

## NH Application for FFY 2013 Grant Award

### Section II A. Subpart C – New and Revised State Policies and Procedures

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**A. 2. Description of services to be provided under Part C to infants and toddlers with disabilities and their families through the State's system (34 CFR §303.203(a)).**

"Family-centered early supports and services (FCESS)" means a wide range of activities and assistance that develops and maximizes the family and other caregivers' ability to care for the child and to meet his or her needs in a flexible manner and that include:

- a. Information;
- b. Training;
- c. Special instruction;
- d. Evaluation;
- e. Therapeutic interventions;
- f. Financial assistance;
- g. Materials and equipment;
- h. Emotional support; and
- i. Any of the services listed below.

Services include those listed below, and other services provided by personnel qualified as indicated below, that:

1. Are provided under public supervision.
2. Are selected in collaboration with the parents.
3. Be provided at no cost, except where Federal or State law provides for a system of payments by families. In NH, families are asked for access to private and public insurance to pay for therapy services. The following services are always provided at no cost to the parent:
  - (a) Child Find,
  - (b) Evaluation and assessment,
  - (c) Service coordination services (includes transition),
  - (d) IFSPs, and
  - (e) Procedural Safeguards
4. Meet the developmental needs of the child and family and enhance the child's development;
5. Comply with state laws regulating the professional practice of persons providing services, as well as the requirements of Part C of the IDEIA;
6. To the maximum extent appropriate, be provided in natural environments; and
7. Be provided in conformity with an IFSP.

Services include:

1. An assistive technology device shall be any item, piece of equipment or product, whether acquired commercially "off the shelf", modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child. Assistive technology devices shall not include medical devices that are surgically implanted, or the optimization, such as mapping, maintenance, or replacement of such devices
2. Assistive technology services shall directly assist a child with a disability in the selection, acquisition, or use of a commercially available, modified, or customized assistive technology device such as any item, piece of equipment, or product system that is designed to increase, maintain, or improve the functional capabilities of the child, including:
  - a. The evaluation of the needs of a child, including a functional evaluation of the child in the child's customary environment;
  - b. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by the family;
  - c. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

- d. Coordinating and using other therapies, supports, or services with assistive technology devices, such as those associated with existing IFSPs;
  - e. Training or technical assistance for a child or, if appropriate, that child's family; and
  - f. Training or technical assistance for professionals, including persons providing FCESS and other persons who provide services to, or are otherwise substantially involved in the major life functions of, children with disabilities.
3. Audiology services shall include:
- a. Identification of children with auditory impairments, using at risk criteria and appropriate audiologic screening techniques;
  - b. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
  - c. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
  - d. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
  - e. Provision of services for prevention of hearing loss; and
  - f. 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.
4. Family training, counseling, and home visits shall include assistance to the family in understanding the special needs and building on the interests of the child and enhancing the child's development.
5. Health services shall include services necessary to enable a child to benefit from the other FCESS under He-M 510 during the time that the child is eligible to receive other FCESS, including:
- a. Such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
  - b. Consultation by physicians with other FCESS providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other FCESS.
6. Health services shall not include:
- a. Services that are surgical in nature, such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus;
  - b. Services that are purely medical in nature, such as hospitalization for management of congenital heart ailments or the prescribing of medicine or drugs for any purpose;
  - c. Services related to the implementation, maintenance, replacement, or optimization, such as mapping, of a medical device that is surgically implanted, including cochlear implants;
  - d. Devices such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps necessary to control or treat a medical condition; or
  - e. Medical-health services, such as immunizations and regular "well baby" care that are routinely recommended for all children.
7. Nothing in the state rule (He-M 510) shall:
- a. Limit the right of a child with a disability who has a surgically implanted device, such as a cochlear implant, to receive the early supports and services that are

- identified in the child's IFSP as necessary to meet the child's developmental outcomes; or
- b. Prevent the provider from routinely checking that either the hearing aid or the external components of a surgically implanted device, such as a cochlear implant, of a child with a disability are functioning properly.
8. Medical services means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
  9. Nursing services shall include:
    - a. The assessment of a child's health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
    - b. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
    - c. The administration of medications, treatments, and regimens prescribed by a licensed physician.
  10. Nutrition services shall include:
    - a. Conducting individual assessments in:
      - i. Nutritional history and dietary intake;
      - ii. Anthropometric; biochemical, and clinical variables;
      - iii. Feeding skills and feeding problems; and
      - iv. Food habits and preferences;
    - b. Developing and monitoring appropriate plans to address the nutritional needs of children based on the findings in (k)(1) above; and
    - c. Making referrals to appropriate community resources to carry out nutrition goals.
  11. Occupational therapy shall be services that:
    - a. Address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development;
    - b. Are designed to improve the child's functional ability to perform tasks in home, school, and community settings; and
    - c. Include:
      - i. Identification, assessment, and provision of needed supports and services;
      - ii. 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
      - iii. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
  12. Physical therapy shall be services that:
    - a. Address the promotion of sensorimotor function through enhancement of:
      - i. Musculoskeletal status;
      - ii. Neurobehavioral organization;
      - iii. Perceptual and motor development;
      - iv. Cardiopulmonary status; and
      - v. Effective environmental adaptation; and
    - b. Include:
      - i. Screening, evaluation, and assessment of children to identify movement dysfunction;

- ii. Obtaining, interpreting, and integrating information to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
    - iii. Providing individual and group services to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
13. Preventative and diagnostic services shall be early and periodic screening, diagnosis, and treatment services as specified in He-W 546.05 (a) and (b).
14. Psychological services shall include:
- a. Administering psychological and developmental tests and other assessment procedures;
  - b. Interpreting assessment results;
  - c. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
  - d. Planning and managing a program of psychological services, including:
    - i. Psychological counseling for children and parents;
    - ii. Family counseling;
    - iii. Consultation on child development;
    - iv. Parent training; and
    - v. Education programs.
15. Service coordination shall:
- a. Be services provided by a service coordinator to assist and enable a child and the child's family to receive the services and rights, including procedural safeguards, required under this part, He-M 203, and He-M 310;
  - b. Be an active, ongoing process that involves:
    - i. Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the FCESS required under this part; and
    - ii. Coordinating the other services identified in the IFSP that are needed by, or are being provided to, the child and that child's family; and
  - c. Include:
    - i. Coordinating all services required under this part across agency lines;
    - ii. Serving as the single point of contact for carrying out the activities described in c. – I. below.
    - iii. Assisting parents of infants and toddlers with disabilities in obtaining access to needed supports and services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for children and their families;
    - iv. Coordinating the provision of FCESS and other services, such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes, that the child needs or are being provided;
    - v. Coordinating evaluations and assessments;
    - vi. Facilitating and participating in the development, review, and evaluation of IFSPs;
    - vii. Conducting referral and other activities to assist families in identifying available providers;
    - viii. Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;
    - ix. Conducting follow-up activities to determine that appropriate services are being provided;

- x. Informing families of their rights and procedural safeguards, as set forth in He-M 203 and He-M 310 and related resources, including organizations with their addresses and phone numbers that might be available to provide legal assistance and advocacy, such as the Disabilities Rights Center, Inc. and NH Legal Assistance;
  - xi. Coordinating the funding sources for services required under this part; and
  - xii. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.
16. Use of the term “service coordination” or “service coordination services” by an FCESS program or provider shall not preclude characterization of the services as case management or any other service that is covered by another payor of last resort, such as Title XIX of the Social Security Act—Medicaid, for purposes of claims in compliance with the requirements of 34 CFR 303.501 through 303.521.
17. Sign language and cued language services shall include:
- a. Teaching sign language, cued language, and auditory/oral language;
  - b. Providing oral transliteration services, such as amplification; and
  - c. Providing sign and cued language interpretation.
18. Social work services shall include:
- a. Home visits to evaluate a child's living conditions and patterns of parent-child interaction;
  - b. Preparing a social or emotional developmental assessment of the child within the family context;
  - c. Providing individual and family/group counseling with parents and other family members and appropriate social skill building activities with the child and parents;
  - d. Working with the family to resolve problems in the family's living situation, home, or community that affect the child's and family's maximum utilization of FCESS; and
  - e. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from FCESS.
19. Special instruction shall include:
- a. Designing learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
  - b. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP;
  - c. Providing families with information, skills, and support related to enhancing the skill development of the child; and
  - d. Working with the child to enhance the child's development.
20. Speech-language pathology services shall include:
- a. Identification of children with communicative or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
  - b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or language disorders and delays in development of communication skills; and
  - c. Provision of services for the habilitation, rehabilitation, or prevention of communicative or language disorders and delays in development of communication skills.

21. Transportation services shall include reimbursing the family for the cost of travel such as mileage, or travel by taxi, common carrier, or other means, and other related costs such as tolls and parking expenses, that are necessary to enable an eligible child and the child's family to receive FCESS.
22. Vision services shall include:
  - a. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
  - b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
  - c. 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.
23. The services and personnel identified and defined in (b)-(s) above shall not comprise exhaustive lists of the types of services that may constitute FCESS or the types of qualified personnel that may provide FCESS. Nothing in this section shall prohibit the identification in the IFSP of another type of service as a family-centered early support or service provided that the service meets the criteria in He-M 510.03 (a).
24. Children and families who qualify for services under He-M 510 might have access to respite services under He-M 513 and He-M 519 as well as other services authorized by the department that meet the intent and purpose and are consistent with evidence-based nationally recognized treatment standards.

Family-centered early supports and services shall be provided in a variety of natural environments where children and families of the community gather, such as:

1. The family's own home;
2. Neighborhood playgrounds;
3. Child care settings;
4. Foster placements;
5. Relatives' or friends' homes;
6. Libraries;
7. Recreational programs;
8. Places of worship;
9. Grocery stores;
10. Shopping malls; and
11. Other similar settings.

Personnel, who are qualified pursuant to He-M 510.11, provide family-centered Support and Service in collaboration with parents under public supervision. These personnel are listed in this document in section A.4, page 15 of this document. Services are provided under the system of payment described in He-M 510.14, usage of private and public insurance are in section A.3, page 9 of this document.

Family-centered early supports and services shall incorporate the concerns, priorities, and resources of the family to:

1. Identify and promote the use of natural supports as a principal way of assisting in the development of the child, including supports from:
  - a. Relatives;
  - b. Friends;
  - c. Neighbors;
  - d. Co-workers; and

- e. Cultural, ethnic, or religious organizations;
- 2. Foster the family's capacity to make decisions and provide care and learning opportunities for their child;
- 3. Respect the cultural and ethnic beliefs and traditions, and the personal values and lifestyle of the family;
- 4. Respond to the changing needs of the family and to critical transition points in the family's life; and
- 5. Mobilize community resources to support families and link them with other families with similar concerns and interests.
- 6. Family-centered early supports and services shall include training, support, evaluation, special instruction, and therapeutic services that maximize the family's and other caregivers' ability to understand and care for the child's developmental, functional, medical, and behavioral needs at home as well as in settings described in (a) above.

Family-centered early supports and services to the child and family and other caregivers shall be founded on scientifically-based research to the extent practicable, and include assistance in the following areas as identified in the family's IFSP:

- 1. Understanding the child's special needs;
- 2. Support and counseling for families;
- 3. Management and coordination of health and medical issues in collaboration with the primary physician or medical home;
- 4. Enhancement of the cognitive, social interactive, and play competencies of the child at home and in community settings;
- 5. Enhancement of the ability of the child to develop age-appropriate fine and gross motor skills and overall sensory and physical awareness and development;
- 6. Enhancement of the ability of the child to develop functional communication methods and expressive and receptive language skills;
- 7. Guidance and management of a child with very active, inappropriate, or life-threatening behaviors;
- 8. Consultation regarding appropriate diet and the child's eating and oral motor skills to insure proper nutrition; and
- 9. Linkage with assistive technology services that might enhance the child's growth and development.

Family-centered early supports and services shall promote local and statewide prevention efforts to reduce and, where possible, eliminate the causes of disabling conditions.

**A-3. Each application must include the State's policies and procedures regarding the identification and coordination of all available resources within the State from Federal, State, local, and private sources as required under subpart F of 34 CFR §303.**

**A-3(a) System of Payment**

**303.51 0 Payor of Last Resort**

Below is a description of how NH ensures that Part C is the Payor of Last Resort organized by sub-topics. This also describes the NH "System for Fiscal Monitoring".

- 1. *In distributing IDEA Part C funds, how does the lead agency ensure that its procurement methods conform to applicable State procurement law, as required by 34 CFR §80.36 (a)?*

The Lead Agency for Part C in NH is the Department of Health and Human Service (DHHS), Bureau of Developmental Services (BDS). The state is divided into ten designated Area Agencies serving all regions of the state for developmental services. By law, the Bureau

contracts with these Agencies. RSA 171 A designates the Area Agencies as the agencies DHHS BDS contracts with. Since Part C in NH is housed in DHHS BDS, this is the contracting method. <http://www.gencourt.state.nh.us/rsa/html/xii/171-a/171-a-mrg.htm>

We have contract letters with Area Agencies referring to this RSA. HeM 505 of the NH Administrative Rules provides the rules for the operation and management of the Area Agency system. [http://www.gencourt.state.nh.us/rules/state\\_agencies/he-m500.html](http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html)

The state uses these rules for purchasing.

[http://www.gencourt.state.nh.us/rules/state\\_agencies/adm600.html](http://www.gencourt.state.nh.us/rules/state_agencies/adm600.html)

2. *How does the lead agency ensure that it is providing appropriate oversight of IDEA Part C funds distributed through contracts?*

Area Agencies are contracted for a specific number of children based on a projected measure of use in that Region. Numbers of children receiving services is tracked on a yearly basis to constitute a trajectory of projected use. How the funds are utilized and how many children are served is monitored monthly through the state data system. The funds are distributed through a formula taking into account Part C federal funds, private insurance, Medicaid state funds and BDS funds when those are available. For children with no insurance, Part C and State funds are used first.

3. *How does the lead agency ensure that contractors perform in accordance with the terms, conditions and specifications of contracts?*

The review of individual child records, performed by Part C staff on a regular basis, ensures that children and their families are receiving services as agreed upon in the contracts between BDS and the Area Agencies. Individual child records are reviewed for compliance to federal indicators and matched to fiscal records to ensure appropriate billing as well as appropriate services are rendered.

4. *Indirect Costs: How does the lead agency ensure that, where applicable, restricted indirect cost rates (RICRs)/cost allocation plans (CAPs) are approved by the Federal cognizant agency and correctly applied?*

The state does not have an indirect cost rate. We have a federally approved Cost Allocation Plan (CAP), which includes a .002% indirect. The state does not draw down those charges but uses them for direct services. It should be noted that then Dept of Health and Human Services, Bureau of Developmental Services, as the Lead Agency, provides office space, utilities including phone and internet as well as technical assistance, office equipment, copying, accounting and assistance with the integration of Part C in all other aspects of the work of the Bureau and Department.

5. *Time and Effort: How does the lead agency ensure that it documents time and effort in accordance with OMB Circular A-87, Appendix B, paragraph 8(h)?*

The State Records and Analysis office asks the Part C office staff to sign an Attestation of duty form that their time is spent on Part C work.

6. *Record Retention: How does the lead agency ensure that it maintains financial records for the period of time required by GEPA and EDGAR in 34 CFR §80.42(b)?*

Each year the Division of Archives and Record Management publishes a "General Records Destruction Notification" that details which records can be destroyed. The link is attached. This is a very detailed list of what documents can be destroyed each year by State Agencies.

[http://www.sos.nh.gov/archives/PDF/General\\_Destruction\\_2011.pdf](http://www.sos.nh.gov/archives/PDF/General_Destruction_2011.pdf)

The Division of Archives and Record Management also has a procedures manual. The link is : [http://www.sos.nh.gov/archives/PDF/Procedures\\_Manual\\_2008-09-29.pdf](http://www.sos.nh.gov/archives/PDF/Procedures_Manual_2008-09-29.pdf)

7. *Equipment: How does the State ensure that it receives OSEP approval under IDEA section 605 prior to using Federal Part C funds for "equipment" or construction?*

The Part C office purchased four laptop computers in the last three years to update the aging equipment that was in use. Laptops were purchased to allow for portability when traveling throughout the state. The upgrades were done to enable Part C staff to be accessible and timely in reports and work with the field.

There have been no purchases over \$5000. There have been no other purchases of substance. Part C staff uses materials-desks, copiers, printers, and paper, from the Bureau of Developmental Services. Purchases through ARRA Stimulus funding have been accounted for through the AMI. Permission was received from OSEP for purchases over \$5,000.00

8. *Sole Use of Property: How does the lead agency ensure sole use of property (including equipment) purchased with Federal Part C funds?*

The computers are assigned to Part C staff. They are not shared or used for other programming. There is no other equipment in use that is not actually the property of the Bureau of Developmental Services.

9. *Physical Inventory: How does the lead agency ensure that a current physical inventory is maintained of all property purchased with Federal Part C funds, in accordance with EDGAR §80.32(d)*

There is a yearly inventory of equipment done through Administrative Services this is included in the Annual Closing Review MOP 2400.

### **303.520 Policies related to use of public benefits or insurance or private insurance to pay for Part C Services.**

The state does use Medicaid to pay for IDEA Part C services. In NH, the Medicaid office is located in NH DHHS, which is the Lead Agency for the Part C program.

He-M 510.14 Utilization of Public and Private Insurance.

(a) An FCESS program shall utilize a child's private insurance or Medicaid benefits to pay for FCESS, when available.

(b) When private insurance benefits are used to pay for FCESS, the FCESS program shall obtain parental consent:

(1) When the bureau or an FCESS program seeks to use the parent's private insurance to pay for the initial provision of a family-centered early support or service identified in the IFSP;

(2) Each time there is an increase in the provision of services and a related change in the child's IFSP; and

(3) As a prerequisite for the use of Medicaid benefits.

(c) When private insurance benefits are used to pay for FCESS, the FCESS program shall pay the lesser of:

(1) The cost of deductibles or co-pays for those services; or

(2) The actual cost of the services.

(d) An FCESS program shall provide a copy of the system of payments described in He-M 510.14 to the parents either when obtaining consent under (b) above or initially using benefits under a private insurance policy.

(e) An FCESS program shall not delay or deny any services in the IFSP when a parent does not provide consent to use of private insurance.

(f) When Medicaid benefits are used to pay for FCESS, the FCESS program shall provide written notice to the child's parents that includes:

(1) A statement that the following shall not occur as a result of the use of Medicaid benefits:

a. Any decrease in available lifetime coverage of any other insured benefit for the child or parent;

b. The child's parents paying for services that would otherwise have been paid for by Medicaid;

c. Any increase in premiums or discontinuation of Medicaid for that child or that child's parents; or

d. Loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures;

(2) Pursuant to (g) below, a statement that a parent's refusal to enroll in Medicaid shall not delay or deny any services on the IFSP; and

(3) A description of the general categories of costs that the parent would incur as a result of participating in Medicaid, including the required use of private insurance as the primary insurance.

(g) An FCESS program shall not require a parent to sign up for or enroll in public benefits or insurance programs as a condition of receiving FCESS.

(h) An FCESS program shall obtain parental consent prior to enrolling a child in Medicaid if the child or parent is not already a Medicaid recipient.

(i) An FCESS program shall not delay or deny any services in the IFSP if a parent does not enroll in Medicaid.

**303.521 System of payments and fees charged to the family**

NH does not have a system of payments for family fees.

**A-3 (b) Each application must include the methods used by the State to implement the payor of last resort and fiscal responsibility requirements.**

No other State-level agencies other than the lead agency provide IDEA Part C services or pay for IDEA Part C services. Therefore this requirement is not applicable.

**A-4 Each application must include the State's rigorous definition of developmental delay as required under §§303.10 and 303.111. Each Statewide system must include the State's rigorous definition of developmental delay, consistent with §§303.10 and 303.203(c) that will be used by the State in carrying out programs under Part C of the Act in order to appropriately identify infants and toddlers with disabilities who are in need of services under Part C of the Act. The definition must –**

- (a) Describe, for each of the areas listed in §303.21(a)(1), the evaluation and assessment procedures, consistent with §303.21, that will be used to measure a child's development; and**
- (b) Specify the level of developmental delay in functioning or other comparable criteria that constitute a developmental delay in one or more of the developmental areas identified in §303.21(a)(1).**

Children may be found eligible according to 4 categories of eligibility:

1. **“Developmental delay”** means that a child, birth through age 2, has a 33% delay in one or more of the following areas as determined through completion of the multidisciplinary evaluation pursuant to He-M 510.06 (k):
  - a. Physical development, including vision, hearing, or both;
  - b. Cognitive development;
  - c. Communication development;
  - d. Social or emotional development; or
  - e. Adaptive development.
2. **“Atypical behavior”** means behavior reported by the family and documented by personnel listed in He-M 510.11 (b) (1) that includes one or more of the following:
  - a. Extreme fearfulness or other modes of distress that do not respond to comforting by caregivers;
  - b. Self-injurious or extremely aggressive behaviors;
  - c. Extreme apathy;
  - d. Unusual and persistent patterns of inconsolable crying, chronic sleep disturbances, regressions in functioning, absence of pleasurable interest in adults and peers, and inability to communicate emotional needs; or
  - e. Persistent failure to initiate or respond to most social situations.
3. **“At risk for substantial developmental delay”** means that a child, birth through age 2, experiences 5 or more of the following, as reported by the family and documented by personnel listed in He-M 510.11 (b) (1):
  - a. Documented conditions, events, or circumstances affecting the child including:
    - i. Birth weight less than 4 pounds;
    - ii. Respiratory distress syndrome;
    - iii. Gestational age less than 27 weeks or more than 44 weeks;
    - iv. Asphyxia;

- v. Infection;
  - vi. History of abuse or neglect;
  - vii. Prenatal drug exposure due to mother's substance abuse or withdrawal;
  - viii. Prenatal alcohol exposure due to mother's substance abuse or withdrawal;
  - ix. Nutritional problems that interfere with growth and development;
  - x. Intracranial hemorrhage grade III or IV; or
  - xi. Homelessness; or  
 "Homeless children" means children under the age of 3 years who meet the definition given the term "homeless children and youths" in section 725 (42 U.S.C. 11434a) of the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431 et seq.
- b. Documented conditions, events, or circumstances affecting a parent, including:
- i. Developmental disability;
  - ii. Psychiatric disorder;
  - iii. Family history of lack of stable housing;
  - iv. Education less than 10th grade;
  - v. Social isolation;
  - vi. Substance addiction;
  - vii. Age of either parent less than 18 years;
  - viii. Parent/child interactional disturbances; or
  - ix. Founded child abuse or neglect as determined by a district court pursuant to RSA 169-C:21.
4. **"Established condition"** means that a child, birth through age 2, has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, even if no delay exists at the time of referral, as documented by the family and personnel listed in He-M 510.11 (b) (1), including, at a minimum, conditions such as:
- a. Chromosomal anomaly or genetic disorder;
  - b. An inborn metabolic fault;
  - c. A congenital malformation;
  - d. A severe infectious disease;
  - e. A neurological disorder;
  - f. A sensory impairment;
  - g. A severe attachment disorder;
  - h. Fetal alcohol spectrum disorder;
  - i. Lead poisoning; or
  - j. Developmental delay secondary to severe toxic exposure.

**The eligibility determination process is the same for all children regardless of their eligibility category.**

If a family decides to seek a determination of eligibility for FCESS, the area agency shall conduct a multidisciplinary evaluation and an assessment. The purpose of the multidisciplinary evaluation shall be to determine if the child is eligible for FCESS according to (a) above and He-M 510.02 (e); and to provide information that will form the basis of the IFSP if the child is eligible for FCESS.

**The multidisciplinary evaluation shall:**

1. Be based on informed clinical opinion;
2. Be conducted by a team composed of the family, other persons requested by the family, and professionals from 2 or more different disciplines identified in He-M 510.11 (b)(1);

3. Be conducted by professionals whose expertise most closely relates to the needs of the child and family;
4. Be carried out in a setting that is convenient to the family;
5. Include the completion of the Infant Toddler Development Assessment (IDA, 1995) or the Hawaii Early Learning Profile (HELP, 1992);
6. Include the components of the assessment as defined in He-M 510.02 (b);
7. Include an evaluation of the child's level of functioning in each of the following developmental domains:
  - a. Cognitive development;
  - b. Physical development, including vision and hearing;
  - c. Communication development;
  - d. Social or emotional development; and
  - e. Adaptive development; and
  - f. As determined through the use of an assessment tool and a voluntary family-directed personal interview with the family, include identification of:
    - i. The family's resources, priorities, and concerns; and
    - ii. The supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's child with a disability.

A child's medical and other records may be used to establish eligibility without conducting a multidisciplinary evaluation if those records contain information regarding the child's level of functioning in the developmental areas identified above.

Based on the results of the multidisciplinary evaluation, the team shall determine whether the applicant is eligible for FCESS. If the child is found eligible for FCESS, the area agency shall, in writing, advise the family of the child eligibility status within 3 business days and include the name of, and contact information for, the service coordinator.

If the child is found not eligible for FCESS, the area agency shall, in writing, advise the family within 3 business days from date of eligibility determination of the following:

1. The findings of the evaluation and recommendations;
2. Other specific supports and services that meet the needs of the family, including parent-to-parent networks, and an explanation of how to access those supports and services;
3. The family's right to file a complaint pursuant to He-M 203; and
4. The names, addresses, and telephone numbers of advocacy organizations, such as the Disabilities Rights Center, Inc., that the family can contact for assistance in challenging the determination.

In the event of exceptional family circumstances that make it impossible to complete the initial evaluation and to develop the IFSP within 45 calendar days of the referral, the FCESS program shall:

1. Document the specific circumstances of the delay;
2. Complete the multidisciplinary evaluation as soon as family circumstances allow;
3. Proceed pursuant to the process described above; and
4. Develop and implement an interim IFSP, to the extent appropriate.

Continued eligibility is based on assessments that have been conducted throughout the period of the child's eligibility. It is purposefully brought up at the 6-month and subsequent IFSP reviews. If at any time the IFSP team, which includes the family, is in disagreement over eligibility, the FCESS program shall conduct a multidisciplinary evaluation to determine if the child continues to be eligible.

**“Assessment”** means the procedures used by personnel, listed below, throughout the period of a child’s application and eligibility under this part to identify:

1. The child’s unique strengths and needs and the services appropriate to meet those needs;
2. The resources, priorities, and concerns of the family; and
3. The early supports and services necessary to enhance the family’s capacity to meet the developmental needs of their child with a disability.

Personnel, as listed below, conduct assessments. Assessments must include the following:

1. A review of the results of the evaluation;
2. Personal observations of the child; and
3. The identification of the child’s needs in each of the developmental areas as listed under evaluation in this section.

Qualified personnel must also conduct a family-directed assessment in order to identify the family’s resources, priorities, and concerns and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the family’s infant or toddler with a disability. The family-directed assessment must:

1. Be voluntary on the part of each family member participating in the assessment;
2. Be based on information obtained through an interview with those family members who elect to participate in the assessment; and
3. Include the family’s description of its resources, priorities, and concerns related to enhancing the child’s development.

Personnel authorized to provide Family-Centered Early Supports and Services (early intervention services) are as described below.

All personnel shall have specific training and experience in child development and knowledge of family support.

Personnel shall be drawn from the following categories:

B.1. New Hampshire licensed, department of education certified, or bureau of developmental services certified professionals, including, at a minimum:

- a. Advanced practice registered nurse;
- b. Audiologist;
- c. Clinical mental health counselor;
- d. Clinical social worker;
- e. Dietitian registered;
- f. Early childhood educator;
- g. Early childhood special educator;
- h. Early intervention specialist;
- i. Marriage and family therapist;
- j. Occupational therapist;
- k. Orientation and mobility specialist.
- l. Pastoral psychotherapist;
- m. Physician;
- n. Physician assistant;
- o. Psychologist;
- p. Physical therapist;
- q. Registered nurse;

- r. Speech language pathologist;
- s. Speech-language specialist;
- t. Special education teacher in the area of blind and vision disabilities;
- u. Special education teacher in the area of deaf and hearing disabilities;
- v. Special education teacher in the area of emotional and behavioral disabilities;
- w. Special education teacher in the area of intellectual and developmental disabilities;
- x. Special education teacher in the area of physical and health disabilities;
- y. Special education teacher in area of specific learning disabilities; and
- z. Vision specialist including ophthalmologists and optometrists;

B.2. New Hampshire licensed or certified professional assistants, including:

- a. Licensed physical therapy assistant;
- b. Licensed occupational therapy assistant; and
- c. Certified speech and language assistant; and

B.3. Unlicensed or uncertified personnel, including personnel who have education, training, or experience relevant to the provision of FCESS

All personnel shall utilize support strategies, assessment procedures, and treatment techniques considered best practice in working with a child and family applying for or receiving FCESS.

All personnel shall ensure the effective provision of FCESS, via a minimum of the following:

- (1) Consulting with parents, other providers, and representatives of appropriate community agencies;
- (2) Participating in the child's multidisciplinary evaluation and the development of service outcomes for the IFSP; and
- (3) Training parents and other persons chosen by the family regarding the provision of the services.

Personnel identified in B.1. above shall:

- (1) Conduct multidisciplinary evaluations;
- (2) Conduct assessments;
- (3) Develop or amend IFSPs;
- (4) Supervise, when appropriate, licensed assistants and unlicensed personnel; and
- (5) Provide service coordination.

Personnel identified in B.2. above shall:

- (1) Contribute to the multidisciplinary evaluation;
- (2) Contribute to assessments;
- (3) Contribute to the development or amendment of IFSPs;
- (4) Be supervised, as required by their license or certification; and
- (5) Provide service coordination.

Personnel identified B.3. above shall:

- (1) Contribute to the multidisciplinary evaluation;
- (2) Contribute to the assessment;
- (3) Contribute to the development or amendment of IFSPs;
- (4) Be supervised by a licensed or certified professional at least once a month in the setting where FCESS is provided, with additional supervision as needed; and
- (5) Provide service coordination.

All FCESS personnel, including program directors and consultants, shall meet New Hampshire requirements for certification, licensing, continuing competence, or other comparable requirements.

An FCESS program director shall:

- (1) Be a licensed or certified professional pursuant to (b)(1) above;
- (2) Have 3 years of professional experience providing family-centered early supports and services; and
- (3) Have one year of professional experience in a management or administrative role.

A service coordinator shall:

- (1) Have completed the orientation program outlined in He-M 510.12 (b); and
- (2) Together with the family and other IFSP team member(s), be responsible for accessing, coordinating, and monitoring the delivery of services identified in the child's IFSP, including transition services and coordination with other agencies and persons.

An individual who wishes to obtain certification as an early intervention specialist shall submit information to the bureau documenting:

- (1) Possession of a minimum of a bachelor's degree in:
  - a. Human services;
  - b. Family studies;
  - c. Psychology;
  - d. Child development;
  - e. Communication;
  - f. Child life;
  - g. Education; or
  - h. Early intervention;
- (2) Completion of the orientation program outlined in He-M 510.12 (b);
- (3) A minimum of 2 years' experience in an FCESS program for degrees listed in (1) a-g above;
- (4) A minimum of 6 months' experience in an FCESS program for the degree listed in (1) h above; and
- (5) Training and experience in conducting multidisciplinary evaluations, conducting assessments, and developing or amending IFSPs.

Upon completion of the requirements described above, the bureau shall certify the individual as an early intervention specialist. To continue to be certified as an early intervention specialist, these individuals shall demonstrate ongoing professional development. An early intervention specialist shall have as a goal in his or her annual personnel development plan acquisition of at least 8 hours of continuing education credit in subject matter relevant to his or her job description, as determined by the program director.

**A-5 If the State provides services under Part C to at-risk infants and toddlers through the statewide system, the application must include:**

- (a) The State's definition of at-risk infants and toddlers with disabilities who are eligible in the State for services under Part C (consistent with §§303.5 and 303.21(b)); and
- (b) A description of the early intervention services provided under Part C to at-risk infants and toddlers with disabilities who meet the State's definition described in §303.204(a).

**NH's Part C definition of "at-risk infants and toddlers with disabilities":**

"At risk for substantial developmental delay" means that a child, birth through age 2, experiences 5 or more of the following, as reported by the family and documented by personnel listed in He-M 510.11 (b) (1):

1. Documented conditions, events, or circumstances affecting the child including:
  - a. Birth weight less than 4 pounds;
  - b. Respiratory distress syndrome;
  - c. Gestational age less than 27 weeks or more than 44 weeks;
  - d. Asphyxia;
  - e. Infection;
  - f. History of abuse or neglect;
  - g. Prenatal drug exposure due to mother's substance abuse or withdrawal;
  - h. Prenatal alcohol exposure due to mother's substance abuse or withdrawal;
  - i. Nutritional problems that interfere with growth and development;
  - j. Intracranial hemorrhage grade III or IV; or
  - k. Homelessness; or

"Homeless children" means children under the age of 3 years who meet the definition given the term "homeless children and youths" in section 725 (42 U.S.C. 11434a) of the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431 et seq.

2. Documented conditions, events, or circumstances affecting a parent, including:
  - a. Developmental disability;
  - b. Psychiatric disorder;
  - c. Family history of lack of stable housing;
  - d. Education less than 10th grade;
  - e. Social isolation;
  - f. Substance addiction;
  - g. Age of either parent less than 18 years;
  - h. Parent/child interactional disturbances; or
  - i. Founded child abuse or neglect as determined by a district court pursuant to RSA 169-C:21.

**Services provided to children in this eligibility category:**

"Family-centered early supports and services (FCESS)" means a wide range of activities and assistance that develops and maximizes the family's and other caregivers' ability to care for the child and to meet his or her needs in a flexible manner and that includes:

1. Information;
2. Training;
3. Special instruction;
4. Evaluation;
5. Therapeutic interventions;
6. Financial assistance;

7. Materials and equipment;
8. Emotional support; and
9. Any of the services listed in **A-2**

**Section II A. 7. Referral for early intervention services of children with a substantiated case of abuse or neglect, or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.**

New Hampshire's comprehensive child find system is the ongoing mechanism by which NH will identify, locate, and evaluate infants and toddlers in need of family-centered early supports and services as outlined in Part C of the IDEA. Information about how to refer a child is available on the website: <http://www.dhhs.nh.gov/dcbcs/bds/earllysupport/refer.htm>

Information about the Family Centered Early Supports and Services (FCESS) program is provided to primary referral sources and early childhood partners through presentations and the dissemination of information such as:

1. The information card called "Family Guide",
2. The pamphlet entitled "Family Centered Early Supports and Services, A Guide for Families which was developed by the NH Parent Information Center which operates under the requirements of a IDEIA Part D Parent Training and Information Center grant.
3. The Lead Agency website: <http://www.dhhs.nh.gov/dcbcs/bds/earllysupport/index.htm>
4. Presentations at early learning conferences and other meetings such as the Spark NH! Council (NH Early Childhood Advisory Council)
5. Direct contact with NICU and hospitals with birthing centers
6. Watch Me Grow (WVG) – a statewide developmental screening program that provides information about the child's development to families and referral to appropriate services as needed such as the FCESS program. This system is administered locally by the Family Resource Centers, which under contract with the Division of Children, Youth and Families to provide resources to families in addition to developing community networks to assist them in administering the Watch me Grow System. Funding for WVG is provided by Part C, Head Start Collaboration, and the Maternal and Child Health Early Childhood Comprehensive Systems (ECCS) grant.

Primary referral sources include, but are not limited to:

- Hospitals (including prenatal and postnatal care facilities);
- Physicians;
- Parents, including parents of infants and toddlers;
- Child care programs;
- Local Educational Agencies and schools;
- Public health facilities;
- Other public health or social service agencies;
- Other clinics and health care providers;
- Public agencies and staff in the child welfare system, including child protective service and foster care;
- Homeless family shelters; and
- Domestic violence shelters and agencies.

**Referral procedures:**

It is expected that a child under the age of three will be referred as soon as possible, but in no case more than seven days after the child has been identified as having a developmental delay, has an established condition known to lead to developmental delay, or be at risk for substantial developmental delay. This includes children who are the subject of a substantiated case of child abuse or neglect or identified as being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Any primary referral source may refer a child considered potentially eligible for family-centered early supports and services to the area agency in the region of the child's residence. Each Area Agency must assign a staff member to receive referrals from any primary referral source. The Area Agency Intake Coordinator accepts referrals by telephone, written, or personal contact. Referral should contain sufficient information about the infant or toddler to identify and locate the child and family. Information shall be considered sufficient if it includes all the following:

- Child's name, gender, and birth date;
- Parent or primary caregiver's name;
- Parent or primary caregiver's address; and
- Reason for referral.

In order to determine the extent to which primary referral sources are disseminating information about the State's system of family-centered early supports and services, the following procedures will be followed.

1. The staff of the area agency shall gain from the family the names of the primary referral sources the family has had contact with and which of these referral sources has provided the family with information about the State's system of family-centered early supports and services.
2. This information will be recorded as part of the initial data collection process on all new children and their families coming to the area agencies for family-centered early supports and services.
3. This data will then be made available to the Department of Health and Human Services where it can be analyzed to determine the extent to which primary referral sources are disseminating information about the State's system of family-centered early supports and services.

The regional area agency shall provide a description of the referral process to all primary referral sources listed above. The regional area agency shall provide evidence to the Bureau of Developmental Services/DHHS that primary referral sources (especially hospitals and physicians) are disseminating information on the availability of family-centered early supports and services to parents of infants and toddlers with disabilities. Such information shall then be made available to the Department of Health and Human Services

Children with founded abuse or neglect are typically referred by the child protective agency having custody of the child, to the regional area agency for the community in which the child currently resides. The procedures listed above would then apply. Children with this condition may be found eligible for family-centered early supports and services under the category of "At risk for substantial developmental delay". This category requires the identification of 5 factors, 2 of which are "history of abuse or neglect" on the part of the child, and "founded child abuse or neglect as determined by a district court pursuant to RSA 169-C: 21." The child may also be eligible under any of the other eligibility criteria including "atypical behavior".

Children with a documented history of being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure are typically referred by hospitals. They are eligible for services under the eligibility category of "established condition" with a condition such as: "developmental delay secondary to severe toxic exposure".

**A-8 A description of the procedure used by the State to ensure that resources are made available under Part C for all geographic areas within the State (34CFR §303.207)**

The Governor of the State of New Hampshire has formally designated the New Hampshire Department of Health and Human Services (DHHS) to be the lead agency for the purposes of administering Part C of the Individuals with Disabilities Education Act (IDEA) in New Hampshire. This designation occurred on December 27, 1991. The Department of Health and Human Services is responsible for administration of funds and the assignment of responsibility to the appropriate agency provided under Part C of IDEA. The Bureau of Developmental Services has been assigned by the Department of Health and Human Services to administer the Family-Centered Early Supports and Services Program.

The Bureau of Developmental Services administers Family-Centered Early Supports and Services through 10 Developmental Services Area Agencies throughout the state. These 10 Area Agencies have the option of providing early supports and services through their own programs, or by contracting with local programs. Below is a list of the Area Agencies showing the regions and towns that they serve.

	<a href="#"><u>Region 1 - Northern Human Services</u></a>
	<a href="#"><u>Region 2 - PathWays of the River Valley</u></a>
	<a href="#"><u>Region 3 - Lakes Region Community Services</u></a>
	<a href="#"><u>Region 4 - Community Bridges</u></a>
	<a href="#"><u>Region 5 - Monadnock Developmental Services, Inc.</u></a>
	<a href="#"><u>Region 6 - Gateways Community Services (Formerly known as Area Agency of Greater Nashua, Inc.)</u></a>
	<a href="#"><u>Region 7 - Moore Center Services, Inc.</u></a>
	<a href="#"><u>Region 8 - Region VIII One Sky Community Services, Inc. (formerly known as Community Developmental Services)</u></a>
	<a href="#"><u>Region 9 - Community Partners</u></a>
	<a href="#"><u>Region 10 - Community Crossroads (formerly known as Region 10 Community Services Support, Inc.)</u></a>



# Towns and Cities by Region

## Region I

Albany  
Bartlet  
Bath  
Berton  
Berlin  
Bethlehem  
Brookfield  
Canoll  
Clarksville  
Chatham  
Colbrook  
Columbia  
Conway  
Dalton  
Divville  
Durmer  
Easton  
Eaton  
Effingham  
Errol  
Franconia  
Freedom  
Gorham

Groveton  
Hart's Location  
Haverhill  
Jackson  
Jefferson  
Lancaster  
Landaff  
Lincoln  
Lisbon  
Littleton  
Livermore  
Lyman  
Madison  
Mellan  
Millsfield  
Monroe  
Moultonboro  
Northumberland  
Ossipee  
Piermont  
Pittsburg  
Randolph  
Samborville

Acworth  
Carson  
Chelvestown  
Claremont  
Cornish  
Croydon  
Dorchester  
Enfield  
Goshen  
Grafton  
Grantham  
Hanover  
Langdon  
Lebanon  
Lempster  
Lyme  
Newport  
Orange  
Orford

Alexandria  
Aton  
Ashland  
Barnstead  
Belmont  
Bridgewater  
Bristol  
Campton  
Ct. Harbor  
Ellsworth  
Gilford  
Gilmanton  
Groton  
Hebron  
Holderness  
Laconia  
Meredith  
New Hampton  
Plymouth  
Rumney

Allerstown  
Andover  
Boscawen  
Bow  
Bradford  
Cantebury  
Chichester  
Ware  
Dartbury  
Deering  
Durbarnton  
Epsom  
Franklin  
Hemmer  
Hill  
Hillsboro  
Hopkinton  
London  
Newbury

## Region IV

New London  
Northfield  
Pembroke  
Pittsfield  
Salisbury  
Sutton  
Warner  
Weare  
Webster  
Wilnot  
Windsor

## Region II

Plainfield  
Springfield  
Sunapee  
Unity  
Washington

## Region III

Sambornton  
Thornton  
Tilton  
Wentworth

## Region V

Nelson  
New Ipswich  
Peteborough  
Richmond  
Rundge  
Roxbury  
Sharon  
Spofford  
Stoddard  
Sullivan  
Suury  
Swanzey  
Temple  
They  
Walpole  
Westmoreland  
Winchester

Sandwich  
Shelburne  
Stark  
Stewarts town  
Stafford  
Sugar Hill  
Tunworth  
Tuftonboro  
Union  
Wakefield  
Warren  
Waterville Valley  
Wentworth  
Location  
Whitfield  
Wolfboro  
Woodstock

Portsmouth  
Raymond  
Rye  
Seabrook  
South  
Hampton  
Stratham

## Region IX

Barrington  
Dover  
Durham  
Farmington  
Lee  
Madbury  
Middleton  
Milton  
New Durham  
Rochester  
Rollinsford  
Somersworth  
Stafford

## Region VI

Albany  
Bartlet  
Bath  
Berton  
Berlin  
Bethlehem  
Brookfield  
Canoll  
Clarksville  
Chatham  
Colbrook  
Columbia  
Conway  
Dalton  
Divville  
Durmer  
Easton  
Eaton  
Effingham  
Errol  
Franconia  
Freedom  
Gorham

Brentwood  
Deerfield  
East Kingstons  
Epping  
Exeter  
Farmington  
Greenland  
Hampton  
Hampton Falls  
Kensington  
Kinston  
New Castle  
Newfields  
Newington  
Newmarket  
North Hampton  
Northwood  
Nottingham

## Region VIII

Albany  
Bartlet  
Bath  
Berton  
Berlin  
Bethlehem  
Brookfield  
Canoll  
Clarksville  
Chatham  
Colbrook  
Columbia  
Conway  
Dalton  
Divville  
Durmer  
Easton  
Eaton  
Effingham  
Errol  
Franconia  
Freedom  
Gorham

## Region X

Albany  
Bartlet  
Bath  
Berton  
Berlin  
Bethlehem  
Brookfield  
Canoll  
Clarksville  
Chatham  
Colbrook  
Columbia  
Conway  
Dalton  
Divville  
Durmer  
Easton  
Eaton  
Effingham  
Errol  
Franconia  
Freedom  
Gorham

## **Region/Programs Identified as Area Agency (AA) or Private Programs (Private)**

- Region 1 Northern Human Services Family-Centered Early Supports and Services  
Family-Centered Early Supports and Services (AA program)  
  
Children Unlimited, Inc. (Private)
- Region 2 PathWays of the River Valley  
Family-Centered Early Supports and Services (AA program)
- Region 3 Lakes Region Community Services  
Family-Centered Early Supports and Services (AA program)
- Region 4 Community Bridges  
Family-Centered Early Supports and Services (AA program)
- Region 5 Monadnock Developmental Services, Inc.  
MDS Family-Centered Early Supports and Services (AA program)  
Rise...for baby and family (Private)
- Region 6 Gateways Community Services  
The Children's Pyramid (Private)  
Gateways Early Supports and Services Program (AA program)
- Region 7 The Moore Center  
Easter Seals NH Manchester (Private)  
The Moore Center Early Supports and Services Program (AA program)
- Region 8 One Sky Community Services  
Child and Family Services (Private)  
Richie McFarland Children's Center (Private)
- Region 9 Community Partners: Behavioral Health & Developmental  
Services of Strafford County  
Family-Centered Early Supports and Services Program (AA program)
- Region 10 Community Crossroads  
The Children's Pyramid (Private)  
Easter Seals NH Salem (Private)

**A-9 A description of the policies and procedures used by the State to ensure that, before adopting any new policy or procedure, including any revision to an existing policy or procedure, needed to comply with Part C of the Act and 34 CFR Part 303, the lead agency:**

- 1. Holds public hearings on the new policy or procedure, including any revision to an existing policy or procedure;**
- 2. Provides notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation; and**
- 3. Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the Council, to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303.**

Part C in the State of NH is administered by the Department of Health and Human Services (Department) through the Bureau of Developmental Services. In order for Department programs to be enforceable by state law, the Commissioner of the Department must adopt rules subject to the rulemaking authority granted by the state legislature and the Administrative Procedures Act ([RSA 541-A](#)), which details the statutory requirements for rulemaking. For this reason, “policies and procedures” are referred to as “rules” in this document. Please see the [General Court website on Administrative Rules](#) for further details: and the [rulemaking flowchart](#).

The State is aware that Federal grant based programs have different requirements regarding public notice and has allowed for these differences, as described below.

**Holds public hearings on the new policy or procedure, including any revision to an existing policy or procedure**

RSA 541-A governs the rulemaking process, and the Office of Legislative Services, Division of Administrative Rules maintains a [“Drafting and Procedure Manual for Administrative Rules”](#) which provides additional rulemaking requirements and guidance.

Both documents detail the requirement for an agency to hold at least one public hearing for all proposed rules, including both new rules and any revisions to existing rules. See <http://www.gencourt.state.nh.us/rsa/html/LV/541-A/541-A-11.htm> for detailed information.

Example: For the most recent proposed rule, the department scheduled two public hearings, on January 23 in Concord, NH, and January 29, 2013 in Conway, NH.

Part C: Public hearings are held when new or revised policies or procedures are proposed. 30 days notice is provided prior to the hearings.

**Provides notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation**

NH state law requires an agency to give at least 20 days’ notice of its intent to hold a public hearing on each proposed rule. Notice of a public hearing appears in the [Rulemaking Register](#), published weekly by the Office of Legislative Services, Division of Administrative Rules, at least 20 days before the hearing. (See [RSA 541-A:6, I](#), for detailed information.) Notice is also posted on the Department’s [rulemaking website](#).

Example: the most recently proposed rule, in order to comply with §303.208(b)(1), in addition to the notice published in the [December 27 Rulemaking Register](#), notice was also published in the December 21 & 22, 2012 editions of the [Union Leader](#), the newspaper with the greatest

statewide circulation, allowing 33 days notice of the first scheduled public hearing. See newspaper ad on page 35.

State requirements: The state holds at least one public hearing on new rules (including any revision to an existing rule) and affords all interested persons reasonable opportunity to testify, submit data, views, arguments in writing and in electronic format. An agency may hold a public hearing or otherwise solicit public comment by such means as are appropriate to reach interested parties.

Part C: Public comment is accepted for a minimum of 30 days within the 60-day period of public notice. Part C provides 30 days notice prior to holding public hearings.

**Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the Council, to comment for at least 30 days on the new policy or procedure (including any revision to an exiting policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303.**

Department policy is to accept public comment on a proposed rule beginning at the initial published notice of the rule and continuing until the last day of the public comment period. NH state law requires an agency to allow a period of at least 5 business days after the public hearing on a proposed rule for the submission of materials in writing or in electronic format (see [RSA 541-a:11, I\(b\)](#)). Example: In order to comply with Part C of the Act and 34 CFR Part 303, the public comment period for the most recently proposed rule was scheduled to end on February 25 (33 days after the first scheduled public hearing).

State requirements: Public comment forums are held at such times and in such places as to allow for a maximum level of participation from those interested. Electronic comments are collected and reviewed. In addition, NH State rules also allow that the official of rulemaking authority, lack of a quorum or determination that postponement may facilitate greater participation by the public may postpone a public comment hearing due to inclement weather, illness or unavoidable absence.

Part C practice: New or revised rules, policies or procedures are circulated widely and all comments are taken into consideration. Stakeholders are provided an opportunity to review and make comment on any proposed policies or procedures prior to submission to the State rule making process. This is referred to as an “informal comment” period. Stakeholders participating in the informal comment period include the ICC, local program directors and staff, the Parent Information Center (PTI), families, and others who have expressed an interest in the work of Part C program. Information is disseminated electronically to these groups as well as at regularly scheduled ICC meetings and meetings with local program directors, Area Agency representatives, and the Medical Care Advisory Committee.

The proposed rules are revised based on received comment, and then submitted into the rulemaking process. Once the rulemaking process has been initiated, the following process is followed.

Proposed rules are posted with 60 days notice, 30 days notice prior to holding 2 public hearings, and with public comment accepted for a minimum of 30 days within the 60-day period of public notice. Proposed rules are published in the newspaper with greatest statewide circulation, posted on the DHHS website, and notice disseminated using electronic means. Comments are

again solicited from the ICC, local program directors and staff, the Parent Information Center (PTI), families, and others who have expressed an interested in the work of the Part C program.

**Section II A. 10. Description of the policies and procedures the state will use to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from Part C to preschool or other appropriate services.**

All NH policies are in the form of rules. Policies and procedures regarding transitions from the Family-Centered Early Supports and Services (FCESS) program to Preschool Special Education and other community services are contained in He-M510.10 and explained below. The requirements §303.209(b) through (f) will be implemented statewide by revising the State Rule He-M510 Family-Centered Early Supports and Services to become compliant with the Part C regulations of 2011. Providers serving infants and toddlers and their families through the FCESS program are required by contract to provide services in accordance with State rules and Federal Law.

**Notification to the SEA and appropriate LEA of a child determined to be potentially eligible**

**Opt out policy:**

If the child is determined to be potentially eligible for preschool special education services, the service coordinator shall provide parents information describing the notification requirement in below and their right to object, described below, to information about their child being provided to the responsible LEA and the NH department of education.

If a parent informs the FCESS program within 7 calendar days of receiving the information described in (b) above that they object to the notification, the service coordinator shall not provide notification to the responsible LEA and NH department of education.

If the parent does not inform the FCESS program within 7 calendar days that they object, the FCESS program shall refer the child by notifying the responsible LEA and NH department of education not less than 90 days before the child reaches his or her third birthday that a child who is potentially eligible for special education is receiving FCESS.

Information provided with the notification and referral described in (e) above shall include:

1. The child's name;
2. The child's date of birth;
3. The parents' names;
4. The parents' contact information; and
5. Additional information with parental consent.

**LEA Notification**

The LEA is sent the following information when the parents do not "opt out" of notification:

1. The child's name;
2. The child's date of birth;
3. The parents' names;
4. The parents' contact information; and
5. Additional information with parental consent.

For a child who is determined eligible for FCESS more than 45 days but less than 90 days before the child's third birthday, the FCESS program, as soon as possible if the parent does not

object, shall notify the LEA and NH department of education that the child will reach the age for eligibility for Part B services.

For a child referred fewer than 45 days before the child's third birthday, the FCESS program, following parental consent, shall refer the child to the NH department of education and LEA as soon as possible. The FCESS program shall not be required to conduct a multidisciplinary evaluation or initial IFSP meeting.

### **SEA notification**

State rule 510.0 (i) requires that Area Agencies and FCESS programs shall enter the transition information into the bureau's statewide data system as they occur. This information is then transferred into the State Education Agency's (NH Department of Education) database after the above information has been sent to the LEA so that both the LEA and SEA are notified within the same timeframe. At the request of the SEA, data is entered into their data system after the child's information has been sent to the LEA..

### **Transition Conference**

After the LEA and NH department of education have been notified that a child is potentially eligible for services, the service coordinator shall convene a transition conference that:

1. Includes the family, other persons requested by the family, the service coordinator, and relevant providers;
2. Is conducted not less than 90 calendar days but not more than 9 months prior to the child's third birthday; and
3. Includes the LEA representative.

The purpose of the transition conference shall be to:

1. Review the results of the IFSP team meeting held pursuant to (a) above;
2. Update the transition plan with input from the LEA representative and other providers; and
3. Discuss the child's program options for the period from his or her 3rd birthday through the remainder of the school year, if applicable.

### Children not determined to be potentially eligible:

If the child is determined to not be potentially eligible for preschool special education services, the service coordinator shall make reasonable efforts to convene a conference with providers of other services to discuss appropriate services the child might receive.

### **Transition Plan**

For all children found eligible for FCESS prior to 33 months of age, the service coordinator shall convene the IFSP team when the child is between 27 and 32 months to develop a transition plan for the child to exit the program that:

1. Identifies steps to be taken and services to be provided for the child and his or her family to exit the FCESS program;
2. Identifies training for parents, as appropriate, regarding future placements and other matters related to the child's transition;
3. Reviews the child's program options for the period from his or her 3rd birthday through the remainder of the school year;
4. Includes, with parental consent, referrals to the area agency and other community resources; and
5. Determines if the child is potentially eligible for preschool special education.

For a child who is referred and determined to be eligible for FCESS between 27 and 36 months of age, a written transition plan shall be included in the initial IFSP and contain the same information as listed above.

For children exiting the program prior to 27 months of age or found no longer eligible for FCESS, the service coordinator shall develop a plan with the family that includes:

1. Service options for the family to explore based on future needs;
2. Activities as necessary to prepare the child for exiting the program;
3. Information about parent training and resources; and
4. Referrals to other community resources.

Parents are members of the IFSP Team and must give consent for IFSP services before they can be provided including the transition services noted in the transition plan and the transition plan is developed as a part of the IFSP.

### **Interagency Agreement**

The Departments of Education and Health and Human Services have maintained an interagency memorandum of agreement (MOA) describing how the two agencies will work together to ensure a smooth transition for children leaving FCESS since the part C program was adopted in 1994. The current MOA will be updated as soon as the revisions to He-M510 have been approved through the State rule approval system.

Efforts to coordinate early childhood transition services while an updated Interagency Agreement is developed include:

1. Regional Transition Plans between Developmental Services Area Agencies Local Education Agencies coordinate early childhood transitions locally. State Rule He-M510 requires all Developmental Services Area Agencies and contracted FCESS programs to establish a regional transition agreement with local schools (LEAs). NH DOE special education rules also require LEAs to develop a regional agreement with the Developmental Services Area Agencies. Currently, all regions of the state have agreements with the LEAs serving children in their region.
2. The FCESS Program is collaborating with the Preschool Special Education Program to use existing resources and additional Part C funding to contract with the Parent Information Center (NH PTI) program to assist in providing training and technical assistance to both preschool special education coordinators (LEAs) and FCESS program personnel regarding the adoption of the new regulations. This work includes:
  - a. Develop and conduct an advisory group consisting of both preschool special education coordinators and FCESS personnel to:
    - i. Develop a template that can be used in updating regional agreements,
    - ii. Identify a process for providing information to schools regarding children who may be eligible in the future but before they are referred, and
    - iii. Assist in developing training materials that will facilitate implementation of the new Part C regulations
  - b. Revise current early childhood transition materials
  - c. Provide regional trainings regarding the revisions to preschool, Area Agency and local program staff
  - d. Continue to provide regional informational meetings for families

**A-11. Each application must contain a description of State efforts to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, et seq., as amended), early education and childcare programs, and services under Part C. (34 CFR §303.210)**

**Collaborative activities:**

1. Head Start Collaboration Office

The Head Start Collaboration Office, Debra Nelson, Director, is located in the Department of Health and Human Services, which is also the Lead Agency for the Part C program. For this reason, there is no interagency agreement, but there has been a great deal of collaboration between the two programs for many years. Documentation of this collaboration is attached at the end of this document: Additional documentation is available if needed.

2. Watch Me Grow Screening and Information System –

The Watch Me Grow Screening and Information System was developed and is currently managed through a partnership between Head Start Collaboration, Comprehensive Early Childhood Systems grant, and Part C. Attached is a description of the system with a list of the management team members at the bottom. Leadership of the Steering Committee is largely shared between the three members of the management team, although recently it has grown to include representative from the University of NH to be a co-chair with the Part C Coordinator. The Co-Chair position will rotate every 2-3 years so that a member of the management team co-chairs with a representative from the private sector. Attached is a copy of most recent meeting; additional meeting agendas/notes can be provided if desired.

3. NH Head Start Association

A Memorandum of Understanding (MOU) between Part C Lead Agency and the NH Head Start Association has recently been developed for the following purposes:

- A. To improve the quality of services for NH's children with disabilities, birth to age three, and their families;
- B. To promote collaboration regarding the agreement among the NH FCESS and NH HS and their local counterparts; and
- C. To define the roles and responsibilities within respective mandates of FCESS and HS.

All Early head Start Programs (3) currently have MOUs with local FCESS (Part C) programs, but differ in content. The statewide MOU will serve as a model for future local EHS/FCESS local programs MOUs.

4. Early Childhood Advisory Council

Development of the Council prior to submission of application for ARRA funds was accomplished throughout a collaboration of early childhood partners including the Part C Coordinator. The Head Start Collaboration Director and Part C Coordinator co-chaired the Quality Committee beginning in 2011 when the ECAC first started meeting. Below is greater detail about the ECAC which is an active Council to date as evidenced by Council and committee meeting notes kept on the website: <http://sparknh.com/history>

Like many states at the time the "Improving Head Start for School Readiness Act of 2007" was passed, NH had several councils focusing wholly or in part on young children and families, but none that met all of the Act's requirements. Included were the NH Child Care Advisory Council (CCAC), the NH Interagency Coordinating Council (ICC), the Council for Children and Adolescents with Chronic Health Conditions (CCACHC), and the Governor's P-16 Working Group<sup>3</sup>. In response, a broad group of leaders from the unified early childhood system initiative, developed recommendations for a NH Early Childhood Advisory Council over a 12-month period

of intensive planning, outreach to existing councils, and research on similar efforts in other states. In November 2009, Governor Lynch approved the recommendations and appointed representatives to the Council, with the understanding that membership would be expanded and the Council would be fully functioning by fall 2010. The Part C coordinator has been appointed to serve on the Council. The Council, as required by the Act and endorsed by the Governor, will:

- Serve as the primary advisory body to the Governor's Office, state legislature, and state agencies regarding early care and education issues in the State of NH;
- Conduct a needs assessment on early childhood education program quality and availability for expectant families and children aged birth through grade 3 and their families, including pre-kindergarten services for children in families with low incomes;
- Identify opportunities and barriers regarding collaboration and coordination among federally- and state-funded early care and education programs and the state agencies that administer these programs;
- Coordinate early care and education-related resources;
- Promote changes in policy, legislation and practice that support and/or improve the lives of families who are expecting a child and/or who have children aged birth through grade 3;
- Assess the capacity and effectiveness of NH's Institutions of Higher Education to support the development of early childhood educators;
- Generate recommendations for:
  - Increasing participation in federal/state/local early childhood education programs
  - Establishing a unified data system for public early childhood care and education programs and services to facilitate data-informed decision making
  - Promoting statewide professional development/career advancement for early childhood educators
  - Improving state early learning standards
- Provide strategic direction to state and community leaders
- Hold public hearings

The Part C Coordinator and staff participated in the development of the Council and currently chair and serve on several committees of the Council:

Co-Chair: Communications and Public Awareness Committee

Chair: Quality of Early Childhood Programs and Services Committee

Serve on: Early Childhood Data System Committee

Policy Committee

Workforce and Professional Development Committee

#### 5. NH Interagency Coordination Council

There has been a Head Start provider or Head Start Collaborative office representative in a leadership position (Chair or Vice Chair) on the ICC for the past 6 years. See attached membership lists.

Since 1997, New Hampshire has maintained an established Interagency Coordinating Council with members appointed by the Governor.

The New Hampshire Interagency Coordinating Council is an advisory body to the Department of Health and Human Services, Bureau of Developmental Services and the Department of Education, Bureau of Special Education. The purpose of the NH ICC is to assist these agencies to promote and increase the quality of Family Centered Early Supports and Services (Part C of

IDEA) and Preschool Special Education (Part B/619) supports and services to eligible children, birth through five years, and their families. Four major goals underlie the ICC's mission:

1. Assure that supports and services are: high quality; family centered; evidence based and provided within natural settings for children and their families;
2. Support the lead agencies to implement a statewide monitoring, data collection and improvement system that identifies strengths and needs and utilizes results to improve programs and services;
3. Facilitate interagency collaboration at the federal, state, regional, and local levels in order to assure that: quality supports and services exist for children and their families; duplication and gaps in supports and services provided are identified; and sufficient public and private resources are identified, allocated equitably and appropriately utilized; and
4. Address immediate and relevant issues regarding the viability, finances, implementation, philosophy, practices, and/or quality of supports and services via subcommittees, work groups or other responsive mechanisms.

The ICC members include Head Start staff as well as Part B, parents, and the Parent Information Center. The Interagency Coordinating Council has determined through a facilitated process that its work is still relevant and appropriate to the goals.

Three ICC members are appointed members of the Early Childhood Advisory Council (Spark NH!):

Vice Chair – Head Start providers and representative of the ICC on the Council

ICC member – Representative for the Association for Infant Mental Health

ICC member - Preschool Special Education

Most of the Early Childhood Advisory Council (Spark NH!) have at least one ICC member participating.

**A .12. A description of how the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C.**

The Department of Health and Human Services (DHHS) has taken the following steps to ensure that there is equitable access to, and participation in, family-centered early supports and services (Part C) in New Hampshire as required by section 427(b) of GEPA.

DHHS has a statewide system of 10 regional area agencies providing family-centered early supports and services through 16 family-centered early supports and services programs, 10 Family support councils and family support coordinators, and a statewide program for infants and toddlers with sensory impairments. These entities provide supports and services to all geographic areas of the State, and they have significant influence on the development of family-centered early supports and services and family support regionally and statewide. Distribution of resources is based on data confirming the need for supports and services, expansion of service options for families, and undeserved populations through the Bureau of Developmental Service contract Reporting Requirements. New Hampshire periodically evaluates its allocation methodology to address any inequities that may be identified.

Additional ways that barriers are addressed:

- Resource and referral information is available through a toll free number at the State Library;

- Informational materials can be translated in languages other than English (including Braille) in those communities that have this need;
- Referral and other information is available in the local community at a wide variety of locations including:
  - Health care facilities,
  - The public library system and State Library website: <http://www.nh.gov/nhsl/frc/directory.html>
  - Child care programs
  - Regional Child Care Resource and Referral sites,
  - Social service agencies,
  - Educational facilities,
  - Federal, State, and regional offices,
  - Lead Agency website: <http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/refer.htm>
- Interpreters (for languages other than English, including Sign Language) are available if there is a need, at no cost to the family;
- Parent to Parent program connects families with similar concerns; and
- The regional family support staff work closely with family-centered early supports and services programs to ensure families in need of literacy or other educational opportunities are connected to local resources and are provided financial support as needed.
- Statewide web-based data system collects data used for Federal reports as well as for identifying and confirming the need for supports and services as noted above.

Legal Notice

Shackett, a trustee of the Mayhew Program, Shackett Holdings, LLC, a seller of...

4. "Shall the municipality approve the Charter Amendment reprinted and summarized below?"

Amendment to Section 9.8 (D) - Capital Improvements Plan by removing language...

"(D) The Town Council and Planning Board shall meet annually in preparation for...

Summary Explanation: This amendment eliminates the requirement that the Town Council and Planning Board meet...

5. "Shall the municipality approve the Charter Amendment reprinted and summarized below?"

Creation of New Section 9.19 - Annual Report by removing language, shown as crossed through, and adding language...

"An annual report of the Town's business for the preceding year shall be made available to the public not later than 90 days after the close of the fiscal year."

Summary Explanation: The change takes existing language from Section 9.18 and places it in its own section. It also extends by 60 days the time frame for making the annual report available to the public.

6. "Shall the municipality approve the Charter Amendment reprinted and summarized below?"

Amendment to Section 11.6 - Absorption of East Derry Fire District by eliminating reference to the East Derry Fire Department shown as crossed through, to eliminate this section.

"Section 11.6 Absorption of the East Derry Fire District. If at any time the voters of East Derry Fire District vote to dissolve the district, the functions, responsibilities and duties of the district shall become the responsibilities of the town. All permanent full time employees of said district shall be transferred to the town fire service in capacities as similar to their former capacities as is practicable."

Summary Explanation: This removes language from the charter based on the merger of the East Derry Fire District with the Derry Fire Department.

John P. Anderson  
Town Administrator

20275. Said parcel is more particularly bounded and described as follows: Beginning at a point at the Northwest corner of said parcel on the Westerly side of Spinnaker Drive, North; thence running South 08° 14' 06" West, 24.48 feet to point; thence running Along a curve with an arc length of 130 feet as shown on a plan to a point; thence turning and running North 87° 44' 31" West 259.47 feet, more or less, to a point; thence turning and running North 02° 29' 40" West, 177.53 feet, more or less to a point; thence turning and running North 83° 01' 43" West, 275.09 feet to point of beginning. Being the same premises conveyed more particularly described by deed of April 7, 2001 with the Rockingham County Registry of Deeds at Book 3602, 0224.

Said premises are known as and numbered 18 Spinnaker Drive, Derry, Hampshire.

The above-described premises shall be sold subject to all easements, restrictions, municipal or other public taxes, assessments, liens or claims in the natural, outstanding tax titles, building, zoning and other land use laws and all permits and approvals issued pursuant thereto, and existing encumbrances of record created prior to said Mortgage, if there be any. Said premises are to be sold subject to the right of redemption of the United States of America, if any there be. The successful bidder shall be required to sign a Memorandum of Terms of Sale. Other terms, if any, to be announced at the time and place of sale. The description of said premises contained in said Mortgage shall control in the event of error in publication. The Mortgagee may amend or alter the terms of sale by oral or written notice before or at the auction sale. The Mortgagee may reject and accept bids at its discretion. The auction sale may be canceled or continued to another date or time on notice by the Mortgagee.

You are hereby notified that you have the right to petition the superior court for the county in which the mortgaged premises are situated, with service upon the mortgagee, and upon such bond as the court may require, to enjoin the scheduled foreclosure sale.

For purposes of the immediately foregoing paragraph, service upon such holder shall mean service upon such holder. Dated at Natick, Massachusetts this 7th day of December, 2012.

CITIMORTGAGE, INC.  
Present Holder of Said Mortgage.

By: Dana A. Cettlin  
CUNNINGHAM, MACHANIC, CETLIN, JOHNSON, HARNEY & TENNEY, LLP  
CUNNINGHAM, MACHANIC, CETLIN, JOHNSON, HARNEY & TENNEY, LLP  
220 North Main Street, Suite 301  
Natick, MA 01760  
(508) 651-7524  
Doc #332946

(UL - DEC 14, 21, 28)

Legal Notice

NOTICE OF NH DHHS INTENT TO PROPOSE AN ADMINISTRATIVE RULE: The State of New Hampshire Department of Health & Human Services, Division of Community Care Services, Bureau of Developmental Services, Bureau of Public Law 108-446, Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, proposes the adoption of the Department's administrative rules He-M 510 and He-M 203, entitled "Family Centered Early Supports and Services/Complaint Resolution Procedures for Family Centered Early Supports and Services." The proposed rules fulfill the department's responsibilities as designated lead agency for the implementation of federally mandated Part C of Public Law 108-446, Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, 20 U.S.C. 1400 et seq. The rules describe family-centered early supports and services (FCESS), which are provided in natural environments as part of a comprehensive array of supports and services for families and their children residing throughout New Hampshire and department procedures for the resolution of complaints asserting a violation of the rights of families, including infants and toddlers with disabilities, applying for or receiving family-centered early supports and services. Federal rules governing this program have been revised, and State rules must reflect federal rules by April 2013. **Proposed impact statement prepared by the Legislative Budget Assistant (FIS 12-208; 12/18/12).**

1. Comparison of the costs of the proposed rule(s) to the existing rule(s): There is no difference in cost when comparing the proposed rules to the existing rules. 2. Cite the Federal mandate. Identify the impact of state funds: Part C of Public Law 108-446, Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 (20 U.S.C. 1400 et seq.) governs the family-centered early supports and services, which are provided in natural environments as part of a comprehensive array of supports and services for families and their children residing throughout the state and governs the resolution of complaints asserting a violation of the rights of families, including infants and toddlers with disabilities, applying for or receiving family-centered early supports and services. These Federal rules governing this program have been revised and state rules must reflect Federal rules by April of 2013. No impact on state funds. 3. Cost and benefits of the proposed rule(s): A. To State general or State special funds: None. B. To State citizens and political subdivisions: None. C. To independently owned businesses: None.

Statement Relative to part I, Article 28-a of the N.H. Constitution: The proposed rules modify an existing program or responsibility, but does not mandate any fees, duties or expenditures on the political subdivisions of the state, and therefore does not violate Part I, Article 28-a of the N.H. Constitution.

Public Notice period is 12/27/2012 to 2/25/13. Public Hearings scheduled for: Wednesday, January 23, 2013, 1:00 p.m. at DHHS Brown Bldg., Auditorium, 129 Pleasant St., Concord, NH and Tuesday, January 29, 2013, 2:00 p.m. at Granite State College, 53 Technology Lane, Room 211, Suite 150, Conway, NH.

An electronic version of these rules may be found at the administrative rulemaking page of the Department's website: <http://www.dhhs.state.nh.us/oo/aru/>

2013

NEW HAMPSHIRE RSA BY NOTIFIED TO PETITION FOR THE MORTGAGED WITH SERVICEMEMBER AND COURT MAY SCHEDULED

subject to all other liens may be entitled to a foreclosure sale. The sale is "AS IS

(\$5,000.00) other check or before the successful bid to execute a purchase. The balance shall be paid within the date in the treasurer's office to Mortgagee reserves to reject any sale and to be written or oral or during the foreclosure sale shall error in this

STATE OF NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION BUREAU OF HIGHWAY MAINTENANCE DISTRICT 2 6 EASTMAN HILL ROAD ENFIELD, NH 03748 District2@dot.state.nh.us REQUEST FOR QUOTES

Sealed quotes are to be received at the address above by 10:00 o'clock on Wednesday, January 23, 2013. The following equipment in

Shutterstock.com



**All New Hampshire children from birth to 6 years are screened early and often with standardized developmental screening tools and their families receive timely information and referrals to appropriate supports and services to help their children grow and learn.**  
- Watch Me Grow Vision

## What is Watch Me Grow?

Watch Me Grow (WMG) is a comprehensive developmental screening and referral for NH families of children aged birth to six years. Existing state and community resources are coordinated to form a system that provides all families with access to developmental screening for their young children, information about child development, and referrals to appropriate state and local resources.

## How was the system created?

The WMG system is based upon efforts to develop an early identification, screening and referral system in NH, largely through federal grant funds that began in 1995. In fall 2005 a dedicated group of stakeholders identified guiding principles and goals for the system with assistance from the National Technical Assistance Center (NECTAC) and the North East Regional Resource Center. The Stakeholder Group assigned the work of developing a system based on these guiding principles and goals to a Steering Committee.

The system's **six components** were identified based on practices in other states, state requirements for child find under the Individuals with Disabilities Education Act of 2004, and the work of the initial broad-based stakeholder group: Public Awareness/Outreach; Screening Activities; Active Referral to Resources, Services & Supports; Interagency Coordination; Training & Technical Assistance; and Quality Assurance.

In 2008 the WMG Steering Committee recruited 12 Family Resource Centers throughout the state to serve as **regional pilots**. Participating Family Resource Centers, which were already under contract to NH DHHS/DCYF to promote family strengths and prevent child abuse and neglect, received \$4,000 to \$5,000 each in additional funding, as well as screening materials, to participate in WMG. DCYF amended its contracts with these sites to include the following WMG requirements: (1) serve as regional "hubs" for the WMG system, adhering to system philosophy, guidelines, and quality assurance standards; (2) ensure that families in their areas have access to developmental screening activities; (3) establish networks of organizations and agencies in their communities providing developmental screening to young children and their families; (4) provide and/or collect data from community partners on screenings in their areas; and (5) submit bi-annual progress reports and quarterly data reports. WMG pilots collectively received 176 hours of on-site and/or telephone training and technical assistance to support their efforts, and more than 283 individuals were trained to use the system's screening tools.

## How is the system structured?

WMG includes the state **Steering Committee, State Management Team, Stakeholders Group, and regional sites**.

*Steering Committee.* The 12-member Steering Committee includes representatives from an array of public and private organizations with an interest in young children and their families. It is charged with the development, implementation, quality assurance and maintenance of the system, with guidance from the Stakeholders Group.

*Stakeholders Group.* The Stakeholders Group has over 50 participants representing all aspects of early childhood care and education. This group meets once or twice per year to provide input on the system and share information.

*State Management Team.* One representative from each of three DHHS divisions (DCYF, Community Based Care Services and Public Health) participates on the WMG State Management Team, which coordinates state agency resources for WMG, manages the online data system, and works toward WMG sustainability within the state system.

*Regional sites.* Participating Family Resource Centers are located in Gorham, Littleton, Manchester, Conway, Claremont, Derry, Portsmouth, Keene, Concord, Laconia, Dover/Rochester and Nashua. These sites address the five major requirements described in the above section.

### **What screening tools does WMG include?**

The evidence-based screening tools currently used in the WMG system include the Ages and Stages Questionnaires, 3<sup>rd</sup> edition (ASQ-3)(Squires, Twombly, Bricker & Potter, 2009) for children from 1 month to 60 months of age and Ages and Stages Questionnaires: Social Emotional (ASQ: SE)(Squires, Bricker & Twombly, 2003) for children aged 3 months to 66 months. The ASQ-3 and ASQ: SE were designed to be completed by parents/caregivers.

### **How does WMG work for families?**

Parents complete three easy steps:

- 1) Get a copy of the screening questionnaire (available from various sources in the community, including WMG sites or partner agencies, their child's healthcare provider, and the Family Resource Connection at the NH State Library).
- 2) Complete the questionnaire on their own or with help from the organization that gave it to them.
- 3) Return the completed questionnaire to the address listed on the form. This may be a WMG site, partner agency, or a child's healthcare provider.

WMG sites or partner agencies will then do the following:

- ♦ Score the questionnaire and share the results with parents as soon as possible.
- ♦ Request permission to share results with the child's primary care provider (PCP) and others as relevant (e.g., partnering community agencies also working with the family). With consent, send a copy of the completed questionnaire or the summary score to the PCP and others.
- ♦ Based on the child's needs and family's priorities and interests, offer information and referrals for helping their child grow and learn. Referrals may include Family Centered Early Supports and Services (early intervention), preschool special education, child's healthcare provider, Special Medical Services, Head Start, child care, play groups, USDA Food & Nutrition Programs (e.g., WIC, school lunch, Child and Adult Care Food Program, etc.), community mental health, and other resources. Information shared with families includes developmental milestones and red flags, community resources, and activities to foster development.

### **Where can I get more information?**

To find a WMG site in your area, call the Family Resource Connection at 1-800-298-4321. For more information about the WMG system or to get involved, contact a member of the State Management Team:

Debra Nelson, MS, Administrator  
Head Start State Collaboration Office  
DHHS/DCYF  
129 Pleasant St., Concord, NH 03301  
Phone: 603-271-7190  
[debra.j.nelson@dhhs.state.nh.us](mailto:debra.j.nelson@dhhs.state.nh.us)

Carolyn Stiles, M.Ed., Program  
Coordinator, Family Centered Early  
Supports and Services  
DHHS/Bureau of Developmental Services  
105 Pleasant St., Concord, NH 03301  
Phone: 603-271-5122  
[cstiles@dhhs.state.nh.us](mailto:cstiles@dhhs.state.nh.us)

Deirdre Dunn, M.Ed., ECCS Coordinator/  
Early Childhood Special Projects Coord.  
NH DHHS, Div. of Public Health Services  
Maternal and Child Health Section  
29 Hazen Drive, Concord, NH 03301  
Phone: 603-271-4540  
[Deirdre.Dunn@dhhs.state.nh.us](mailto:Deirdre.Dunn@dhhs.state.nh.us)

Watch Me Grow Steering Committee notes from 1/18/2013

Topic: Watch Me Grow Steering Committee (SC) Meeting BDS Conference Room, Main Building, 105 Pleasant Street, Concord (Call 271-5143 when you arrive and someone will let you in)

Present: Carolyn Stiles, Betsy Humphreys, Debra Nelson, Patti Rawding-Anderson, Jen Doris, Sharon Kaiser, Fran McLaughlin  
Not Present: Peter Antal, Deidre Dunn

Please let Carolyn know if you will be calling in so you can access the visual information presented. Dial in toll-free number: 1-866-951-11512. Conference room: 3100642

Agenda item Notes Action to be taken:

1. Review Action Items from previous meeting  
a) Collaboration with Public Schools  
b) Brochures  
c) Webpage  
d) e-studio  
e) Open Forum  
f) Data reports for local programs  
g) Grant required MOUs between WMG SC and the State Library's Family Resource Connection and also 211

1. Survey was developed and disseminated and results are beginning to come in. Respondents have until mid January to respond. As of today's meeting Michelle has not yet spoken with Ruth about sending information to schools. 2. Blue border brochures were disseminated rather than discarded as previously agreed upon. Old brochures will at this time be discarded. An order of the most current brochures are being sent ES and will be disseminated to partners when they arrive. 3. Debra has been talking with Trent Sanders of 36 Creative Design about developing a WMG web page on the Spark NH website. The task has become more complex as the discussion unfolds and it will cost \$2,400. This cost is within the grant's budget although considerably higher than initially planned for. The SC agreed to proceed with the project. The result of the work is the WMG will have a "micro site" on the Spark web site that is not directly associated with Spark NH and will have it's own link. Spark NH will essentially be hosting the WMG website. We will be responsible for updating the WMG website ourselves. Jen and Betsy WMG SC members shared that they have the skills to do some website upkeep and will teach other members of the SC. 4. Everyone received an invitation, but not all invitations contained a link. Debra does not know how to use it, but will schedule a training session for those who are interested. 5. Rae Sonnenmeier sent notes from the Open Forum which were shared with the SC. 6. Debra discussed Kathy McDowell's request for data reports for partner members of the network with Chip, Executive Director of Welligent. Chip agreed to set up the data reports so that local and sub-local sites could access their data. LEND program now has a license to enter data. 7. We could not coordinate getting all three signatures (DCYF, BDS, and MCH) signatures on the MOUs in a timely manner, so the SC co-Chair/state representative (Carolyn Stiles) signed for the SC. We are waiting for the State Library and 211 to respond

Action Item #1. Patti will follow-up with Michelle about disseminating materials about WMG to LEAs. 3. Debra will follow-up on website 4. Debra will follow-up on e-studio

3. Review comments regarding mission statement  
Consensus 12/14/12: VISION All New Hampshire children from birth to 6 years are screened early and often with standardized developmental screening tools and their families receive information and referrals to appropriate supports and services to help their children grow and learn. MISSION The Watch Me Grow developmental screening system provides high quality, accessible and coordinated developmental screening, information and referral services and supports to New Hampshire families of young children (birth to 6 years), ensuring that children have opportunities to reach their maximum potential. WMG is an investment in a solid future for the Granite State. OUTCOME (Consensus reached at 11/16/12 meeting; nearly identical to original logic model) Children aged birth to 6 and their families will benefit from a comprehensive developmental screening system that connects them to appropriate information, resources, services and supports, thereby helping families to enhance their children's development.

Change to vision statement from last meeting: Removed the word timely to make it more

measurable. Agreed on wording today for the mission statement. As discussed at 11/16/12 meeting, Debra has contacted Lynne Davie to work with the Steering Committee and other interested Stakeholders to further develop a WMG "brand" and message. We needed to come to agreement on the vision, mission and outcomes before we can meet with her. Agreement on outcome statements, but will need to consult with Peter about how to measure. Debra will contact Peter about measurement.

4. Review EFH work plan See attached work plan for detail. Some points discussed include: Patti reported the status of the grant, and identified some issues that need to be addressed. Need professional development training for persons helping families complete the ASQ regarding how to talk to parent when there is an area of concern. Patti is limited in the amount of direct TA she can provide because of her changing relationship with ES, but she has been doing related activities. Screening data problem is that sites are not entering the date that the PCP was notified. Data reports are supposed to be shared with the Stakeholders. This could be accomplished either through the website or e-studio. Debra – outreach to NH Pediatric Society. Still a concern; Lisa DeBrigita has not responded, possible other choices include Toy Fountain; need to ask Jenny Lipfert for suggestions. Need information on how many people have been trained. Debra and Patti estimate that 500 professionals will have been trained by end of grant. Help is being provided to assist local sites to build up their networks. Getting people to come to meetings is a challenge. Suggestion made to use more long distance technology, concern expressed that technology may not be available. Strategies that are currently being used to share information about WMG is to make presentations to Spark NH at Council meetings, ICC meetings, FCESS Quarterly meetings, Head Start meetings, etc. 1. Patti and Debra will create a quarterly report based on information provided to them by the sites. 2. Need to decide what data is shared and in what format and to whom. 3. EPIC training – need to identify quantitative outcomes from this training. 4. The EFH work plan will be reviewed quarterly, not monthly. 5. Need to identify way to flow money to sites. Debra will work with Patti on this. 6. Outreach to NH Pediatric Society – need to ask Jenny Lipfert for recommendations. Follow-up regarding Lisa DiBrigida and Toy Fountain (who?)

5. Continue reviewing implementation guide beginning with Regional Network QA/Data system/reports Just focused on firming up vision/mission/outcome statements today.

Moved to next agenda 1/18/13

6. WMG Reporting (3:20 – 3:40) Filemaker data base WMG/Welligent reporting Quarterly reports (annual -- one time only) 7. Other Discussion about when the next Stakeholder meeting will be held. The previous group of stakeholders had requested 2 meetings per year, but that is not practical. If the next meeting is held in March, we could schedule it for the same time as the meeting with Lynne Davie and include Stakeholders in the WMG brand and message discussion. Patti presented at a Childcare Conference of 120 participants. Of that number, only one had not heard of WMG. We now have NH Pediatric Society endorsement. Patti is not sure if she will be able to continue to work for ES, which means that she may not be able to continue to work on the WMG grant. Her time at this point is primarily focused on grant related activities with only a minimal amount of time devoted to providing TA to sites. Betsy sent logo to SC, but it still can not be used on E studio or on webinar home page. Betsy will follow up with the IOD to see if the logo can be resized. Moved to next agenda 1/18/13 Betsy will follow up with the IOD to see if the logo can be resized

6. Set agenda for next meeting Next Meeting: January 18 1:30-3:30 PM BDS Conference Room  
Action item #:  
1. Collaboration with Public Schools Results of survey Information sent to schools?  
2. Distribution of Brochures  
3. Web site update  
4. E-studio Training conducted/planned? Site set-up for use?  
5. Meeting with Lynn Davey  
6. Measurement of Outcome Statement How can we measure these outcomes?  
7. Data What data is shared, with whom, and frequency? Which sites are reporting? Who is struggling?  
8. Identification of

pediatrician to interface with Pediatric Society Progress?9. EPIC training Quantitative outcomes from this training?10. Is EFC grant money being flowed to sites requesting it?11. Plan for Stakeholders Meeting12. Continue reviewing implementation guide beginning with Regional Network [QA/Data system/Training Technical Assistance Plan/Reports] (Carolyn) 13. WMG Reporting Filemaker data base WMG/Welligent reporting Quarterly reports (annual -- one time only)

**Spark NH**

**Quality of Early Childhood Programs and Services Committee Meeting Summary  
State Office Park South, Dolloff Building, Concord, NH**

**11-15-11  
12:00 noon – 2:00 p.m.**

**Participants:** Charna Aversa (NH ICC; Strafford County Head Start/EHS), Kristin Booth (CDB), Katie Brissette (Early Learning NH), Leslie Doster (Goffstown SD); Pat Meattay (Strafford County Head Start/EHS), Laura Milliken (Spark NH), Debra Nelson (DHHS/DCYF Head Start Collab.), Lisa Ranfos (NHTI DFDC), Alexandra Schack (Child Care Resource and Referral ), Carolyn Stiles (BDS, ESS), Patricia Tripp (Head Start TTA Office)

**Unable to Attend:** Melissa Clement, Carole Dennis, Kelli Fletcher, Scot Foster, Carol Garhart , Brenda Lafratta , Julie McConnell, Terry Ohlson-Martin, Kim Paquette, Sue Roulliard, Lenore Sciuto, Kirsten Scobie, Amy Upton

**Agenda Items**

- I. Introductions and Housekeeping
  - II. Committee Leadership Review of Action Items
  - III. Discussion on Quality:
    - a. What is it? NH Examples
    - b. Presentations: Kristin Booth (DCYF Child Development Bureau) & Leslie Doster (Goffstown School District)
  - IV. Major/Relevant Updates from Other Committees
  - V. Refining Workplan
  - VI. Requests from/to Other Committees/Council
  - VII. Summary of Accomplishments/Decisions Made
  - VIII. Action Items
  - IX. Report to Council
  - X. Meeting Evaluation
  - XI. Handouts
- 
- I. Introductions and Housekeeping
    - ♦ Carolyn Stiles served as Interim Chair
    - ♦ Debra Nelson volunteered to take minutes/create meeting summary
  - II. Leadership
    - ♦ Carolyn reviewed the charge to the committee and encouraged participants to consider serving as chair.
  - III. Report on Action Items
    - ♦ *Quality:* Members queried their constituencies regarding the definition of “quality” and early childhood-related quality initiatives underway.
    - ♦ *Membership:* New members to join: Amy Upton, representing child care and higher ed.; Jennifer Mullaney, parent; and Melissa Clement (Child Care Licensing); Liz Collins from Special Medical Services will ask for a representative to join the group. Lisa Ranfos will be stepping off the committee. She has asked Kathleen Price to consider joining.

#### IV. Discussion on Quality

- ♦ Carolyn facilitated a discussion on the definition of “quality” from the perspective of committee members and their constituents. A summary of common themes was created.
- ♦ Carolyn also noted that committee members reported a broad array of examples of quality initiatives in their programs. A summary of examples of quality initiatives was also created.
- ♦ Kristin Booth (DHHS/DCYF Child Development Bureau) is tasked with updating NH’s QRIS. A task force is underway to assist with this process. This committee will serve in an advisory capacity to the CDB and task force, along with the Infant/Toddler Task Force.
  - US DHHS Office of Child Care has five common elements so that there will be common standards for programs. Often 5 levels of quality.
  - What is highest standard? For CDB – is accreditation highest, or accreditation plus?
  - Need to come to common knowledge/understanding of what’s out there and crosswalk
  - Accountability: How measure? Some states use ERS (Environmental Rating Scale), ITERS (Infant/Toddler Environmental Rating Scale-Revised)
  - Financial incentives: Any monetary incentive for doing it?
  - Parent & Consumer Education Efforts: How do we market it to families; get families to look for programs; engage programs in participating?
- ♦ Leslie pulled together initiatives/measures for preschool through third grade. Preschool measurement outcome system is used with all preschoolers with IEP at least once/year; baseline compared with aging out data at end of year before going to Kindergarten.
  - DOE reviews: Are programs supporting growth in 3 areas; reported to OSEP
  - DOE Special Ed Bureau monitors districts on 20 performance indicators as directed by US DOE OSEP, including: parent involvement; compliance with timelines; drop out rates; percentage of children in regular or separate EC program (keeping natural proportions of children with/without disabilities is difficult since programs are capped at 12 students)
  - Many districts do NWEA or value added assessment to measure child’s growth against self; NECAP (New England Common Assessment Program (grade 3); NH adopted common core standards on English/math K-12
  - Districts moving away from curriculum based on state frameworks; now adopting common core (national); in 2015 testing will replace NECAP
  - Districts using research-based tools/approaches are in good stead. Leslie’s district uses Reading Street and Everyday Math

#### V. Major/Relevant Updates from Other Committees

- ♦ Three other committees/work groups will consider quality: Workforce and PD Committee (as related to workforce); EC Data System Committee and Needs Assessment Workgroup (how to measure quality of programs).

#### VI. Refining Workplan (Tabled until next meeting)

#### VII. Request from/to Other Committees & Council (None at this time)

### VIII. Summary of Accomplishments/Decisions Made

- ♦ NCCIC's (National Child Care Information Center) work on QRIS elements will provide a framework for this aspect of our work. We will also consider QRIS-related frameworks and information (e.g., NAEYC, Head Start)
- ♦ Identified themes related to definition of "quality"
- ♦ Information was shared regarding CDB's QRIS revision and public schools' accountability

### IX. Action Items

- ♦ Patty and Debra will sort the "quality" descriptors into the 6 NCCIC categories of standards in a statewide QRIS system
- ♦ Review QRIS in other states/identify similarities/differences with our list
  - Debra and Patty – PA
  - Carolyn – Delaware
  - Alexandra – VT
  - Charna – CO
  - Leslie – OH
- ♦ Laura will explore the availability of technical assistance for councils regarding QRIS
- ♦ Carolyn will identify themes/commonalities in the list of quality initiatives in NH

### X. Report to Council

- ♦ Kristin Booth will check her calendar; if she is unable to attend, Charna Aversa will report

### XI. Meeting Evaluation

#### Worked Well:

- ♦ Our work today lays a good groundwork and framework for thinking about quality; gets us all on the same page. Kristin will do the same exercise with the broader QRIS taskforce
- ♦ Carolyn did nice job facilitating/respecting all opinions/recording
- ♦ Great that people can speak their thoughts; discussion allows information to be internalized and provides clarity
- ♦ Location was convenient

#### Didn't Work Well/Changes

- ♦ Lost some representation

Participants indicated that the meeting was worth their time.

**Next Meeting Agenda Items:** Refine work plan; Draft survey on QRIS elements/standards for broader audience

#### HANDOUTS:

- ♦ Agenda, Meeting Summary, NCCIC document: QRIS Elements

***Next Meeting: December 20, 2011 1:00 p.m. – 3:00 p.m. at Northeast Delta Dental***

Current NH ICC membership

**New Hampshire Interagency Coordinating Council  
Membership 2/1/2013**

<b>Officers</b>	<b>Name</b>	<b>Date</b>	
<i>Chair</i>	vacant		
<i>Vice Chair (2 year ext.)</i>	Charna Aversa (HS)	11/6/2009	<a href="mailto:caversa@soheadstart.com">caversa@soheadstart.com</a>
<i>Secretary</i>	Sharon Davis (parent)	6/1/2012	<a href="mailto:natorooni@yahoo.com">natorooni@yahoo.com</a>
<i>Member At Large</i>	Gloria Fulmer (FCESS)	2/1/2012	<a href="mailto:gfulmer@eastersealsnh.org">gfulmer@eastersealsnh.org</a>
	Rochelle Hickmott-Mulkern (FCESS)	2/1/2012	<a href="mailto:rmulkern@northernhs.org">rmulkern@northernhs.org</a>
<b>Part C of IDEIA of 2004</b>			
<b>MANDATORY CATEGORIES</b>		<b>Appointment Date</b>	<b>Email Contact Address</b>
<b>Child Care*</b>	Ellen Wheatley	Aug-07	<a href="mailto:ewheatley@dhhs.state.nh.us">ewheatley@dhhs.state.nh.us</a>
<b>BDS/FCESS*</b>	Linda Graham	Feb-11	<a href="mailto:linda.d.graham@dhhs.state.nh.us">linda.d.graham@dhhs.state.nh.us</a>
<b>Foster Care*</b>	Eileen Mullen	Mar-98	<a href="mailto:emullen@dhhs.state.nh.us">emullen@dhhs.state.nh.us</a>
<b>Head Start</b>	Charna Aversa	Nov-07	<a href="mailto:charnaaversa@hotmail.com">charnaaversa@hotmail.com</a>
<b>Health Insurance*</b>	Sonja Barker	Nov-10	<a href="mailto:Sonja.Barker@ins.nh.gov">Sonja.Barker@ins.nh.gov</a>
<b>Homeless Education*</b>	Lynda Thistle Elliott	Apr-05	<a href="mailto:lelliott@ed.state.nh.us">lelliott@ed.state.nh.us</a>
<b>Legislator</b>	Representative Mary Jane Wallner - invited		
<b>Medicaid*</b>	Jane Hybsch	Apr-06	<a href="mailto:jhybsch@dhhs.state.nh.us">jhybsch@dhhs.state.nh.us</a>
<b>Mental Health*</b>	Robin Raycraft Flynn	Apr-06	<a href="mailto:robin.l.raycraft-flynn@dhhs.state.nh.us">robin.l.raycraft-flynn@dhhs.state.nh.us</a>
<b>Personnel Prep</b>	Gail Hall	Nov-10	<a href="mailto:ghall@ccsnh.edu">ghall@ccsnh.edu</a>
<b>SPED*</b>	Ruth Littlefield	Mar-99	<a href="mailto:rlittlefield@ed.state.nh.us">rlittlefield@ed.state.nh.us</a>
<b>Parents</b>			
	Michelle Lewis	2/1/2012	<a href="mailto:mlewis@picnh.org">mlewis@picnh.org</a>
	Hedi Bright	Feb-11	<a href="mailto:hgmotrl@aol.com">hgmotrl@aol.com</a>
	Sharon Davis	June 2011	<a href="mailto:natorooni@yahoo.com">natorooni@yahoo.com</a>
	Nicole Gallant	2/1/2012-voted	<a href="mailto:n.d.welper@comcast.net">n.d.welper@comcast.net</a>
	Vacancy		
<b>Providers: FCESS Providers</b>			
	Rochelle Hickmott-Mulkern	June 2011	<a href="mailto:rmulkern@northernhs.org">rmulkern@northernhs.org</a>
	Ellyn Schreiber	Feb-11	<a href="mailto:eschreiber@communitybridgesnh.org">eschreiber@communitybridgesnh.org</a>
	Gloria Fulmer	Apr-10	<a href="mailto:gfulmer@eastersealsnh.org">gfulmer@eastersealsnh.org</a>
	Vacancy		
<b>Vacancy</b>			
<b>NHICC RECOMMENDED CATEGORIES</b>			
<b>Advocate</b>	Vacancy		
<b>Area Agency/CSNI</b>	Lenore Sciuto	Feb-10	<a href="mailto:l.scuito@oneskyservices.org">l.scuito@oneskyservices.org</a>
<b>BSMS</b>	Sharon Kaiser	Apr-07	<a href="mailto:skaiser@dhhs.state.nh.us">skaiser@dhhs.state.nh.us</a>
<b>Children's Trust Fund</b>	Vacancy		
<b>Head Start Collaboration Office</b>	Vacancy		
<b>PIC</b>	Michelle Lewis	9/26/05 & 2/1/2012	<a href="mailto:mlewis@picnh.org">mlewis@picnh.org</a>
<b>Preschool Special Education</b>	Ann Richardson	Aug 2006	<a href="mailto:arichardson@sau88.net">arichardson@sau88.net</a>
<b>Preschool Special Education</b>	Part C Annual State Application: FEB 2012		Section III -44
<b>Pediatrician</b>	Kelley White	June 2012	<a href="mailto:kellywhitemd@yahoo.com">kellywhitemd@yahoo.com</a>

## NH Interagency Coordination Council

### Agenda

**April 3, 2009**

New Hampshire Higher Education Assistance Foundation  
3 Barrell Court, in Cambridge Woods, Concord, NH  
(603) 225-6612

**9:30 ICC Chair Notes**

*Debra Nelson, ICC Chair*

- ♦ Housekeeping
  - Introductions
  - Update address list
  - Menus for those staying for lunch
- ♦ Business
  - Input on February 6, 2009 minutes
  - Confirm quorum

**9:45 ICC By-Laws: Mandated and Proposed Changes**

*Patti Rawding-Anderson*

- ♦ Parent rep: has child under the age of six
- ♦ "Early intervention provider" clarification
- ♦ Filling vacancies for non-mandatory categories
- ♦ Procedural change regarding timing of nominee visits to meeting and voting in new members

**10:15 Nominating Committee Report**

*Peggy Small-Porter*

- ♦ Current membership
- ♦ Committee roles and responsibilities
- ♦ Vote on nominee

**10:30 Break**

**10:40 Lead Agency Updates**

- ♦ Part C: Family Centered ESS
  - Update on rules
  - Stimulus package: What does it mean for NH?
- ♦ Part B/619: Preschool Special Education

*Carolyn Stiles/Lorene Reagan*

*Ruth Littlefield*

**11:25 February Meeting Follow Up;**

- ♦ What is the function of the NH ICC?

**11:40 Head Start Reauthorization: State Advisory Council on Early Education and Care**

*Debra Nelson*

- ♦ What is it?
- ♦ What could it mean for the ICC?

**12:00 New Business**

- ♦ Vote on Nomination
- ♦ Announcements
- ♦ Other
- ♦ Items for next meeting

**12:30 Adjourn**

*Next Meetings*  
*Friday, June 5, 2009*  
*Friday, August 7, 2009*  
*Retreat, Friday, November 6, 2009*