2011 ITCA Tipping Points Survey

Part C Implementation: State Challenges and Responses

IDEA Infant & Toddler Coordinators Association
IDEAINFANTTODDLER.ORG

2011 Part C Implementation: State Challenges and Responses

This is the fifth year that 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 makes this information available to the Adminstration, 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 of 2011. Fifty states and three jurisdictions (hereafter referred to as states) 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 and state eligibility criteria. The charts in the report reflect the responses of those states who answered the questions. 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 2011?**

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

   - 40 states indicated that there were no discussions related to dropping out of Part C;
   - 1 state indicated that the state has begun to have discussions about not continuing to participate in Part C;
   - 1 state indicated that serious discussions were being conducted regarding continued participation; and
   - 6 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 fourteen states that responded to this question:

   - 10 states indicated increased costs;
   - 6 states indicated program growth rate; and
   - 2 states indicated the increased costs of children with complex needs; and
   - 1 state indicated increased per capita costs.

3. **Will your state be able to continue participation in Part C through June 30, 2012?**

   Of the 52 states that responded to this question, 51 indicated that they would be able to continue participation through June 30, 2012.

4. **As a result of state fiscal issues, what have you done in order to continue participation in Part C? Check all that apply.**

   Of the 41 states that responded to this question:

   - 5 states implemented family fees;
   - 3 states increased family fees;
   - 9 states required families to use their private insurance;
   - 13 states reduced provider reimbursement;
   - 8 states required prior approval for hours of service that exceed an identified amount; and
   - 9 states narrowed eligibility.

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

   Of the four states that responded to this question:

   - 1 state lowered the level at which fees are applied from 350% of FPL to 300%;
   - 1 state increased fees 60%

- 1 state increased fees for families above 650% and raised the monthly limit on all families; and
- 1 state raised the fee $25 per month on the high side.

6. **To better understand your fiscal situation, have you conducted any of the following activities:**
    - 2 states have conducted a sustainability study;
    - 12 states have conducted a cost study;
    - 9 states have conducted a strategic planning process; and
    - 19 states identified a variety of steps that they have taken.

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

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

    - 31 states indicated they have made no changes in eligibility criteria and have no plans to make any changes;
    - 10 states have made eligibility criteria more restrictive;
    - 1 state has expanded eligibility criteria; and
    - 10 states are changing criteria in the 2011-2012 fiscal year.

8. **If you are changing eligibility requirements in the 2011-2012 year, please check the answer that describes what you are planning.**

    Of the 10 states that responded to this question:

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

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

    Of the forty states that responded to this question:

    - 7 states enroll them in a formal tracking program;
    - 3 states are seeking alternative funding to support them in a separate system;
    - 29 refer them to other community agencies; and

- 1 state indicated nothing was done.

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

    Twenty-eight states were able to answer this question. The number of planned service hours per month ranged from 1 hour to 21 hours with a median of 5 hours.

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

    Twenty-four states were able to answer this question. The number of delivered service hours per month ranged from 1 hour to 18 hours with a median of 4.5 hours.

12. **Which statement describes the status of your state funding for Part C for 2011-2012 (not including ARRA funds).**

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

    - 8 states had their state funding increased;
    - 12 states had their state funding decreased;
    - 21 states had their state funding remain the same; and
    - 10 states indicated that their state budget was not finalized.

13. **For the 2010-2011 year, did your state experience a shortage of funding that required identifying additional fiscal resources beyond those originally budgeted?**

    Of the 50 states that responded to this question:

    - 16 states responded yes; and
    - 29 states indicated no; and
    - 5 states provided other comments.

14. **Do you anticipate that budgeted funds will be insufficient to maintain services at some point during the 2011-2012 fiscal year?**

    Of the fifty-one states that responded to the question:

    - 13 states indicated they would run out of funds this year;

- 27 states indicated they had sufficient funds to complete the year; and
- 11 states were unsure whether they would run out of funds.

15. **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-two states that responded to this question, eight states indicated that they had agencies/organizations decline to continue because of fiscal constraints.

16. **What forms of family cost participation are in effect for your state?**
    Of the fifty-two states that responded to the question:
    - 13 states use private insurance only;
    - 3 states use family fees only;
    - 15 states use both private insurance and family fees; and
    - 21 states do not have family cost participation.

17. **What is the current status of family fees in your state? Check only one response.**
    Of the forty-two states that responded to this question:
    - 6 states indicated they have not changed their fee structure in the last three years and have no plans to do so;
    - 5 states have increased family fees;
    - 8 states are considering implementing family fees this year;
    - 3 states are implementing family fees for the first time; and
    - 20 states indicated they do not have family fees and do not plan to implement fees.

18. **If you have a family fee, what type of fee is it?**
    Of the seventeen states that responded to this question:
    - 3 states have annual fees;
    - 7 states have monthly fees;
    - 4 states have a co-pay per service; and
    - 3 states have a fee that is a percentage of the costs of IFSP services.

19. **At what percent of the federal poverty level (FPL) does the fee structure apply?**

Of the seventeen states that responded to this question:

- 1 state uses 100%;
- 1 state uses 150%;
- 3 states use 185%;
- 5 states use 200%;
- 2 states use 250%;
- 3 states use 300%; and
- 2 states use a flat income level regardless of family size.

20. **What is the status of the use of private insurance? Check all that apply.**

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

- 29 states access private insurance with permission of the family;
- 6 states have policies that require families to use their insurance;
- 13 states do not access private insurance;
- 10 states have state legislation related to the use of private insurance; and
- 3 states have regulations that address the use of private insurance; and
- 5 states provided additional comments.

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

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

- 10 states decreased provider reimbursement rates ;
- 4 states will decrease provider rates in the next 12 months;
- 3 states increased provider reimbursement rates;
- 1 state indicated it will increase provider rates in the next 12 months; and
- 23 states indicated provider rates remained the same.

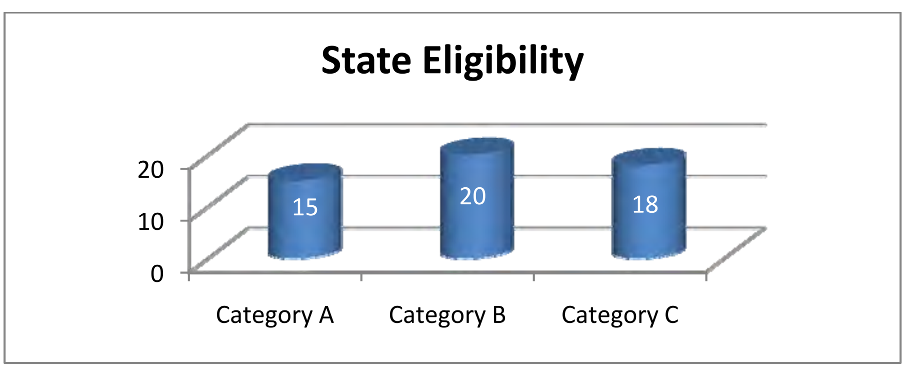
On the following pages, the demographics of the states that responded to the survey and the responses to each question in frequency as well as analysis by type of lead agency and ITCA established eligibility criteria are presented. The total number of states by type of lead agency and by eligibility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

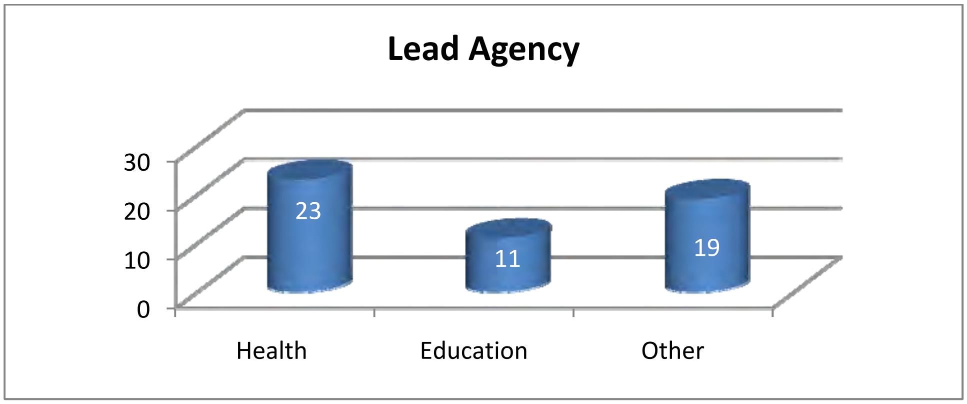
For the first time, ITCA received responses from all fifty states and three jurisdictions. For the purpose of analysis, states self-identified their status for eligibility category and type of lead agency.

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, 2 standard deviations in two or more domains.



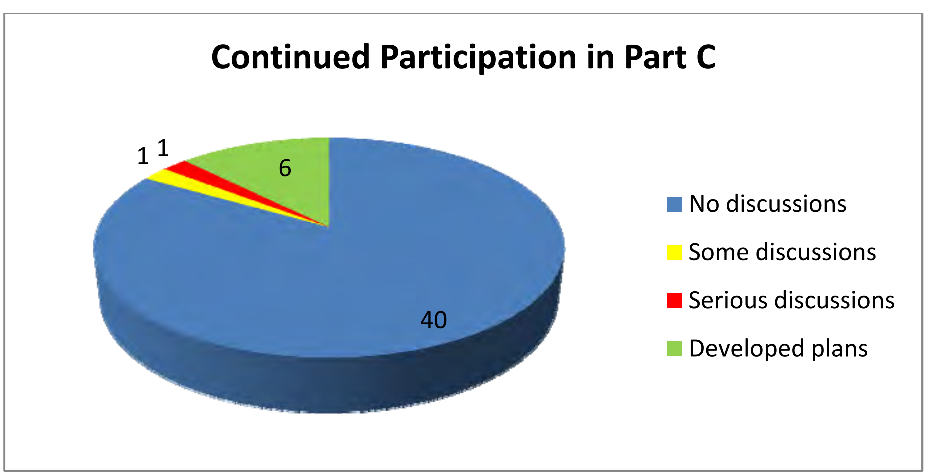
ITCA places lead agencies into three categories: Health, Education and Other (including co-leads). States self-identify type of lead agency.

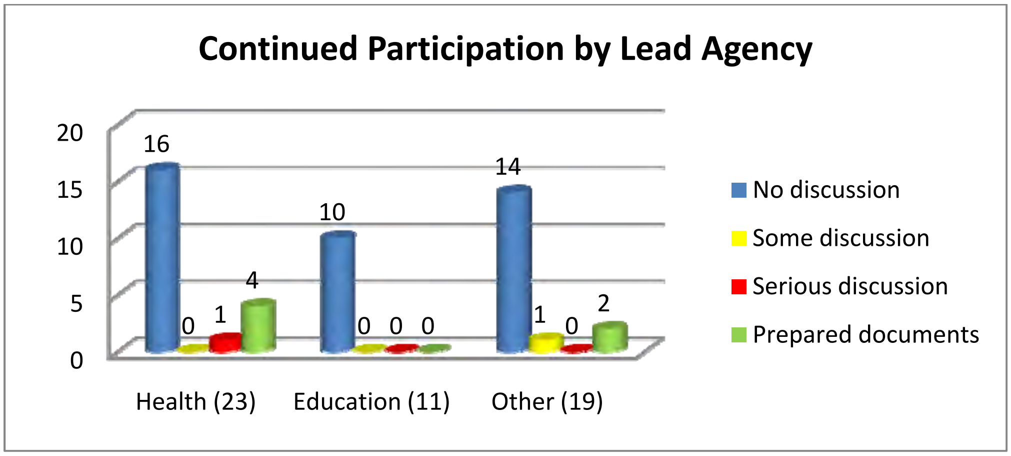


Survey Questions

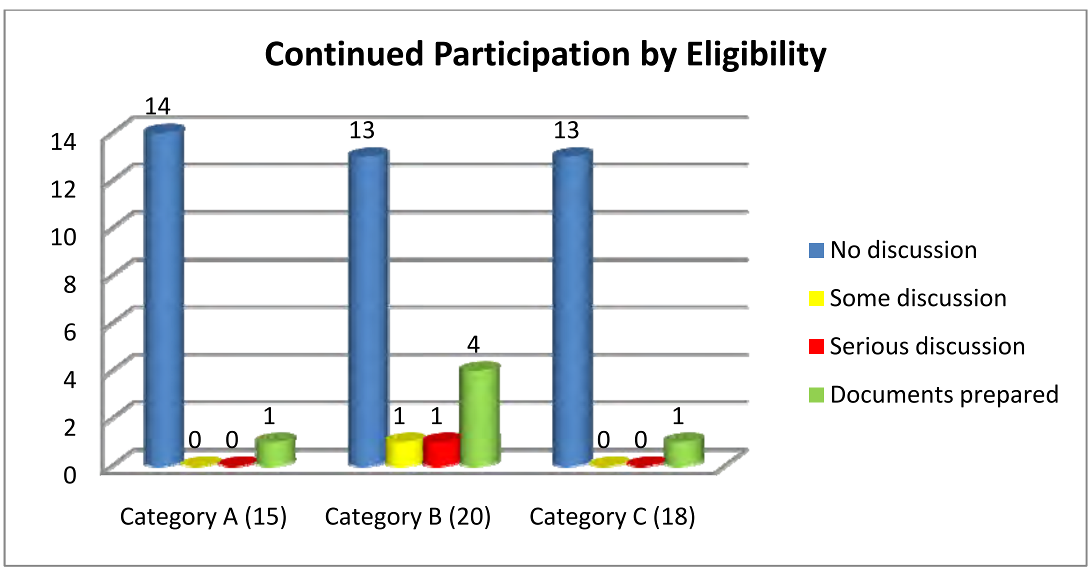
1. **Which statement describes the status of your continuing participation in Part C beginning July 2011?**

Forty-eight states responded to this question. Forty states (78.4%) responded that there were no discussions related to dropping out of Part C. One state (2%) indicated that it had begun to have discussions and one state (2%) indicated that serious discussion have been initiated regarding dropping out of Part C. Six states (11.8%) indicated that they had been asked to prepare documents related to staying in Part C.





Four states (17%) with Health as the lead and two states (11%) with "Other" as the lead responded that documents had been requested to justify staying in Part C. In one state (5%) with "Other" as the lead agency, some discussions were occurring related to continued participation. The only state that indicated serious discussions were occurring was a Health Lead Agency. No states with Education as the lead agency indicated there was any discussion regarding Part C participation.



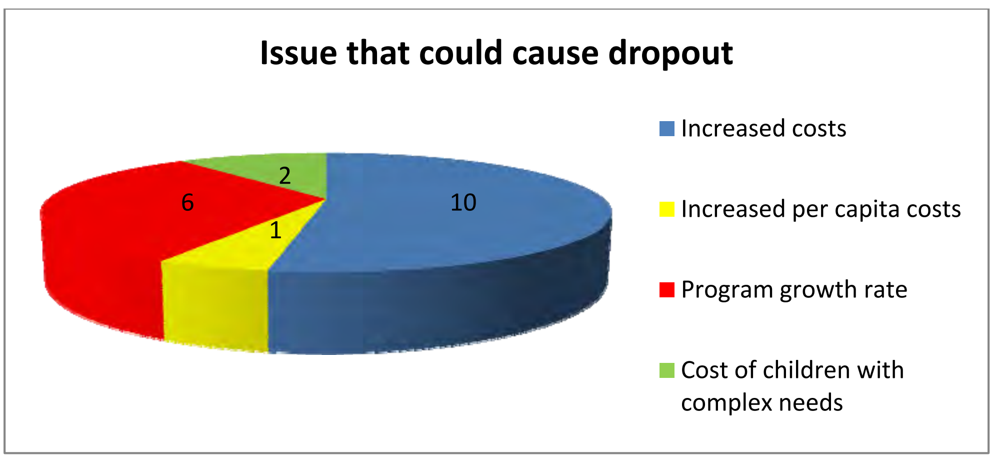
Four states (20%) with Category B eligibility report they have been asked to prepare documents related to continued participation. This compares to one state (7%) with Category A eligibility and one state (6%) with Category C eligibility.

Comments provided by states in regard to this question included:

- Some local programs are aggressively advocating to pull out of Part C;
- The budget was developed for the biennium but MOE may be a factor – too soon to know;
- We are concerned that without a significant funding increase either from Part C grant, state appropriations or another funding source, we could not ensure the Part C entitlement; and
- I was asked to prepare a budget reduction option for dropping out but declined to do so.

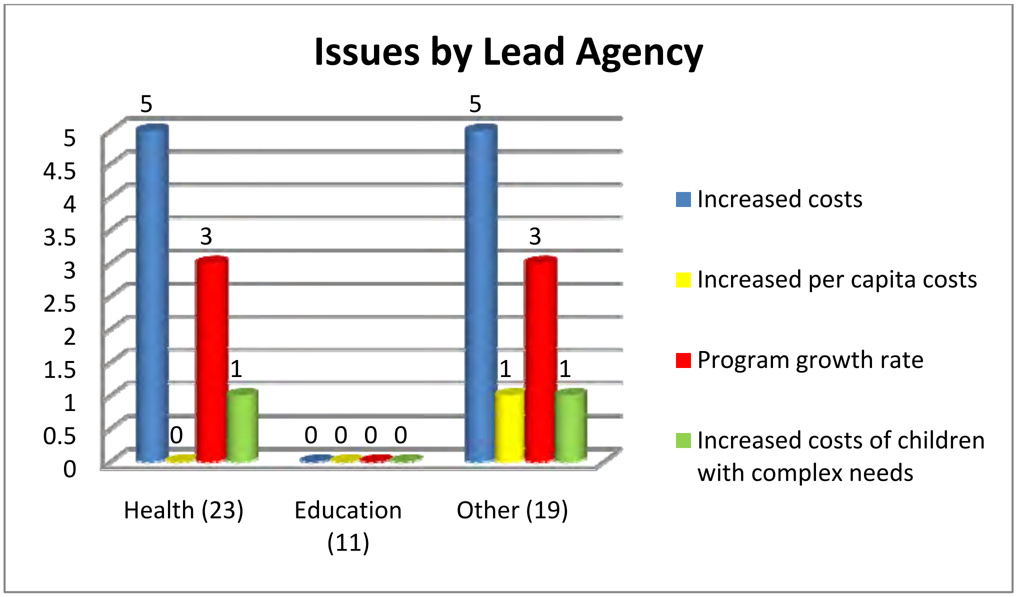
2. If discussions are taking place, what issue will cause the administration to decide to drop out? Check all that apply.

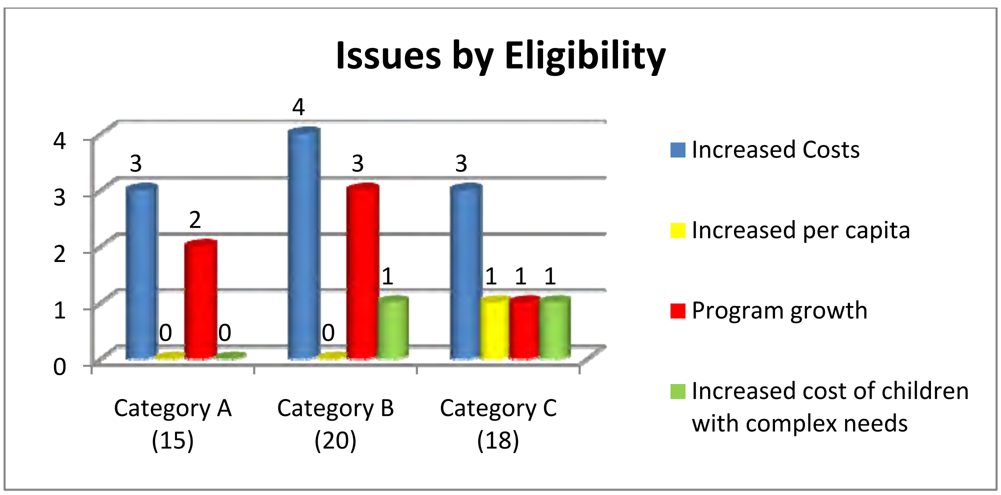
Fourteen states responded to this question. Ten states (71.4%) indicated increased costs of the system could cause their state to drop out. Six states (42.9%) cited program growth rate. Two states (14.3%) identified the increased costs of children with complex needs. One state (7.1%) identified increased per capita costs.



Five states (22%) with health as the lead agency and five states (26%) with “Other” as the lead agency cited increased costs. Program growth rate was equally split between three states (13%) with Health as the lead agency and three states (16%) with “Other” as the lead agency.

Four states (20%) with Category B eligibility cited increased costs as the issue that would cause the administration to drop out. This compares to three states (20%) with Category A eligibility and three states (17%) with Category C eligibility.





Additional comments:

- The percent of federal support compared to state support;
- All of the above in addition to loss of revenue;
- Decrease in state funds for Medicaid match;
- Numbers of children with ASD diagnosis;
- Growth in self-insured employers not covering early intervention services; and
- Reaching the funding cliff from the loss of ARRA funding.

3. **Will your state be able to continue to participate in Part C through June 30, 2012?**

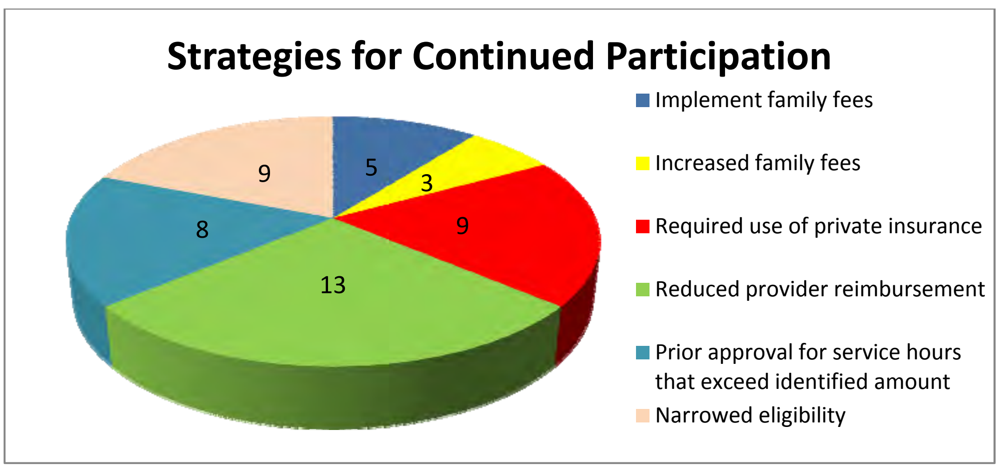
Fifty-two states responded to this question. Fifty-one states (98%) indicated they would be able to continue participation.

Additional Comments:

- Our operations will be very tight;
- State budget talks continue so this may change;
- Allocations right now have some programs running out of funds mid-year;
- Our state is committed to continuing but some of the local agencies who are threatening to drop out because of funding cuts;
- We have over 100 vacant positions because of budget shortfalls.

4. **As a result of state fiscal issues, what have you done in order to continue participation in Part C? Check all that apply.**

Forty-one states responded to this question. The most frequently cited strategy used by states to continue participation in Part C was reducing provider reimbursement.



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

- Health Lead Agencies:
    - Four states (17%) reduced provider reimbursement;
    - Four states (17%) required prior approval for hours of service that exceed an identified amount;

- Three states (13%) required families to use their private insurance and they narrowed eligibility; and
    - Only one state (4%) implemented fees or increased family fees.
- Education:
    - Three states (27%) with Education as the lead agency reduced provider reimbursement and narrowed eligibility.
- Other:
    - Six states (32%) required families to use their private insurance;
    - Six states (32%) reduced provider reimbursement;
    - Four states (21%) implemented family fees;
    - Four states (21%)required prior approval for hours of service that exceed an identified amount;
    - Three states (16%) narrowed eligibility for services; and
    - Two states (11%) increased family fees.

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

- Category A:
    - Two states (13%) required families to use their private insurance, reduced provider reimbursement, and required prior approval for hours of service that exceed an identified amount; and
    - Three states (15%) narrowed eligibility for services.
- Category B:
    - Four states (20%) reduced provider reimbursement;
    - Three states (15%) required families to use their private insurance, required prior approval for hours of service that exceed an identified amount, and narrowed eligibility; and
    - One state (5%) implemented family fees and one state (5%) increased family fees.
- Category C:
    - Seven states (39%) reduced provider reimbursement;
    - Four states (22%) implemented family fees;

- o Four states (22%) required families to use their private insurance;
- o Three states (17%) required prior approval for hours of service that exceed an identified amount;
- o Three states (17%) narrowed eligibility; and
- o Two states (11%) increased family fees.

Additional Comments:

- Eliminated all non-required services;
- Reduced state staff and administration;
- Reviewing eligibility guidelines and eligibility processes;
- Changed model of service delivery;
- Expanded Medicaid;
- Cut out projects;
- Required programs to meet benchmarks for billing private insurance and Medicaid; and
- Reorganized providers and made modifications to policies.

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

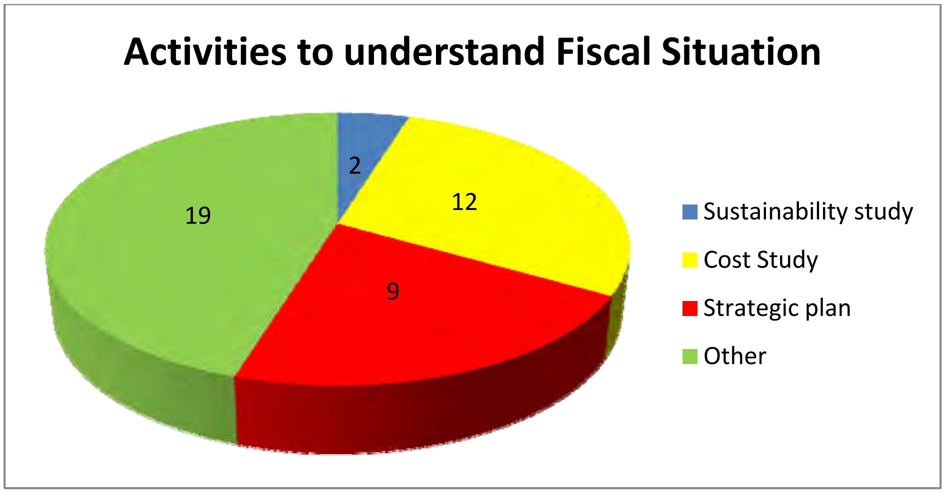
Four states responded to this question in the following manner:

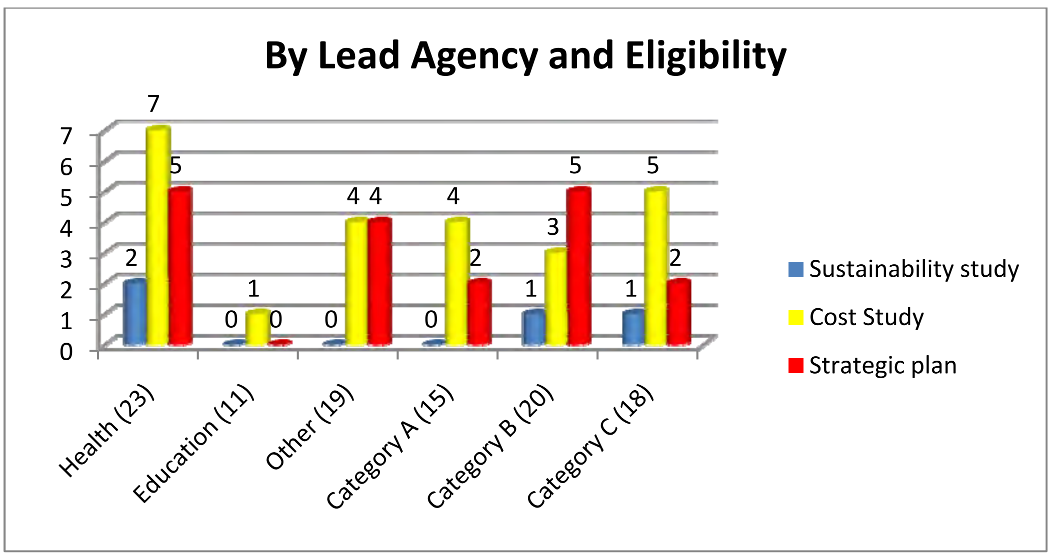
- Lowered FPL from 350% to 300% and raised co-pay for families above 350% by an average of $1;
- Increased fees 60%
- Increased fees for families above 650% and raised the monthly limit on all families; and
- $25 per month on the high side.

6. To better understand your fiscal situation, have you conducted any of the following activities? Check all that apply.

Thirty-six states responded to this question with the following activities:

- Sustainability study – two states (5.6%)
- Cost study – twelve states (33.3%)
- Strategic planning process – nine states (25%)
- Other activities – nineteen states (52.8%)



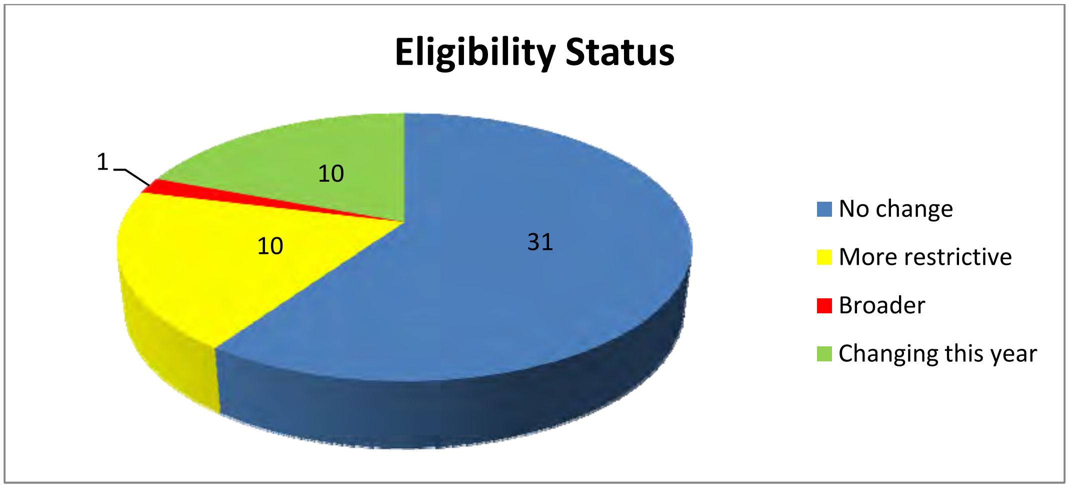


Additional Activities identified to address the fiscal situation:

- In depth study of the use of family fees vs. private insurance
- Restructuring process;
- Cost and fiscal monitoring;
- Working with CDC consultant to analyze child outcomes data with planned and delivered services;
- Matched EI rates with Medicaid rates; and
- Utilization study.

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

Of the fifty-two states that responded to this question, thirty-one states (59.6%) indicated that there had been no change in eligibility criteria and were not planning on making any changes. Ten states (19.2%) have made their eligibility criteria more restrictive while one state (1.9%) has broadened their eligibility criteria. An additional ten states (19.2%) indicated that they were changing eligibility criteria in the coming year.

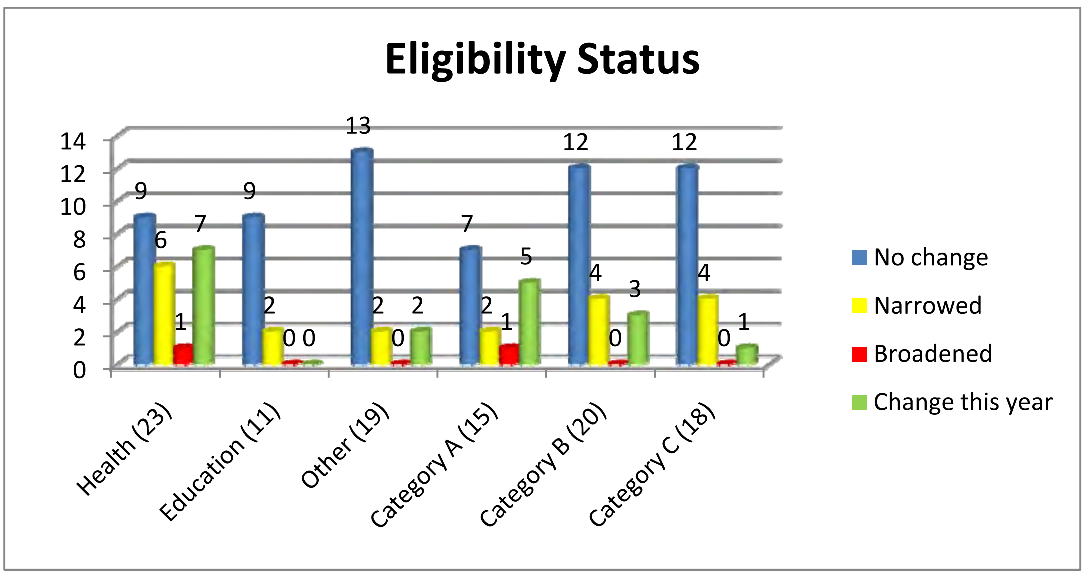


Analyzing the responses to this question by lead agency resulted in the following:

- Health Lead Agencies:
  - Nine states (39%) responded that they had made no changes;
  - Six states (26%) narrowed eligibility;
  - One state (4%) broadened eligibility; and
  - Seven states (30%) indicated they would be changing eligibility this year.
- Education Lead Agencies:
  - Nine states (82%) responded that they had made no changes; and
  - Two states (18%) narrowed eligibility
- Other Lead Agencies:
  - Thirteen states (68%) responded that they had made no changes;
  - Two states (11%) narrowed eligibility; and
  - Two states (11%) indicated they would be changing eligibility this year.

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

- Category A:
    - 7 states (47%) responded they had made no changes and were not anticipating any changes;
    - Two states (13%) had restricted eligibility;
    - One state (7%) indicated they would be changing criteria this year; and
    - Five states (33%) indicated they would be changing criteria this year.
- Category B:
    - Twelve states (60%) criteria responded they had not changed eligibility;
    - Four states (20%) had narrowed eligibility; and
    - Three states (15%) indicated they will be changing eligibility criteria this year.
- Category C:
    - Twelve states (67%) have made no changes in eligibility; and
    - Four states (22%) have narrowed eligibility; and
    - One state (6%) indicated they will be changing eligibility criteria this year.



Additional Comments:

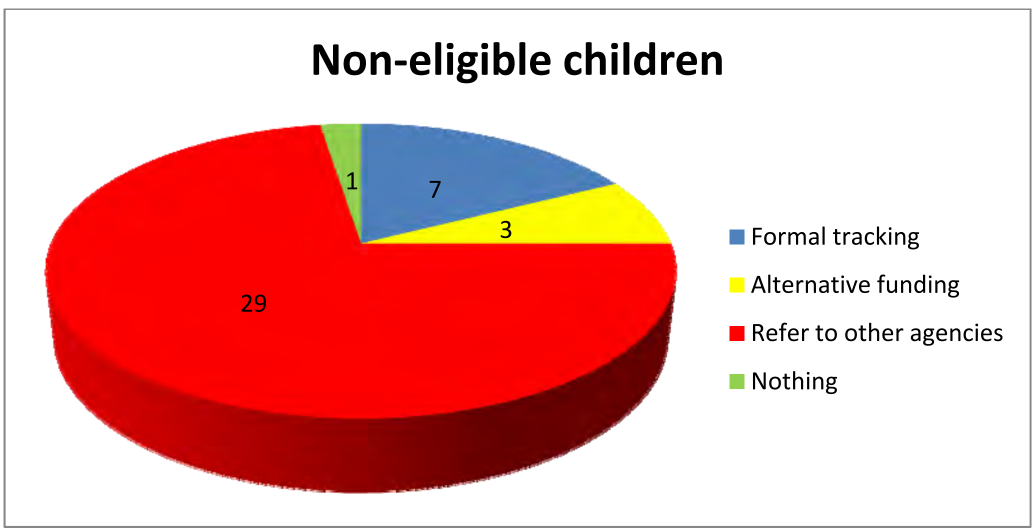
- Considering removal of corrected age for prematurity;
- Provided a rigorous definition for how the 25% is documented; and
- Added 28 week gestation or less as an automatic qualifier but removed the 25% delay and 6 month delay criteria resulting in both broadening and narrowing our eligibility criteria.

8. If you are changing eligibility requirements in the 2011-2012 year, please check the answer that describes what you are planning.

Of the ten states that are changing their eligibility requirements this year, nine states (90%) will narrow their criteria.

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

Forty states responded to this question. Twenty-nine states (70.7%) indicated that they refer the children to other community agencies. Seven states (17.1%) enroll the children in a formal tracking program and three states (7.3%) seek alternative funding to support these children in a separate system. Only one state indicated they did nothing.



There were no significant differences to this pattern by lead agency or by eligibility category.

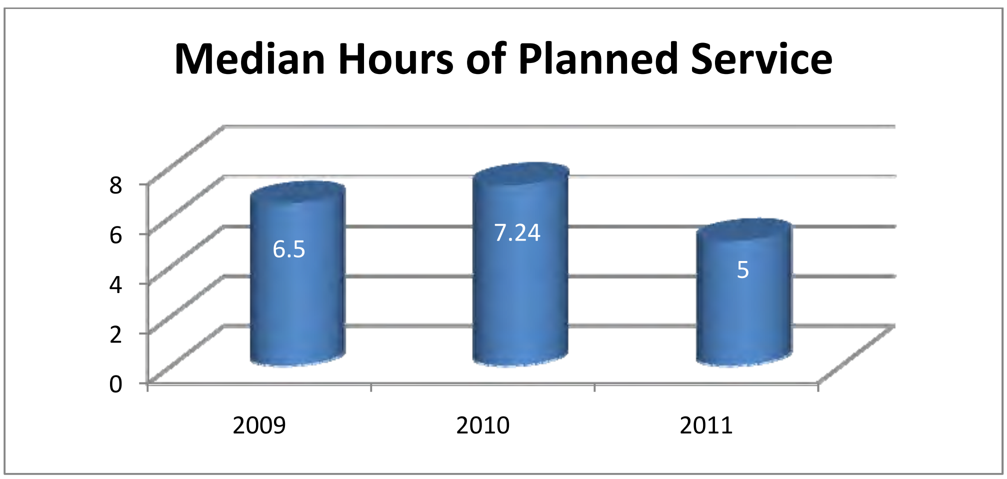
Additional Comments:

- Provide take home activities;

- Offer future ASQ screening protocols;
- Suspended formal tracking program; and
- Attempt to refer if there are other services.

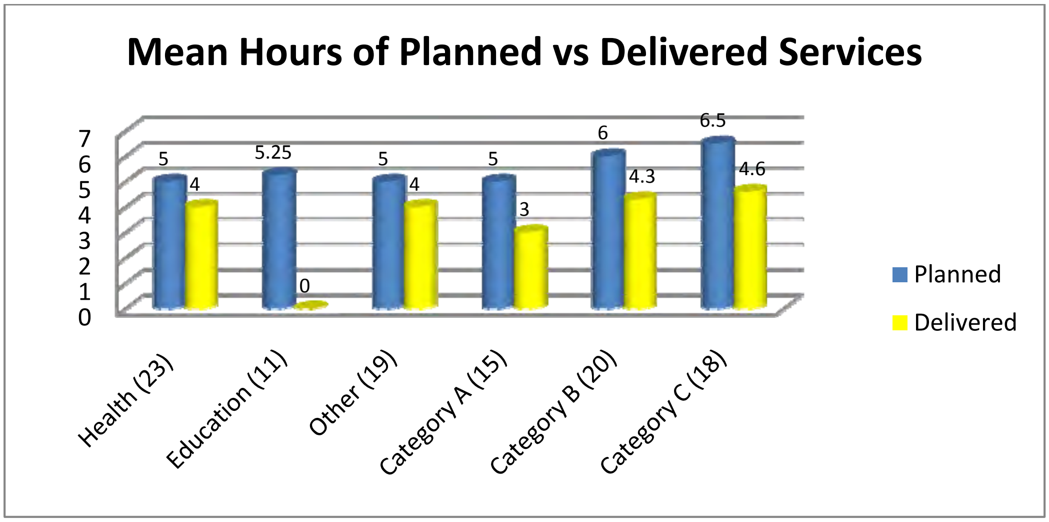
10. What is the average number of planned hours of direct service (excluding service coordination and evaluation/assessment) per child per month?

Of the fifty-three states that responded to this survey, twenty-eight states (53%) were able to answer this question. The number of planned service hours per month per child ranged from 1 hour to 21 hours with a median of 5 hours. The median number of planned services in 2010 was 7.24 and in 2009 was 6.5 hours.



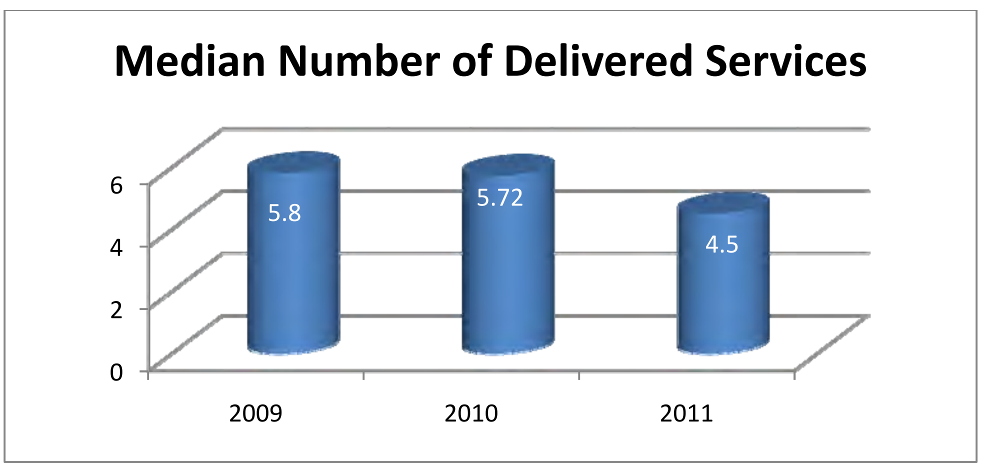
When looking at this issue by lead agency, there is very little difference. The median for Health lead agencies is 5 hours, 5.25 hours for Education agencies and 5 hours for “Other” lead agencies.

When looking at this issue by eligibility criteria, there is a difference. States in Category A have a median of 5 hours, Category B has a median of 6 hours and Category C states have a median of 6.5 hours.



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

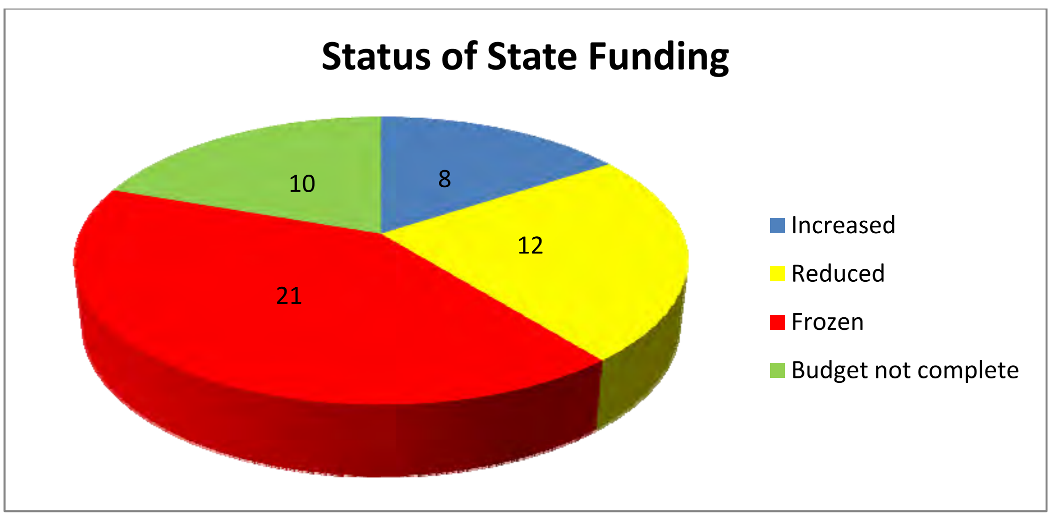
Of the fifty-three states that responded to this survey, twenty-four states (45%) were able to answer this question. The number of delivered service hours per month ranged from 1 hour to 18 hours with a median of 4.5 hours. The median hours of delivered services in 2010 was 5.72 hours and in 2009 were 5.8 hours.



When looking at the data by lead agency and eligibility category, the median for Health and "Other" Lead agencies was four hours. Education lead agencies could not provide delivered hours. The median hours for Category A were three hours; 4.3 hours for Category B; and 4.6 hours for Category C.

12. Which statement describes the status of your state funding for Part C for 2010-2011 (not including ARRA funds).

Fifty-one states responded to this question. Eight states (15.7%) indicated that their state funding was increased; twelve states (23.5%) had their state funding reduced; twenty-one states (41.2%) had their funding frozen; and ten states (19.6%) indicated their state budget was not complete at the time of the survey response. States that had received a funding cut were asked to specify the percentage of the cut. Four states provided that information. The average percentage of funding cut was 5% with a range from 2% to 7.7%.

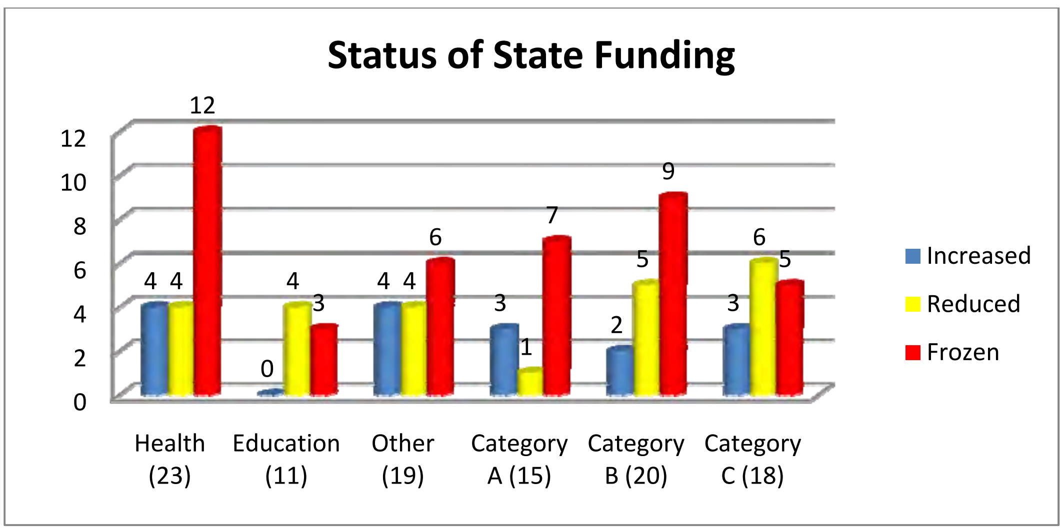


Analyzing data by type of lead agency resulted in the following findings:

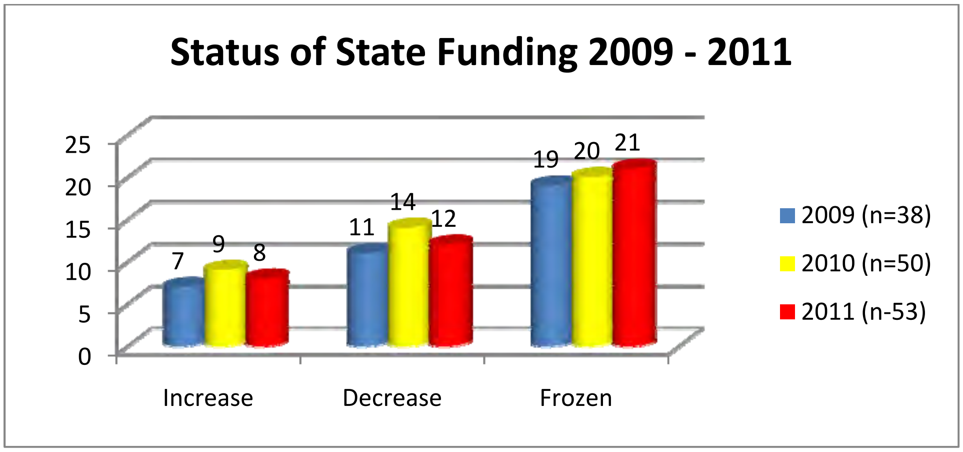
- Health Lead Agencies:
  - Four states (17%) had funding increased;
  - Four states (17%) had funding cut;
  - Twelve states (52%) had their funding frozen; and

o Two states (9%) did not have a budget yet.

- Education Lead Agencies:
  - o There were no states that had a funding increase;
  - o Four states (36%) had their funding cut;
  - o Three states (27%) had their funding frozen; and
  - o Three states (11.1%) did not have a budget yet.
- Other State Agencies:
  - o Four states (21%) had their funding increased;
  - o Four states (21%) had their funding cut;
  - o Six states (32%) had their funding frozen; and
  - o Five states (26%) did not have a budget yet.

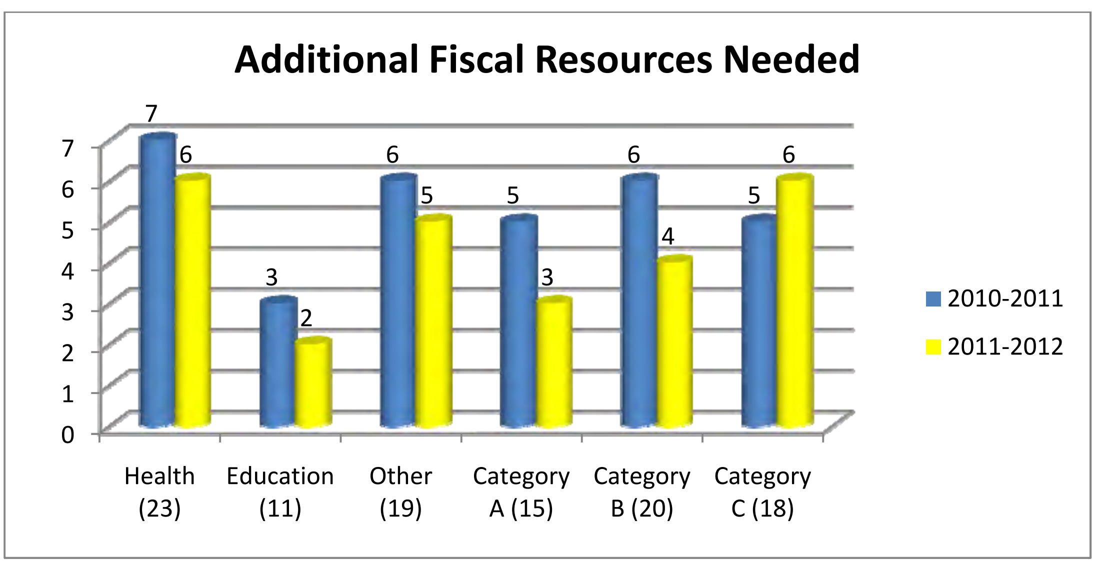


The responses were also analyzed by eligibility category. Eleven states (64.7%) with Broad eligibility and seven states (43.7%) with Narrow eligibility had their state funding frozen. Six states (46.1%) with Moderate eligibility had their funds reduced. Four states (30.7%) with Moderate eligibility and four states (25%) with Narrow eligibility received increases in their state funding. Only one state (5.8%) with Broad eligibility received increased state funding. The chart below is a comparison of the 2011 funding status to the funding status in 2009 and 2010.



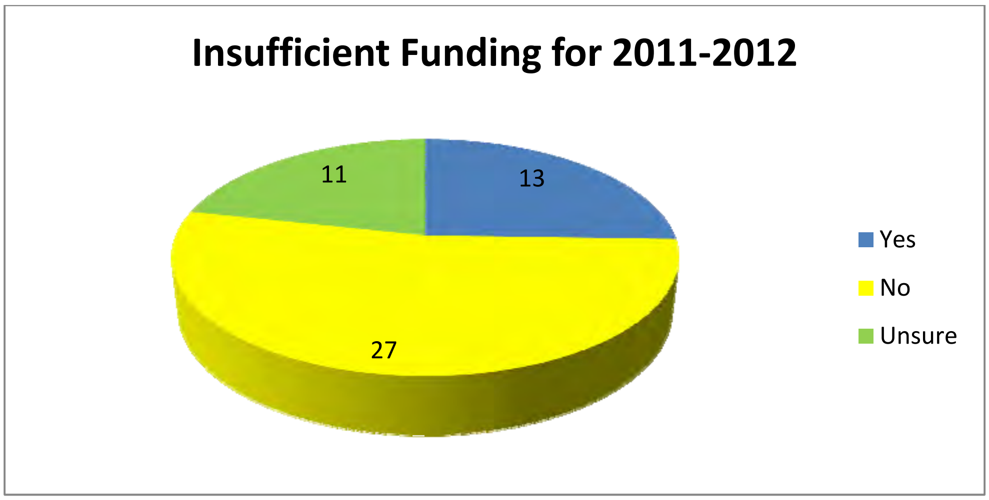
13. For the 2010-2011 year, did your state experience a shortage of funding that required identifying additional fiscal resources beyond those originally budgeted?

Of the 50 states that responded to this question, 16 states (32%) indicated that they did have to identify additional resources. Seven states (30%) of states with Health lead agencies required additional funding as did six states (32%) with "Other" as the lead agency. Only 3 states (27%) with Education as the lead agency needed additional funding. Five states (33%) with Category A eligibility required additional funding as compared to six states (30%) with Category B eligibility and five states (28%) with Category C eligibility.



14. Do you anticipate that budgeted funds will be insufficient to maintain services at some point during the 2011-2012 fiscal year?

Fifty-one states responded to this question. Thirteen states (25.5%) indicated they would run out of funds this year. Twenty seven states (53%) indicated they have sufficient funds to complete the year. Eleven states (22%) were unsure if they would run out of funds.



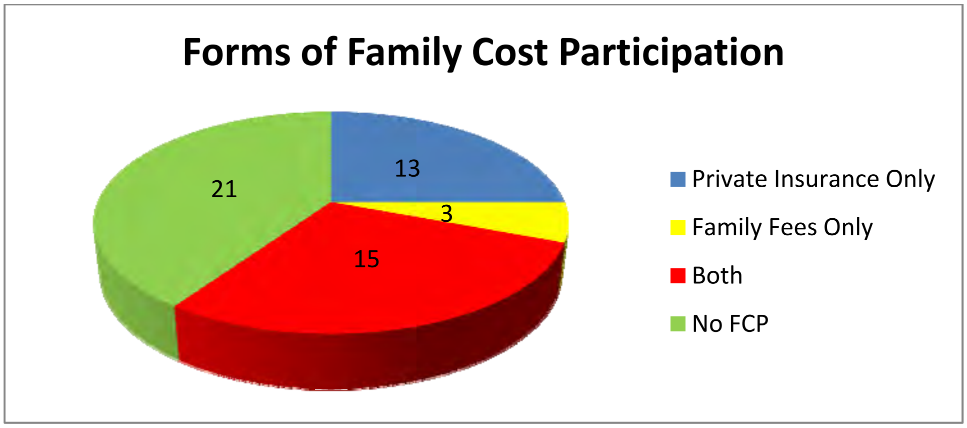
Six states (26%) with Health as the lead agency anticipate needing additional resources. This compares to two states (18%) with Education as the lead agency and five states (26%) with "Other" as the lead agency. Six states (33%) with Category C eligibility anticipate needing additional resources. This compares to three states (20%) with Category A eligibility and four states (20%) with Category B eligibility.

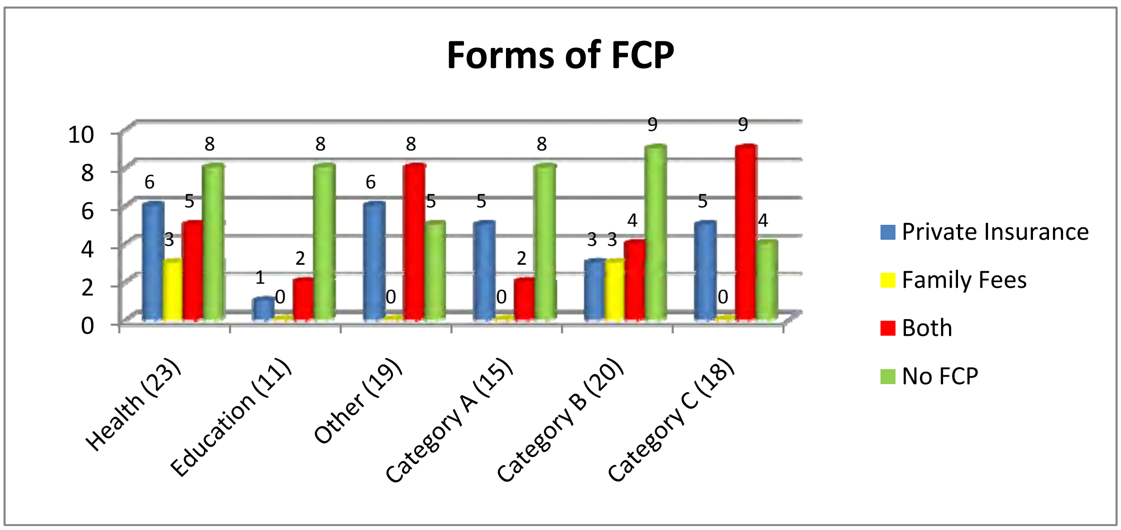
15. If you contract with agencies/organizations to serve as local lead agencies, did any of those agencies/organizations decline to continue because of fiscal constraints?

Of the forty-two states that responded to this question, eight states indicated that they had agencies/organizations decline to continue because of fiscal constraints.

16. What forms of family cost participation are in effect for your state?

Fifty-two states responded to this question. Thirty-one states (64.5%) use some form of family cost participation (FCP). Of the 31 states that have FCP, twenty-eight states (90%) access the family's private insurance. Eighteen states (58%) have implemented family fees. Fifteen states (48%) of the states use both private insurance and family fees.





Analyzing the data by type of lead agency resulted in the following:

- Education:
  - Eight states (73%) did not have any form of FCP;
  - Two states (18%) used both private insurance and family fees; and
  - One state (9%) used private insurance only.
- Health:
  - Eight states (35%) did not have any form of FCP;
  - Six states (26%) used private insurance only;
  - Five states (22%) use both private insurance and family fees; and

    - Three states (13%) used family fees only.
- "Other":
    - Eight states (42%) use both private insurance and family fees;
    - Six states (32%) use private insurance only; and
    - Five states (26%) did not have any form of FCP.

Analyzing the data by type of lead agency resulted in the following:

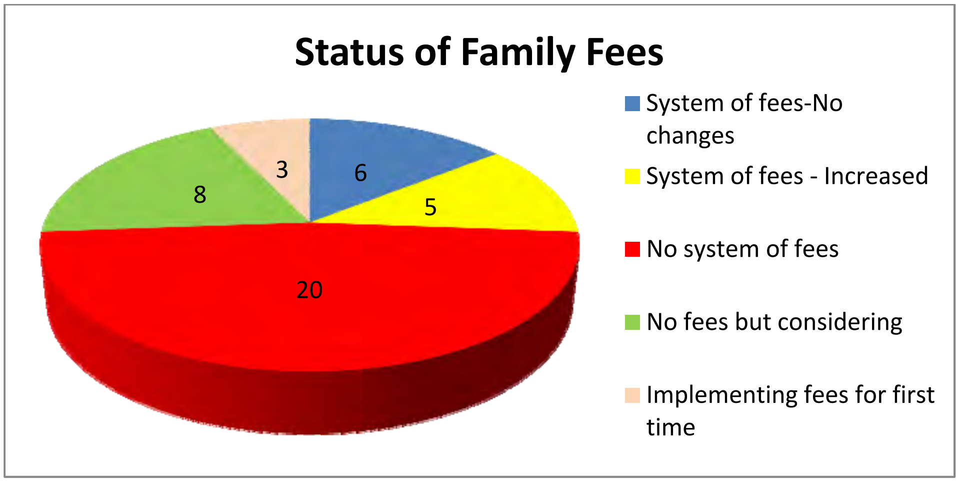
- Category A:
    - Eight states (53%) have no FCP;
    - Five states (33%) use private insurance only; and
    - Two states (13%) use both private insurance and family fees.
- Category B:
    - Nine states (45%) have no FCP;
    - Four states (20%) use both private insurance and family fees;
    - Three states (15%) use family fees only; and
    - Three states (15%) use private insurance only.
- Category C:
    - Nine states (50%) use both private insurance and family fees;
    - Five states (28%) use private insurance only; and
    - Four states (22%) have no FCP.

Additional comment:

- Cost study results may require family fees be considered.

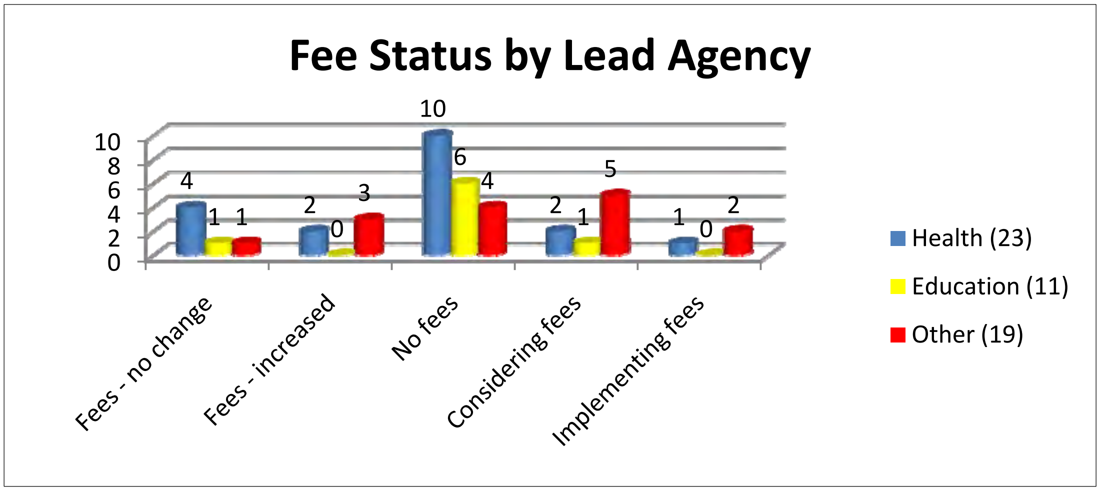
17. What is the current status of family fees in your state? Check only one response.

Forty-two states responded to this question. Twenty states (47.6%) indicated they did not have family fees and had no plans to implement fees. Three states (7.1%) will be implementing fees for the first time. Eight states (19%) do not currently have fees but are considering adding them. Of the states that currently have fees, six states (12.5%) have not changed the fee structure in the last three years and have no plans to change the fees. Five states (10.4%) have increased fees.



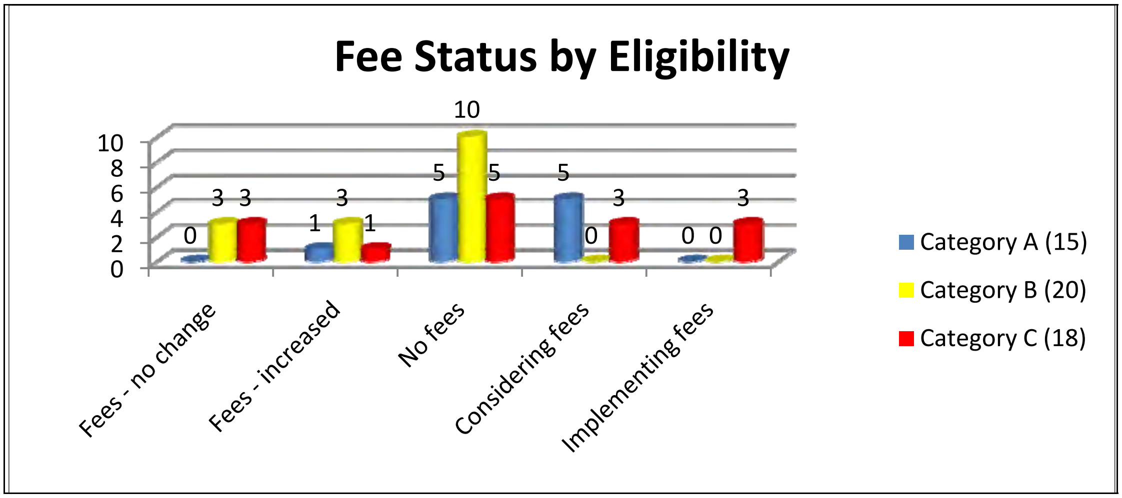
Analyzing data by type of lead agency resulted in the following:

- Health:
  - Four states (17%) have made no changes in their fee structure and have no plans to do so;
  - Two states (9%) have increased their fees;
  - Ten states (43%) do not have fees and have no plans to implement a fee structure; and
  - One state (4%) is implementing fees for the first time this year.
- Education:
  - One state(9%) have made no changes in their fee structure and have no plans to do so;
  - One state (9%) do not currently have fees but are considering adding them; and
  - Six states (55%) do not have fees and have no plans to implement a fee structure.
- "Other" :
  - One state (5%) has made no changes in the fee structure and have no plans to do so;
  - Three states (16%) have increased their fees;
  - Five states (26%) do not currently have fees but are considering adding them;
  - Two states (11%) are implementing fees for the first time this year; and
  - Four states (21%) do not have fees and have no plans to implement a fee structure.



Analyzing data by Eligibility category resulted in the following:

- Category A:
  - Five states (33%) do not have a system of family fees;
  - Two states (11.7%) have made no changes in the fee structure and are not planning to make changes;
  - One state (7%) has increased their fees
- Category B:
  - Ten states (50%) do not have a system of family fees;
  - Three states (15%) have made no changes in the fee structure and are not planning to make changes; and
  - Three states (15%) have increased their fees;
- Category C:
  - Five states (28%) do not have a system of family fees;
  - Three states (17%) have made no changes in the fee structure and are not planning to make changes;
  - One state (6%) have increased their fees;
  - Three states (17%) are considering and
  - Three states (17%) will be implementing fees for the first time this year.

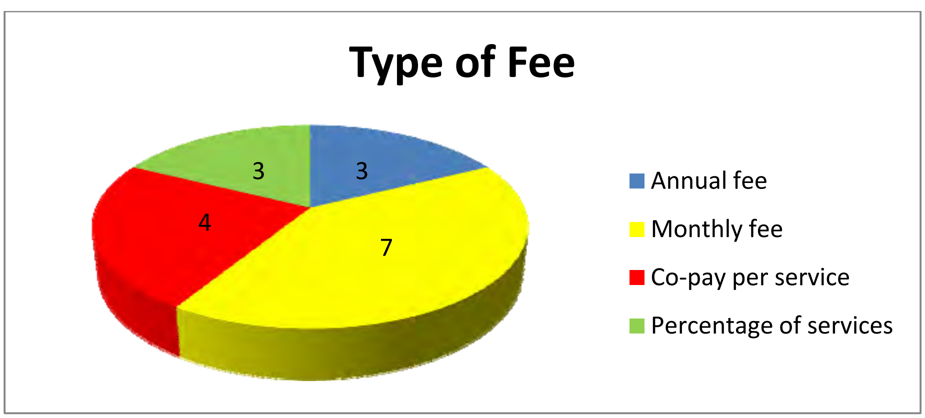


Additional Comments:

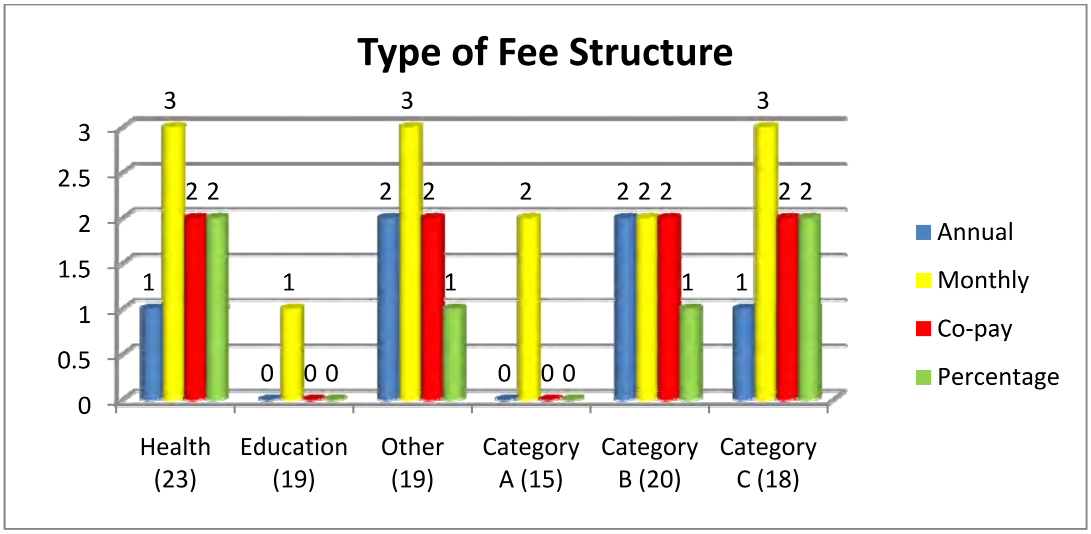
- The results of the cost study may require us to consider fees;
- We are considering everything; and
- We have a system of fees but have delayed implementing them until our data system can accommodate fee information.

18. If you have a family fee, what type of fee do you have?

Seventeen states responded to this question. Seven states (41%) have a monthly fee. Four states (24%) assess a co-pay per service. Three states (18%) have an annual fee and three states (18%) charge families a percentage of the costs of the IFSP.

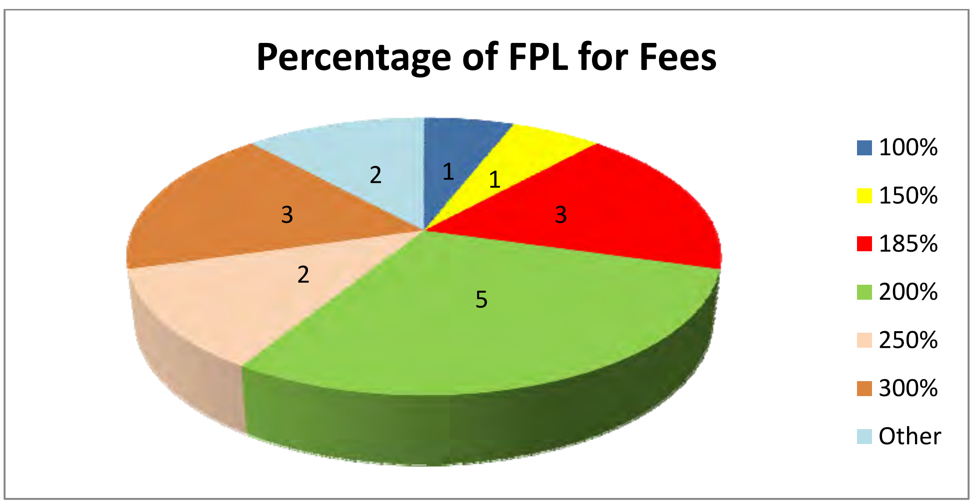


Regardless of lead agency or eligibility category, the monthly charge is the most common fee structure utilized.



19. At what percentage of the federal poverty level (FPL) does the fee structure apply?

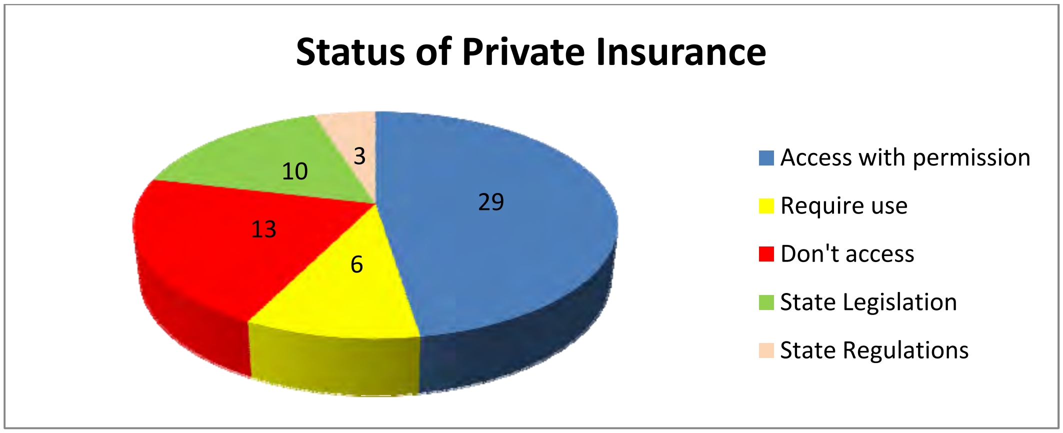
Of the seventeen states that responded to this question: one state (6%) uses 100%; one state (6%) uses 150%; three states (18%) use 185%; five states (29%) use 200%; two states (12%) use 250%; three states (18%) use 300%; and two states (12%) use a flat income level regardless of family size.



The most frequently used percentage of FPL for initiation of the fee schedule, regardless of type of lead agency or eligibility category, is 200%.

20. What is the status of the use of private insurance? Check all that apply.

Fifty-one states responded to this question. Twenty nine states (56.9%) responded that they access private insurance with the permission of the family. Six states (11.8%) have policies/procedures that require families to use their private insurance. Thirteen states (25.5%) indicated they do not access private insurance. Ten states (19.6%) have legislation related to the use of private insurance and three states (5.9%) have regulations related to the use of private insurance.



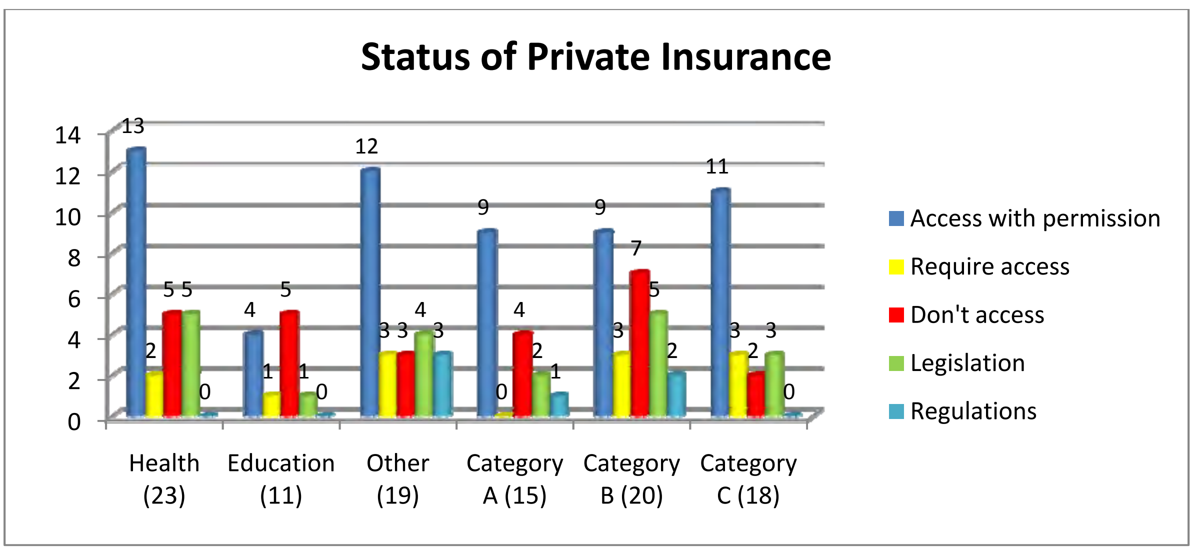
Analyzing data by type of lead agency resulted in the following:

- Health:
    - Thirteen states (57%) access insurance with permission;
    - Two states (9%) require access;
    - Five states (22%) do not access insurance; and
    - Five states (22%) have state legislation.
- Education:
    - Four states (36%) access insurance with permission;
    - One state (9%) requires access;
    - Five states (45%) do not access insurance; and
    - One state (9%) has state legislation.
- “Other”:
    - Twelve states (63%) access insurance with permission;
    - Three states (16%) require access;
    - Three states (16%) do not access insurance;
    - Four states (21%) have state legislation; and

o Three states (16%) have state regulations.

Analyzing data by type of lead agency resulted in the following:

- Category A:
  - o Nine states (60%) access insurance with permission;
  - o Four states (27%) do not access insurance;
  - o Two states (13%) have insurance legislation; and
  - o One state (7%) has insurance regulations.
- Category B:
  - o Nine states (45%) access insurance with permission;
  - o Three states (15%) require access;
  - o Seven states (35%) do not access insurance;
  - o Five states (25%) have insurance legislation; and
  - o Two states (10%) have insurance regulations.
- Category C:
  - o Eleven states (61%) access insurance with permission;
  - o Three states (17%) require access;
  - o Two states (11%) do not access insurance; and
  - o Three states (17%) have insurance legislation.

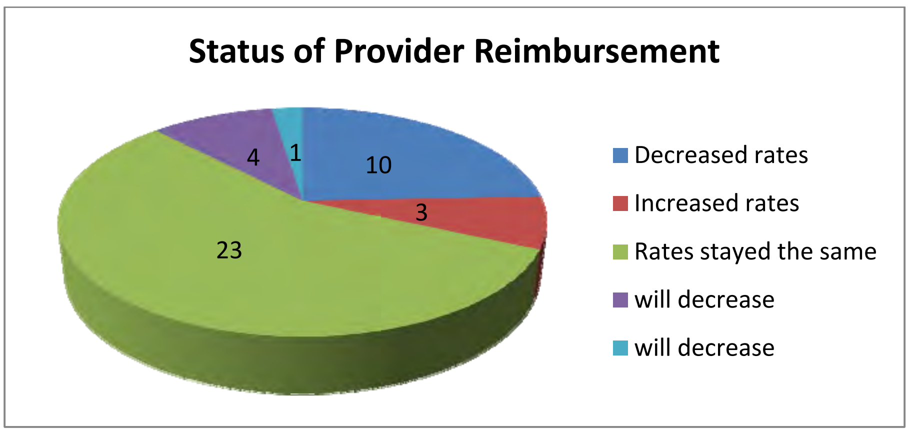


Additional Comments:

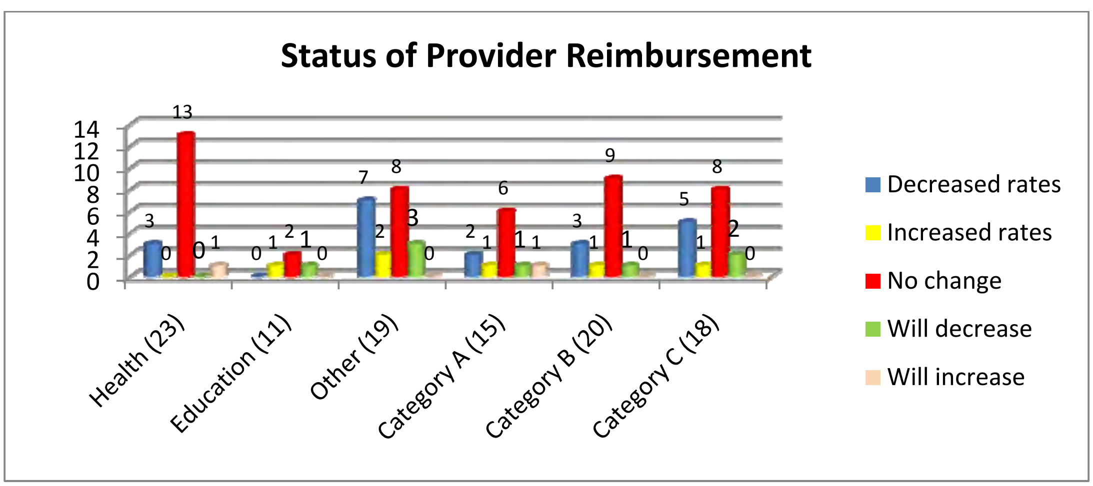
- Insurance is billed very rarely but we are working on increasing its use.
- If permission is not granted, we double their fees.

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

Forty-one 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 (66%) have kept reimbursement rates the same. Ten states (28.5%) responded that they had reduced provider reimbursement rates and an additional four states (11.4%) reported that they will reduce rates this year. Three states (8.6%) have increased provider reimbursement rates and one state (2.4%) will increase rates this year.



States with Other as the lead agency (37%) and states with Category eligibility (28%) had the highest responses to decreases in provider reimbursement.



Additional comments:

- We are implementing a pay and chase method where providers will be paid a flat rate for services, Depending on the service delivered, increase or decrease may vary.
- Rates are negotiated by the local programs.
- Changing payment structure from cost reimbursement to partial cost reimbursement.
- Mileage reimbursement increased, service rate stayed the same.
- 25% increase in 2008 to restore previous cuts and 2% rate cut in January 2011.