



2012 ITCA Tipping Points Survey

Part C Implementation: State Challenges and Responses



2012 Part C Implementation: State Challenges and Responses

For the sixth 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 state 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 July of 2012. Because the ITCA finance survey was also conducted this year, not all questions that have been asked in past Tipping Point surveys were included this year. Forty-eight states and one jurisdiction (hereafter referred to as states) responded to the survey and forty-four completed 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, state eligibility criteria, birth mandate and Pak 7 (large states) 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. The “no responses” are excluded from the charts. ITCA draws no conclusions from the data analysis but simply reports the data. The analysis was conducted utilizing SPSS software. All information is aggregated and the individual state responses are confidential.

Summary of State Responses

The following questions were asked and the responses are summarized below:

1. Which statement describes the status of your continuing participation in Part C beginning July 2012?

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

- 35 states indicated that there were no discussions related to dropping out of Part C; and
- 7 states indicated that in the last 18 months, they had been asked to prepare documents about either: 1) what their state early intervention system would be like without the federal Part C grant or 2) the benefits to their state of continued participation in Part C as compared to the challenges.

2. 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 fifteen states that responded to this question:

- 7 states indicated increased costs;
- 8 states indicated state budget availability;
- 3 states indicated program growth rate; and
- 3 states indicated the increased costs of children with complex needs.

3. Will your state be able to continue participation in Part C through June 30, 2013?

All 44 states that responded to this question indicated that they would be able to continue participation through June 30, 2013.

4. 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 27 states that responded to this question:

- 1 state increased family fees;
- 2 states required families to use their private insurance or be placed on a fee schedule;
- 7 states reduced provider reimbursement;
- 4 states required prior approval for hours of service that exceed an identified amount; and
- 6 states narrowed eligibility.

5. If you increased the fees required of families, describe the extent of the increase.

Two states responded to this question and indicated:

- The baseline for the fee scale was lowered from 250% to 200% and families now pay deductible, co-insurance and co-pays up to family fee schedule even if insurance pays;
- Did not increase fees, but required documentation of family size and income.

6. 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-seven states that responded to this question:

- 5 states will implement family fees;



- 3 states will require families to use their private insurance or be placed on a fee schedule;
- 5 states will reduce provider reimbursement;
- 4 states will require prior approval for hours of service that exceed an identified amount; and
- 6 states will narrow eligibility.

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

Check only one response.

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

- 21 states indicated they have made no changes in eligibility criteria and have no plans to make any changes;
- 11 states have made eligibility criteria more restrictive;
- 1 state has expanded eligibility criteria; and
- 2 states are changing criteria in the 2012-2013 fiscal year.

8. If you are changing eligibility criteria in the 2012-2013 year, please check the answer that describes what you are planning.

Of the eight states that responded to this question:

- 7 states are narrowing eligibility criteria; and
- 1 state is expanding eligibility criteria.

9. What are you doing for children who no longer meet your eligibility criteria?

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

- 23 states refer them to other community agencies
- 7 states enroll them in a formal tracking program;
- 2 states indicate they have no policy or procedure for children who no longer meet the eligibility criteria; and
- 1 state is seeking alternative funding to support them in a separate system.

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

Of the twenty-two states that were able to answer this question:



- The number of planned service hours per child per month ranged from 2 hours to 12 hours with a median of 6.67 hours.

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

Of the twenty-three states that were able to answer this question:

- The number of delivered service hours per child per month ranged from 2 hours to 12 hours with a median of 4.5 hours.

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

Of the twenty-five states that were able to answer this question:

- The average length of time a child was in the Part C system ranged from 12 months to 28 months with a median of 18 months.

13. Which statement describes the status of your state funding for Part C for 2012-2013.

Of the thirty-nine states that responded to this question:

- 5 states had their state funding increased;
- 6 states had their state funding decreased;
- 19 states had their state funding remain the same; and
- 9 states indicated that their state budget was not finalized.

14. 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 thirty-five states that responded to this question:

- 4 states indicated that they had agencies/organizations decline to continue because of fiscal constraints.

15. 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 thirty-five states that responded to this question:

- 6 states indicated that they had agencies/individuals decline to continue because of fiscal constraints.

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

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

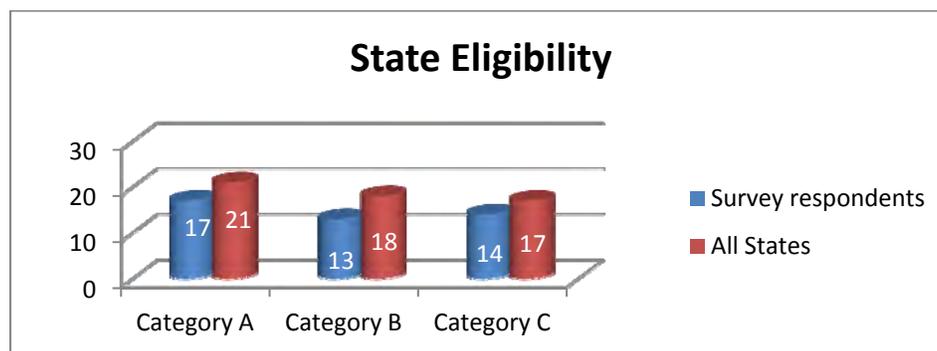
- 21 state will decrease provider rates in the next 12 months;
- 11 states decreased provider reimbursement rates ;
- 3 states indicated provider rates remained the same;
- 3 states increased provider reimbursement rates; and
- 2 states indicated it will increase provider rates in the next 12 months.

On the following pages, the demographics of the states that responded to the survey and the responses to each question in frequency as well as analysis by type of lead agency and ITCA established eligibility criteria are presented. The total number of states by type of lead agency and by eligibility are included in the charts. This allows the reader to compare the number of responses to the total number of states in each category.

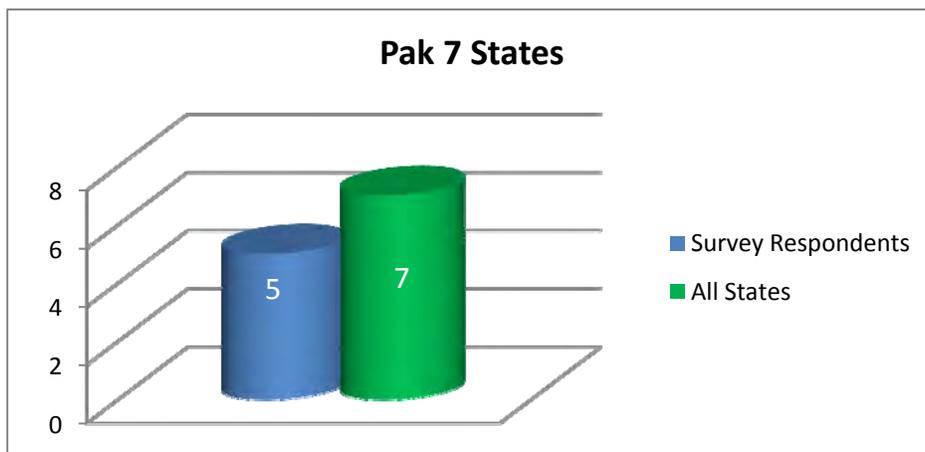
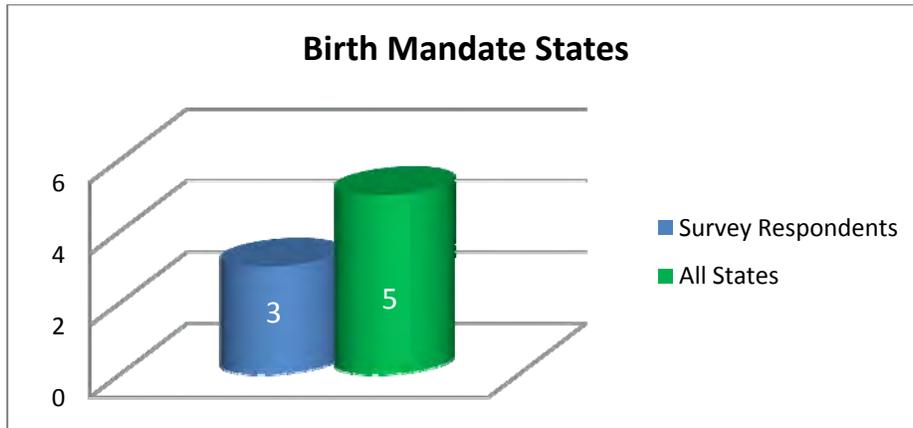
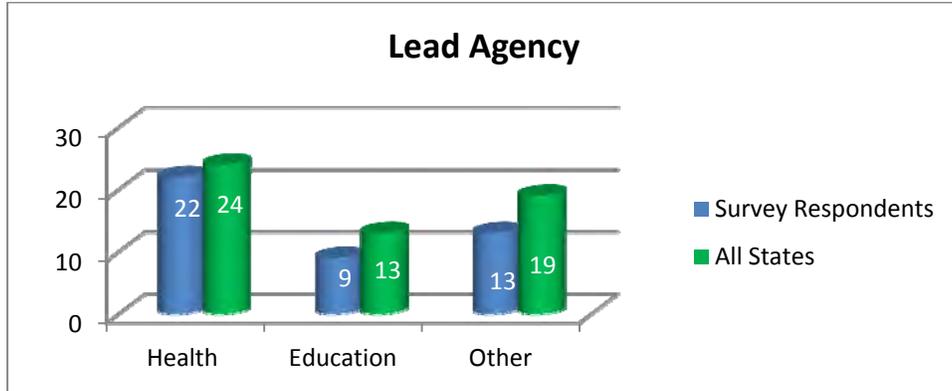
Demographics of States Responding to the Survey

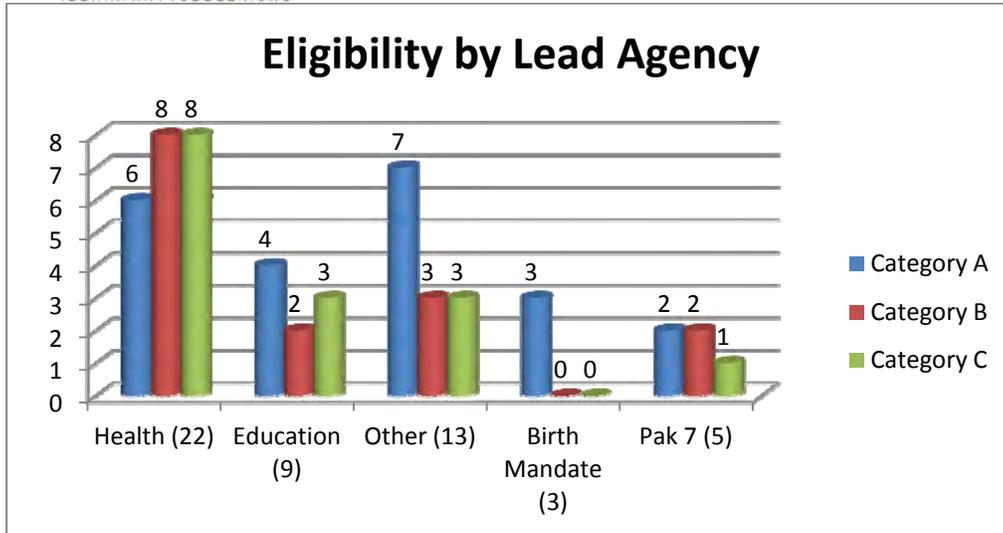
ITCA received responses from forty-eight states and one jurisdiction. For the purpose of analysis, states self-identified their status for eligibility category and type of lead agency. While OSEP has discontinued categorizing states by eligibility criteria, ITCA members have requested that eligibility 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 (including co-leads). States self-identify type of lead agency.

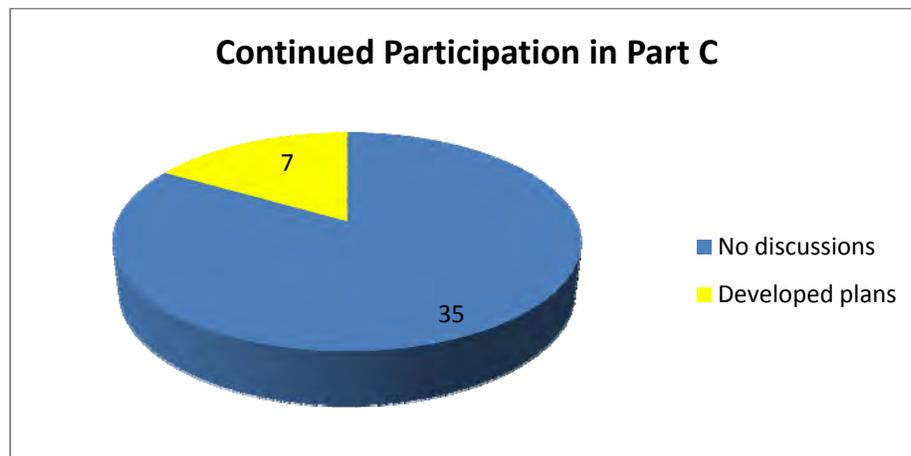


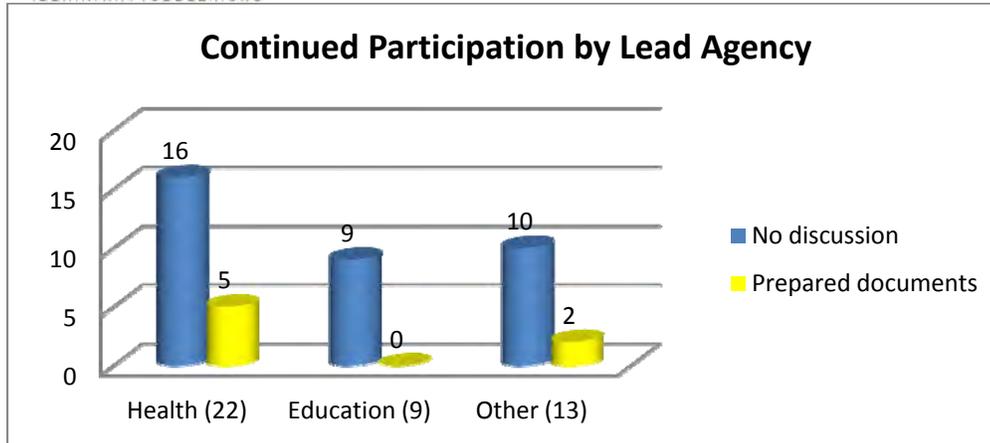


Survey Questions

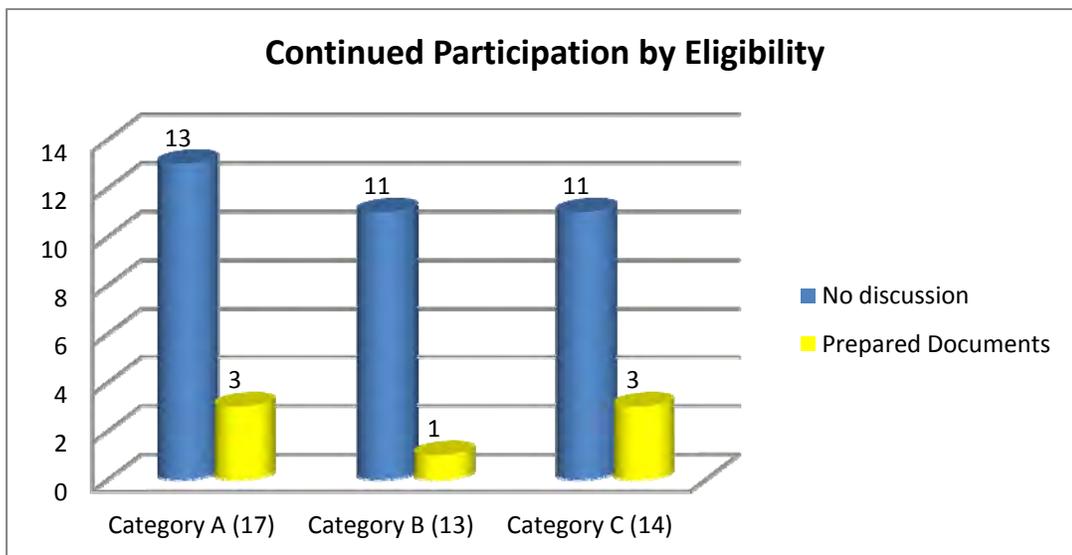
1. Which statement describes the status of your continuing participation in Part C beginning July 2011?

Forty-two states responded to this question. Thirty-five states (83.3%) responded that there were no discussions related to dropping out of Part C. Six states (16.7%) indicated that they had been asked to prepare documents related to staying in Part C.

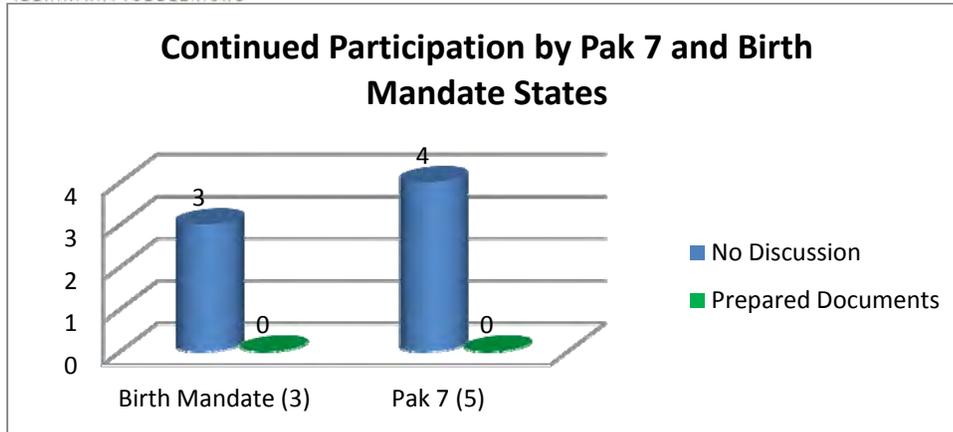




Sixteen states (72.7%) with Health as the lead, nine states (100%) with Education as the lead and ten states (76.9%) with “Other” as the lead responded that there were no discussions about dropping out of Part C. Five states (22.7%) with Health as the lead and two states (15.3%) with “Other” as the lead indicated that they had been requested to prepare documents related to staying in Part C.



Thirteen states (76.4%) with Category A eligibility, eleven states (84.6%) with Category B eligibility and eleven states (78.5%) with Category C eligibility indicated there were no discussions regarding dropping out of Part C.



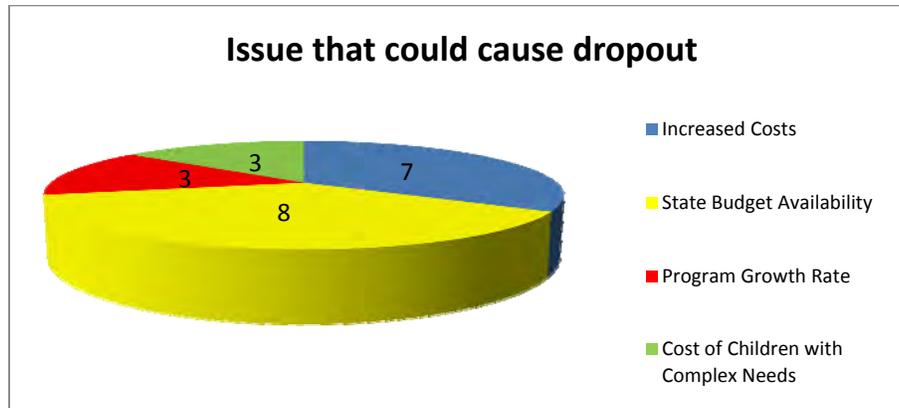
All Birth Mandate and Pak 7 states indicated there was no discussion regarding dropping out of Part C.

Comments provided by states in regard to this question included:

- Concerns regarding some of the new regulations, i.e. parent request for evaluation, consent for public insurance, etc. but have not risen to level of discussions of dropping out. The budget was developed for the biennium but MOE may be a factor – too soon to know;
- If fiscal trends change dramatically as a result of July 1st implementation, the discussion may resurface.
- We have a deficit budget and are working towards a more restrictive eligibility to cut costs.
- The program was eliminated from the DHH budget during the legislative session, but "saved" by stakeholders. Don't think it will be on the radar this year.
- Discussions have been held on the concerns of not having enough funding to sustain our EI program. We are committed to keep partnering and trying.
- At the request of key Department and Legislative Bureau fiscal personnel, the Part C office facilitated a call with OSEP to determine whether there would be a financial penalty if the State chose to withdraw from the Part C Program; however, the Department Director, when questioned, has stated this is not a serious consideration.
- The cost of the Program has been challenged a number of times by Governors budget staff. "program is unsustainable"

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

Fifteen states responded to this question. Seven states (46.6%) indicated increased costs of the system could cause their state to drop out. Eight states (53.3%) cited program growth rate. Three states (20%) identified the increased costs of children with complex needs. Three states (20%) identified state budget availability.



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

	Health (22)	Education (9)	Other (13)
Increased Costs	4	0	3
State Budget Availability	5	0	3
Program Growth Rate	1	0	2
Increased Costs of Complex Children	1	0	2
	Health (22)	Education (9)	Other (13)
Increased Costs	18.2%	0	23.1%
State Budget Availability	22.7%	0	23.1%
Program Growth Rate	4.5%	0	15.4%
Increased Costs of Complex Children	4.5%	0	15.4%

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

	Category A (17)	Category B (13)	Category C (14)
Increased Costs	3	1	3
State Budget Availability	3	3	2
Program Growth Rate	2	0	1
Increased Costs of Complex Children	1	2	0
	Category A (17)	Category B (13)	Category C (14)
Increased Costs	17.6%	7.7%	21.4%
State Budget Availability	17.6%	23.1%	14.3%
Program Growth Rate	11.8%	0.0%	7.1%
Increased Costs of Complex Children	5.9%	15.4%	0.0%

Analyzing the responses to this question by Birth Mandate and Pak 7 states resulted in the following:

	Birth Mandate (3)	Pak 7 (5)
Increased Costs	0	2
State Budget Availability	0	1
Program Growth Rate	0	1
Increased Costs of Complex Children	0	1
	Birth Mandate (3)	Pak 7 (5)
Increased Costs	0.0%	40.0%
State Budget Availability	0.0%	20.0%
Program Growth Rate	0.0%	20.0%
Increased Costs of Complex Children	0.0%	20.0%

Additional comments:

- The need to comply with federal requirements for the program.
- All of the above in addition to loss of revenue; and
- Federal regulations

3. Will your state be able to continue to participate in Part C through June 30, 2013?

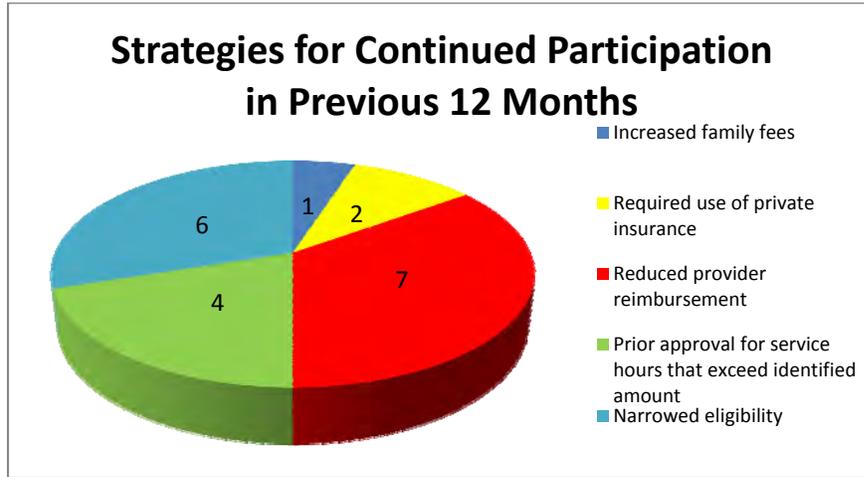
Forty-four states responded to this question. All states (100%) indicated they would be able to continue participation.

Additional Comments:

- Unless OSEP interprets the new regulations to say that we won't really be able to continue to collect insurance revenue, at which point all bets are off
- There hasn't been any public statement from the Governor's Office on this issue, to date. I believe that, if the State decided to pull out, it would be at the beginning of a grant year.

4. 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-seven states responded to this question. The most frequently cited strategies used by states to continue participation in Part C was reducing provider reimbursement and narrowing eligibility.



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

	Health (22)	Education (9)	Other (13)
Increased Family Fees	0	0	1
Required Use of Insurance or Pay Fee	1	0	1
Reduced Provider Reimbursement	5	0	2
Required Prior Approval for Excess Services	3	0	1
Narrowed Eligibility	4	0	2
	Health (22)	Education (9)	Other (13)
Increased Family Fees	0.0%	0%	7.7%
Required Use of Insurance or Pay Fee	4.5%	0%	7.7%
Reduced Provider Reimbursement	22.7%	0%	15.4%
Required Prior Approval for Excess Services	13.6%	0%	7.7%
Narrowed Eligibility	18.2%	0%	15.4%

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

	Category A (17)	Category B (13)	Category C (14)
Increased Family Fees	1	0	0
Required Use of Insurance or Pay Fee	1	0	1
Reduced Provider Reimbursement	2	3	2
Required Prior Approval for Excess Services	2	1	1
Narrowed Eligibility	2	2	2
	Category A (17)	Category B (13)	Category C (14)
Increased Family Fees	5.9%	0.0%	0.0%
Required Use of Insurance or Pay Fee	5.9%	0.0%	7.1%
Reduced Provider Reimbursement	11.8%	23.1%	14.3%
Required Prior Approval for Excess Services	11.8%	7.7%	7.1%
Narrowed Eligibility	11.8%	15.4%	14.3%

Analyzing the responses to this question by Birth Mandate states and Pak 7 states resulted in the following:

	Birth Mandate (3)	Pak 7 (5)
Increased Family Fees	0	1
Required Use of Insurance or Pay Fee	0	1
Reduced Provider Reimbursement	0	1
Required Prior Approval for Excess Services	0	1
Narrowed Eligibility	0	2
	Birth Mandate (3)	Pak 7 (5)
Increased Family Fees	0.0%	20.0%
Required Use of Insurance or Pay Fee	0.0%	20.0%
Reduced Provider Reimbursement	0.0%	20.0%
Required Prior Approval for Excess Services	0.0%	20.0%
Narrowed Eligibility	0.0%	40.0%

Additional Comments:

- We are preparing to implement family fees and cap EI provider rates.
- We do not require use of insurance, but we strongly encourage and pursue its use.
- We received \$6.9 additional state dollars from the legislature.
- We are still in the process of finalizing administrative rules to restrict eligibility.
- We left positions vacant. We created process, policies, and procedures for family fees but have yet to implement. We reduced the Child Find budget.
- We explored any possible options for cost containment
- We continue to implement a primary service delivery model when appropriate; collaborate with other early childhood partners; and braid federal Part C, Part B 619 and Part B 611 funding.
- We have had discussions on how to solicit funds from the private sector.
- We changed family fee and insurance rules to increase revenue and requested increase in state dollars.
- We increased accountability for eligibility decisions.
- We established service package limits for at risk kids and families.
- We revised fees and reimbursement policy July 1 2011.
- We are exploring narrowing of eligibility.
- We review appropriateness of services.

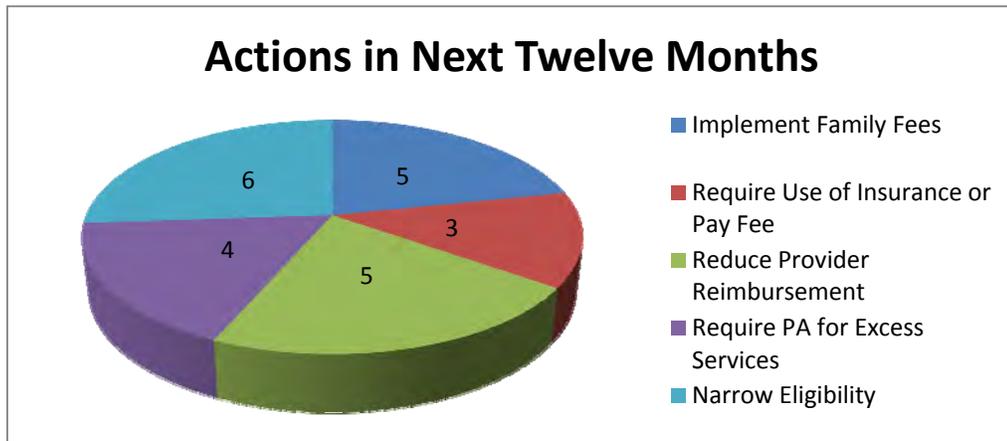
5. If you increased the fees required of families, describe the extent of the increase.

Two states responded to this question in the following manner:

- Previous policy was if insurance paid, there was no family fee and lowest FPL with fee was 250%. Now fee scale starts at 200% and families pay deductible, co-insurance and co-pays up to family fee schedule even if insurance pays.
- Did not increase fees, but required documentation of family size and income

6. 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-seven states responded to this question. The most frequently cited strategies used by states to continue participation in Part C was implementing family fees, reducing provider reimbursement and narrowing eligibility.



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

	Health (22)	Education (9)	Other (13)
Implement Family Fees	2	0	3
Require Use of Insurance or Pay Fee	1	0	2
Reduce Provider Reimbursement	3	0	2
Require Prior Approval for Excess Services	3	0	1
Narrow Eligibility	4	0	2
	Health (22)	Education (9)	Other (13)
Implement Family Fees	9.1%	0	23.1%
Require Use of Insurance or Pay Fee	4.5%	0	15.4%
Reduce Provider Reimbursement	13.6%	0	15.4%
Require Prior Approval for Excess Services	13.6%	0	7.7%
Narrow Eligibility	18.2%	0	15.4%

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

	Category A (17)	Category B (13)	Category C (14)
Implement Family Fees	2	2	1
Require Use of Insurance or Pay Fee	1	2	0
Reduce Provider Reimbursement	2	2	1
Require Prior Approval for Excess Services	2	2	0
Narrow Eligibility	3	2	1
	Category A (17)	Category B (13)	Category C (14)
Implement Family Fees	11.8%	15.4%	7.1%
Require Use of Insurance or Pay Fee	5.9%	15.4%	0.0%
Reduce Provider Reimbursement	11.8%	15.4%	7.1%
Require Prior Approval for Excess Services	11.8%	15.4%	0.0%
Narrow Eligibility	17.6%	15.4%	7.1%

Analyzing the responses to this question by Birth Mandate and Pak 7 states resulted in the following:

	Birth Mandate (3)	Pak 7 (5)
Implement Family Fees	0	1
Require Use of Insurance or Pay Fee	0	1
Reduce Provider Reimbursement	0	0
Require Prior Approval for Excess Services	0	2
Narrow Eligibility	0	1
	Birth Mandate (3)	Pak 7 (5)
Implement Family Fees	0.0%	20.0%
Require Use of Insurance or Pay Fee	0.0%	20.0%
Reduce Provider Reimbursement	0.0%	0.0%
Require Prior Approval for Excess Services	0.0%	40.0%
Narrow Eligibility	0.0%	20.0%

Additional Comments:

- We will continue to strongly encourage and promote use of private insurance.
- We will request additional state dollars from the legislature.
- The situation is being monitored. No decision has been made.
- Eligibility changes went into effect 5/1/12. Now we are exploring ways to maintain fiscal stability.
- We are discussing with our Medicaid office about billing for special instruction (developmental therapy). With health reform, we will explore initiating discussions

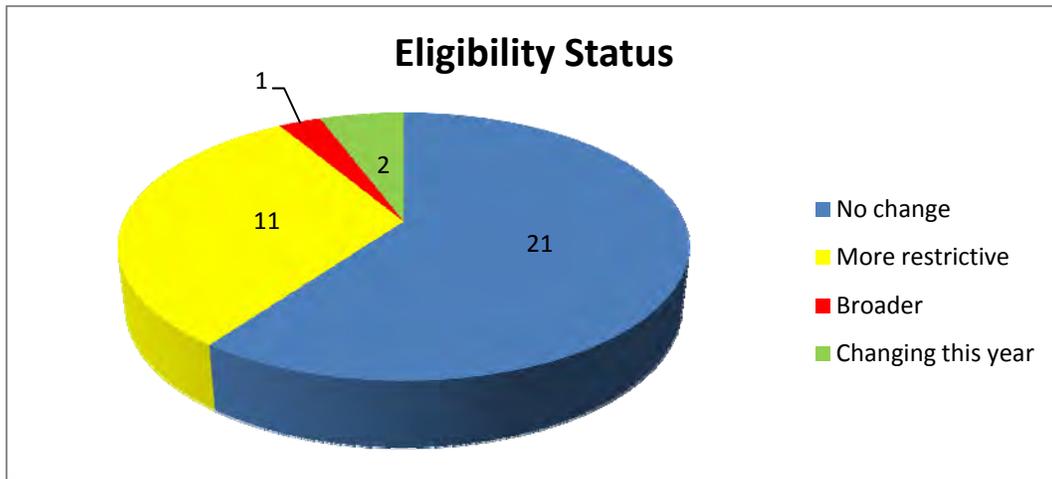


about billing private insurance since lifetime caps will be eliminated; we would need to have discussion with our AG, SICC and other stakeholders since we are a birth mandate State. We are looking to leverage the funding we received from Early Childhood Race to the Top to provide formal training to our providers on how to appropriately coach child care and other early childhood providers so that they can also participate in working on achieving outcomes of children on IFSPs.

- The general plan is to identify additional funds to support Part C.
- We will request additional state dollars, possible reduction in local contracts.
- The State is in process of restructuring the administration of the early intervention program as well as the model of service delivery. There is no published plan specifying the process at this time.
- We continue to work on a plan for family cost share; probably make a decision about implementing it by end of SFY2013.
- We will try to diversify and add funding sources
- We will attempt (once more) to add private insurance and co-payment to our program.
- We are not likely to initiate any more changes in next 12 months. We anticipate receiving Legislative direction related to increasing family fee collections next session for Sept 1 2013 implementation.
- We will request additional funds from the state legislature

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

Of the thirty-five states that responded to this question, twenty-one states (60%) indicated that there had been no change in eligibility criteria and were not planning on making any changes. Eleven states (31.4%) have made their eligibility criteria more restrictive while one state (2.8%) broadened their eligibility criteria. An additional two states (5.7%) indicated that they were changing eligibility criteria in the coming year.



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

	Health (22)	Education (9)	Other (13)
No Change in Eligibility	9	6	6
Narrowed Eligibility	8	1	2
Expanded Eligibility	0	0	1
Will Change Criteria in 2012-2013	0	1	1
	Health (22)	Education (9)	Other (13)
No Change in Eligibility	40.9%	66.7%	46.2%
Narrowed Eligibility	36.4%	11.1%	15.4%
Expanded Eligibility	0.0%	0.0%	7.7%
Will Change Criteria in 2012-2013	0.0%	11.1%	7.7%

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

	Category A (17)	Category B (13)	Category C (14)
No Change in Eligibility	8	6	7
Narrowed Eligibility	4	4	3
Expanded Eligibility	1	0	0
Will Change Criteria in 2012-2013	1	0	1
	Category A (17)	Category B (13)	Category C (14)
No Change in Eligibility	47.1%	46.2%	50.0%
Narrowed Eligibility	23.5%	30.8%	21.4%
Expanded Eligibility	5.9%	0.0%	0.0%
Will Change Criteria in 2012-2013	5.9%	0.0%	7.1%

Analyzing the responses to this question by Birth Mandate and Pak 7 states resulted in the following:

	Birth Mandate (3)	Pak 7 (5)
No Change in Eligibility	2	1
Narrowed Eligibility	1	3
Expanded Eligibility	0	0
Will Change Criteria in 2012-2013	0	0

	Birth Mandate (3)	Pak 7 (5)
No Change in Eligibility	11.8%	20.0%
Narrowed Eligibility	5.9%	60.0%
Expanded Eligibility	0.0%	0.0%
Will Change Criteria in 2012-2013	0.0%	0.0%

Additional Comments:

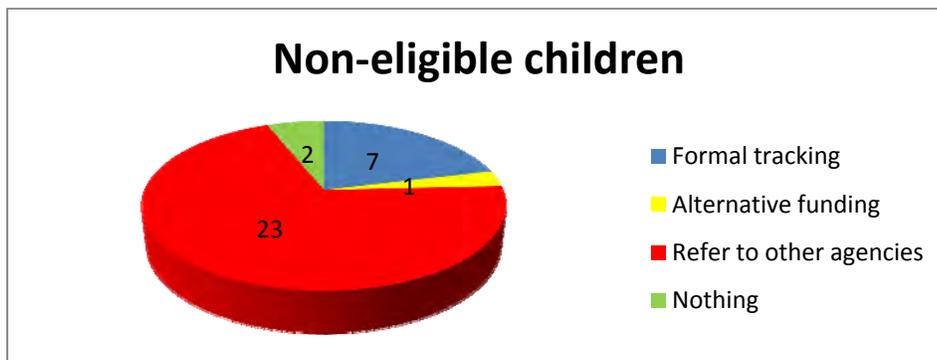
- We proposed narrowing eligibility but the legislature opposed it and provided additional funding.
- As part of our Results Process to look at the percentage of children under the age of 12 months, we may try to slightly re-define developmental delay for infants so that more of them could be eligible earlier.
- We have not changed eligibility criteria in the last three years and no decision has been made about changes during the current state/federal fiscal year.
- We will be making a decision whether to adjust for prematurity up to one year chronological age. We are also considering increasing the birth weight for automatic eligibility from 1,200 to 1,500 grams. We will continue to provide Extended Option Services, but have not determined the ending age at this point.
- We removed percent delay & required use of standard deviation.
- We may change eligibility if addition funds are not granted from the legislature.

8. If you are changing eligibility criteria in the 2012-2013 year, please check the answer that describes what you are planning.

Of the eight states that are changing their eligibility requirements this year, seven states (87.5%) will narrow their criteria and one state will broaden their criteria.

9. What are you doing for children who no longer meet your eligibility criteria?

Twenty-eight states responded to this question. Twenty-three states (82.1%) indicated that they refer the children to other community agencies. Seven states (25%) enroll the children in a formal tracking program and one state (3.5%) seeks alternative funding to support these children in a separate system. Only two states (7.1%) indicated they had no state policy or procedure related to children who no longer meet the eligibility criteria.



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

	Health (22)	Education (9)	Other (13)
Enroll in Formal Tracking Program	6	0	1
Seeking Alternative Funding	1	0	0
Refer to Community Agencies	15	5	3
No Policy or Procedures	0	2	0
	Health (22)	Education (9)	Other (13)
Enroll in Formal Tracking Program	27.3%	0.0%	7.7%
Seeking Alternative Funding	4.5%	0.0%	0.0%
Refer to Community Agencies	68.2%	55.6%	23.1%
No Policy or Procedures	0.0%	22.2%	0.0%

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

	Category A (17)	Category B (13)	Category C (14)
Enroll in Formal Tracking Program	3	2	2
Seeking Alternative Funding	0	0	1
Refer to Community Agencies	9	7	7
No Policy or Procedures	0	1	1
	Category A (17)	Category B (13)	Category C (14)
Enroll in Formal Tracking Program	17.6%	15.4%	14.3%
Seeking Alternative Funding	0.0%	0.0%	7.1%
Refer to Community Agencies	52.9%	53.8%	50.0%
No Policy or Procedures	0.0%	7.7%	7.1%

Analyzing the responses to this question by Birth Mandate and Pak 7 states resulted in the following:

	Birth Mandate (3)	Pak 7 (5)
Enroll in Formal Tracking Program	0	1
Seeking Alternative Funding	0	0
Refer to Community Agencies	3	3
No Policy or Procedures	0	0
	Birth Mandate (3)	Pak 7 (5)
Enroll in Formal Tracking Program	0.0%	20.0%
Seeking Alternative Funding	0.0%	0.0%
Refer to Community Agencies	17.6%	60.0%
No Policy or Procedures	0.0%	0.0%

Additional Comments:

- No formal re-determination. Children exit when they are at age level in all five domains and even then it's typically with parent agreement.
- We provide child development take home activities.
- Several local ITP programs schedule periodic monitoring on children not found eligible or periodic screening is done by primary medical care providers or local health departments.
- We require transition planning to prepare for exiting the system.
- Home visiting programs are getting increased federal and state funding and are picking up some kids that previously would have been served in Part C.
- We refer when there are other available services.
- We are planning to build a formal tracking process in the future.

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

Of the forty-four states that completed this survey, twenty-two states (50%) were able to answer this question. The number of planned service hours per month per child ranged from 2 hours to 12 hours with a median of 6.67 hours.

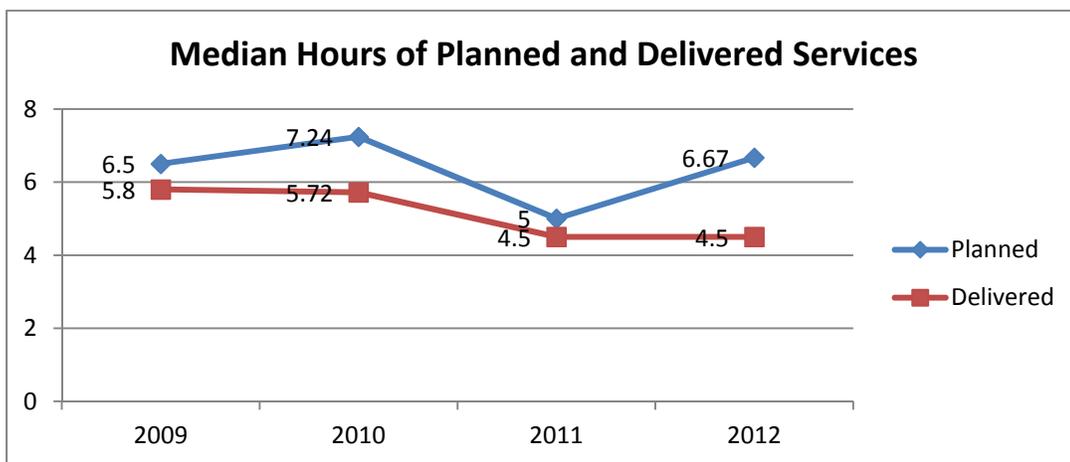
11. What is the average number of delivered hours of direct service (excluding service coordination and evaluation/assessment) per child per month?

Of the forty-four states that completed this survey, twenty-three states (52.2 %) were able to answer this question. The number of delivered service hours per child per month ranged from 2 hours to 12 hours with a median of 4.5 hours.

Analyzing the responses to the questions regarding planned and delivered services by type of lead agency, eligibility category, birth mandate and Pak 7 resulted in the following:

	Median Planned Hours of Service	Median Delivered Hours of Service
Health (22)	4	4
Education (9)	6.34	4
Other (13)	8	7
Category A (17)	5.5	4
Category B (13)	4	3.75
Category C (14)	8.98	7.1

There are four years of data from the Tipping Points Survey that allow a look at the trend for median service hours per child per month.

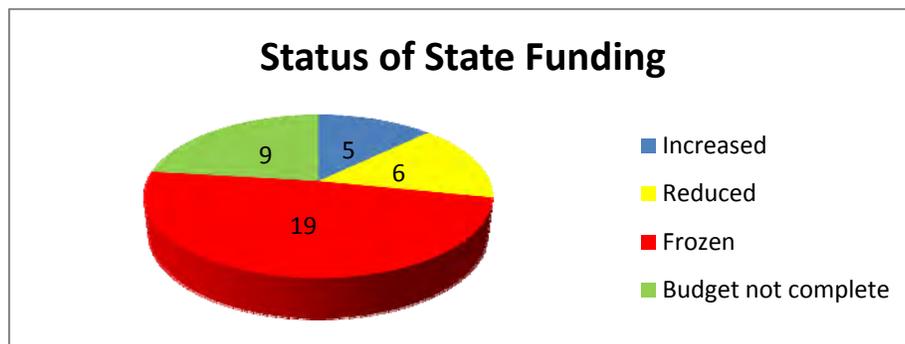


12. What is the average length of time a child is in your Part C system?

Of the forty-four states that completed the survey, twenty-five states were able to answer this question. The average length of time that a child was in the Part C system ranged from 12 months to 28 months with a median of 18 months. Health Lead Agencies had a median of 15 months; Education Lead Agencies had a median of 18 months and “Other State Agencies” had a median of 16.5 months. The median number of months for Category A states is 18 months, Category B states had a median of 13 months and states with Category C eligibility had a median of 17 months.

13. Which statement describes the status of your state funding for Part C for 2012-2013?

Thirty-nine states responded to this question. Five states (12.8%) indicated that their state funding was increased; six states (15.4%) had their state funding reduced; nineteen states (48.7%) had their funding frozen; and nine states (23%) indicated their state budget was not complete at the time of the survey response.



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

	Health (22)	Education (9)	Other (13)
State Funding Increase	3	2	0
State Funding Decrease	3	1	2
State Funding Frozen	10	3	6
State Budget Not Finalized	5	2	2
	Health (22)	Education (9)	Other (13)
State Funding Increase	13.6%	22.2%	0.0%
State Funding Decrease	13.6%	11.1%	15.4%
State Funding Frozen	45.5%	33.3%	46.2%
State Budget Not Finalized	22.7%	22.2%	15.4%

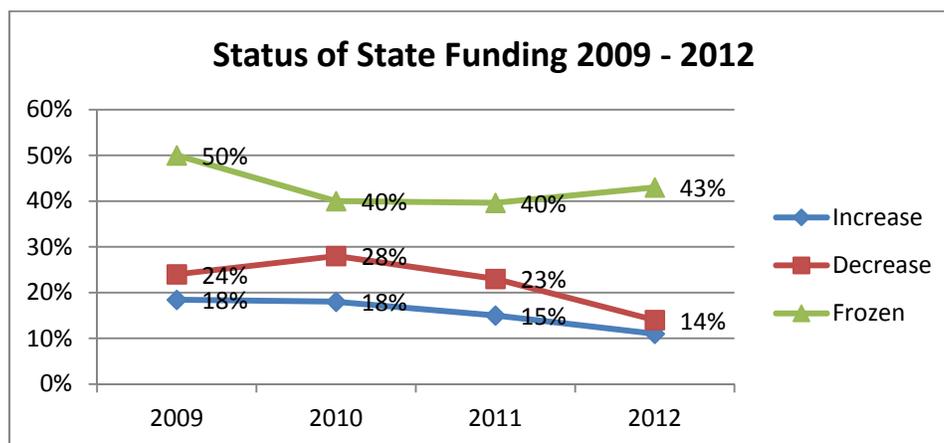
Analyzing the responses to this question by eligibility category resulted in the following:

	Category A (17)	Category B (13)	Category C (14)
State Funding Increase	1	0	4
State Funding Decrease	1	2	3
State Funding Frozen	7	8	4
State Budget Not Finalized	4	3	2
	Category A (17)	Category B (13)	Category C (14)
State Funding Increase	5.9%	0.0%	28.6%
State Funding Decrease	5.9%	15.4%	21.4%
State Funding Frozen	41.2%	61.5%	28.6%
State Budget Not Finalized	23.5%	23.1%	14.3%

Analyzing the responses to this question by Birth Mandate and Pak 7 states resulted in the following:

	Birth Mandate (3)	Pak 7 (5)
State Funding Increase	0	1
State Funding Decrease	0	1
State Funding Frozen	1	3
State Budget Not Finalized	1	0
	Birth Mandate (3)	Pak 7 (5)
State Funding Increase	0.0%	20.0%
State Funding Decrease	0.0%	20.0%
State Funding Frozen	5.9%	60.0%
State Budget Not Finalized	5.9%	0.0%

There are four years of data from the Tipping Points Survey that allow a look at the trend for state funding.



14. 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?

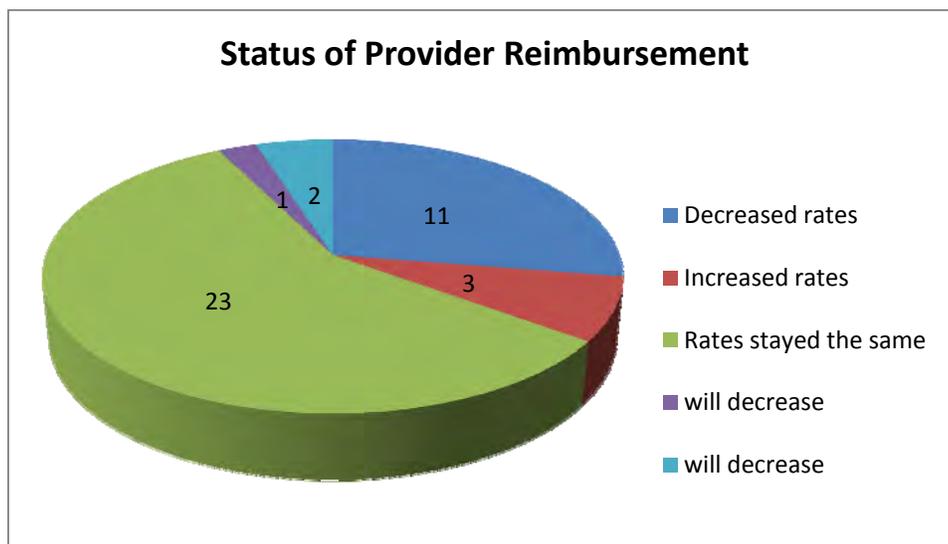
Of the thirty-five states that responded to this question, four states (11.4%) indicated that they had agencies/organizations decline to continue because of fiscal constraints.

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

Of the thirty-five states that responded to this question, six states (17.1%) indicated that they had agencies/individuals decline to continue because of fiscal constraints.

16. What is the status of provider reimbursement in your state?

Forty-two states responded to this question. This question was designed to assess the impact of the ongoing fiscal crisis at the local level. Twenty-three states (54.7%) have kept reimbursement rates the same. Eleven states (26.1%) responded that they had reduced provider reimbursement rates and an additional one state (2.3%) reported that they will reduce rates this year. Three states (7.1%) have increased provider reimbursement rates and two states (4.7%) will increase rates this year.



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

	Health (22)	Education (9)	Other (13)
Decreased Rates	7	1	3
Increased Rates	1	1	1
Rates Stayed the Same	13	1	9
Will Increase Rates	1	1	0
Will Decrease Rates	0	0	1
	Health (22)	Education (9)	Other (13)
Decreased Rates	31.8%	11.1%	23.1%
Increased Rates	4.5%	11.1%	7.7%
Rates Stayed the Same	59.1%	11.1%	69.2%
Will Increase Rates	4.5%	11.1%	0.0%
Will Decrease Rates	0.0%	0.0%	7.7%

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

	Category A (17)	Category B (13)	Category C (14)
Decreased Rates	3	5	3
Increased Rates	1	0	2
Rates Stayed the Same	8	7	8
Will Increase Rates	0	1	1
Will Decrease Rates	1	0	0
	Category A (17)	Category B (13)	Category C (14)
Decreased Rates	17.6%	38.5%	21.4%
Increased Rates	5.9%	0.0%	14.3%
Rates Stayed the Same	47.1%	53.8%	57.1%
Will Increase Rates	0.0%	7.7%	7.1%
Will Decrease Rates	5.9%	0.0%	0.0%

Analyzing the responses to this question by Birth Mandate and Pak 7 states resulted in the following:

	Birth Mandate (3)	Pak 7 (5)
Decreased Rates	0	1
Increased Rates	0	0
Rates Stayed the Same	0	4
Will Increase Rates	0	0
Will Decrease Rates	1	0
	Birth Mandate (3)	Pak 7 (5)
Decreased Rates	0.0%	20.0%
Increased Rates	0.0%	0.0%
Rates Stayed the Same	0.0%	80.0%
Will Increase Rates	0.0%	0.0%
Will Decrease Rates	5.9%	0.0%



Additional comments:

- There is no firm decision but the discussion is that there will be a decrease in rate due to proposed changes in the model of service coordination.
- We increased rate for developmental therapy and for OT, PT and Speech.
- Rates for private contractors are determined at the local level. I do not know.
- Number of providers has decreased.
- A state legislator required a 2 % increase.
- The legislature granted a 1% COLA effective 1/1/13 to all human service providers.