (a) The States early intervention program;
- (b) The child find system, including -
 - (i) The purpose and scope of the system;
 - (ii) How to make referrals; and

- (ii) How to gain access to a comprehensive multi-disciplinary evaluation and other early intervention services.

- (c) The central directory.

Public Awareness Activities

The current public awareness program consists of statewide distribution of materials explaining services available in the state, and the continual child find campaigns which include the use of print and audio media.

The Early Intervention Council is continuing its Shaken Baby Syndrome Campaign, distributing Shaken Baby t-shirts to all Wyoming Hospitals. The Council is also supporting a statewide public awareness campaign to promote developmental screening of all children b-5, “1 before 2”.

The Council is exploring infant mental health initiatives, and education efforts toward physicians’ knowledge regarding the importance of developmental screening.

V. 303.165 Comprehensive Child Find System

The Wyoming Department of Health, Developmental Disabilities Division, assures that the State comprehensive Child Find system is consistent with Part C of the Act, and meets the requirements in 303.321(b) through (e) and is implemented by the lead agency.

The Developmental Disabilities Division and the Early Intervention Council ensure that:

- (A) All infants and toddlers in the state who are eligible for services under Part C are identified, located and evaluated;
- (B) An effective method is developed and implemented to determine which children are not receiving those services;
- (C) The lead agency shall ensure, with the assistance of the Council, that the child find system under this part is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, tribes and tribal organizations that receive payments under this part, and other tribes and tribal organizations as appropriate, including efforts in the-
 - (i) Program authorized under Part C of the Act;
 - (ii) Maternal and Child Health program under Title V of the Social Security Act;

- (iii) Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under Title XIX of the Social Security Act;
- (iv) Developmental Disabilities Assistance and Bill of Rights Act;
- (v) Head Start Act; and
- (vi) Supplemental Security Income Program under Title XVI of the Social Security Act.

The Developmental Disabilities Division and the Early Intervention Council shall take steps to ensure that:

- (A) There will be no unnecessary duplication of effort by the various agencies involved in the States child find system under Part C; and
- (B) The State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner.

This includes procedures for use by primary referral sources for referring an infant and toddler to the appropriate public agency within the system for:

- (1) Evaluation and assessment, in accordance with 303.322 and 303.323; or
- (2) As appropriate, the provision of services, in accordance with 303.342(a) or 303.345.

Includes procedures that:

- (1) Provide for an effective method of making referrals by primary referral sources; and
- (2) Ensure that referrals are made no more than two working days after an child has been identified.
- (3) Ensure that the lead agency can determine the extent primary referral sources, especially hospitals and physicians, disseminate information on availability of EIS to parents of infants with disabilities.
- (4) Primary Referral sources include:
 - (i) Hospitals, including prenatal and postnatal care facilities;

- (ii) Physicians;
 - (iii) Parents;
 - (iv) Day care programs;
 - (v) Local educational agencies;
 - (vi) Public health facilities;
 - (vii) Other social service agencies; and/or
 - (viii) Other health care providers.
- (5) Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible.
- (6) Ensures that once the public agency receives a referral, it shall, within 45 days:
- (i) Complete the evaluation and assessment activities in 303.322; and
 - (ii) Hold an IFSP meeting, in accordance with 303.342.

The Child Find effort in Wyoming is a joint effort primarily between the State Department of Education and the lead agency, but also involves other state and private systems. Through a Memorandum of Agreement between the two primary agencies, Local Education Agencies have the option of either providing community based screenings of children from birth through five, or contracting with regional preschool programs to provide screenings. The regional preschool programs have sole responsibility for evaluations and assessment of children from birth through five. Both the LEA's and regional preschool programs are responsible, through joint efforts, for on-going public awareness of child find activities.

Each regional program is responsible for coordinating child find activities with other agencies who have child find responsibilities. Part C coordination is present because regional providers across the state provide developmental screening not only for birth to three years old, but also three to five years old. Infants and toddlers seen through Children's Health Services (MCH) clinics, Head Start efforts, or EPSDT screenings would be referred to the Regional Developmental Preschool Programs for further evaluation or assessments. Public Health nurses, public assistance agencies who

determine EPSDT eligibility, Head Start programs, physicians and the general population are made aware of child find activities, to aid in the effective utilization of resources and to avoid unnecessary duplication. The local ICC's are very active in this process. The Governor's Planning Council for Developmental Disabilities is informed annually regarding the availability and providers, of child find efforts for infants and toddlers from birth to three in each county.

As required by Part C regulations, the regional programs provide multi- disciplinary evaluations, utilizing experts within the appropriate disciplines. The evaluation and assessment procedures are completed within a 45day period. In the rare circumstance that an child's evaluation is not completed within that time period, documentation of the reason for delay is gathered, and an interim IFSP is put into place.

The Lead Agency in collaboration with Public Health Nursing and Maternal Child Health have prepared NICUs in neighboring states as to the referral procedures to establish a single point of contact when a child returns to Wyoming.

Again due to the informal, but highly successful referral procedures, agencies are made aware of the two day referral period, evaluation and assessment requirements, IFSP process, timelines and interim IFSPs. The regional programs take all steps available to include health care providers, the primary referral agencies and others deemed appropriate in the IFSP process. The local ICC's have spent time educating each other, and additional agencies in the communities about these requirements and the importance of child find activities.

VI. Evaluation and assessment.

(a) General

- (1) The Developmental Disabilities Division assures the performance of a timely, comprehensive, multi-disciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child.
- (2) The lead agency shall be responsible for ensuring that the requirement of this section are implemented by all affected public agencies and service providers in the State.

(b) Definition of evaluation and assessment.

- (1) Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in 303.16, including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section.

- (2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify;
- (i) The child's unique strengths and needs and the services appropriate to meet those needs; and
 - (ii) The resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.
- (c) Evaluation and assessment of the child. The evaluation and assessment of each child must -
- (1) Be conducted by personnel trained to utilize appropriate methods and procedures.
 - (2) Be based on informed clinical opinion.
 - (3) Include the following:
 - (i) A review of pertinent records related to the child's current health status and medical history.
 - (ii) an evaluation of the child's level of functioning in each of the following developmental areas:
 - (A) Cognitive development.
 - (B) Physical development including vision and hearing.
 - (C) Communication development.
 - (D) Social or emotional development.
 - (E) Adaptive development.
 - (ii) An assessment of the unique needs of the child in terms of each of the developmental areas in (c)(3)(ii) of this section, including the identification of services appropriate to meet those needs.
- (d) Family assessments
- (1) Family assessments under this part must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs

of the child.

- (2) Any assessment conducted must be voluntary on the part of the family.
- (3) If an assessment of the family is carried out, the assessment must-
 - (i) Be conducted by personnel trained to utilize appropriate methods and procedures;
 - (ii) Be based on information provided by the family through a personal interview; and
 - (iii) Incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development.
- (e) Timelines
 - (1) Except as provided in paragraph (e)(2) of this section, the evaluation and initial assessment of each child (including the family assessment) must be completed within the 45-day time period required in 303.321(e).
 - (2) The lead agency shall develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g. if the child is ill), public agencies will:
 - (i) Document those circumstances; and
 - (ii) Develop an interim IFSP that includes, to the extent appropriate and consistent with 303.345(b)(1) and (b)(2).

VII. Nondiscriminatory Procedures.

The Wyoming Department of Health, Developmental Disabilities Division has adopted nondiscriminatory evaluation and assessment procedures. These procedures provide that public agencies responsible for the evaluation and assessment of children and families under this part shall ensure, at a minimum, that -

- (a) Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so;
- (b) Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;
- (c) No single procedure is used as a sole criterion for determining a child's eligibility

under this chapter; and

- (d) Evaluations and assessments are conducted by qualified personnel.

VIII. Natural environment policy

A. Policies

1. To the maximum extent appropriate, early intervention services are provided in natural environments.
2. The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural setting. (303.167(c))
3. The Individual Family Service Plan (IFSP) includes a statement of the natural environment, as described in 303.12(b), in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment. (34 CFR 303.344(d)(1)(ii))

Note: with respect to the requirements in Sec. 303.344(d), the appropriate location of services for some infants and toddlers might be a hospital setting-during the period in which they require extensive medical intervention. However, for these and other eligible children, early intervention services must be provided in natural environments (the home, childcare centers, or other community settings) to the maximum extent appropriate to the needs of the child.

The Wyoming Early Intervention System requires that early intervention services to infants, toddlers, and their families be delivered in natural environments unless a child's outcomes cannot be achieved in a natural environment. The family's concerns, priorities, resources, and daily routines are framed in the context of their natural environment through the development of the individualized family service plan (IFSP). All necessary supports and services are identified on the IFSP. Early intervention services are provided in the natural environment(s) that best helps the family and child meet their outcomes, ensuring that a child with disabilities has the opportunity for the same types of experiences as children without disabilities. Providing services in natural environments should not prevent bringing families together to network and support one another. If a family desires family support services or family training then an IFSP could be developed with parent group participation as a strategy to address that need. The IFSP process should allow for opportunity to identify resources that meet the needs of parents who seek support from other parents of children with disabilities while, also staying connected to their natural communities. The provision of services in natural environments begins with the first contact with a family. The concept of natural environments is embedded in every discussion with families and address how early intervention can best support them in their ability to meet their child's needs. These discussions begin with the referral/intake process and continue in

evaluation/assessment, IFSP development, IFSP review and revision, and transition out of early intervention services.

IX. Individual family service plans

- (a) The Wyoming Department of Health, Developmental Disabilities Division, has policies and procedures regarding individualized family service plans (IFSPs) that meet the requirements of this section and 303.341 through 303.346.
- (b) As used in this part, individualized family service plan and IFSP mean a written plan for providing early intervention services to a child eligible under this part and the child's family. The plan must -
 - (1) Be developed in accordance with 303.342 and 303.343;
 - (2) Be based on the evaluation and assessment described in 303.322; and
 - (3) Include the matters specified in 303.344.
- (c) Lead agency responsibility. The Developmental Disabilities Division ensures that an IFSP is developed and implemented for each eligible child, in accordance with the requirements of this part. If there is a dispute between agencies as to who has responsibility for developing or implementing an IFSP, the lead agency shall resolve the dispute or assign responsibility.

303.342. Procedures for IFSP development, review, and evaluation

- (a) For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period in Sec. 303.321(e).
- (b) Periodic review
 - (1) A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine –
 - (i) The degree to which progress toward achieving the outcomes is being made; and
 - (ii) Whether modification or revision of the outcomes or services is necessary
 - (2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

- (c) Annual meeting to evaluate IFSP. A meeting must be conducted on at least annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under Sec. 303.322(c), and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.
- (d) Accessibility and convenience of meetings
- (1) IFSP meetings must be conducted –
 - (i) In settings and at times that are convenient to families; and
 - (ii) In the native language of the family or other mode of communication used by the family, unless it is not feasible to do so.
- (2) Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.
- (e) Parental consent. The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

303.343 Participants in IFSP meetings and periodic reviews

- (a) Initial and annual IFSP meetings.
 - (1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:
 - (i) The parent or parents of the child
 - (ii) Other family members, as requested by the parent, if feasible to do so
 - (iii) An advocate or person outside of the family, if the parent requests that the person participate
 - (iv) The service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP

- (v) A person or persons directly involved in conducting the evaluation and assessments in Sec. 303.322
 - (vi) As appropriate, persons who will be providing services to the child or family
- (2) If a person listed in paragraph (a) (1) (v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including
- (i) Participating by telephone conference call
 - (ii) Having a knowledgeable authorized representative attend the meeting
 - (iii) Making pertinent records available at the meeting
- (b) Periodic review. Each periodic review must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section.

303.344 Content of an IFSP

- (a) Information about the child's status
 - (1) The IFSP must include a statement of the child's present levels of physical development(including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.
 - (2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.
- (b) Family information. With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.
- (c) Outcomes. The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine- - (1) The degree to which progress toward achieving the outcomes is being made; and (2) whether modifications or revisions of the outcomes or services are necessary.
- (d) Early intervention services.

- (1) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of this section, including -
 - (i) The frequency, intensity, and method of delivering the services;
 - (ii) The natural environments, as described in 303.12(b) and 303.18, in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;
 - (iii) The location of the services; and
 - (iv) The payment arrangements, if any.

- (2) As used in paragraph (d)(1)(i) of this section –
 - (i) Frequency and intensity mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis; and
 - (ii) Method means how a service is provided

- (3) As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where a service is provided.

- (e) Other services
 - (1) To the extent appropriate, the IFSP must include -
 - (i) Medical and other services that the child needs, but that are not required under this part; and
 - (ii) The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.
 - (2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and “well baby” care), unless a child needs those services and the services are not otherwise available or being provided.

- (f) Dates; duration of service. The IFSP must include –
 - (1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in 303.342; and
 - (2) The anticipated duration of those services

- (g) Service coordinator.
- (1) The IFSP must include the name of the service coordinator from the profession most immediately relevant to the child’s or family’s needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for implementation of the IFSP and coordination with other agencies and persons.
- (2) In meeting the requirements in paragraph (g)(1) of this section, the public agency may
 - (i) Assign the same service coordinator who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child’s or family’s IFSP; or
 - (ii) Appoint a new service coordinator.
- (3) As used in paragraph (g)(1) of this section, the term “profession” includes “service coordination.”
 - (i) Transition from Part C services.
- (1) The IFSP must include steps to be taken to support the transition of the child, in accordance with 303.148, to
 - (i) Preschool services under Part B of the Act, to the extent that those services are appropriate; or
 - (ii) Other services that may be available, if appropriate.
- (2) The steps required in paragraph (h)(1) of this section include –
 - (i) Discussions with, and training of, parents regarding future placements and other matters related to the child’s transition.
 - (ii) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting.
 - (iii) With parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluation and assessment information required in 303.322, and copies of IFSPs that have been developed and implemented in accordance with 303.340 through 303.346

303.345 Provision of services before evaluation and assessment are completed

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment in 303.322, if the following conditions are met:

- (a) Parental consent is obtained.
- (b) An interim IFSP is developed that includes -
 - (1) The name of the service coordinator who will be responsible, consistent with 303.344(g), for implementation of the interim IFSP and coordination with other agencies and persons; and
 - (2) The early intervention services that have been determined to be needed immediately by the child and the child's family.
- (c) The evaluation and assessment are completed within the time period required in 303.322(e).

X. Comprehensive system of personnel development (CSPD).

The Developmental Disabilities Division assures that a Part C Comprehensive System of Personnel Development (CSPD) plan has been established.

- (1) Training is consistent with the Comprehensive System of Personnel Development required under Part B of the Act (34 CFR 300.380 through 300.387) and may include:
 - (i) Implementing innovative strategies and activities for the recruitment and retention of Early Intervention Service Providers;
 - (ii) Promoting the preparation of Early Intervention Providers who are fully and appropriately qualified to provide Early Intervention Services;
 - (iii) working in rural areas; and
 - (iv) Training personnel to coordinate transition services for infants and toddlers served under this part to preschool or other appropriate services.
- (2) The Developmental Disabilities Division's Comprehensive System of Personnel Development provides for pre-service and in-service training conducted on an interdisciplinary basis, to the extent appropriate;
- (3) Providing for the training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources,

paraprofessionals, and persons who will serve as family services coordinators; and

- (4) ensures that the training provided relates specifically to:
 - (i) Understanding the basic components of Early Intervention Services available in the State;
 - (ii) Meeting the interrelated social or emotional, health, developmental and educational needs of eligible children under this part; and
 - (iii) Assisting families in enhancing the development of their children, and in participating fully in the development and implementation of IFSPs.

The Developmental Disabilities Division provides and/or coordinates trainings related to Early Intervention Services across the state. These training are for para-professionals, professional service providers, parents and primary referral sources. The content includes the basic components of Early Intervention Services in the State, emphasizing natural environment and a family centered approach to early intervention.

Training needs are determined at the state level, on an interdisciplinary basis through a needs assessment to: regional providers, including OT, PT, Speech Pathologist, Special Educators, para professionals, early educators; and health care professionals including physicians and nurses. Each region also conducts needs assessments of staff, interagency participants, parents, etc. From the needs assessments goals for regional and statewide training are established. The training, both at the local and state levels, are open to anyone wishing to attend. Both regional and statewide training are aimed at providing a better understanding of the basic components of EIS; meeting the inter-disciplinary, inter-related psychosocial, health, developmental and educational needs of eligible infants and toddlers and families; and assisting families to enhance the development of their child and to fully participate in the development and implementation of the IFSP. The lead agency in collaboration with the University of Wyoming Communications Department, and Child Development Services of Wyoming have a practicum experience agreement for speech language pathology students. Further, the lead agency in collaboration with the Junior Colleges of Wyoming have begun a program to allow paraprofessionals to complete an associated degree in early childhood education. The course work required is aligned with the requirements for a bachelors degree in early childhood special education. The lead agency is providing opportunities for existing staff to complete course work towards disability specific graduate degrees. The masters degree programs are offered via distance learning through the University of Northern Colorado. These degrees include: a master of arts in special education, with areas of emphasis on children with moderate or profound needs; severe cognitive needs; severe affective needs; severe hearing needs; and severe visual needs.

XI. Personnel Standards

- (1) Appropriate professional requirements in the State means entry level requirements that:

- (i) Are based on highest requirements in the State applicable to the profession or discipline in which a person provides early intervention services; and
 - (ii) Establish suitable qualifications for personnel providing early intervention services under this part to eligible children and their families who are served by State, local and private agencies.
- (2) Highest requirements in the State applicable to a specific profession or discipline mean highest entry-level academic degree needed for State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline.
- (3) Profession or Discipline means a specific occupation category that:
- (i) Provides early intervention services to children eligible under this part and their families;
 - (ii) Has been established or designated by the State; and
 - (iii) Has a required scope of responsibility and degree of supervision.
- (4) The Wyoming State legislature has authorized the Wyoming Professional teaching Standards Board as the agency responsible to approve recognized certifications, licensing, registration or other comparable requirements through promulgated rules, which establish entry-level standards for employment in a specific profession or discipline.
- (b)(1) The Developmental Disabilities Division ensures that policies and procedures exist relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained.
- (2) The Developmental Disabilities Division ensures that these policies provide for the establishment and maintenance of standards that are consistent with any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline in which a person is providing early intervention services.

Position	Entry Standard
Audiologist	Masters degree

Nurse	Associates Degree State Board of Nursing Certification
Nutritionist	Bachelors degree Department of Health Licensure
Occupational Therapist	Bachelors degree
Physical Therapist	Bachelors degree National Certification
Physician	Medical degree State Licensure
Social Worker/Family Therapist	Masters Degree
Special Educator	Bachelors Degree, Early Childhood/Special Education Certification
Speech/Language Pathologist	Masters Degree Department of Education Certification
Psychologist	PhD. State Licensure
Orientation and Mobility Specialist	Masters accredited University and A.E.R. Certification

- (c) Personnel providing early intervention services will meet standards of any state approved or recognized, certification, licensure or other comparable requirements that apply to the profession or discipline in which the personnel are providing early intervention services.
- (d)(1) The Developmental Disabilities Division ensures that standards are based on the highest requirement in the State applicable to a specific profession or discipline, including, but not limited to Speech Pathologists, Occupational Therapist, Physical Therapists, and Early Childhood Special Educators. The lead agency maintains information from each regional provider on the staff and contract individuals employed and their present education level, licensure, certificates, etc. This information is available to the public.
- (2) Information on personnel standards is on file with the lead agency, and is available to the public. The information may be obtained by contacting the lead agency or any of the community based regional preschool programs.
- (e) In identifying highest requirements in the State: for purposes of this section, the requirements of all State statutes and the rules of all State agencies applicable to serving children under this part and their families must be considered.
- (f) The Developmental Disabilities Division allows paraprofessionals and assistants who are

appropriately trained and supervised, in accordance with State law, regulations, and written policy, to assist in the provision of early intervention services to eligible children under this part.

- (g) The Developmental Disabilities division is implementing procedures consistent with the requirements of Part C, Section 635 (b), to include an ongoing good faith effort to recruit fully qualified candidates and to hire the most qualified individuals who are making satisfactory progress toward completing applicable coursework and required training within three years as necessary to meet the standards of the State.

XII. Procedural safeguards.

The Developmental Disabilities Division provides procedural safeguards that –

- (a) Are consistent with 303.400 through 303.406, 303.419 through 303.425 and 303.460; and
- (b) Incorporate the due process procedures in 34 CFR 300.506 through 300.512.

303.400 General responsibilities of the lead agency for procedural safeguards.

- (a) The Developmental Disabilities Division has adopted Part B of the Act, Sec.300.506 through 300.512 Procedural Safeguards; and
- (b) Ensures effective implementation of the safeguards by each agency in the state that is involved in the provision of early intervention services under this part.

303.401 Definitions of consent, native language, and personally identifiable information

- (a) Consent means:
 - (1) The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;
 - (2) The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and
 - (3) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time; and
- (b) Native language, when used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible under this part;

- (c) Personally identifiable means that information includes -
 - (1) The name of the child or the child's parent, or other family member;
 - (2) The address of the child;
 - (3) A personal identifier, such as the child's or parent's social security number; or
 - (1) A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

303.402 Opportunity to examine records

In accordance with confidentiality procedures in the regulations under Part B of the Act (34 CFR 300.560 through 300.576), the parents of a child eligible under this part are afforded the opportunity to examine, inspect, and review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSP's, individual complaints dealing with the child, and any other area under this part involving records about the child or child's family.

303.403 Prior notice; native language

- (a) Written prior notice must be given to the parents of an eligible child a reasonable time before a public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the infant or toddler's family.
- (b) The notice must be sufficient detail to inform the parents about:
 - (1) The action that is being proposed or refused;
 - (2) The reason for taking the action; and
 - (3) All procedural safeguards that are available under 303.401 – 303.460 of this part; and
 - (1) The state complaint procedures under 303.510 – 303.512, including how to file a complaint and the timelines under those procedures.
- (c) The notice must be:
 - (i) written in language understandable to the general public; and
 - (ii) provided in the native language of the parents, unless it is clearly not

feasible to do so.

- (2) If the native language or other mode of communication of the parent is not a written language, the public agency or designated service provider, shall take steps to ensure that:
 - (i) The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
 - (ii) the parent understands the notice; and
 - (iii) there is written evidence that the requirements of this paragraph have been met.
- (3) If the parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, Braille, or oral communication).

303.404 Parent consent

- (a) The Developmental Disabilities Division ensures that statements have been adopted requiring written parental consent is obtained before:
 - (1) Conducting the initial evaluation and assessment of a child under 303.322; and
 - (2) Initiating the provision of early intervention services (303.342(e)).
- (b) If consent is not given, the Developmental Disabilities Division shall make reasonable effort to ensure that the parent -
 - (1) Is fully aware of the nature of the evaluation and assessment or the services that would be available; and
 - (2) Understands that the child will not be able to receive the evaluation and assessment or services unless the lead agency exercises its right to request a due process hearing for a parent's refusal to consent to an evaluation and the due process hearing officer (after holding a hearing) issues a decision mandating that the child be evaluated under the IDEA.

303.405 Parent right to decline service

The parents of a child eligible under this part may determine whether they, their child, or other family members will accept or decline any early intervention service under this part in accordance with State law, and may decline such a service after accepting it, without jeopardizing other early intervention services under this part.

303.406 Surrogate parents

- (a) The Developmental Disabilities Division ensures that the rights of eligible children under this part are protected if -
 - (1) No parent (as defined on page 54) can be identified;
 - (2) The Developmental Disabilities Division, after reasonable efforts, cannot discover the whereabouts of a parent; or
 - (3) The child is a ward of the State under the laws of the State.
- (b) The duty of the Developmental Disabilities Division, or other public agency under paragraph (a) of this section, includes the assignment of an individual to act as a surrogate for the parent. This must include:
 - (1) Determining whether an child needs a surrogate parent; and
 - (2) Assigning a surrogate parent to the child.
- (c) Criteria for selecting surrogates.
 - (1) The Developmental Disabilities Division, or other public agency may select a surrogate parent in any way permitted under State law. In Wyoming each individual Regional Developmental Preschool shall make arrangements for the development, training, and appointment of a surrogate parent to act as an advocate on behalf of each child who meet the above guidelines. The responsibility for identification of children who need services of a surrogate parent will be with the Executive Director of the developmental preschool.
 - (2) The surrogate parent must:
 - (i) Have no interest that would conflict with the interest of the child to be represented;
 - (ii) Have knowledge and skills that ensure adequate representation of the child;
 - (iii) May not be an employee of any State agency;
 - (iv) May not be a person or an employee of a person providing early intervention services; or

(v) A person who otherwise qualifies to be a surrogate parent under (iv) above is not an employee solely because he or she is paid by a public agency to serve as a surrogate parent.

(e) Responsibilities.

A surrogate parent may represent a child in all matters related to -

- (1) The evaluation and assessment of the child;
- (2) Development and implementation of the child's IFSPs including annual evaluations and periodic reviews;
- (3) The ongoing provision of early intervention services to the child; and
- (4) Any other rights established under this part.

303.460 Confidentiality of information

- (a) The Developmental Disabilities Division has adopted policies and procedures that the State will follow to ensure the protection of any personally identifiable information collected, used, or maintained under this Part, including the right of parents to written notice of and written consent to the exchange of this information among agencies consistent with Federal and State law
- (b) These policies and procedures meet the requirements in 34 CFR 300.560 through 300.576 with the modifications specified in 303.5(b).
- (c) With modifications referred to in paragraph (b) of this section, the confidentiality requirements in the regulations implementing part B of the Act (34 CFR 300.560 through 300.576) are to be used by public agencies to meet the confidentiality requirements under part C of the Act and this section (Sec. 303.460). The Part B provisions incorporate by reference the regulations in 34 CFR part 99 (Family Educational Rights and Privacy): therefore, those regulations also apply to this part.

300.560 Definitions.

“Destruction” means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable;

“Education records” means the type of records covered under the regulations implementing the Family Educational Rights and Privacy Act of 1974 (FERPA); and

“Participating agency” means any agency or institution that collects, maintains, or uses personally identifiable information or from which information is obtained under this part

303.561 Notice to parents.

- (a) The Developmental Disabilities Division provides adequate notice to fully inform parents about the requirements of 300.127, (303.460) including –
 - (1) A description of the extent that notice is given in the native languages of the various population groups in the State;
 - (2) A description of the children on whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information (including the source from whom information is gathered), and the uses to be made of the information;
 - (3) A summary of the policies and procedures that participating agencies must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information; and
 - (4) A description of all of the implementing regulations in 34 CFR part 99.

The Wyoming Department of Health, Developmental Disabilities Division monitors regional early intervention programs to ensure regional staff provide written prior notice to the parents of a child eligible under this part a reasonable time before a public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family. The content of the notice is in sufficient detail to inform parents about an action that is being proposed or refused, the reasons for taking the action, all procedural safeguards that are available under Secs. 303.510- 303.512, including a description of how to file a complaint and the timelines under those procedures. The notice is in written language understandable to the general public and provided in the native language of the parents, unless it is not feasible to do so. All other requirements of 303.403 are completed as required when appropriate. Each regional early intervention program provides notice to parents regarding the storage, disclosure to third parties, retention and destruction of personally identifiable information

- (b) Notification of child find efforts is done in compliance with 300.561, and is reflected in the Public Awareness portion of this plan, and in the State Department of Education Memorandum of Agreement.

300.562 Access rights

- (a) The Wyoming Department of Health, Developmental Disabilities Division will permit

parents to inspect and review any early intervention records relating to their child that are collected, maintained, or used by the agency under this part. The agency will comply with a request without unnecessary delay and before any meeting regarding IFSP, or any hearing pursuant to 300.507 and 300.521-300.528, and in no case more than 45 days after the request has been made.

- (b) The right to inspect and review early intervention records under this section include -
 - (1) The right to a response from the agency to reasonable requests for explanations and interpretation of the records;
 - (2) The right to request that the agency provide copies of the records containing the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and
 - (3) The right to have a representative of the parent inspect and review the records. such review must be made either in the company of the child's parent's or must be expressly authorized by the child's parent in writing;
- (c) The agency may presume that the parent has the authority to inspect and review records relating to his or her child unless the agency has been advised that the parent does not have the authority under applicable state law governing such matters as guardianship, separation, and divorce.

300.563 Record of access

The agency will keep a record of parties obtaining access to early intervention records collected, maintained, or used under Part C of the Act (except access by parents and authorized employees of the participating agency), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records.

300.564 Records on more than one child

If any early intervention record includes information on more than one child, the parents of those children shall have the right to inspect and review only the information relating to their child or be informed of the specific information.

300.565 List of types and locations of information

Each participating agency shall provide parents, upon request, a list of the types and locations of early intervention records collected, maintained, or used by the program.

300.566 Fees

- (a) A fee of 8 cents per page (after the first 30 pages) may be charged for copies of records that are made for parents under this part if the fee does not effectively prevent the parents from exercising their right to inspect and review those records.
- (b) No fee may be charged to search for or retrieve information under this part.

300.567 Amendment of records at parent's request

- (a) Parents who believe that information in the early intervention records of their child is inaccurate or misleading or violates the privacy or other rights of the child may request the program, through the regional director/designee, amend the information.
- (b) The regional director/designee, upon receiving a request from a parent regarding (a) above, shall decide whether to amend the information as requested within a reasonable period of time following the receipt of request and;
 - (c) If the regional director/designee decides to refuse to amend the information in accordance with the request, the regional director/designee shall inform the parent of the refusal and advise the parent of the right to a hearing under section 300.568.

300.568 Opportunity for a hearing

If the regional director/designee refuses to amend the information, the regional director/designee will inform the parent of the refusal and advise the parent of the right to a hearing to challenge information in the records.

The lead agency provides parents an opportunity for a hearing in the same manner as it does for a due process hearing as defined on page 55., XIV Procedures for Resolving Complaints, sections 303.511 and 303.512.

300.568 Result of hearing

- (a) If, as a result of the hearing, the information is found to be inaccurate, misleading or otherwise in violation of the privacy or other rights of the child, it shall amend the information accordingly and so inform the parent.
- (b) If, as a result of the hearing, the information is not inaccurate, misleading or otherwise in violation of the privacy or other rights of the child, it shall inform the parents of the rights to place in the records it maintains on the child a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the program.

- (c) Any explanation placed in the records of the child under this section must –
 - (1) Be maintained by the agency as part of the records of the child as long as the record or contested portion is maintained by the agency; and
 - (2) If the records of the child or the contested portion are disclosed by the agency to any party, the explanation must also be disclosed to the party.

300.570 Hearing procedures

If the regional director/designee refuses to amend the information, the parents will be informed of the refusal, and of the right to a hearing provided in accordance with the requirements of the Family Educational Rights and Privacy Act (34 CFR 99.22)

300.571 Consent

- (a) Written parental consent shall be obtained before any personally identifiable information is -
 - (1) Disclosed to anyone other than officials of participating agencies collecting or using information under this part, subject to paragraph (b) of this section; or
 - (2) Used for any purpose other than meeting a requirement of this part.
- (b) The Developmental Disabilities Division or early intervention agency may not release information from education (early intervention) records to participating agencies without formal parental consent unless authorized to do so under part 99.
- (c) Written parental consent must be obtained before--
 - (1) Conducting the initial evaluation and assessment of a child under Secs.303.322 and 303.404.
 - (2) Initiating the provision of early intervention services (303.404).
- (d) If consent is not given, the Developmental Disabilities Division will make reasonable efforts to ensure that the parent
 - (1) Is fully aware of the nature of the evaluation and assessment or the services that would be fully available; and
 - (2) Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given unless the lead agency exercises its right to request a due process hearing for a parent's refusal to consent to an evaluation and the due process

hearing officer (after holding a hearing) issues a decision mandating that the child be evaluated under the IDEA.

300.572 Safeguards

- (a) The lead agency and early intervention program shall protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages.
- (b) The lead agency and regional director/designee of the early intervention program shall assume responsibility for ensuring the confidentiality of any personally identifiable information.
- (c) All persons collecting or using personally identifiable information shall receive training or instruction regarding the States policies and procedures 300.127, (300.460)and 34 CFR part 99.
- (d) Each early intervention program will maintain, for public inspection, a current listing of the names of positions of the employees who have access to personally identifiable information.

300.573 Destruction of information

- (a) The regional director/designee of the early intervention program will inform parents when personally identifiable information collected, maintained, or used under this section is no longer needed to provide educational services to the child.
- (b) The regional director/designee of the early intervention program assures that personally identifiable information will be destroyed at the request of the parents. However a permanent record of a student's name, address, phone number, grades, attendance record, classes attended, grade level completed, and year completed may be maintained without time limitation.

300.575 Enforcement

The policies and procedures the lead agency has implemented to ensure that providers follow appropriate policies and procedures are specified in Section 303.171 on page 52 of this application. If providers are inappropriately using funds, if a program is not being administered in compliance with federal and/or state regulations, if it is not of acceptable standard or quality, if terms of the contract are not being complied with, or if an act of omission or in violation of federal, state, local laws or rules, of the lead agency, which would affect services to children occur, funding will be stopped, unless the deficiency is corrected to the satisfaction of the lead agency.

Through supervisory responsibilities and scheduled monitoring visits, of all agencies providing early intervention services, deficiencies would be noted and corrective action required. The Lead Agency would provide technical assistance to ensure that corrective action is achieved within the time line, or sanctions be placed upon them.

XIII. 303.171 Supervision and monitoring of programs.

- (1) The Developmental Disabilities Division is responsible for the administration, supervision, and monitoring of programs and activities receiving assistance under this part; and
- (2) The monitoring of programs and activities used by the State to carry out early intervention services, whether or not programs or activities are receiving assistance under this part, to ensure that the State complies with this part.
- (b) The Developmental Disabilities Division has adopted and uses proper methods of administering each program:
 - (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 identified through monitoring.

Monitoring of agencies who do not receive Part C funds, or state and federal funds from the lead agency will be done on a joint basis with the appropriate state agency. For example, concerns voiced over mental health services will be discussed with the State Behavioral Health Program, and a plan of action will be developed cooperatively with the Lead Agency. It is anticipated that the state agency will approach the issue on an individual program basis, so there may not be one specific method of dealing with concerns. This should be a workable situation due to the fact that the participating State Agencies are all within the Department of Health. The same compliance timelines will be enforced, and technical assistance will be available to the agency.

The Lead Agency through the Part C Coordinator, and contract monitors conduct on-site monitoring of all programs receiving Part C, federal funds and State funds providing early intervention services to eligible children and their families. The on-site monitoring is completed on an every other year basis, that is 7 of the 14 regional programs are monitored each year, but may be done more often if conditions warrant. The monitoring is followed up with a report listing procedural violations, deficiencies, recommendations,

commendations, and corrective action plan requirements. Programs have 30 days in which to provide a corrective action plan to the lead agency. The lead agency may accept or refute the corrective action plan. If the corrective action plan is refuted, then the lead agency writes the corrective action plan with designated timelines. All non-compliance must be corrected within 1 year. The lead agency provides technical assistance and training in order to correct non-compliance in a timely manner.

The Developmental Disabilities Division is continuing to develop its monitoring system. The Division has recently undertaken efforts to revise its monitoring protocol, employing contract monitors, and outlining steps to ensure compliance and positive outcomes for children and their families.

XIV. Lead Agency Procedures for Resolving Complaints

- (a) The Wyoming Department of Health, as the lead agency, has adopted written procedures for -
 - (1) Resolving any complaint that any public agency or private service provider is violating a requirement of Part C of the Act or this Part By-
 - (i) Providing for the filing of a complaint with the lead agency.
 - (2) Widely disseminating to parents and other interested individuals, including parent training centers, protection and advocacy agencies, and other appropriate entities, the States procedures under 303.510-303.512.

Parents and other interested individuals are informed of the complaint procedures through the prior written notice requirements under 303.403 and through annual trainings and brochures that are disseminated throughout the year. These parties are directed to the Part C Family Services Specialist at this toll free number (1-800-895-2941.)

- (b) Remedies for denial of appropriate services. In resolving a complaint in which it finds a failure to provide appropriate services, the lead agency, pursuant to its general supervisory authority under Part C of the Act, will 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 infant and toddlers with disabilities and their families.

303.511 An organization or individual may file a complaint

- (1) 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; and
 - (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 lead agency.

303.512 Minimum state complaint procedures

The Department of Health shall include in its complaint procedures:

- (a) A time limit of 60 calendar days after a complaint is filed with the Department of Health 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
 - (4) Issue a written decision to the complainant that addresses each allegation in the complaint and contains-
 - (i) Findings of fact and conclusions; and
 - (ii) The reasons for the lead agency's final decision.
- (b) Time extensions; final decisions; implementation.

- (1) An extension of the time limit under paragraph (a) of this section only if exceptional circumstances exist with respect to a particular complaint; and
- (2) Include procedures for effective implementation of the lead agency's final decision, if needed, including
 - (i) Technical assistance activities
 - (ii) Negotiations; and
 - (iii) Corrective actions to achieve compliance.
- (c) Complaints filed under this section, and due process hearings under 303.420
 - (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 a 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 (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

XV. Policies related to payment for services

- (a) The Developmental Disabilities Division identifies and coordinates all available resources for early intervention services within the State, including those from federal, State, local and private sources. Federal funding sources include, Title V, Title XIX, Head Start, Parts B and C of the IDEA, and any other federal programs, which provide services to eligible children and their families.

The Lead Agency has the authority to use public and private insurance to pay for early intervention services. Fees are not charged for early intervention services including those functions not subject to fees. The refusal to provide consent to access insurance does not result in the denial of early intervention services to a child and their family. As part of the system, the regional early intervention program can access the families private insurance, but only if the parent provides informed consent consistent with 303.403 and 303.404. The refusal to provide consent to access insurance does not result in the denial of early intervention services to a child and their family. The inability of the parents of an eligible child to pay for

services will not result in the denial of services to the child or the child's family. The Lead Agency defines inability to pay as a family that is at 200% or below the Federal poverty level.

The consent clearly states that the parents:

- (i) Agree to the early intervention program's filing of an insurance claim to obtain reimbursement for specifically identified services;
- (ii) Acknowledge that the information and records identified in the request for consent will be released to specifically identified persons or entities in connection with submitting the claim for reimbursement;
- (iii) Understand that the parent is not required to consent to the filing of insurance claims and may refuse to do so at any time in the future; and
- (iv) Recognize that any refusal to permit the early intervention program to access their private insurance does not relieve the early intervention program of its obligation to provide all required services at no cost.

Families are informed of possible consequences that may occur in accessing their private insurance, including but not limited to:

- (i) A decrease in available lifetime benefit coverage or decrease in any other public benefit;
- (ii) Increase in premiums;
- (iii) Cancellation or non-renewal of coverage; and
- (iv) Decreased or inability to obtain alternate acceptable coverage.

If families public or private insurance is accessed, the Part C system will pay for deductible and co-pays. Proceeds from public or private insurance are not treated as program income as described in 34 CFR 80.25.

- (b) Functions not subject to fees. The following are required functions that must be carried out at public expense by a State, and for which no fees may be charged to parents:
 - (1) Implementing the child find requirements in Sec. 303.321.
 - (2) Evaluation and assessment, as included in Sec. 303.322, and including the functions related to evaluation and assessment in Sec. 303.12.
 - (3) Service coordination, as included in Secs. 303.22 and 303.344(g).
 - (4) Administrative and coordinative activities related to -
 - (i) The development, review, and evaluation of IFSPs in Secs. 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.

Types of services included under early intervention services include:

- (i) Assistive technology
- (ii) Audiology
- (iii) Family training, counseling, and home visits
- (iv) Health services
- (v) Medical services
- (vi) Nursing services
- (vii) Nutrition services
- (viii) Occupational therapy
- (ix) Physical therapy
- (x) Psychological services
- (xi) Service coordination
- (xii) Social work services
- (xiii) Special instruction
- (xiv) Speech-language pathology
- (xv) Transportation
- (xvi) Vision

The Developmental Disabilities Division ensures that procedures are in place to provide services to children and their families pending resolution of dispute among public agencies or service providers. During the pendency of a dispute, the lead agency assumes general responsibility for provision of services and makes all the arrangements for reimbursement of expenditures incurred by the agency originally assigned financial responsibility. This does not apply to medical services or “well baby” health care as described in 303.13 of the IDEA.

The State will not use Part C funds to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source. Part C funds may only be used for early intervention services that an eligible child needs but is not currently entitled to under any other federal, State, local or private source. All Part C funds disseminated by formula are specified as payor of last resort. The regional programs are required to identify all available resources in their community and to use such resources prior to the use of Part C funds to develop or pay for direct services.

XVI. Interagency Agreements / Resolution of Disputes

- (a) The Wyoming Department of Health has only one interagency agreement. The Department of Health is an Intermediate Educational Unit under Wyoming State statute. Therefore, the agreement is with the Wyoming Department of Education, as the Department of Health is responsible for Section 619 services to preschool children with disabilities.
- (b) Financial responsibility. Each agreement defines the financial responsibility 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 includes procedures for achieving a timely resolution of intra- 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 agencies 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.
- (d) Additional components. Each agreement must include any additional components necessary to ensure effective cooperation and coordination among all agencies involved in the State's early intervention program.

303.524 Resolution of disputes

- (a) The Developmental Disabilities Division is responsible for resolving disputes, in accordance with the procedures in 303.523(c)(2)(ii).
- (b)(1) During the pendency of a dispute, the Developmental Disabilities Division shall assign financial responsibility to -
 - (i) An agency, subject to the provisions in paragraph (b)(2) of this section; or
 - (ii) pay for the service, in accordance with the "Payor of last resort" provisions in 303.527.
- (2) If, in resolving the dispute, the Developmental Disabilities Division determines that the

assignment of financial responsibility under paragraph (b)(1)(i) of this section was inappropriately made-

- (i) The Developmental Disabilities Division shall reassign the responsibility to the appropriate agency; and
 - (ii) 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 this section, the Developmental Disabilities Division shall-
- (1) First refer the dispute to the State Interagency Coordinating Council; and if they are unable to come to a resolution
 - (2) then it is ultimately resolved by the Governor; and
 - (2) Implement the procedures to ensure the delivery of services in a timely manner in accordance with 303.525.

XVII. Policy for contracting or otherwise arranging for services

The Developmental Disabilities Division has adopted policies pertaining to contracting or making other arrangements with public or private service providers to provide early intervention services, which includes:

- (a) Services offered to infants and toddlers with disabilities must meet the minimum quality requirements for such services.
- (b) Where the Division contracts directly with the preschool developmental program provider, the selection of the provider is subject to final approval by the Developmental Disabilities Division. The provider capable of providing the most effective and efficient delivery of early intervention services within a region will be selected.
- (c) A new contract to provide Part C early intervention services to children and their families within one of the 14 geographic areas (region) of the State, may be approved by the Administrator of the Division if it is complete and satisfactorily complies with applicable Federal, State and local laws and regulations, standards, and rules of the Division.

XVIII. Data collection

- (a) The Developmental Disabilities Division ensures that procedures used to compile data on a statewide system 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;
 - (iii) Describing the sampling methods used, if reporting to the Secretary; and
 - (2) Provide a reporting system for compiling 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.

XIX. Mediation

- (a) The Lead Agency has established procedures to allow parties in disputes involving any matter described in 300.503(a)(1) to resolve the disputes through a mediation process that, at a minimum, is available whenever a hearing is requested under 300.507 or 300.520-300.528.
- (b) Requirements. The procedures must meet the following requirements:
 - (i) The State Administrator will ensure that mediation is viewed as voluntary and freely agreed to by both parties; and
 - (ii) Is not used to deny or delay a parent's right to a due process hearing under 300.507, or to deny any other rights afforded under Part C of the Act; and
 - (iii) Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
- (2) The lead agency maintains a list of individuals who are qualified mediators knowledgeable in laws and regulations relating to the provision of special education and related services.
 - (i) If a mediator is not selected on a random basis from the list described in (2) of this section, both parties must be involved in selecting the mediator and agree with the selection of the individual who will mediate.

- (3) The state will bear the cost of the mediation process, including costs of meetings described in paragraph (c) of this section.
 - (4) Each session in the mediation process must be scheduled in a timely manner and must be held in a location that is convenient to the parties to the dispute.
 - (5) An agreement reached by the parties to dispute in the mediation process must be set forth in a written mediation agreement.
 - (6) Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings, and the parties to the mediation process may be required to sign a confidentiality pledge to the commitment of the process.
- (c) Impartiality of a Mediator
- (1) An individual who serves as a mediator under this part -
 - (i) Is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child; and
 - (ii) Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.
 - (2) A person who otherwise qualifies under paragraph (b)(1) of this section is not an employee of an agency solely because the person is paid by the agency to implement the complaint resolution.
- (d) Meeting to encourage mediation.
- (1) The lead agency would encourage parents who elect not to use the mediation process to meet, at a time and location convenient to the parents, with a disinterested party –
 - (i) Who is under contract with a parent training and information center or community parent resource center in the State established under section 682 or 683 of the Act, or an appropriate alternative dispute resolution entity; and
 - (ii) Who would explain the benefits of the mediation process and encourage the parents to use the process.
 - (2) The Lead Agency will not deny or delay the parent’s right to a due process hearing under 300.507 if the parent fails to participate in the meeting described in paragraph (d)(1) of this section.

300.507 Impartial due process hearing: parent notice

- (a)(1) A parent or the lead agency may initiate a hearing on any of the matters described in 300.503(a)(1) and (2) (relating to the identification, evaluation or early intervention services provided to a child with a developmental delay, or established condition).
- (2) When a hearing is initiated under paragraph (a)(1) of this section, the lead agency will inform the parents of the availability of mediation described in 300.506.
- (3) The lead agency will inform the parent of any free or low cost legal and other relevant services available in the area if –
 - (i) The parent requests the information; or
 - (ii) The parent or lead agency initiates a hearing under this section.
- (b) Agency responsible for conducting hearing:
The Wyoming Department of Health, Developmental Disabilities Division is responsible for conducting the hearing described in paragraph (a) of this section.
- (c) Parent notice to the Lead Agency:
 - (1) The lead agency has procedures that require the parent of the child or the attorney representing the child, to provide notice (which remains confidential) to the lead agency to request a hearing under paragraph (a)(1) of this section.
 - (2) The notice required in paragraph (c)(1) of this section must include - -
 - (i) The name of the child;
 - (ii) The address of the residence of the child;
 - (iii) The name of the regional program the child is receiving services from;
 - (iv) A description of the problem of the child relating to the proposed refused initiation or change, including facts relating to the problem; and
 - (v) A proposed resolution of the problem to the extent known and available to the parent at the time.
 - (3) The lead agency has developed a model form to assist parents in filing a request for due process that includes the information required in paragraphs (c)(1) and (2) of this section.
 - (4) The lead agency will not deny or delay a parent’s right to a due process hearing for failure to provide the notice required in paragraphs (c)(1) and (2) of this section.

300.508 Impartial hearing officer.

- (a) A hearing may not be conducted - -
 - (1) By a person who is an employee of the State agency that is involved in the provision of early intervention services or care of the child; or
 - (2) By any person having a personal or professional interest that would conflict with his or her objectivity in the hearing.
- (b) A person who otherwise qualifies to conduct a hearing under paragraph (a) of this section is not an employee of the agency solely because he or she is paid by the agency to serve as a hearing officer.
- (c) The lead agency has a list of persons serving as hearing officers, and the list includes the qualifications of each of those persons.

300.509 Hearing rights

- (a) Any party to a hearing conducted pursuant to 300.507 or 300.520-300.528, or an appeal conducted pursuant to 300.510, has the right to - -
 - (1) Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities;
 - (2) Present evidence and confront, cross examine, and compel the attendance of witness;
 - (3) Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least 5 business days before the hearing;
 - (4) Obtain a written, or, at the options of the parents, electronic, verbatim record of the hearing; and
 - (5) Obtain written, or, at the option of the parents, electronic findings of fact and decisions.
- (b) Additional disclosure of information.
 - (1) At least 5 business days prior to a hearing conducted pursuant to 300.507(a), each party shall disclose to all other parties all evaluations completed by that date and recommendations based on the offering party's evaluations that the party intends to use at the hearing.
 - (2) A hearing officer may bar any party that fails to comply with paragraph (b)(1) of this section from introducing the relevant evaluation or recommendation at the hearing without consent of the other party.

- (c) Parental rights at hearings.
- (1) Parents involved in hearings must be given the right to - -
 - (i) Have the child who is the subject of the hearing present;
 - (ii) Open the hearing to the public.
- (2) The record of the hearing and the findings of fact and decisions described in paragraphs (a)(4) and (a)(5) of this section will be provided at no cost to parents.
- (d) Findings and decisions to the State Interagency Coordinating Council and general public.

The lead agency, after deleting any personally identifiable information, will - -

 - (1) Transmit the findings and decisions referred to in paragraph (a)(5) of this section to the State Interagency Coordinating Council; and
 - (2) Make those findings and decisions available to the public.

300.510 Finality of decision; appeal; impartial review.

- (a) *A decision in a hearing conducted pursuant to 300.507 or 300.520-300.528 is final, except that any party involved in the hearing may appeal the decision under the provisions of 300.512. (Wyoming utilizes a one-tier system).*

300.511 Timelines and convenience of hearings and reviews.

- (a) The lead agency will ensure that not later than 45 days after the receipt of a request for a review - -
 - (1) A final decision is reached in the hearing; and
 - (2) A copy of the decisions is mailed to each of the parties.

300.512 Civil action

- a) **General.** Any party aggrieved by the findings and decision made under §§300.507 or 300.520-300.528 who does not have the right to an appeal under §300.510(b), and any party aggrieved by the findings and decision under §300.510(b), has the right to bring a civil action with respect to the complaint presented pursuant to §300.507. The action may be brought in any State court of competent jurisdiction or in a district court of the United States without regard to the amount in controversy.

(b) **Additional requirements.** In any action brought under paragraph (a) of this section, the court-

- (1) Shall receive the records of the administrative proceedings;
- (2) Shall hear additional evidence at the request of a party; and
- (3) Basing its decision on the preponderance of the evidence, shall grant the relief that the court determines to be appropriate.

(c) **Jurisdiction of district courts.** The district courts of the United States have jurisdiction of actions brought under section 615 of the Act without regard to the amount in controversy.

(d) **Rule of construction.** Nothing in this part restricts or limits the rights, procedures, and remedies available under the Constitution, the Americans with Disabilities Act of 1990, title V of the Rehabilitation Act of 1973, or other Federal laws protecting the rights of children with disabilities, except that before the filing of a civil action under these laws seeking relief that is also available under section 615 of the Act, the procedures under §§300.507 and 300.510 must be exhausted to the same extent as would be required had the action been brought under section 615 of the Act.

303.425 Status of child during proceedings.

- (a) During the pendency of any proceeding involving a complaint under this subpart, unless the public agency and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided.
- (b) If the complaint involves application for initial services under this part, the child must receive those services that are not in dispute.