



2015 ITCA Tipping Points

Part C Implementation: State Challenges and Responses



2015 Part C Implementation: State Challenges and Responses

For the tenth consecutive year, the ITCA has surveyed its members regarding state responses to Part C implementation issues and challenges. The Association utilizes this information to track emerging issues and state responses related to eligibility, finance and decisions regarding continued participation in Part C. ITCA and its members also make this information available to the Administration, to the Congress, to our early learning partners and to state and local elected officials.

This survey was distributed to all Part C coordinators in May 2015. Forty-nine of the fifty-six states and jurisdictions (hereafter referred to as states) responded to the survey. Not every question was answered by every respondent. As with all ITCA surveys, the data are reported by frequency as well as by type of lead agency and state eligibility criteria status. In charts or tables that provide answers by these categories, the number of total respondents by those categories is included in parentheses. The charts in the report reflect the responses of those states who answered each specific question. ITCA draws no conclusions from the data analysis and does not verify the data but simply reports the data as provided by the states. All information is aggregated and the individual state responses are confidential.

Executive Summary of State Responses

The following questions were asked and the responses are summarized below. Where available, trend data from the last five years are included.

Q 1. Please check the indicator that you selected for your State Identified Measureable Result (SiMR).

Of the forty-six states that responded to this question:

- 23 states selected percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills;
- 11 states selected percent of infants and toddlers with IFSPs who demonstrate acquisition and use of knowledge and skills (including early language/ communication);

- 2 states selected percent of infants and toddlers with IFSPs who demonstrate use of appropriate behaviors to meet their needs;
- 3 states selected percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn;
- 2 states selected implementation of a birth to five system; and
- 5 states identified alternative choices.

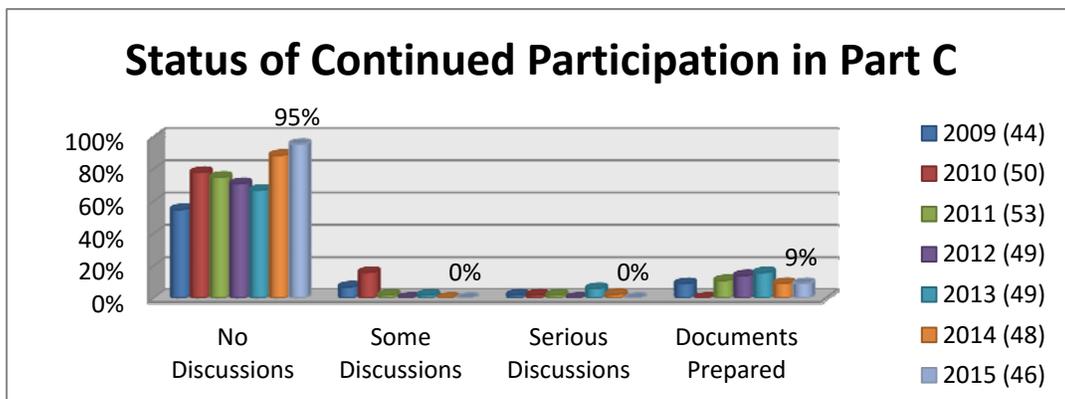
Twenty-five states indicated they were implementing their SiMR statewide, while 19 states indicated they were implementing their SiMR in a smaller unit. Two states did not respond to this question.

Q 2. Which statement describes the status of your state's continuing Part C participation?

Check all that apply.

Of the forty-six states that responded to this question:

- 42 states responded that there are no discussions related to dropping out of Part C; and
- 4 states responded that in the last 18 months, we have been asked to prepare documents/plans about either 1) what our state early intervention system would be like without a federal Part C grant or 2) the benefits to our state of continuing participation in Part C as compared to the challenges;



Q 3. If discussions about dropping out are taking place, what issue will cause the administration to decide to drop out? Check all that apply.

Of the ten states that responded to this question:

- 3 states indicated increased costs;

- 2 states indicated state budget availability;
- 2 states indicated program growth rate;
- 2 states indicated increased costs of children with complex needs; and
- 1 state cited the consistent increase of monitoring and expectations by OSEP with no additional money to assist in making change.

Q 4. Will your state be able to continue participation in Part C through June 30, 2016?

Of the forty-four states that responded to this question, 43 states indicated that they would be able to continue participation through June 30, 2016. One state indicated that it is possible that the state will not be able to continue participation due to lack of funding.

Q 5. Please estimate the percentage of families refusing access to public insurance.

Twenty-six states were able to provide data for this question and reported an average declination rate of 3.4% (Range: 0% to 20%).

Q 6. Please estimate the percentage of families refusing access to private insurance.

Fifteen states were able to provide data for this question and reported an average declination rate of 12.3% (Range: 0% to 90%)

Q 7. As a result of state fiscal issues, what have you done in the last 12 months in order to continue participation in Part C? Check all that apply.

Of the twenty-two states that responded to this question:

- 2 states increased family fees;
- 3 states required families to use their private insurance or be placed on a fee schedule;
- 1 state reduced provider reimbursement;
- 2 states required prior approval for hours of service that exceed an identified amount;
- 1 state narrowed eligibility;
- 2 states made changes in the state Medicaid plan to increase coverage for Part C services;
- 5 states added Autism coverage in the Medicaid state plan;
- 1 state developed legislation related to the use of private insurance; and
- 11 states identified other actions.

Q 8. As a result of state fiscal issues, what will you do in the next 12 months in order to continue participation in Part C? Check all that apply.

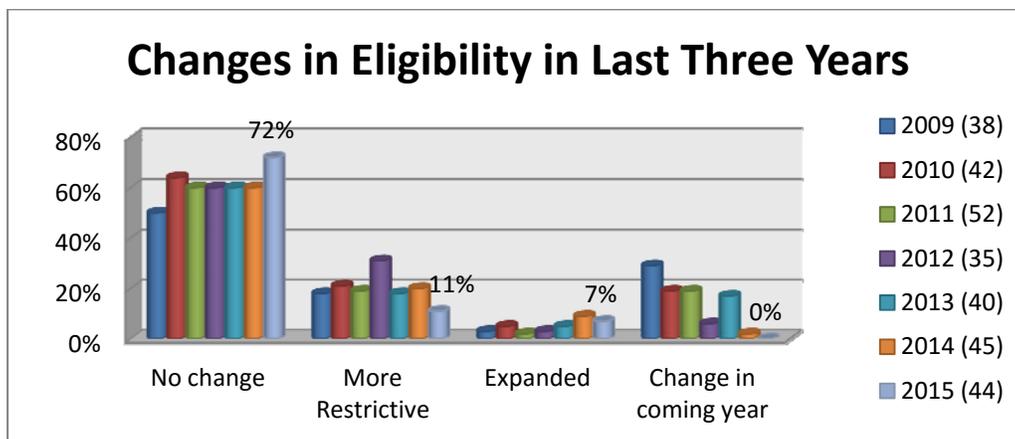
Of the twenty-six states that responded to this question:

- 1 state will require families to use their private insurance or be placed on a fee schedule;
- 2 states will require prior approval for hours of service that exceed an identified amount;
- 5 states will make changes in the state Medicaid plan to increase coverage for Part C services;
- 6 states will add Autism coverage in the Medicaid state plan;
- 4 states will develop legislation related to the use of private insurance; and
- 14 states identified other actions that will be considered.

Q 9. Which statement describes the status of eligibility in your state for the last three years? Check only one response.

Of the forty-five states that responded to this question:

- 32 states indicated they have made no changes in eligibility criteria and have no plans to make any changes;
- 5 states have made eligibility criteria more restrictive;
- 3 states have broadened eligibility criteria; and
- 5 states provided other comments.



Q 10. If you are changing eligibility criteria in the 2015-2016 year, please check the answer that describes what you are planning.

Of the two states that responded to this question:

- 1 state is narrowing eligibility criteria; and
- 1 state is expanding eligibility criteria.

Q 11. What are you doing for children who no longer meet your eligibility criteria? Check all that apply.

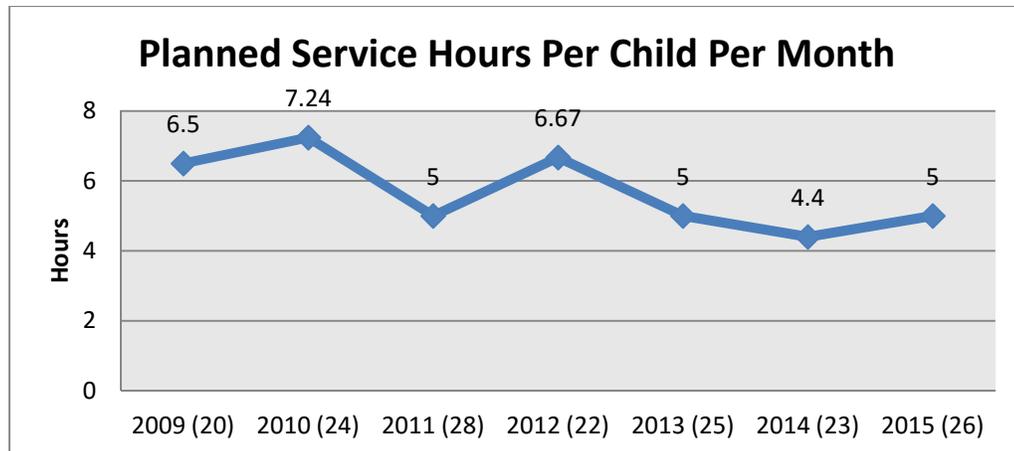
Of the eleven states that responded to this question:

- 6 states refer them to other community agencies;
- 3 states enroll them in a formal tracking program; and
- 4 states indicated it has no policy or procedure for children who no longer meet the eligibility criteria.

Q 12. What is the average number of planned hours of direct service (excluding service coordination and evaluation/assessment) per child per month?

Of the twenty-four states that provided data to answer this question:

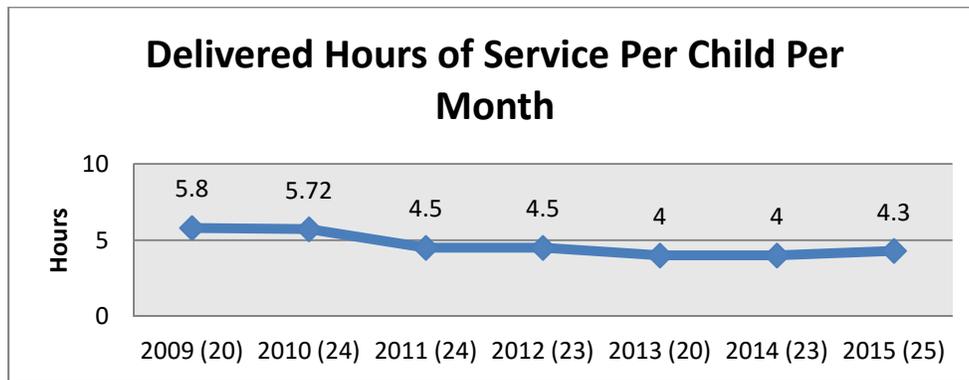
- The number of planned service hours per child per month ranged from 1 hour to 12 hours with a median of 5 hours.



Q 13. What is the average number of delivered hours of direct service (excluding service coordination and evaluation/assessment) per child per month?

Of the twenty-five states that provided data to answer this question:

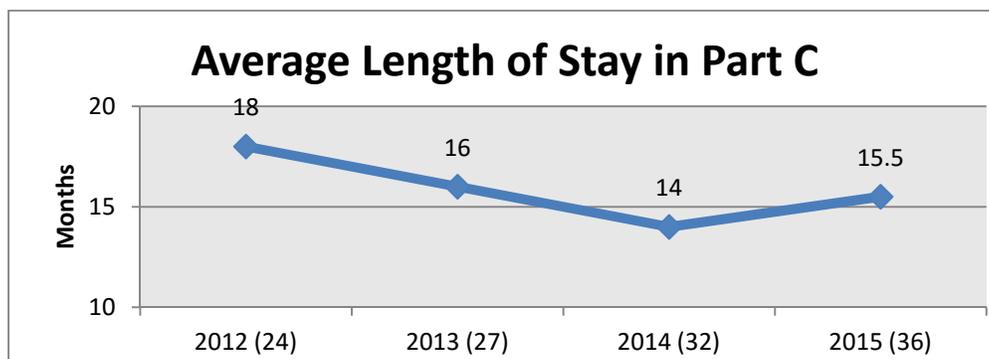
- The number of delivered service hours per child per month ranged from .9 hour to 12 hours with a median of 4.3 hours.



Q 14. What is the average length of time a child is in your Part C system?

Of the thirty-six states that provided data to answer this question:

- The average length of time a child was in the Part C system ranged from 9 months to 36 months with a median of 15.5 months.



Q 15. Which statement describes the status of your state funding for Part C for 2015-2016.

Of the forty-two states that responded to this question:

- 15 states had their state funding remain the same;
- 7 states had their state funding increased;



- 3 states had their state funding decreased; and
- 17 states indicated that their state budget was not finalized when this survey was completed.

Q 16. If you contract with agencies/organizations to serve as local lead agencies, did any of those agencies/organizations decline to continue because of fiscal constraints?

Of the forty-three states that responded to this question:

- 2 states indicated that they had agencies/organizations decline to continue because of fiscal constraints;
- 24 states indicated they did not have any agencies/organizations decline to continue because of fiscal constraints; and
- 17 states indicated this question did not apply to them.

Q 17. If your state uses contractors (agencies/individuals) to provide direct services, did any of those contractors decline to continue because of fiscal restraints?

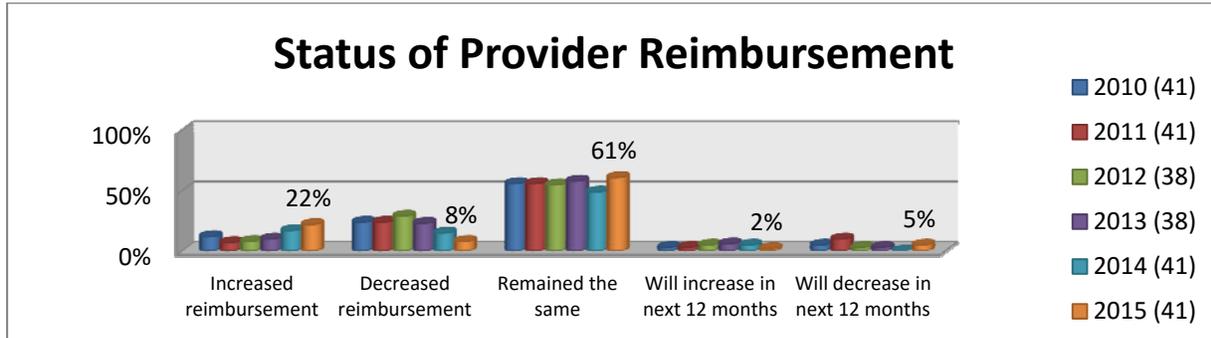
Of the forty-two states that responded to this question:

- 8 states indicated that they had agencies/individuals decline to continue because of fiscal constraints;
- 20 states indicated they did not have any agencies/individuals decline to continue because of fiscal constraints;
- 12 states indicated this question did not apply to them; and
- 2 states provided additional comments.

Q 18. What is the status of provider reimbursement in your state over the last three years?

Of the forty-one states that responded to this question:

- 25 states indicated provider rates remained the same;
- 4 states decreased provider rates;
- 9 states increased provider reimbursement rates;
- 2 states will decrease provider rates in the next 12 months;
- 1 state indicated it will increase provider rates in the next 12 months; and
- 7 states added comments.



Q 19. Does your state have any of the following grants? Check all that apply.

Of the forty-one states that responded to this question:

- 17 states have RTT-Early Learning Grants
- 14 states have Preschool Development Grants; and
- 10 states have Preschool Enhancement Grants.

Q 20. Are the needs of infants and toddlers with disabilities being addressed in the implementation of these grants?

- Of the 17 states that have a RTT-Early Learning Grant, 12 states responded that the needs of infants and toddlers with disabilities were being addressed.
- Of the 14 states that have a Preschool Development Grant, 6 states responded that the needs of infants and toddlers with disabilities were being addressed.
- Of the 10 states that have a Preschool Enhancement Grant, 6 states responded that the needs of infants and toddlers with disabilities were being addressed.

Q 21. Is your Part C system involved with your state's Home Visiting Initiatives?

Of the forty-two states that responded to this question, 32 states indicated that Part C was involved with their state's home visiting initiative.

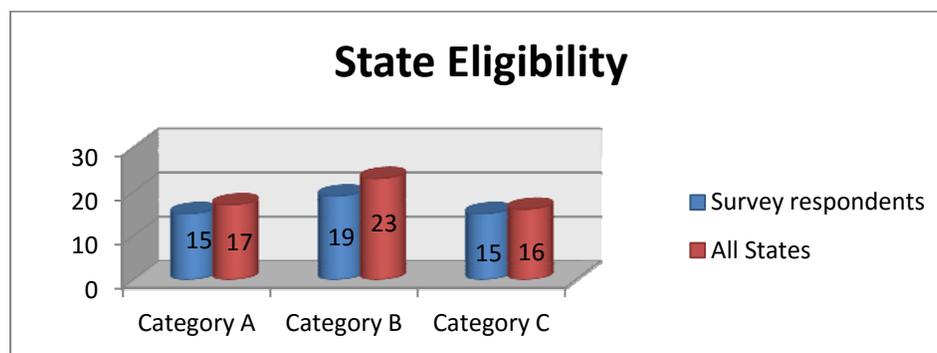
Q 22. Has your state Part C system begun to address issues for infants with Neonatal Abstinence Syndrome (NAS)?

Of the forty-three states that responded to this question, 13 states indicated they have begun to address NAS.

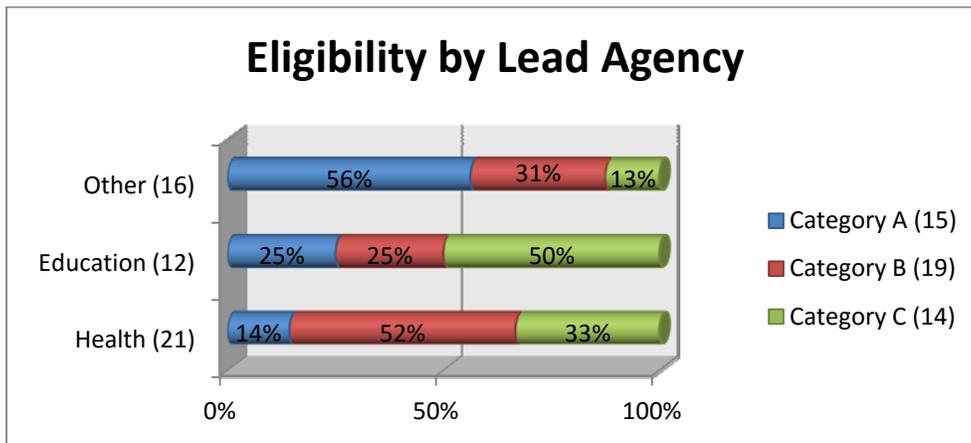
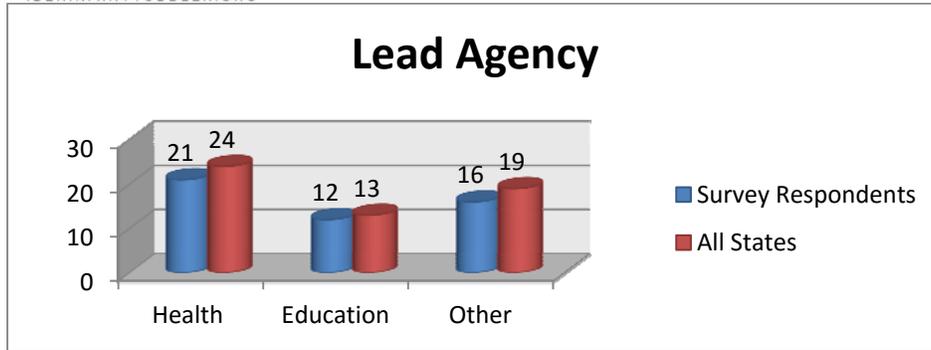
Demographics of States Responding to the Survey

ITCA received responses from forty-nine states and jurisdictions. For the purpose of analysis, states self-identified their status for eligibility criteria and type of lead agency. While OSEP has discontinued categorizing states by eligibility criteria, ITCA members have requested that eligibility continue to be one of the components of analysis. The ITCA Data Committee, with membership approval, established the criteria for eligibility categories and states self-selected their eligibility status using the following criteria:

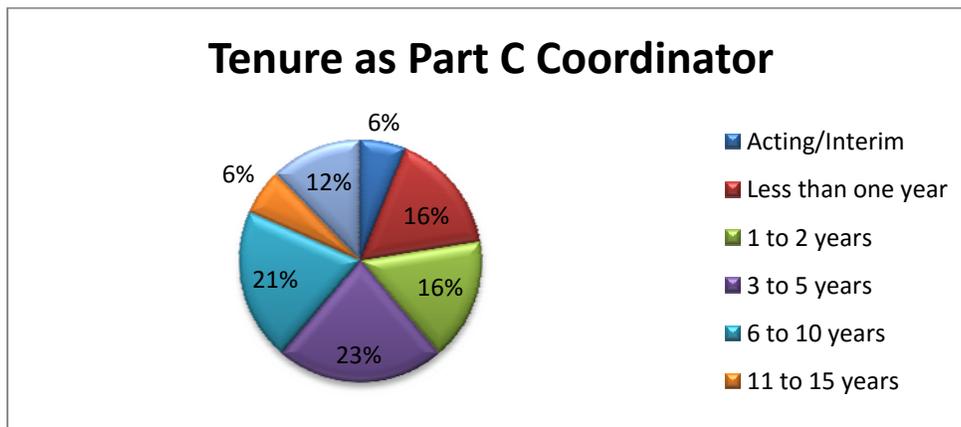
- Category A: At Risk, Any Delay, Atypical Development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains;
- Category B: 25% in two or more domains, 30% delay in one or more domains, 1.3 standard deviations in two domains, 1.5 standard deviations in any domain, 33% delay in one domain; and
- Category C: 33% delay in two or more domains, 40% delay in one domain, 50% delay in one domain, 1.5 standard deviations in 2 or more domains, 1.75 standard deviations in one domain, 2 standard deviations in one domain, and 2 standard deviations in two or more domains.

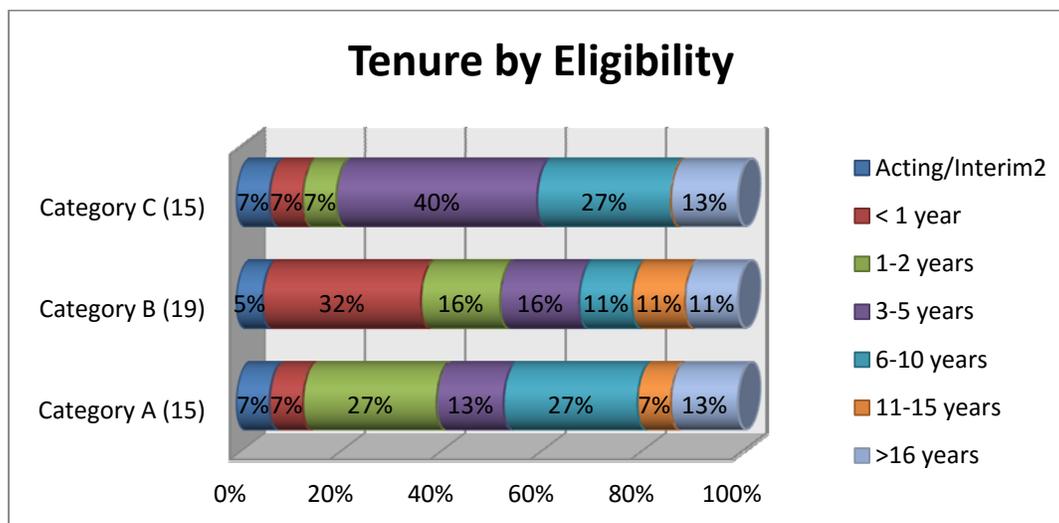
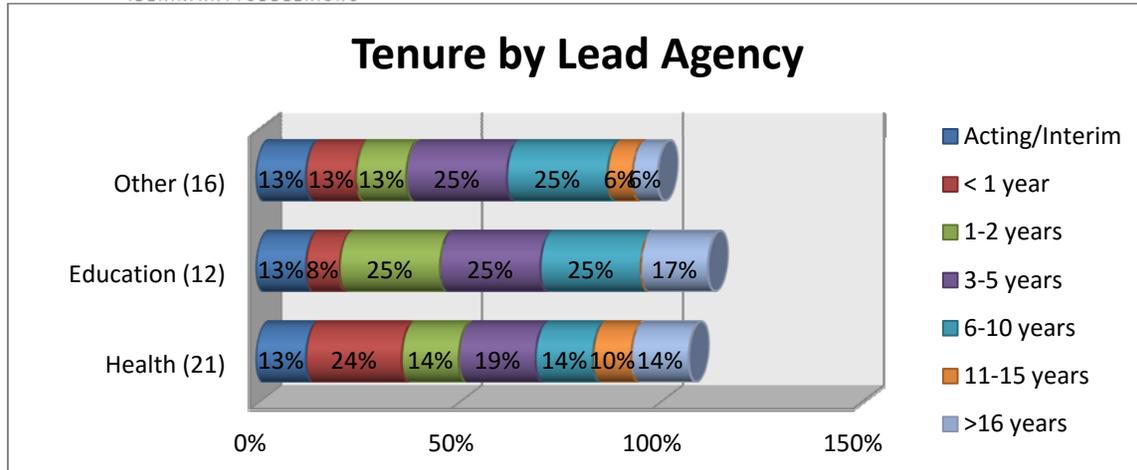


ITCA places lead agencies into three categories: Health, Education and Other (this includes Developmental Disabilities, Human Services, Early Learning Agencies and includes co-leads). States self-identify type of lead agency.



Respondents were asked how long they have been the Part C Coordinator. Forty-nine states responded to this question. Nineteen of the forty-nine states have Part C Coordinators with two years or less of experience.





State Infrastructure

Participants were asked to choose a category that most closely aligned with the Part C system infrastructure. Forty-nine states responded to this question.

- Twenty-eight states (57%) responded that their infrastructure is primarily composed of programs/agencies that are responsible for all eligible children from referral through transition in an assigned regional or local catchment area. Services are provided by program staff or contractors hired by the program.
- Nine states (18%) responded that their infrastructure is primarily composed of programs/agencies that are responsible for referral to initial IFSP development including service coordination in an assigned regional or local catchment area. Services are provided through a statewide central reimbursement system that pays providers/practitioners.

- Five states (10%) responded that their infrastructure is primarily composed of state lead agency employees: Based at regional/local areas; Provide services and are responsible for referral through transition; May also have some private EI service providers/agencies as supplemental vendors.
- Two states (4%) responded that their infrastructure is primarily composed of multiple state agencies and their regional/local counterparts that are responsible for children based either on eligibility criteria or on a specific service.
- Five states (10%) chose to identify an alternative structure. Those identified structures included the following:

1. Lead Agency contracts with private providers for core teams (OT, PT, SPT, DSI, SW and Psych) to provide the initial planning process (screening, evaluation, child and family assessment and initial IFSP, for all eligible child) for all referred children and for ongoing early intervention services for all eligible children. Vision and Hearing services and SC are provided by State Schools for the Deaf and the Blind employees and contractors for children with VI/HI. State DDD program provide SC to children eligible for DDD;

2. System Point of Entry Service Coordination Referral to Eligibility. Dedicated Service Coordination after eligibility and Early Intervention Programs responsible for evaluation/assessment and IFSP direct services.

3. State employs staff who are responsible for referral, eligibility determination to initial IFSP development including service coordination in an assigned regional area. IFSP service are provided through contract.

4. We have the first description plus another state agency and local school districts responsible to conduct evaluations only.

5. Regional Point of Entry entities (public/private) responsible for referral through transition

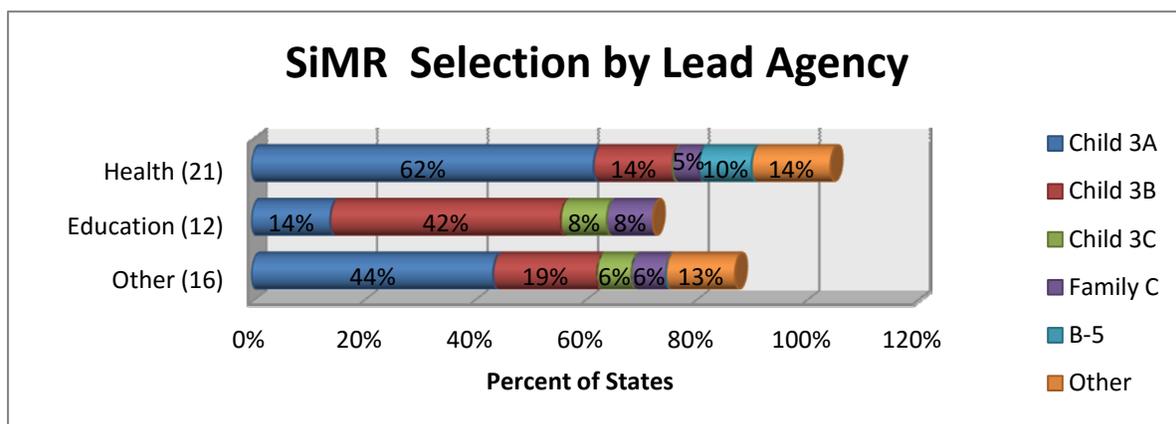
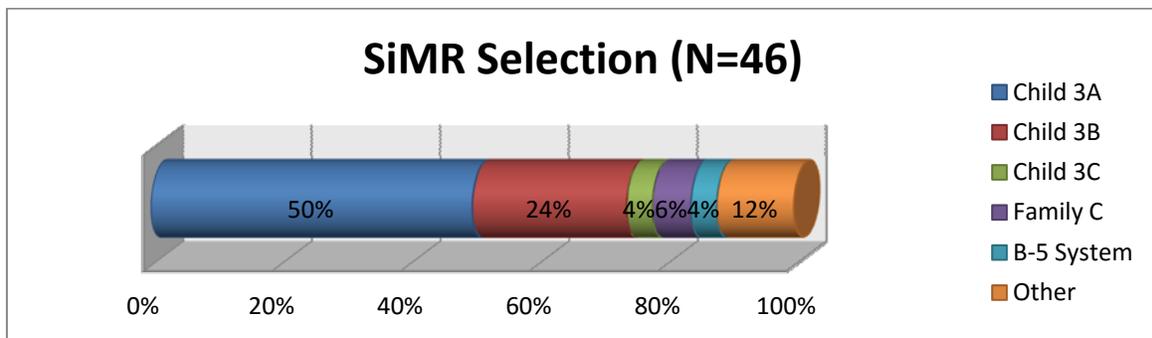
Survey Questions

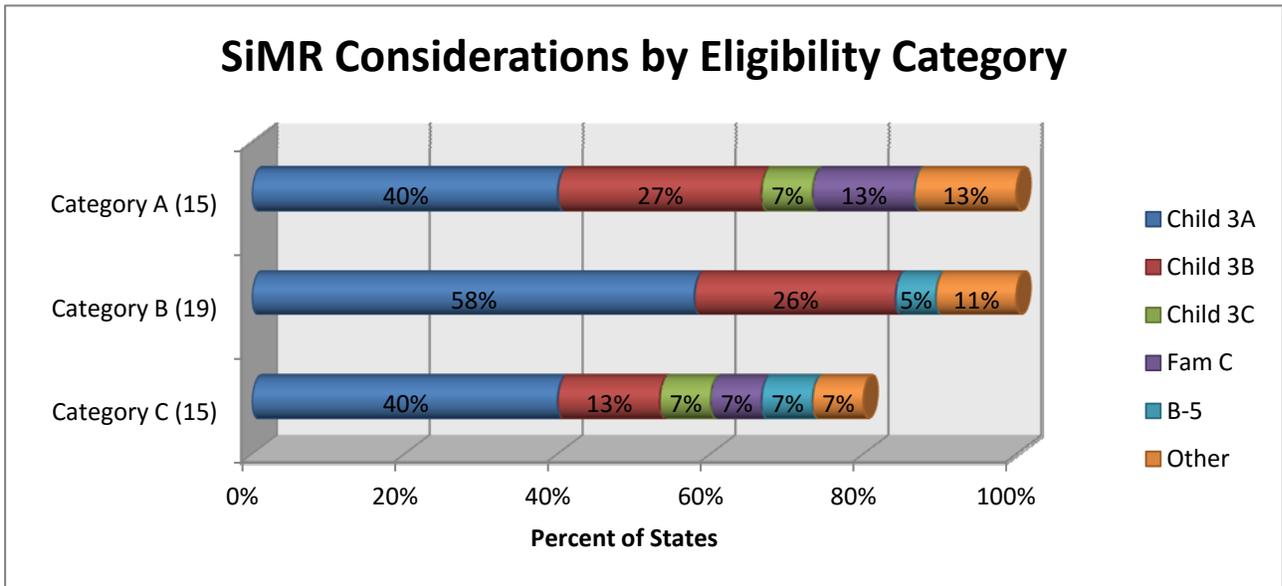
Q 1. Please check the indicator that you selected for your State Identified Measureable Result (SiMR).

Forty-six states responded to this question. Twenty-three states (50%) selected percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills (Child Outcome 3A). Eleven states (24%) selected percent of infants and toddlers with IFSPs who demonstrate acquisition and use of knowledge and skills (including early language/ communication) (Child

Outcome 3B). Two states (4%) selected the percent of infants and toddlers with IFSPs who demonstrate use of appropriate behaviors to meet their needs (Child Outcome 3C). Three states (6%) selected percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (Family Outcome C). Two states (4%) selected the implementation of a birth to five system. Five states identified other topics including:

1. *Parents of children who have a diagnosed conditions will be able to describe their child's abilities and challenges more effectively as a result of their participation in EI.*
2. *All 3 developmental areas, not broken into 1 domain.*
3. *Improvement in percentage of children who exit the FIT Program who have made significant improvement in social-emotional skills, acquisition and use of knowledge and skills, and ability to meet their needs*
4. *Percent of families who meet the State-established standard for family outcomes (this standard encompasses all three Indicator 4 family outcomes using the NY adapted/NCSEAM Impact on Family Scale.*
5. *Birth to five SiMR - also includes percent of infant/toddlers with IFSPs who demonstrate acquisition and use of knowledge and skills (including early language/communication).*



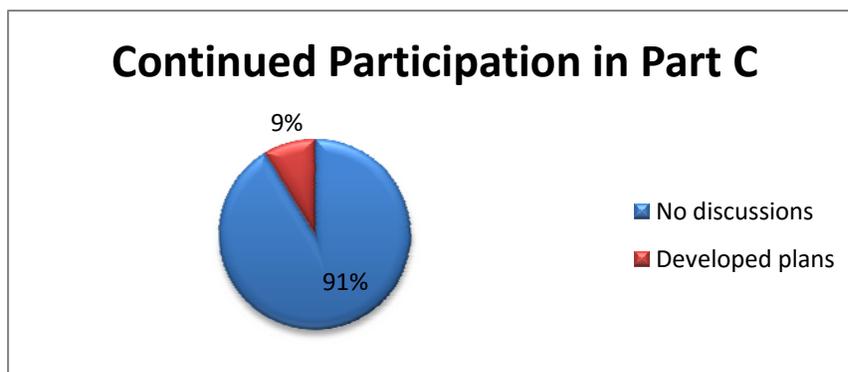


Twenty-five states indicated they were implementing their SiMR statewide, while 19 states indicated they were implementing their SiMR in a smaller unit. Two states did not respond.

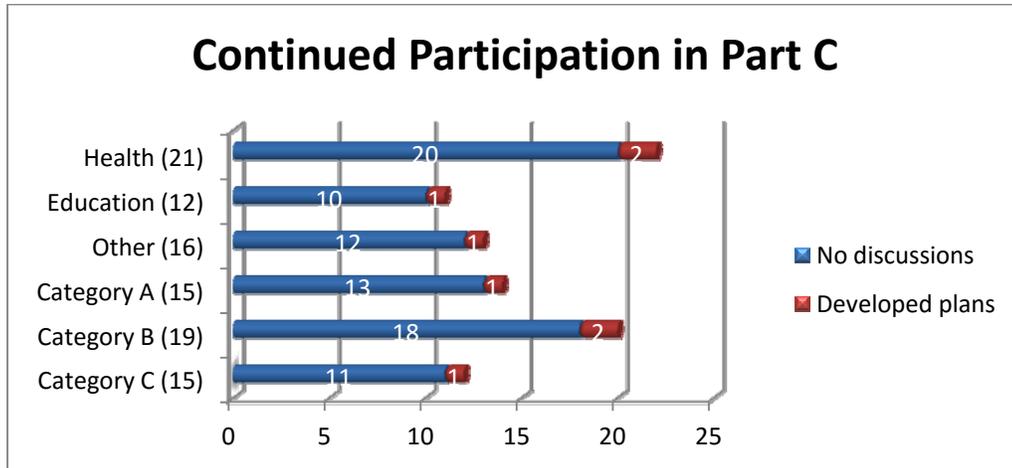
Q 2. Which statement describes the status of your state's continuing Part C participation?

Check all that apply.

Of the forty-six states that responded to this question, forty-two states (91%) responded that there are no discussions related to dropping out of Part C; four states (9%) responded that in the last 18 months, they have been asked to prepare documents/plans about either 1) what their state early intervention system would be like without a federal Part C grant or 2) the benefits to their state of continuing participation in Part C as compared to the challenges.



Analyzing the responses to this question by Lead Agency and Eligibility resulted in the following:

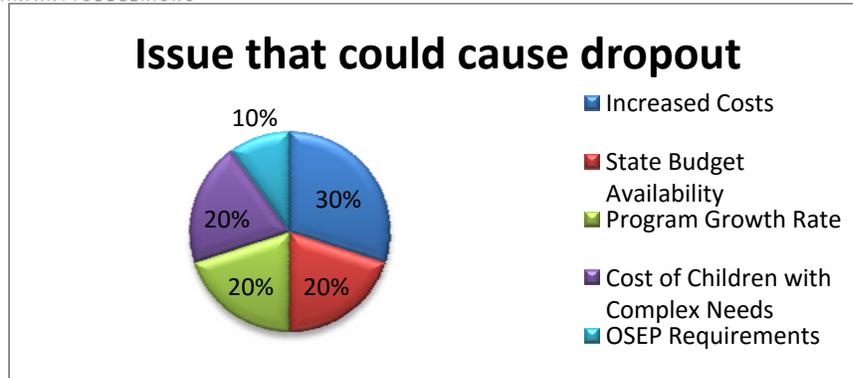


Additional Comments:

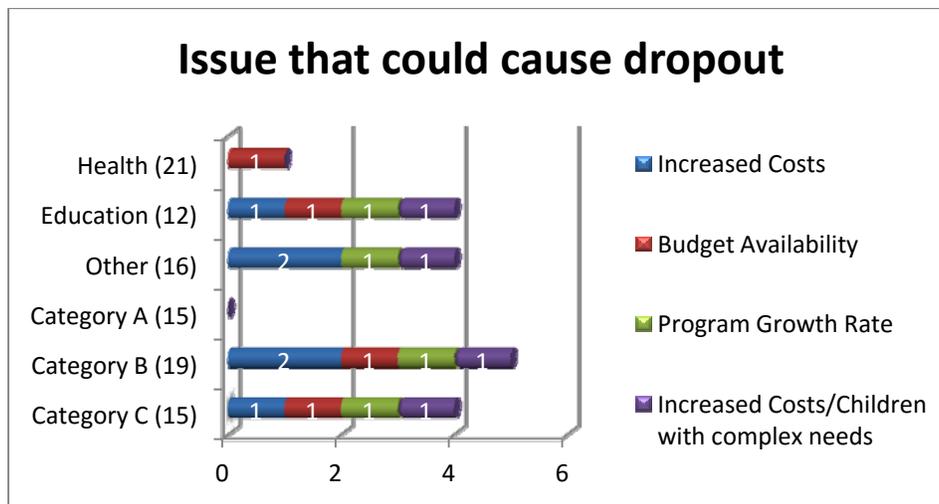
1. *We will participate, but it will be challenging.*
2. *Currently no plans to drop out, but critical budget shortages may put discussion back on the table before 6/30.*
3. *It is possible that my state will not be able to continue participation through June 30, 2016 due to lack of funding.*

Q 3. If discussions are taking place, what issue will cause the administration to decide to drop out? Check all that apply.

Ten states responded to this question. Three states (38%) cited increased costs of the system. Two states (25%) cited state budget availability. Two states (25%) cited program growth rate, two states cited increased costs of children with complex needs, and One state cited the consistent increase of monitoring & expectations by OSEP with no additional money to assist in making change.



Analyzing the responses to this question by Lead Agency and Eligibility resulted in the following:



Q 4. Will your state be able to continue participation in Part C through June 30, 2016?

Of the forty-four states that responded to this question, 43 states (98%) indicated that they would be able to continue participation through June 30, 2016. One state indicated that it is possible that the state will not be able to continue participation due to lack of funding.

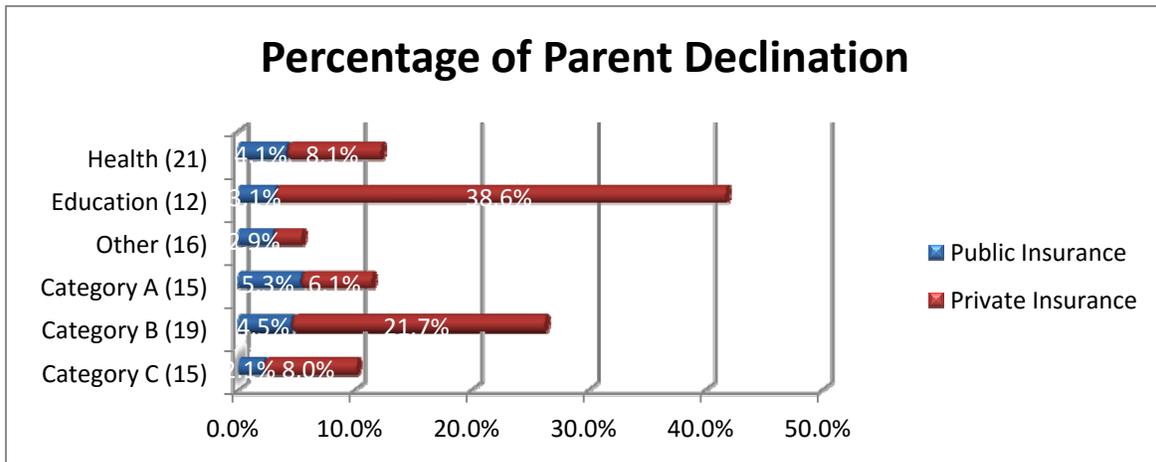
Q 5. Please estimate the percentage of families refusing access to public insurance.

Twenty-six states responded to this question and reported an average declination rate of 3.4% (Range: 0% to 20%).

Q 6. Please estimate the percentage of families refusing access to private insurance.

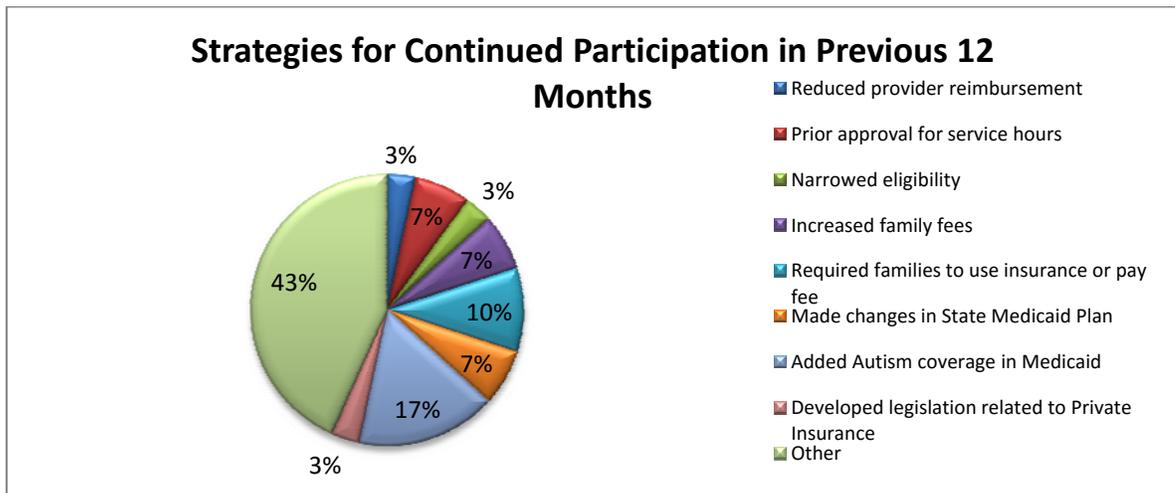
Fifteen states responded to this question and reported an average declination rate of 12.3% (Range: 0% to 90%).

Analyzing the responses to this question by Lead Agency and Eligibility resulted in the following:



Q 7. As a result of state fiscal issues, what have you done in the last twelve months in order to continue participation in Part C? Check all that apply.

Twenty-two states responded to this question. The strategy cited by five states (17%) was adding autism coverage in their state Medicaid plan. Two states (7%) increased family fees. Three states (10%) required families to use their private insurance or be placed on a fee schedule. One state (3%) reduced provider reimbursement and two states (7%) required prior approval for hours of service that exceed an identified amount. One state (3%) narrowed eligibility. Two states (7%) made changes in the state Medicaid plan to increase coverage for Part C services, one state (3%) developed legislation related to the use of private insurance and eleven states (43%) identified other actions.



Analyzing the responses to this question by Lead Agency and Eligibility resulted in the following:

	Health (21)	Education (12)	Other (16)
Increased Family Fees	2	0	0
Required Use of Insurance or Pay Fee	3	0	0
Reduced Provider Reimbursement	0	0	1
Required Prior Approval for Excess Services	1	0	1
Narrowed Eligibility	1	0	0
Made changes in State Medicaid Plan	2	0	0
Added Autism Coverage in Medicaid Plan	5	0	0
Developed legislation related to the use of private insurance	0	0	1
	Health (21)	Education (12)	Other (16)
Increased Family Fees	10%	0%	0%
Required Use of Insurance or Pay Fee	14%	0%	0%
Reduced Provider Reimbursement	0%	0%	6%
Required Prior Approval for Excess Services	5%	0%	6%
Narrowed Eligibility	5%	0%	0%
Made changes in State Medicaid Plan	10%	0%	0%
Added Autism coverage in Medicaid Plan	24%	0%	0%
Developed legislation related to the use of private insurance	0%	0%	6%

Analyzing the responses to this question by eligibility resulted in the following:

	Category A (15)	Category B (19)	Category C (15)
Increased Family Fees	1	0	1
Required Use of Insurance or Pay Fee	1	2	0
Reduced Provider Reimbursement	1	0	0
Required Prior Approval for Excess Services	1	1	0
Narrowed Eligibility	0	1	0
Made changes in State Medicaid Plan	0	1	1

	Category A (15)	Category B (19)	Category C (15)
Added Autism coverage in Medicaid Plan	0	5	0
Developed legislation related to the use of private insurance	0	0	1
	Category A (15)	Category B (19)	Category C (15)
Implemented Family Fees	7%	0%	7%
Increased Family Fees	7%	11%	0%
Required Use of Insurance or Pay Fee	7%	0%	0%
Reduced Provider Reimbursement	7%	0%	0%
Required Prior Approval for Excess Services	0%	5%	0%
Narrowed Eligibility	0%	5%	
Made changes in State Medicaid Plan	0%	5%	7%
Added Autism coverage in Medicaid Plan	0%	26%	
Developed legislation related to the use of private insurance	0%	0%	7%

Additional Comments:

1. *Revised our SOP for parent fees toward more consistency among regional programs and reasonable fees for families.*
2. *Reduced state staff.*
3. *Worked with programs to increase parent consent to bill public and Tricare insurance.*
4. *Payment delays to providers.*
5. *My state is not a fee for service system. Local programs are given a set amount of funding each SFY based on a funding formula. With that said, based on the Dec. 1 counts for the past 5 years we have seen a 30% increase in the number of children served with only a \$100,000.00 increase in State funding. Which equates to a reduction in provider reimbursement.*
6. *The state SEA and LA are developing guidance to ensure that local programs are accessing available state resources.*
7. *Although the legislation related to the use of private insurance was not passed; legislation requiring insurance reimbursement for ABA to treat Autism was passed to be effective 1/1/16.*
8. *Provided training to service providers on billing private insurance.*

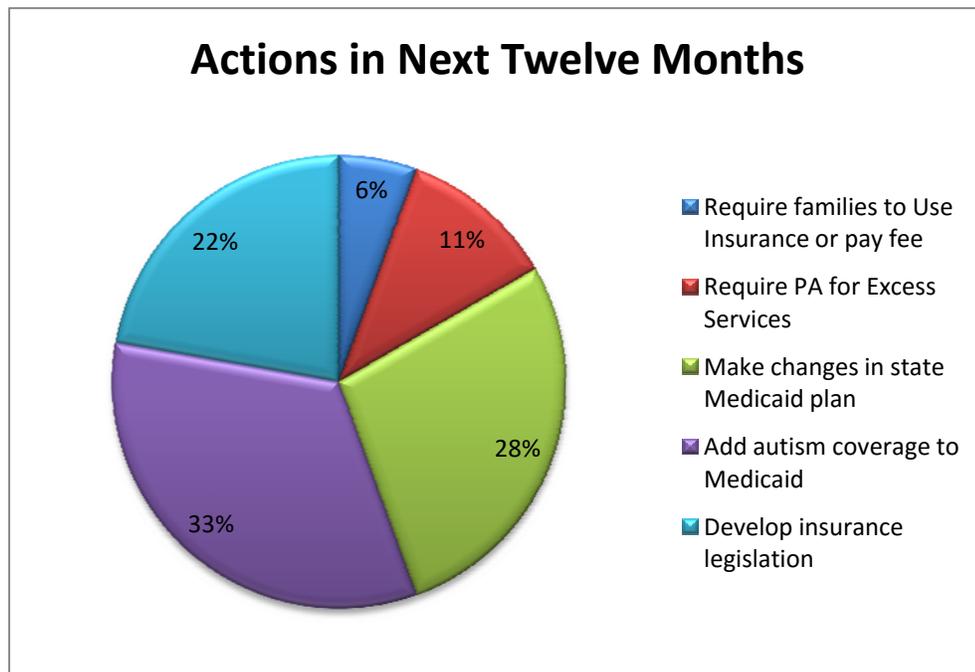
9. *Developed training for direct service staff in talking with families re: family cost participation and determining family max payment.*
10. *Our system supports heavily on the fiscal contributions by county funds to support the program. Still in the process of looking at 1915c waiver as potential funding source.*

Q 8. As a result of state fiscal issues, what will you do in the next 12 months in order to continue participation in Part C? Check all that apply.

Twenty-six states responded to this question. One state (6%) indicated that it will require families to use their private insurance or be placed on a fee schedule. Two states (11%) will require prior approval for hours of service that exceed an identified amount. Five states (28%) indicated they will make changes in the state Medicaid plan to increase coverage for Part C services and six states (33%) will add Autism coverage in the Medicaid state plan. Four states (22%) will develop legislation related to the use of private insurance. Fourteen states identified the following other actions that will be considered:

1. *Advocate for expanded billing for services and provider types.*
2. *Look at changing the service delivery model.*
3. *Changing Medicaid billing from unit/bundled rate to fee for service by CMS.*
4. *Work on programs implementing parent training model of service provision.*
5. *Possible narrowing of eligibility to accommodate proposed budget reduction.*
6. *The state SEA/LA is developing guidance on how to access all of the state resources.*
7. *Considering changes to current legislation to maximize insurance and FCP monies.*
8. *Based on the Dec. 1 counts for the past 5 years we have seen a 30% increase in the number of children served with only a \$100,000.00 increase in State funding. Which equates to a reduction in provider reimbursement.*
9. *We are working on amending our State Medicaid Plan to include use of paraprofessionals (ABA aides) to assist in the delivery of intensive behavioral intervention services by agencies/under the supervision of qualified professionals. We have rates developed and regulations in place, but CMS approval is needed to implement this model.*
10. *Evaluate state infrastructure/governance.*
11. *Exploring possibility of narrowing eligibility for services and requiring approval for hours of service that exceed an identified amount. Exploring service delivery methods statewide.*
12. *Reduce per child amount available to providers, increase focus on cross system activities.*
13. *Request additional state funding.*

14. We will be investigating the use of private insurance including legislation.



Analyzing the responses to this question by Lead Agency resulted in the following:

	Health (21)	Education (12)	Other (16)
Require use of insurance or be placed on a fee schedule	1	0	0
Require Prior Approval for Excess Services	0	0	2
Make changes to State Medicaid Plan	2	1	2
Add Autism coverage to State Plan	3	1	2
Develop Insurance Legislation	2	0	2
	Health (21)	Education (12)	Other (16)
Require use of insurance or be placed on a fee schedule	5%	0%	0%
Require Prior Approval for Excess Services	0%	0%	13%
Make changes to State Medicaid Plan	10%	8%	13%
Add Autism coverage to State Plan	14%	8%	13%
Develop Insurance Legislation	10%	0%	13%

Analyzing the responses to this question by Eligibility Category resulted in the following:

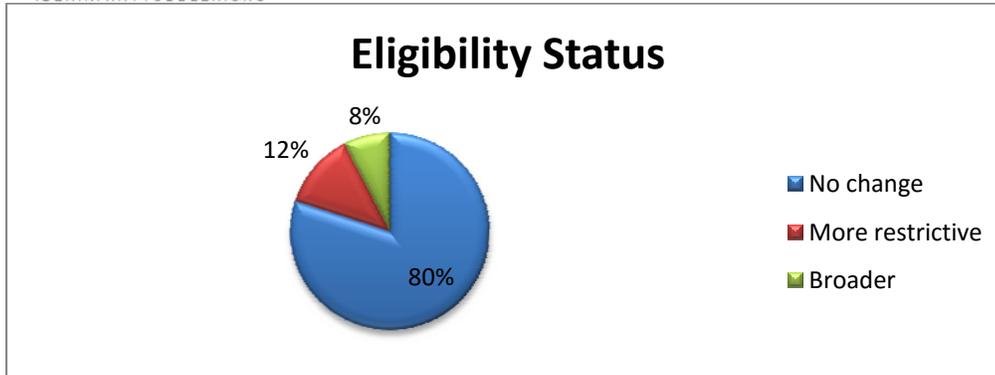
	Category A (15)	Category B (19)	Category C (15)
Require use of insurance or be placed on a fee schedule	0	0	1
Require Prior Approval for Excess Services	1	0	1
Make changes to State Medicaid Plan	2	3	0
Add Autism coverage to State Plan	0	3	3
Develop Insurance Legislation	0	3	1
	Category A (15)	Category B (19)	Category C (15)
Require use of insurance or be placed on a fee schedule	0%	0%	7%
Require Prior Approval for Excess Services	7%	0%	7%
Make changes to State Medicaid Plan	13%	16%	0%
Add Autism coverage to State Plan	0%	16%	20%
Develop Insurance Legislation	0%	16%	7%

Q9. Which statement describes the status of eligibility in your state for the last three years?

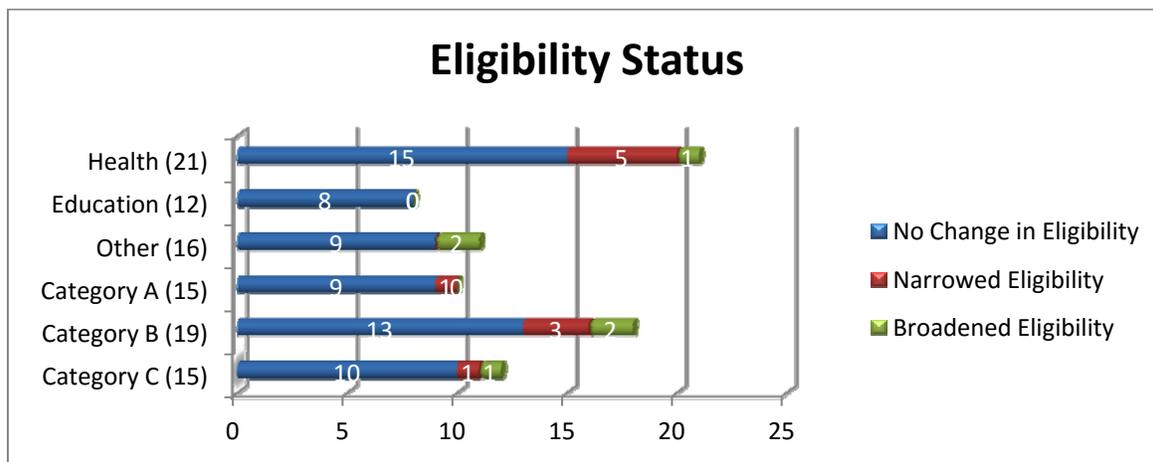
Of the forty-five states that responded to this question, thirty-two states (71%) indicated they have made no changes in eligibility criteria and have no plans to make any changes; five states (11%) have made eligibility criteria more restrictive; and three states (7%) have expanded eligibility criteria. Five states (11%) provided additional comments.

Additional Comments:

1. *No changes in last 3 years; possible future narrowing of eligibility.*
2. *Reviewing eligibility but may or may not change.*
3. *We issued an announcement to clarify eligibility in December 2013.*
4. *We are exploring more restrictive criteria for future years.*
5. *We narrowed effective 9/1/11 for SFY12 (3 1/2 years ago). We are reviewing the potential impact of modifications to be prepared if a change is appropriate.*



Analyzing the responses to this question by lead agency and eligibility resulted in the following:

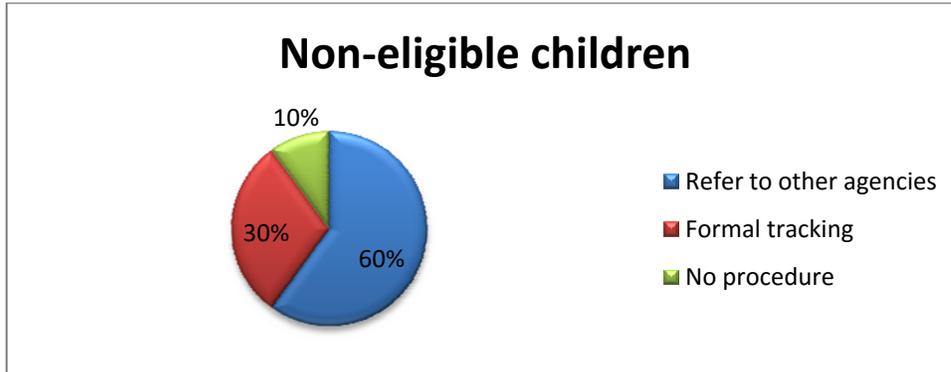


Q 10. If you are changing eligibility criteria in the 2015-2016 year, please check the answer that describes what you are planning.

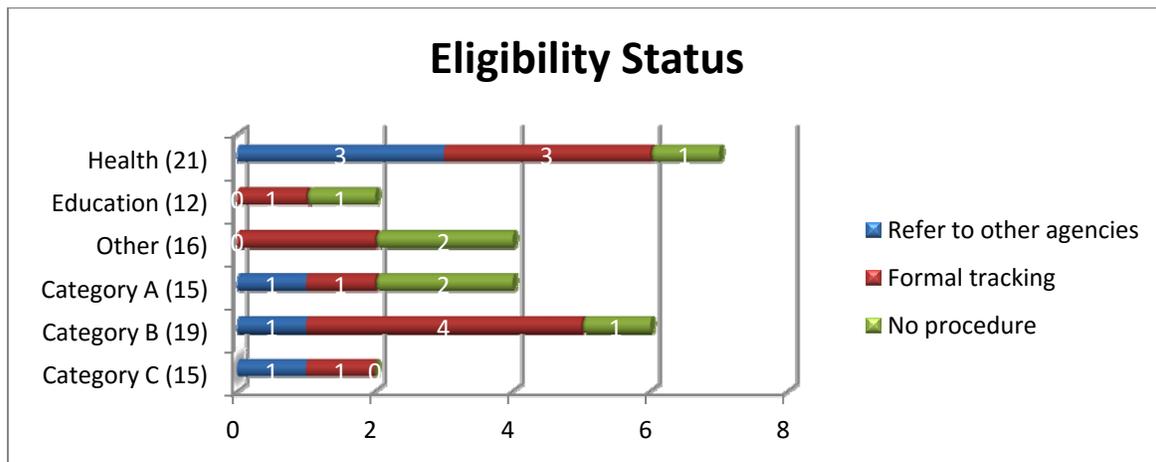
Two states responded to this question. One state is narrowing eligibility criteria; and one state is expanding eligibility criteria.

Q 11. What are you doing for children who no longer meet your eligibility criteria? Check all that apply.

Eleven states responded to this question. Six states (55%) refer them to other community agencies. Three states (27%) enroll them in a formal tracking program; and four states (36%) indicated they have no policy or procedure for children who no longer meet their eligibility criteria.



Analyzing the responses to this question by lead agency and eligibility resulted in the following:



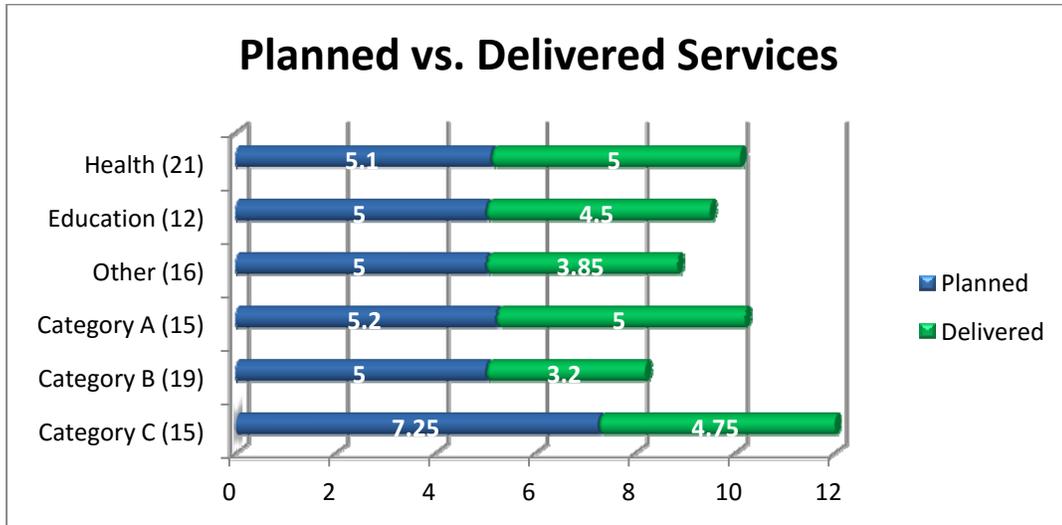
Q 12. What is the average number of planned hours of direct service (excluding service coordination and evaluation/assessment) per child per month?

Of the twenty-four states that provided data to answer this question, the number of planned service hours per child per month ranged from 1 hour to 12 hours with a median of 5 hours.

Q 13. What is the average number of delivered hours of direct service (excluding service coordination and evaluation/assessment) per child per month?

Of the twenty-five states that that provided data to answer this question, the number of delivered service hours per child per month ranged from .9 hour to 12 hours with a median of 4.3 hours.

Analyzing the responses to the questions regarding planned and delivered services by type of lead agency and eligibility category resulted in the following:



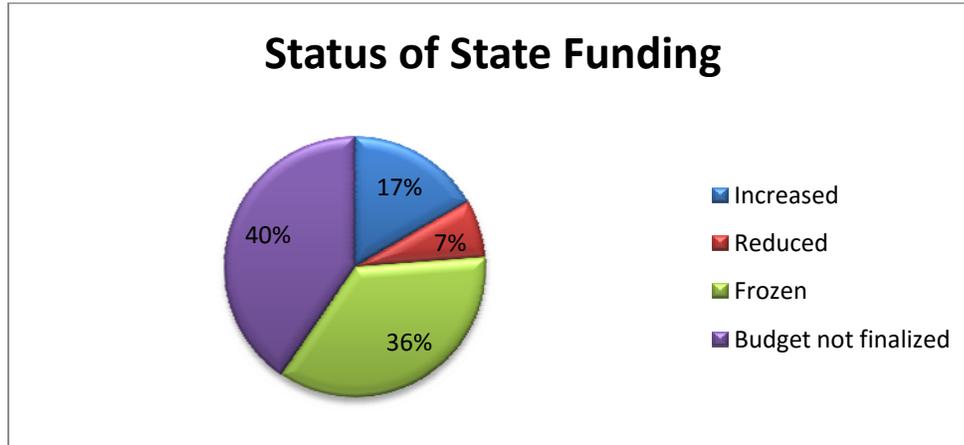
Q 14. What is the average length of time a child is in your Part C system?

The data from thirty-six states documents that the average length of time a child was in the Part C system ranged from 9 months to 36 months with a median of 15.5 months.

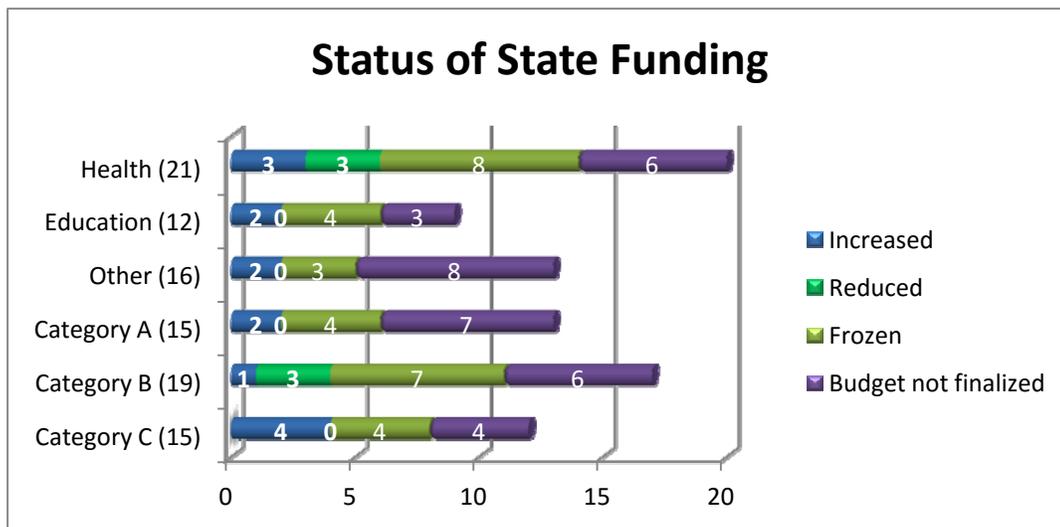
- The median length of time by Lead Agency was:
 - Health: 15 months;
 - Education: 17 months; and
 - Other State Agencies: 13.4 months
- The median length of time by Eligibility was:
 - Category A: 15 months
 - Category B: 16 months; and
 - Category C: 16 months.

Q 15. Which statement describes the status of your state funding for Part C for 2015-2016.

Forty-two states responded to this question. Fifteen states (36%) had their state funding frozen. Seven states (17%) had their funding increased. Three states (7%) had their funding reduced and seventeen states (40%) did not have a finalized state budget at the time they responded to the survey.



Analyzing the responses to this question by lead agency and eligibility resulted in the following:

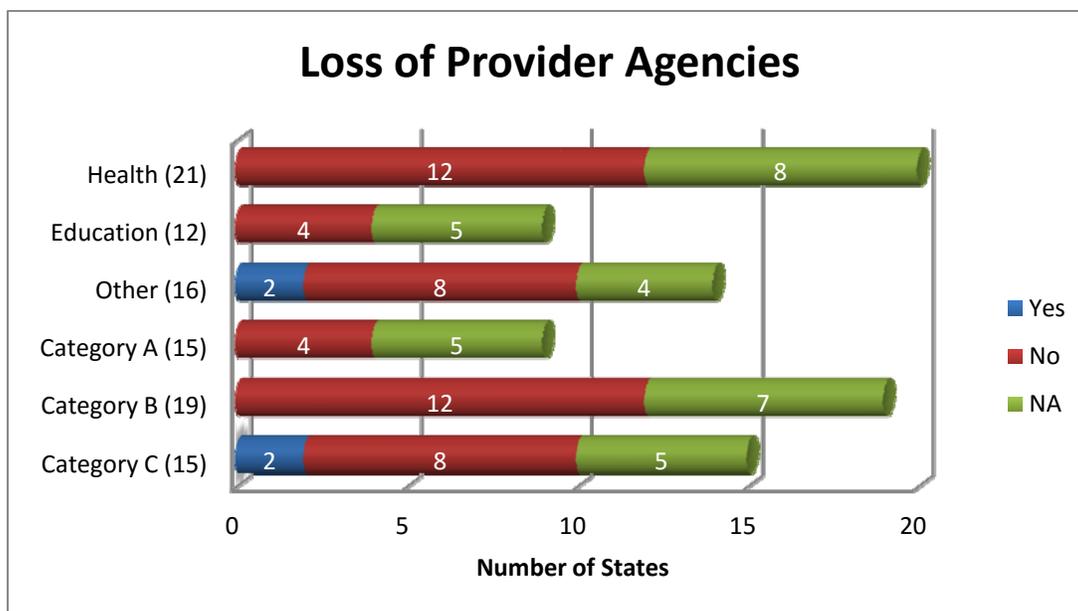
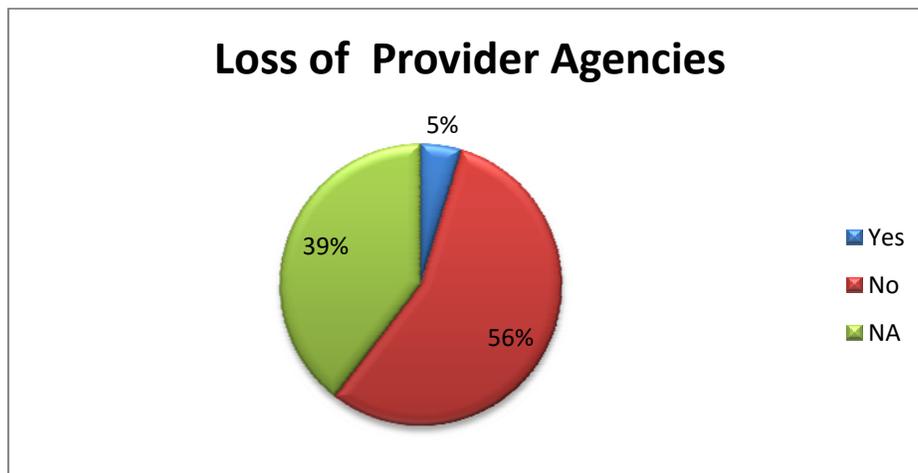


Additional Comments:

1. We do not have state funding identified as early intervention.
2. The state appropriation is driven by local expenditures on EI services. For reasons associated with a cut-over to a SFA two years ago, the appropriation was slightly lower this year but overall expenditures for EI have not declined.
3. The proposed cuts are very large.
4. We do not have state funding for Part C.

Q 16. If you contract with agencies/organizations to serve as local lead agencies, did any of those agencies/organizations decline to continue because of fiscal constraints?

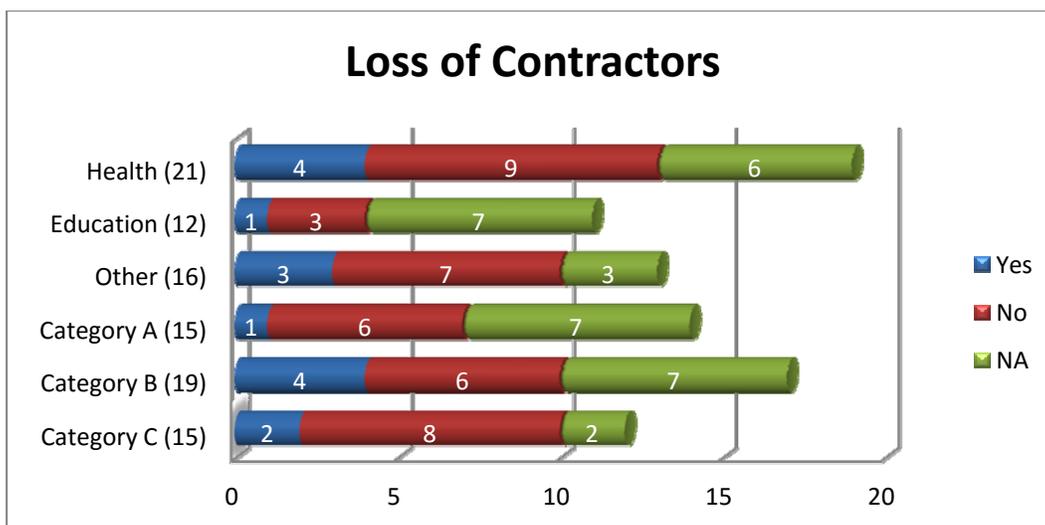
Forty-three states responded to this question. Two states (5%) indicated that they had agencies/organizations decline to continue because of fiscal constraints. Twenty-four states (56%) indicated they did not have any agencies/organizations decline to continue because of fiscal constraints and seventeen states (39%) indicated this question did not apply to them.



Additional Comment: Local governments are required in state law to administer the EI program.

Q 17. If your state uses contractors (agencies/individuals) to provide direct services, did any of those contractors decline to continue because of fiscal restraints?

Forty-two states responded to this question. Twenty states (48%) indicated they did not have any contractors (agencies/individuals) decline to continue because of fiscal constraints. Eight states (19%) indicated that they had agencies/individuals decline to continue because of fiscal constraints and twelve states (29%) indicated this question did not apply to them. Two states provided additional comments.



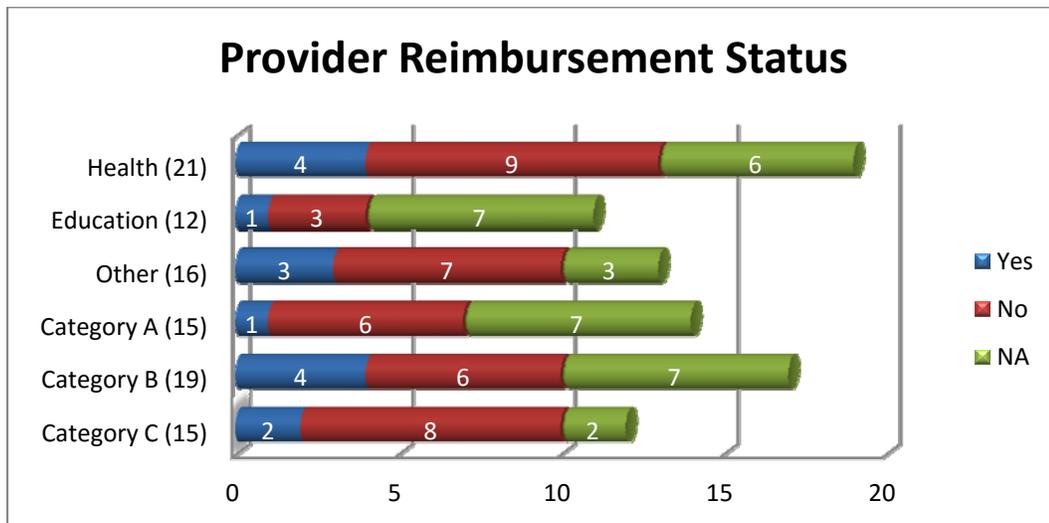
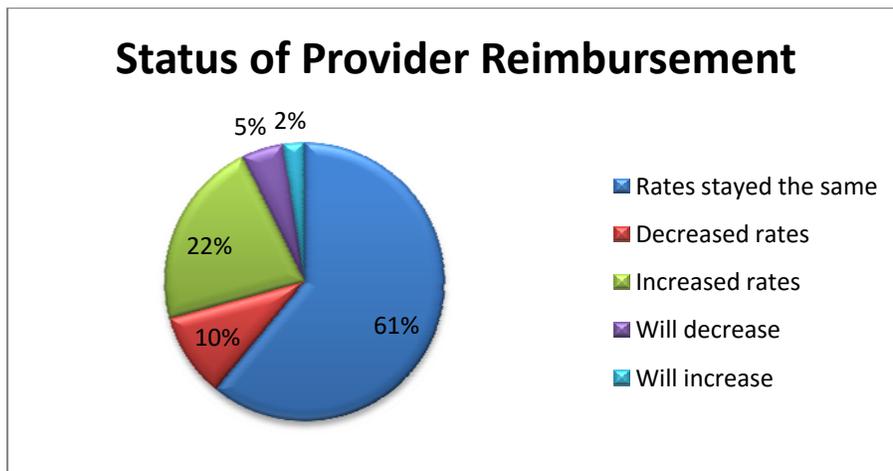
Additional Comments:

1. We use provider agreements - some providers leave but new ones are constantly added.
2. There has been some consolidation among EI providers since implementation of the State fiscal agent (i.e., some individuals now work for agencies). The number of rendering providers has

increased; however there are reported shortages among certain types of personnel and we are closely monitoring.

Q 18. What is the status of provider reimbursement in your state over the last three years?

Forty-one states responded to this question. Twenty-five states (61%) indicated provider rates remained the same. Four states (10%) decreased provider rates. Nine states (22%) reported they increased provider reimbursement rates. Two states (5%) indicated they would decrease provider rates in the next twelve months and one state (2%) indicated it will increase provider rates in the next 12 months.

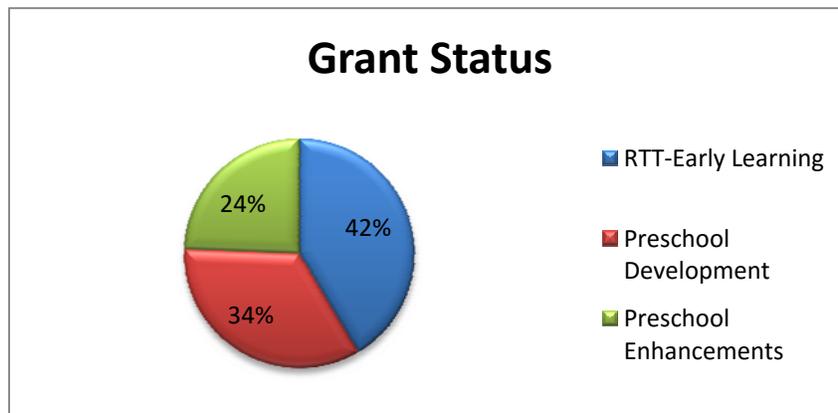


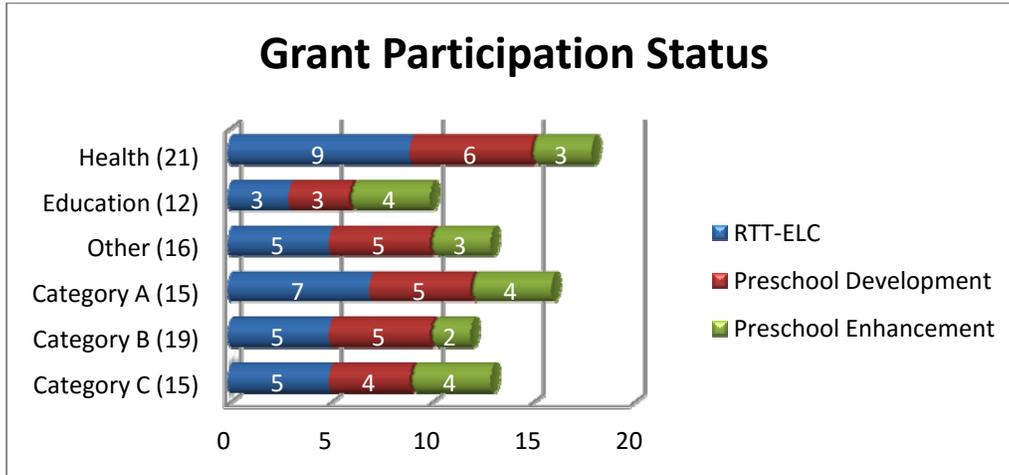
Additional comments:

1. *[We] have accommodated some providers through non-standard rates.*
2. *We do not reimburse providers using a rate. Each program is allocated funds based on a funding formula.*
3. *Public Insurance rates increase - Part C matches those rates.*
4. *Our state is not a fee for service system. Local programs are given a set amount of funding each SFY based on a funding formula. With that said, based on the Dec. 1 counts for the past 5 years we have seen a 30% increase in the number of children served with only a \$100,000.00 increase in State funding. Which equates to a reduction in provider reimbursement.*
5. *Some contractor rates have increased while others have decreased due to the implementation of a new "redistribution" methodology. This approach was developed and implemented as a last resort -- methodology was based primarily on program growth.*
6. *The unit rate was increased by 1% in 2013.*
7. *[We] restructured our fee for service codes/rates.*

Q 19. Does your state have any of the following grants? Please check all that apply.

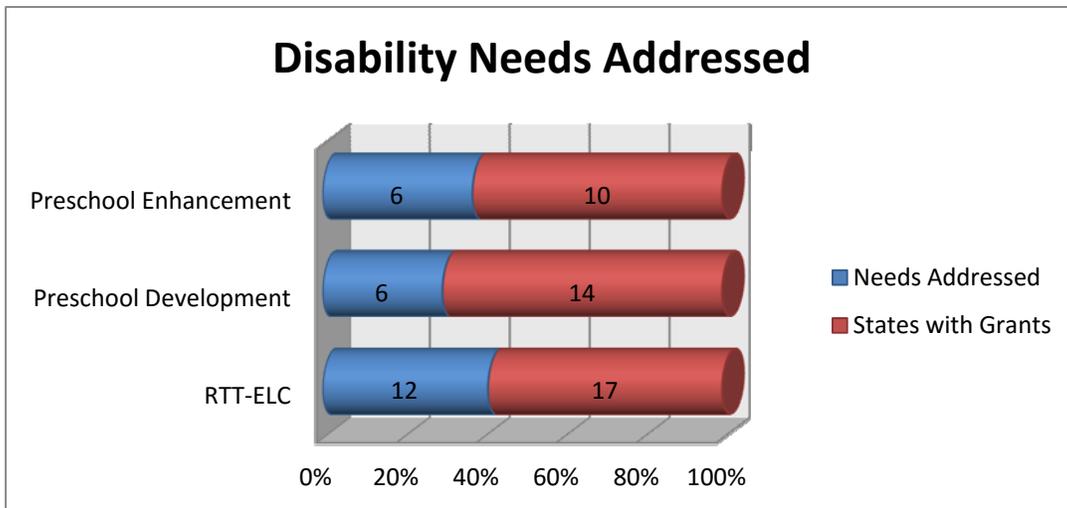
Forty-one states responded to this question. Seventeen states (42%) indicated they have Race to the Top - Early Learning Grants. Fourteen states (34%) reported they have have Preschool Development Grants. Ten states (24%) indicated they have Preschool Enhancement Grants.

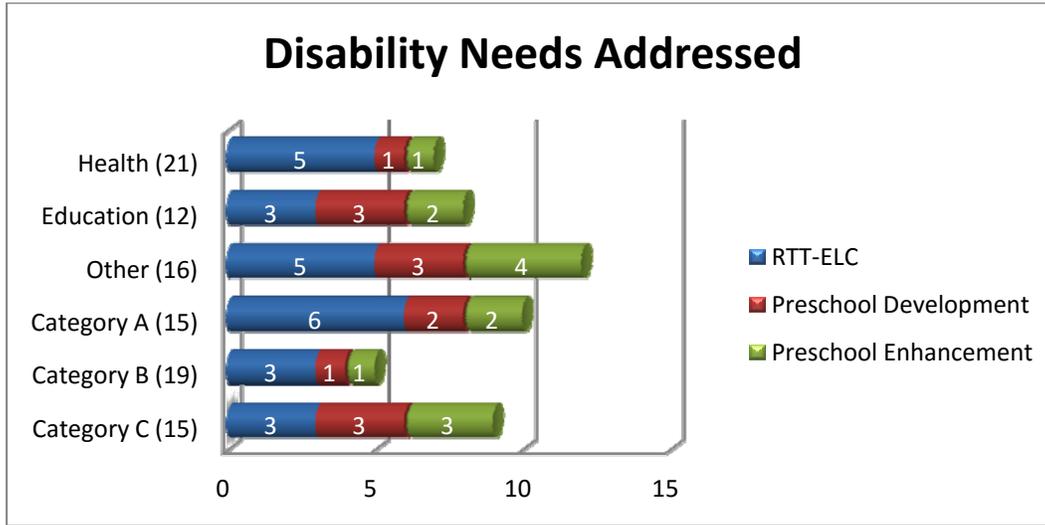




Q20. Are the needs of infants and toddlers with disabilities being addressed in the implementation of the grants?

Twenty-eight states responded to this question. The following chart indicates the number of states that indicated the needs of infants and toddlers with disabilities were being addressed by the grants.



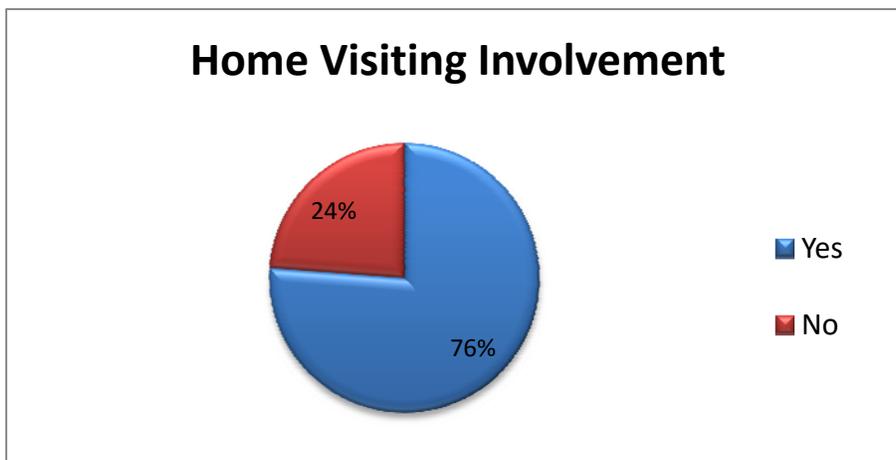


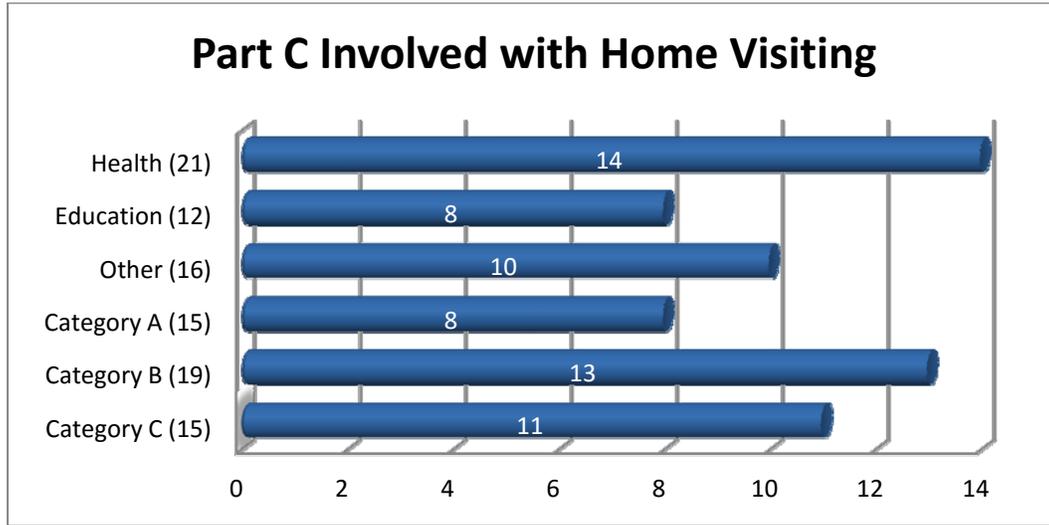
Additional Comments:

1. *[There is] no collaboration with Part C.*
2. *Our state is not allowed to apply for these grants.*
3. *Yes for our state-driven system--more so now with implementation in year 2.*
4. *We have been involved in the preschool development process but it is largely focused on children four and older.*

Q21. Is your Part C system involved with your state's Home Visiting initiatives?

Forty-two states responded to this question. Thirty-two states (76%) responded that they were involved in state's Home Visiting initiatives. Ten states (24%) were not involved.





Additional Comments:

1. Part C and MIECHV fund a statewide online coordinated Intake System.
2. MOU developed to address referrals to one another, joint sessions and attendance at intake, evaluation and IFSP development/review.
3. The MIECHV sits within the Bureau of Family Health & Nutrition and works collaboratively with Part C to provide comprehensive evidence-based home visiting services to families who reside in the 17 at-risk communities.
4. We are developing joint guidance for when children/families are eligible for both. Would love to hear from other states!
5. [We are] working with the Home Visiting Initiative to address social emotional development.
6. Both systems have facilitated coordination at the local level, shared policies and procedures, have had HV updates at ICC meetings, and are evaluating further opportunities.
7. [We] participated in the development of the application for the development grant, member of state's home visiting consortium.
8. Home visiting and early intervention are in the same division at the Department of Early Learning. We are doing joint planning regarding several efforts including the state's new infant mental health endorsement project, WA's early intervention SiMR, and the development of shared referral procedures.
9. Part C director serves on their advisory board and collaboration is evolving.
10. We are involved with the Dept. of Health's Young Child Wellness Council.
11. We refer non eligible families.

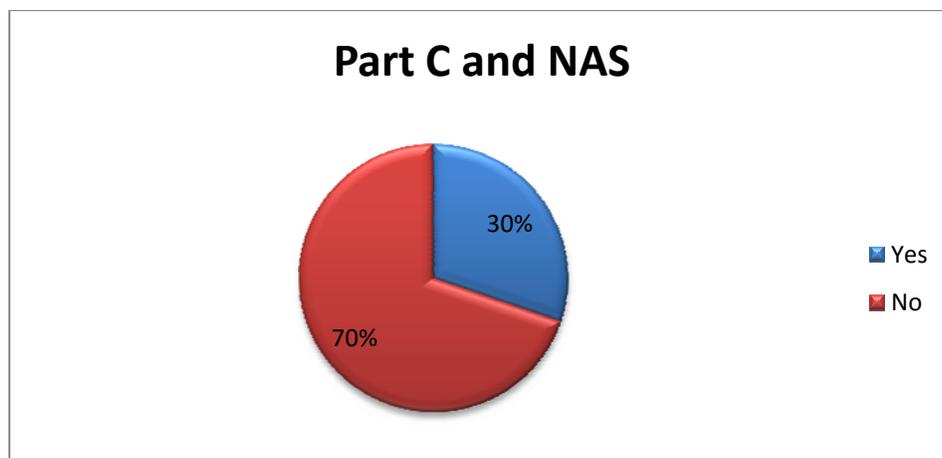
12. *[We are] working on having them screen and refer children to EI for evaluation.*
13. *In beginning stages to support SSIP Phase II.*
14. *The home visiting programs are administered by the same Department/Division as the Early Intervention Program. Collaboration among home visiting providers and EI providers has been encouraged.*
15. *Joint professional development activities; Strategic Planning Meetings. Expanding these efforts to other state level early care and education agencies.*
16. *The EI program is housed in the same department as a home visiting program, and both the EI and Home Visiting programs use the same central coordination sites for referrals into the program. Both programs also make referrals to one another if it is determined that the child/family would benefit.*
17. *Sharing resources -we are housed in the same bureau Holding a joint conference paid for by the Office of Home Visiting Participating in CSPD activities Receiving and sending referrals.*
18. *Collaborating around child find and multiple professional development initiatives regional home visiting meetings with invite to Part C and other EC partners.*
19. *Part C will be changing Lead Agency as of July 1 and will then be under the same agency as the Home Visiting initiatives.*
20. *Just completed joint training and working on an IAA between both programs.*
21. *We collaborate regularly through the state early childhood team. We work on teams and committees regularly together.*
22. *I sit on the Home Visiting Coalition and am also involved in other initiatives across the state as a committee member.*
23. *EOHHS partners with the Department of Health who oversees Home Visiting to make sure all infants and their families are referred to appropriate resources.*
24. *Close partnership with Maternal Child Health initiatives; referrals received from Home Visiting programs.*
25. *Part C is a member of the state advisory council (SAC) for a coordinated, comprehensive early childhood system, and a member of the sub-committee for Evidence based Home Visiting which partners with the federal MIECHV programs.*
26. *The public school system works closely with the HOME Visiting Program. The early intervention program makes referrals to families who are eligible for HOME Visiting services, should families agree to such services. At the same time, the HOME visiting program also provides the EI program with referrals, should their families have infants or toddlers with developmental concerns. On*

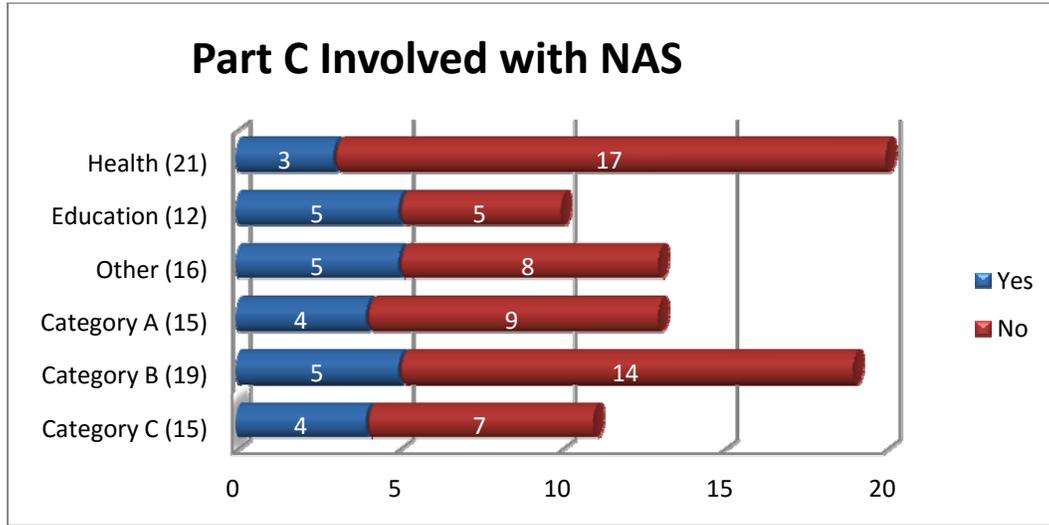
some occasions, a family may be receiving services from both programs. In cases like this, providers work together to assist families.

27. *We participate on advisory board meetings and coordinate service delivery.*
28. *We don't really have home visiting initiatives but we meet with the NFP Home Visiting Group periodically.*
29. *There is Part C representation on the Home Visiting Advisory Committee. Part C has been involved in the Home Visitation Strategic Planning.*
30. *We collaborate on training and home visiting is a primary referral source.*
31. *[We are] currently participating in state's MCH needs assessment, also have referral process to and from NFP program.*
32. *Part C and MIECHV are partnering in family education, resource and referral, and home visits.*
33. *The Department of Health shares Home Visiting with the Department of Children and Families. Home Visiting and Part C participant on the Council for Young Children, an Interdepartmental Planning Group and RTT-ELC.*
34. *Part C program staff participate on the state Home Visiting Program State Interagency Team Workgroup. The purpose of the workgroup is to improve the quality, efficiency, and effectiveness of home visiting through interagency collaboration. Part C has worked with the workgroup to facilitate referrals on behalf of families to the Part C local programs.*

Q22. Has your state Part C system begun to address issues for infants with Neonatal Abstinence Syndrome (NAS)?

Forty-three states answered this question. Thirteen states (30%) indicated they had begun to address this population.





Additional Comments:

1. Auto-eligible, re-evaluate at 1 year after IFSP development.
2. Monitor trends and convened a NAS workgroup to discuss system implications and support needs of the field.
3. Part C has included infants who was born to a chemically dependent mother as one of our at-risk tracking categories.
4. No, but drug withdrawal syndrome is a eligibility qualifying condition.
5. Clarifying guidance for providers on substance exposed infants and what to consider in the eligibility process.
6. State aware and children are served according to our eligibility criteria.
7. NAS is a diagnosed condition that makes a child eligible for Part C. Regional task force has been developed and we participate on the task force. The Governor's Children Cabinet is conducting a pilot project for NAS children related to a multiple agency/department single plan of care.
8. Staying abreast of a state workgroup initiative for consistent definition.
9. NAS is a single established condition and training on infant assessment has begun.
10. Referral for evaluation made from physician/hospital.
11. Awareness of symptoms, possible exams and test to help determine the diagnosis, complications, and treatment options.
12. Have a Department-wide initiative underway. Currently reviewing data and proposing strategies to address.
13. Infants with NAS may be eligible for Part C in the At Risk category.