

**MONTANA’S INTRA-AGENCY AGREEMENT
THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
FOR SERVICES TO CHILDREN WITH DISABILITIES BIRTH THROUGH AGE FIVE AND THEIR FAMILIES**

PURPOSE

The purpose of this Agreement is to ensure collaboration of a statewide, comprehensive, coordinated, multidisciplinary, interagency, and intra-agency service delivery system for infants and toddlers with disabilities and /or developmental delays who are eligible under Part C of the Individuals with Disabilities Education Act (IDEA 2004). This system is designed to ensure the availability and accessibility of early intervention services for all eligible children and families.

The Department of Public Health and Human Services programs involved in this agreement: Developmental Disability Program- Developmental Services Division, Children’s Mental Health Developmental Services Division, Children’s Special Health Services Program-Family and Community Health Bureau-Public Health and Safety Division, Healthy Montana Families (Maternal and Early Childhood Home Visiting) – Family and Community Health Bureau-Public Health and Safety Division, Early Head Start and Head Start Programs-Early Childhood Services- Human and Community Services Division, CAPTA-Child and Family Services Division. A representative from each of these programs serves on the State Interagency Coordinating Council, the Family Support Services Advisory Council (FSSAC) for Part C. These programs have authority to manage the provision of services through contracts, grants, policies and procedures, or regulations.

This agreement specifies the roles and responsibilities of the participating programs and provides guidance for implementation. It is the intent of this agreement to ensure the following:

- The interactive, cooperative relationship at the State level resulting in effective and efficient services and supports for eligible infants, toddlers and their families, and minimizes duplication of such services and supports.
- Cooperative fiscal planning to maximize utilization of available funds in providing services and supports to the eligible population of infants and toddlers with disabilities and/or developmental delays and their families.

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES:

DEVELOPEMENTAL DISABILITY PROGRAM -DEVELOPMENTAL SERVICES DIVISION

Role of State Agency

- The Developmental Disabilities Program (DDP) is the designated lead agency in Montana for implementation of Part C of the Individuals with Disabilities Education Act (IDEA 2004), which supports services to infants and toddlers with disabilities/ developmental delays and their families. The DDP staff undertakes principally administrative roles. Actual services to individuals and families are provided through contracts between the DDP and private non-profit agencies. The DDP staff also provides personnel training, technical assistance, monitors the implementation and outcomes of Individualized Family Service Plans, and provides mechanisms for dispute resolution of family complaints.
- Other child and family services funded by the DDP include evaluation and diagnosis, children's waiver services, children's autism waiver services, respite care services, adaptive equipment services, summer day services, children's community home services, information and referral services, and transition services.

Authority

- Title 53, Chapter 2, Part 2, MCA
- Public Law 102-119, The Individuals with Disabilities Education Act, (20 U.S.C. 1423), 34 CFR Part 303

Eligibility Criteria

- Children from birth to 36 months, inclusive, are eligible for early intervention services under Part C of IDEA if they:
 - Have a diagnosed (i.e., established) physical or mental condition that has a high probability of resulting in developmental delay (e.g., sensory impairments, inborn errors of metabolism, microcephaly, fetal alcohol syndrome, epilepsy, Down syndrome, and other chromosomal abnormalities), even though the delay may not exist at the time of diagnosis; or
 - Are experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:
 - cognitive development;
 - physical development;
 - speech and language development;
 - social/emotional development; or
 - adaptive skill acquisition.
 - A child experiencing a minimum of a 50% delay in any one of the above areas or a 25% delay in two or more of the above areas is eligible for services under Part C.

Other Population Served by DDP

- Home and community based waiver programs serve individuals birth through death who have been determined developmentally disabled by the DDP.

Support Coordination (Case Management) Responsibility

- All children services supported by DDP include service coordination/case management services which involve assisting the family in obtaining quality services through Montana's service delivery systems and ensuring collaboration and communication between agencies providing services to the family.

Financial Responsibility

Part C services are supported by a variety of funding sources, including when appropriate, State General Funds, IDEA Federal Funds, and other federal, state, local or private sources (as appropriate for an individual child). These sources may include voluntary use of public benefits or public insurance and/or private insurance. IDEA Federal Funds and state matching and maintenance of effort funds are administered by the DDP and granted to regional private non-profit Part C agencies to fund Part C services. Montana's System of Payments permit the use of Part C funds or other funds to pay for costs such as the deductibles or co-payments associated with the provision of Part C early intervention services. Part C funds are used as the payor of last resort.

Montana does not charge any fees to parents including sliding fees scale or co-payments in order to receive Part C early intervention services. Montana allows families to voluntarily use private insurance to pay for Part C services.

Montana will not require a parent to enroll in public benefits or insurance programs as a condition of receiving Part C services.

In accordance with the procedures in 34 CFR 303.520(A) of the Part C regulations, Montana may not use the public benefits or insurance of a child or parent to pay for Part C services without written parental consent if that use would:

- Decrease available lifetime coverage or any other insured benefit for that child or parent under that program;
- Result in the child's parents paying for services that would otherwise be covered by the public benefits or insurance program;
- Result in any increase in premiums or discontinuation of public benefits or insurance for that child or that child's parents; or

If the parent does not provide consent to utilize public benefits or insurance to pay for Part C services, Montana will still make available those Part C services on the IFSP to which the parent has provided consent. In the case of disputes over eligibility for or access to services or in the case of financial disputes, the matter shall be resolved by the heads of the departments that are parties to this Agreement, or their appropriate designees, through the Early Intervention Oversight Committee (EIOC) within ten working days (see Resolution of Disputes below).

Funds under Part C will not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Department of Defense. Therefore, funds under Part C will be used only for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other federal, state, local or private source.

Resolution of Disputes

- The DDP is responsible for resolving individual disputes about payments for a given service or disputes about other matters related to Part C, in accordance with the procedures in 34 CFR 303.511(c) of the Part C regulations.
- The Department of Public Health and Human Resources is an agency within the Executive Branch of State Government and any disputes among programs administered by the Department are to be resolved through the management line authority right up to the Governor.

Timely Delivery of Services

- The DDP has developed procedures to ensure services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among agencies or service providers. These procedures are outlined below.
- During the pendency of disputes regarding the payment or costs for services, DDP will, depending on the nature of the dispute, assign financial responsibility to an agency or pay for the service using Part C funds, in accordance with the payer of last resort provisions in 34 CFR 303.510 of the Part C regulations. If necessary to prevent a delay in the timely provision of services to an eligible child or child's family, Part C funds may be used to pay the provider of services, pending reimbursement from the agency or entity found to have ultimate responsibility of the payment. Payments may be made for early intervention services and eligible health services as described in the Part C regulations and other functions and services authorized under Part C.

If, in resolving disputes, the DDP determines the assignment of financial responsibility was inappropriately made, the DDP will reassign the responsibility to the appropriate agency and make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

Reimbursement Procedure

In circumstances where Part C funds are used for interim payments to a provider of services pending the resolution of a dispute, the agency or entity found to have ultimate responsibility for the payment will have 30 days from the date of the final resolution of the dispute to reimburse Part C funds to the lead agency.

Transition Process and Responsibilities

Notification of Children Potentially Eligible for Part B

- Any toddler currently receiving Part C services within at least 90 days prior to their third birthday or who is determined eligible for Part C services at least 45 days prior to their third birthday, is potentially eligible for Part B section 619 preschool services.
- DDP will provide the state education agency (SEA) which is Montana’s Office of Public Instruction (OPI), and the local education agency (LEA), in which the toddler receiving Part C services resides, the Transition Notification at least 90 days prior to the toddler’s third birthday.
- If a Part C provider determines the toddler is eligible for early intervention services more than 45 days but less than 90 days before the toddler’s third birthday, DDP must provide the Transition Notification as soon as possible after determining the toddler’s eligibility and notify the LEA (where the toddler receiving Part C services resides) and the SEA the toddler is potentially eligible for services under the Part B section 619 preschool program.
- If a toddler is referred to the lead Part C agency fewer than 45 days before the toddler’s third birthday, the Part C provider is not required to conduct an evaluation, assessment, or Initial Individualized Family Services Plan (IFSP) meeting. If the toddler may be eligible for preschool services under Part B of the IDEA, the Part C provider agency, with parental consent, must refer the toddler to the LEA (where the toddler resides) and the SEA.
- DDP will provide two annual notifications to the SEA, Montana’s Office of Public Instruction (OPI), and LEAs of children who are potentially eligible for Part B. The notification must include:
 - Child’s legal first name, last name, middle initial;
 - Date of birth;
 - School district in which the child resides;
 - Contact information for the parent(s); and
 - Contact information for the Part C Agency Family Support Specialist currently working with the child /family.
- DDP has an “opt-out” policy in accordance with Federal regulations for any toddler receiving services under DDP.
- Parents have a right to “opt-out” of having the LEA and SEA informed their child will be turning three years old in the next twelve months. Prior to notification of the LEA and SEA, the Part C agency explains to the parents their privacy is protected at the LEA and SEA by FERPA (Family Educational Rights & Privacy Act) and this notification is not a referral for Part B preschool special education services. The Part C agency explains the potential benefits of special education services for their child.

- Parents who “opt out” of LEA and SEA notification must sign an “opt-out” form which will be placed in the child’s/family’s file. If a parent who previously signed an “opt-out” form changes his/her mind about exploring special education services for their toddler, the Part C agency assists the family in making appropriate notification to the LEA and SEA. If the family changes their mind within four months before the toddler turns three, the Part C Agency informs the LEA and SEA the family decided to explore special education services.
- In accordance with OSEP’s guidance, the disclosure of limited personally identifiable information is allowed without parent consent under FERPA (Family Educational Rights & Privacy Act). The LEA and SEA must protect this information as educational records under FERPA in a manner which will not permit personal identification of Part C children and their parents to anyone other than the LEA and SEA. The Part C agency must also maintain in the child’s file a record there has been a disclosure to the LEA and SEA.

Transition Planning

- The family and the Part C Family Support Specialist work together to create and establish a Transition Plan which is part of the Individualized Family Service Plan. The IFSP will include the steps to exit from the Part C program, explicitly identify transition services needed by the family along with a review of program options for the toddler with a disability for the period from the toddler’s third birthday through the remainder of the school year.
- The Family Support Specialist facilitates an IFSP meeting to develop the IFSP’s Transition Plan not fewer than 90 days and, at the discretion of all parties, not more than nine months prior to the toddler’s third birthday. The Family Support Specialist informs families of transition requirements, resources, and available supports. The transition steps will identify transition services needed by the family and support transition to one of the following: preschool services under Part B of the Act; early education, Head Start/Early Head Start, child care programs, or any other appropriate services. The IFSP includes confirmation the transition notification has been transmitted to the LEA and SEA consistent with the “opt-out” policy and confirmation the lead Part C agency has transmitted additional information such as Child Find information, the most recent evaluation, assessments, and IFSP to ensure continuity of services.

Transition Conference

- The lead Part C agency is responsible for convening the Transition Conference with the family of the toddler wherein the Transition Plan is defined. It is scheduled no later than 90 days before the toddler’s third birthday or it may occur up to nine months before the toddler’s third birthday. The FSS invites (using the Transition Conference Form) a LEA representative to the Conference with the approval of the family. It is the responsibility of the LEA representative to respond to the Part C agency provider’s invitation and participate if it is determined the toddler is potentially eligible for Part B services.
- For a toddler who may be eligible for special education preschool services, the Conference provides a way to coordinate with the LEAs to fully inform families of services available under IDEA 2004 Part B. For a toddler who is not potentially eligible for services under Part B of the

Act, the Conference may include providers of other appropriate services such as early education, Head Start /Early Head Start, child care programs; or other appropriate services.

- The Transition Conference provides opportunity to ascertain services a toddler may receive in the future which may include school district special education services and/or other community services for preschool-aged children; to examine and decide upon program choices for the period from the toddler's third birthday through the remainder of the school year; and spell out transition services needed by the family.

Transition Conference and Meeting to Develop Transition Plan

Any conference or meeting to develop the Transition Plan conducted under this agreement may be combined into one meeting and must meet the requirements for IFSP meeting accessibility and convenience, IFSP parent consent, and IFSP team participants.

Applicability of Transition Requirements

The requirements related to notification, the transition conference and the transition plan contained in this agreement apply to all toddlers served under Part C before those toddlers turn age three.

Data Sharing and Coordination with Home Visiting

- This agreement allows for data sharing between Healthy Montana Families and Part C, as appropriate, for the purpose of maximizing referrals between the programs. Providing coordinated services for families increases the potential for positive health outcomes. Montana Milestones/Part C agrees:
 - To employ Healthy Montana Families (HMF) program information only for the purpose of establishing the eligibility of HMF participants for Part C and conducting outreach to HMF participants;
 - That no information obtained from HMF under this Agreement will be disclosed to a third party without written authorization from the client or his or her parent or guardian, or unless otherwise required by law;
 - To share aggregate and individual data with HMF as requested by the state and/or local HMF agencies.

CHILDREN'S MENTAL HEALTH PROGRAM- DEVELOPMENTAL SERVICES DIVISION

Role of State Agency

For purposes of this Agreement, the role of the Children's Mental Health Program is planning, purchase and evaluation of community mental health services for eligible children.

Authority

- 53-6-101, MCA;
- 53-6-113, MCA;

- 53-7-133, MCA;
- 53-21-1002, MCA

Services Offered to Birth Through Age Five Population

The services available to eligible children and their families include, but are not limited to: assessment; evaluation; outpatient psychotherapy for individuals, groups or families; therapeutic group home; therapeutic foster care permanency; psychiatric acute and residential care; partial hospitalization; medication management; home support services; respite; targeted case management; and community-based psychiatric rehabilitation services. Based upon the needs of the child and family, additional services not identified previously may be provided.

Eligibility Criteria

Youth under the age of six must:

- (a) Have a diagnosis or condition that may be a focus of clinical attention as listed in the current Diagnostic and Statistical Manual of Mental Disorders (DSM); and
- (b) Meet the functional impairment criteria requirements established by the Children's Mental Health Bureau.

Financial Responsibility

For Part C eligible children and families, costs for mental health services billed on a sliding fee scale will be paid by Part C funds (payor of last resort) or other appropriate mental health care resource including Medicaid and private insurance.

Case Management Responsibilities

Medicaid targeted case management is used for the Children's Mental Health Program.

CHILDREN'S SPECIAL HEALTH SERVICES PROGRAM –FAMILY AND COMMUNITY HEALTH BUREAU, PUBLIC HEALTH AND SAFETY DIVISION

Role of State Agency

- For the purpose of this Agreement, the role of the Children's Special Health Services is to assist the Developmental Services Division and OPI in locating and referring children with special health care needs or those who are at risk of developing disabling conditions.
- Children's Special Health Services (CSHS) provides services and programs for families of children and youth with special healthcare needs (CYSHCN) in Montana. CSHS provides resource and referral information to providers and families of CYSHCN. This includes services provided through Part C contracted agencies. CSHS maintains a tracking and referral system (CHRIS) for children with special health care needs. Children are identified through multiple programs and services. CHRIS links electronically with some programs including the Newborn Screening Program and the Montana School for the Deaf and Blind. CSHS works with early intervention Part C services, Montana School for the Deaf

and the Blind, Montana Medicaid, healthcare providers, agencies and parents to assure appropriate screening, diagnosis and treatment services are available to all CYSHCN in Montana.

- Children’s Special Health Services provides limited financial assistance for children, whose families are uninsured or under-insured.

Authority

- Title 50, Chapter 1, Part 2, MCA
- 42 USC, 701 et Seq., Public Law 97-35

Population Served

The department provides services to women and children from birth through age 18 and in some cases may serve children through age 21.

Services Offered to Birth through Age Five Population

A wide variety of direct and contracted health promotion and disease prevention services are available to the birth through age five population. Included are diagnostic, medical/surgical, rehabilitative and case management services for children with special health care needs, immunization services, child nutrition services, the Supplemental Food Program for Women, Infants and Children (WIC), communicable disease control, perinatal services, trauma prevention and emergency services, AIDS prevention and treatment services.

Eligibility Criteria

Financial, age and/or medical condition criteria of specific programs or funding sources must be met.

Financial Responsibility

Services are provided free of charge or in accordance with Federal poverty guidelines, from a fee schedule according to clients’ ability to pay, and/or through third party reimbursement for services. Services for which a child is eligible are not denied anyone who is unable to pay. For Part C eligible children and families, costs for Part C allowable health services billed on a sliding fee scale will be paid by Part C funds (payor of last resort) or other appropriate health care resources including Medicaid or private insurance.

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EALTHY MONTANA FAMILIES (MATERNAL AND EARLY CHILDHOOD HOME VISITING) – FAMILY AND COMMUNITY HEALTH BUREAU, PUBLIC HEALTH AND SAFETY DIVISION

Role of State Agency

- For the purposes of this Agreement, the role of Healthy Montana Families is to assist the Developmental Services Division in locating and referring children with special health care needs or those who are at risk of developing disabling conditions. Healthy Montana Families programs will work collaboratively with Part C agencies and families, when appropriate, on coordinated services to support the functioning of the family.
- Healthy Montana Families (HMF) provides home visiting services to families of young children and women expecting a new child. Home visitors provide developmental assessments and ongoing parenting support and skill development and connect families with resources in the community. HMF provides resource and referral information to providers and families of children identified with a developmental delay, including referrals to Part C contracted agencies. HMF will follow up on referrals from Part C agencies for families that need additional support beyond what Part C can provide, or families to whom Part C services will not be provided.

Authority

- Title 50, Chapter 19, Part 3, MCA
- Social security Act, Title V. Sec. 511 [42 U.S.C.711].

Population Served

Healthy Montana Families serves women during pregnancy and families with children who have not yet entered kindergarten (generally under 6).

Services Offered to Birth through Age Five Population

Healthy Montana Families is a network of programs around the state that provide voluntary, family-centered services in the home to expectant families and families with new infants and young children. Home visiting services support healthy pregnancy outcomes, child health and development, and strong parent-child relationships. Home visiting services build on parent and family strengths. Home visiting services are generally provided in the family's home or wherever they are staying, and may also include opportunities for group connections and other community activities.

Professional trained home visitors partner with parents and/or parents-to-be to meet the needs and goals of the family, connect the family to community resources, and promote the physical and emotional health of the child and family.

The home visiting models implemented in Montana as part of the Healthy Montana Families are evidence-based, which means that research shows the models have positive outcomes for families. The models

implemented in Montana include Parents as Teachers, Nurse-Family Partnership, SafeCare Augmented, and Family Spirit.

Eligibility Criteria

Some specific eligibility criteria may apply for certain communities or programs.

Financial Responsibility

Services are provided free of charge.

Data Sharing and Coordinating with Part C

This agreement allows for data sharing between Healthy Montana Families and Part C, as appropriate, for the purpose of maximizing referrals between programs. Providing coordinated services for families increases the potential for positive health outcomes. Healthy Montana Families agrees:

- To employ Part C program information only for the purpose of establishing the eligibility of Part C participants for the home visiting program and conducting outreach to Part C participants and applicants;
- That no information obtained from Part C under this Agreement will be disclosed to a third party without written authorization from the client or his or her parent or guardian, unless otherwise required by law;
- To share aggregate and individual data with the Part C program as requested by the state and/or local Part C agencies.

EARLY CHILDHOOD SERVICES PROGRAM-HUMAN AND COMMUNITY SERVICES DIVISION

Role of State Agency

For the purposes of this Agreement, the role of the Human and Community Services Division (HCSD), Early Childhood Services Bureau, is to improve the accessibility and affordability of high quality child care for Montana families. This is accomplished through:

- The provision of payment assistance for child care services to the children of low incomeworking families;
- Education and training services, and incentives for child care providers through the state's Best Beginnings quality child care initiatives programs;
- Reimbursements for nutritious meals to young children in child care of the Child and Adult Care Food Program; and
- Comprehensive early education services from Head Start/State collaboration and the Early Childhood Comprehensive Systems Grant.

The HCSD, Public Assistance Bureau is responsible for the state's Temporary Assistance for Needy Families (TANF) programs, including the Pathways contracts, Supplemental Nutrition Assistance Program (SNAP –

formerly known as the Food Stamp program), the Children's Health Insurance Program (CHIP) and eligibility for Medicaid services.

The HCSD, Intergovernmental Human Services Bureau's mission is to augment the resources available to low-income people so they can live in decency and health. The programs operated by this Bureau include commodities, fuel assistance, weatherization, emergency shelter and community services block grant.

Authority

- Title I of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, (PRWORA), Temporary Assistance to Needy Families
- Title VI, PRWORA, Child Care and Development Block Grant Amendments of 1996 (CCDF), 45 CFR 98 and 99
- Title VII, PRWORA, Child Nutrition Programs, Subtitle A-The National School Lunch Act,
- 7 CFR 226
- The Food Stamp Act of 1977, 7 CFR 271
- 53-10-501 through 505, MCA
- 52-2-704, MCA

Population to be Served

Generally, HCSD targets its services to low-income families.

Eligibility Criteria

Eligibility factors vary from program to program and are usually based on a percentage of the Federal Poverty Index. Eligibility factors vary from program to program and are based on a percentage of the Federal Poverty Index. For example, TANF programs serve families up to 200% of poverty although the cash assistance program eligibility is at 30% of the FPL.

Services Offered to Birth Through Age Five Population

- **Montana provides child care scholarships** to low-income working families, families participating in TANF, and teen parents attending high school or equivalency programs. Montana reimburses a portion of the cost of child care on a sliding fee scale for children birth to age twelve.
- In addition, Montana seeks to increase access to child care services for families of children with disabilities. Recognizing child care providers must charge the same rate for child care services whether the child has a disability or not, Montana's Special Needs Subsidy Program seeks to support families by providing supplemental child care subsidies to meet realistic costs of individualized care and by helping families identify other options for supporting their choice of child care.
- Montana's Special Needs Subsidy Program is part of the overall state child care subsidy program available to low income families who are working or enrolled in a training/education program. Families of children with special needs are not placed on a waiting list, thereby guaranteeing their priority status for child care services.

- Child care providers have a responsibility to make reasonable accommodations to include children with disabilities, developmental delays, and other special needs. The Montana Special Needs Subsidy Program adjusts the state child care subsidy payment to reflect specific modifications necessary to the provision of high quality care and education for children whose needs require modifications that individual child care programs are unable to provide without additional financial support. In addition to an adjusted monthly child care subsidy payment, one-time costs may be reimbursed using the state's Best Beginnings Child Care Scholarship fund for expenses such as adaptive equipment, tuition for specialized training, or individualized technical assistance needed to learn care-giving routines for the child.
- Programs participating in Montana's quality rating improvement system, Best Beginnings STARS to Quality, must serve a minimum percentage of high needs children in their programs at STAR 1 through STAR 5.
- **Best Beginnings quality child care initiatives** include several different projects and incentives with the goal of improving child care services for all Montana children. Montana contracts Child Care Resources to provide a distance learning platform, [Child Care Training](#). Through this contract, *Inclusion I: Foundations and Inclusion II: Strategies* must be offered on a semester basis. These courses are required for primary caregivers/teachers in programs participating in STARS to Quality at STAR 4 and STAR 5. These are college level courses, offered on a semester basis.
- Infant/Toddler Certification is a credential for infant and toddler care providers who have completed a 60-hour course in Infant/Toddler care giving. Early care and education practitioners may also receive their Infant/Toddler credential by completing 30 hours of infant/toddler instruction within an early childhood degree program. Certified Infant/Toddler care providers may be eligible for a continuity of care stipend if they are employed in a licensed child care facility for an uninterrupted service period of 18 months. A Preschool Certification credential is also available through a 60-hour course. Both the Infant Toddler Certified Caregiver course and the Certified Preschool Teacher course also have a completion award that individuals working in a licensed child care facility may be eligible to receive. Both courses may also be taken for college credit.
- Early Learning Standards have been developed to define what children ages zero to five need to know, understand, and be able to do. The standards were written to address what adults may observe in children ages birth through five, and the ways they can support a child's individual development. The standards are meant to be inclusive of all children and all settings in which they spend time before elementary school, whether that is at home, in a child care facility, at a Head Start Program, in a preschool, or in any other setting. A copy of Montana's Early Learning Guidelines may be obtained on the Internet at <http://www.mtecp.org/pdfs/infanttoddlereigs.pdf>
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- Best Beginnings STARS to Quality Program, a voluntary quality improvement and rating system targets program quality improvement and professional development advances to promote the highest level of quality for young children and addresses all developmental domains, including the use of environmental rating scales, program administration scales, and the Montana Pyramid Model. Inclusion and stronger connections to community resources in support of families is also addressed. Programs must serve a minimum 10% high needs children at STAR 1 through STAR 4, and STAR 5 programs must serve a minimum 15%. To see the STARS to Quality definition for high needs, please refer to [STARS Guidance and Procedures](#). For more information on the system, visit [Stars Website at www.stars.mt.gov](http://www.stars.mt.gov).
- **The Child and Adult Care Food Program** provides nutrition consultation and training, as well as meal reimbursement to the State's registered child care providers; licensed child and adult day care center providers; Head Start programs; outside school hour programs, after school programs; and homeless and/or emergency shelters. The children served and attending day care are infants, preschoolaged

children, school age children through age 12, special needs children through age 18, and special after school snack program children through age 18. The adults served are in licensed non-residential Adult Day Care Centers.

- ***The Head Start State Collaboration and Early Childhood Comprehensive Systems Projects*** address the broader early childhood system and seek to align, coordinate, and link services in the areas of health, mental health, parent leadership and family support, and early care and education for children and their families, age 0-8.

Financial Responsibility

The HCSD utilizes both state and federal funds allocated by the Montana legislature on a bi-annual basis.

CHILD AND FAMILY SERVICES DIVISION

Role of State Agency

- For the purposes of this Agreement, the role of the Child and Family Services Division (CFSD) is to provide protective services concerning child abuse and neglect, as needed, to children. Additionally, appropriate mutual referrals are made for services provided by CFSD, DDP and OPI.
- CFSD recognizes the family, as the basic unit of society and the natural environment of the growth and development of all its members, must be afforded protection, support and assistance so it can fully assume its responsibilities within the community. CFSD provides services that are holistic, culturally sensitive, flexible and responsive to individual need. When possible, services are provided in the home with the goal of strengthening and empowering the family unit. If an individual must be placed outside the home for reasons of safety or treatment, services are provided as close to home as possible, in the least restrictive, most appropriate environment, with the goal of reunifying the family at the earliest date. If return to the home is not possible or appropriate, CFSD develops a case plan designed to achieve permanent placement in an environment that promotes maximum personal growth, development, independence and dignity.

Authority

- 52-1-101 through 103, MCA
- 52-2-101 through 211, MCA
- 41-3-101 through 303, MCA
- US Constitution, 9th and 14th Amendments

Population to be Served

A “child” or “youth” means any person less than 18 years of age. An “abused or neglected child” means a child whose normal physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of his parent or other person responsible for his welfare. CFSD provides protective services to children

experiencing abuse or neglect, including children birth through five years old with disabilities that experience such a problem.

Services Offered to Birth Through Five Population

Local CFSD offices provide protective services to children and families, including those with children ages birth through five, who are referred to CFSD by professionals, officials and others who know or have reasonable cause to suspect a child is an abused or neglected child. Services include intake, protective services investigation, information and referral, family-based services for family preservation, social work counseling, home attendant, child protective services day care, foster care and adoption.

- CFSD is also authorized to provide and set standards for supplementary payments from state funds to recipients of supplemental security income (SSI) for the blind or disabled under Title XVI of the Social Security Act. CFSD may supplement foster home or group home payments for SSI recipients.
- Additionally, Family Resource Specialists at the local level carry out registration and licensing responsibilities for foster homes and child placing agencies. Family Resources Specialists are responsible for adoptive home studies.
- CFSD assists in funding other programs such as Big Brothers/Big Sisters, Domestic Violence and other prevention or supportive services programs such as the Children’s Trust Fund Child Abuse and Neglect Prevention Grants Program, which may be of assistance to children birth through age five and their families.
- CFSD also assists in the training, execution and payment for evidence-based or promising practice home visiting programs including, but not limited to, SafeCare Augmented, Circle of Security and Nurse-Family Partnerships.

Eligibility Criteria

Services to children in need of protective services are offered without regard to income.

Financial Responsibility

CFSD is administered on a regional basis. Regional budgets are allocated for staff and foster care. Funding for CFSD comes from state and federal sources with Montana counties contributing an amount set by the Legislature.

_____ Date _____

Sheila Hogan, Director, Department of Public Health & Human Services