



# 2013 ITCA Tipping Points Survey

## Part C Implementation: State Challenges and Responses



## **2013 Part C Implementation: State Challenges and Responses**

---

For the seventh 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 June of 2013. Forty-nine of the fifty-six states and jurisdictions (hereafter referred to as states) responded to the survey and forty-three (87.8%) 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. ITCA draws no conclusions from the data analysis but simply reports the data. All information is aggregated and the individual state responses are confidential.

### **Summary of State Responses**

---

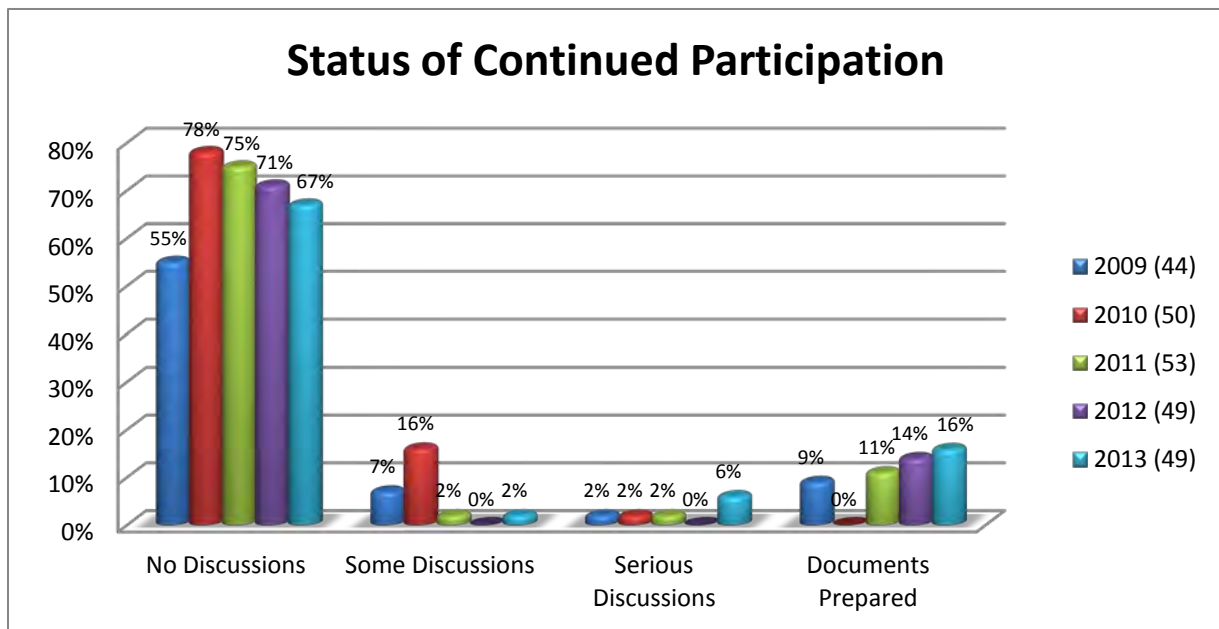
The following questions were asked and the responses are summarized below. Where available, trend data from the last five years are included.

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

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

- 33 states indicated that there were no discussions related to dropping out of Part C;
- 1 state indicated that it was having discussions about possibly dropping out of Part C during the 2013-2014 year;
- 3 states indicated they are having serious discussions related to continued participation in 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 sixteen states that responded to this question:

- 7 states indicated increased costs;
- 9 states indicated state budget availability;
- 2 states indicated program growth rate;
- 1 state indicated the increased costs of children with complex needs; and
- 7 states identified other issues.

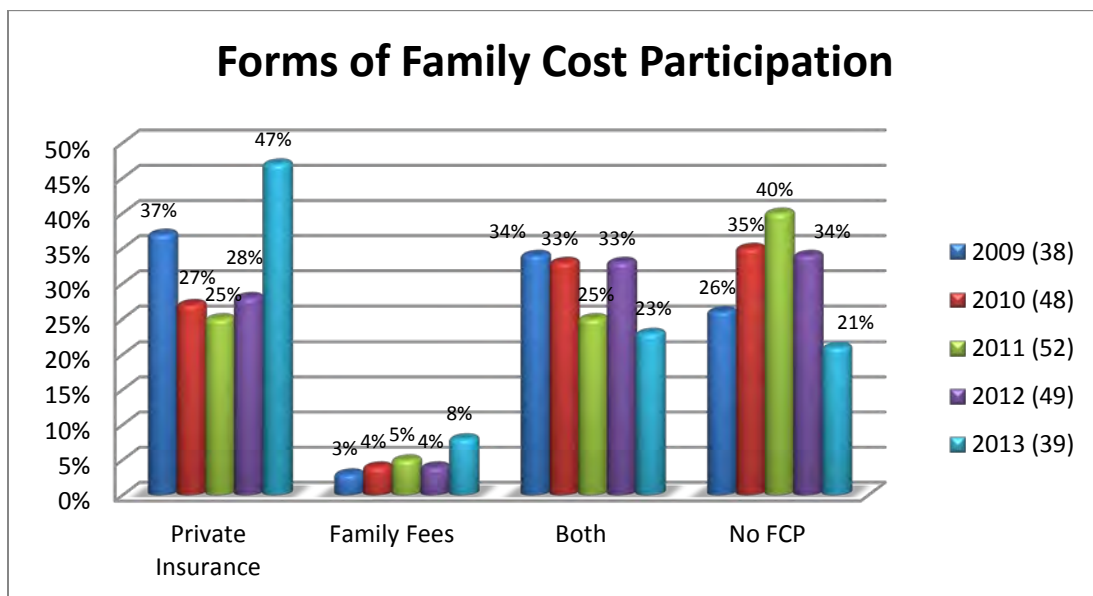
**3. Will your state be able to continue participation in Part C through June 30, 2014?**

Of the forty states that responded to this question, 39 states indicated that they would be able to continue participation through June 30, 2014.

**4. Which forms of family cost participation do you include in your System of Payment Policy? Check all that apply.**

Of the 39 states that responded to this question:

- 27 states include private insurance;
- 38 states include public insurance (Medicaid/CHIP); and
- 12 states include family fees.



**5. If you use public or private insurance, are you tracking the percentage of families who are refusing access?**

Of the 37 states that responded to this question:

- 9 states are tracking refusal to access public insurance; and
- 11 states are tracking parental refusal to private insurance.

**6. 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 30 states that responded to this question:

- 2 states implemented family fees;
- 2 states increased family fees;
- 1 state required families to use their private insurance or be placed on a fee schedule;

- 5 states reduced provider reimbursement;
- 4 states required prior approval for hours of service that exceed an identified amount;
- 3 states narrowed eligibility; and
- 23 states identified other actions.

**7. 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 to 100% of the Federal Poverty Level and removed automatic no-pay if on other state public assistance programs and removed exemption for families who gave permission to access private insurance. The state will now pay deductible, co-insurance and co-pays up to the family's out of pocket maximum; and
- The high end of the fee schedule moved from \$100 to \$200.

**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 thirty states that responded to this question:

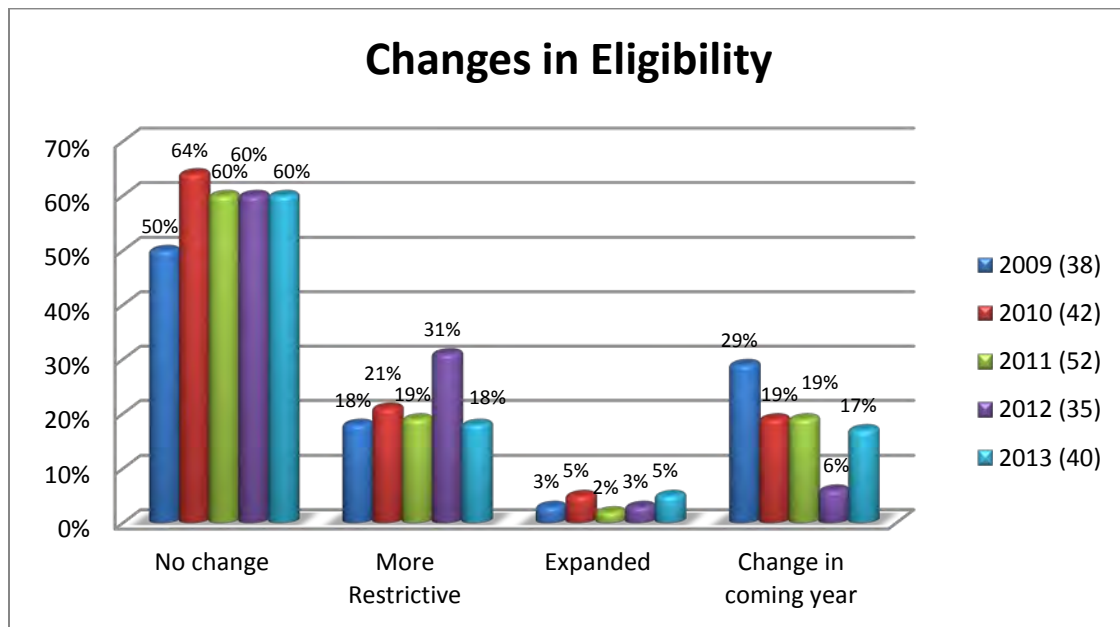
- 2 states will implement family fees;
- 2 states will increase family fees;
- 2 states will reduce provider reimbursement;
- 1 state will require prior approval for hours of service that exceed an identified amount;
- 2 states will narrow eligibility; and
- 26 states identified other actions that will be considered.

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

Of the forty states that responded to this question:

- 24 states indicated they have made no changes in eligibility criteria and have no plans to make any changes;
- 7 states have made eligibility criteria more restrictive;
- 2 states have expanded eligibility criteria;
- 2 states are considering changing criteria in the 2013-2014 fiscal year;and

- 5 states provided other comments.



**10. If you are changing eligibility criteria in the 2013-2014 year, please check the answer that describes what you are planning.**

Of the five states that responded to this question:

- 3 states are narrowing eligibility criteria; and
- 2 states are expanding eligibility criteria.

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

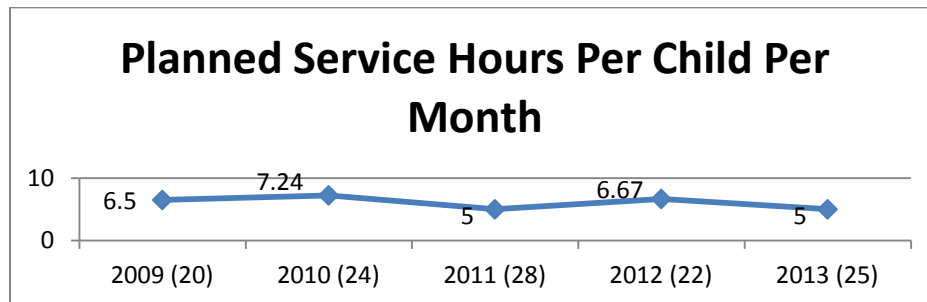
Of the fifteen states that responded to this question:

- 8 states refer them to other community agencies
- 5 states enroll them in a formal tracking program;
- 3 states are seeking alternative funding to support them in a separate system; and
- 1 state indicated it has no policy or procedure for children who no longer meet the eligibility criteria.

**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-six states that were able to answer this question:

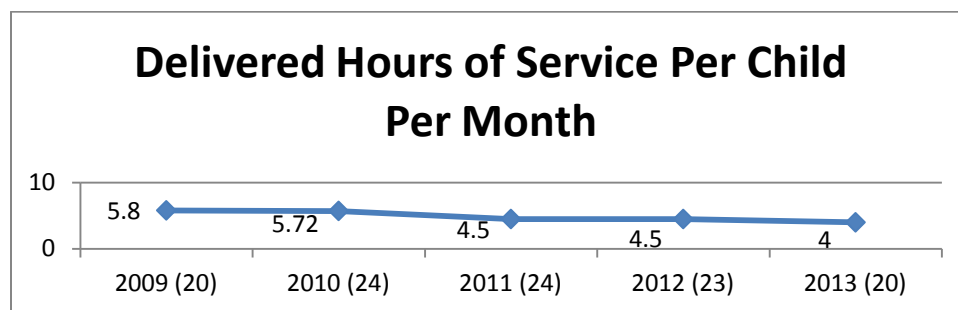
- The number of planned service hours per child per month ranged from 1.5 hours to 12 hours with a median of 5 hours.



**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 states that were able to answer this question:

- The number of delivered service hours per child per month ranged from 1.5 hours to 12 hours with a median of 4 hours.



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

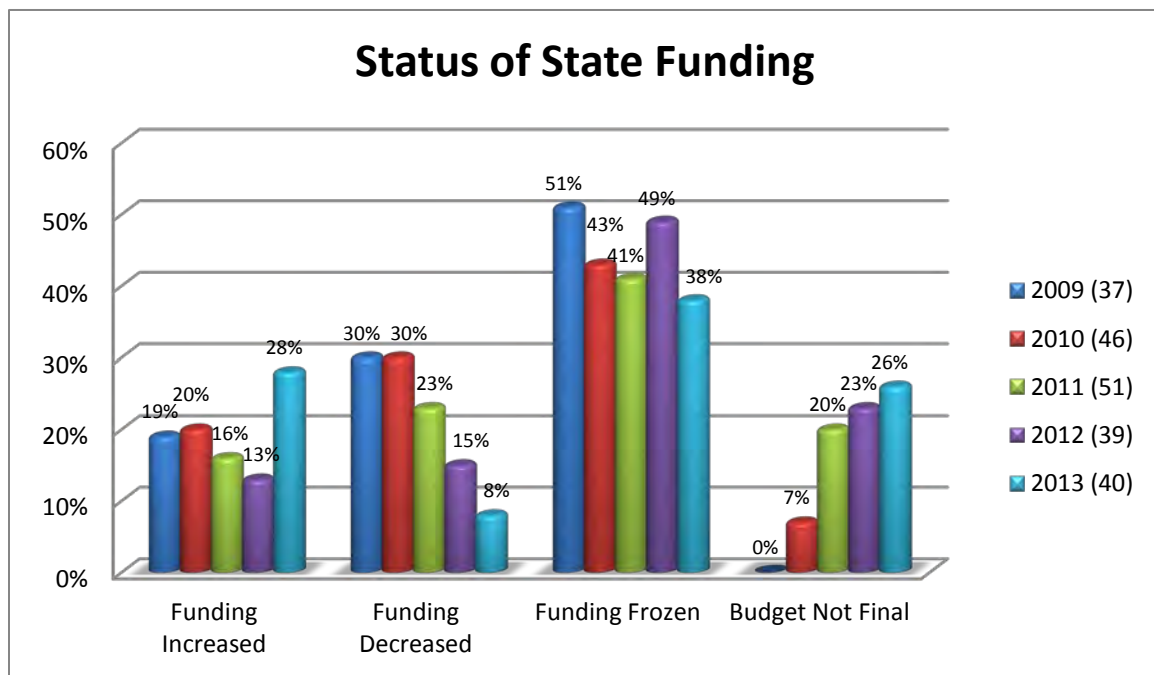
Of the twenty-seven states that were able to answer this question:

- The average length of time a child was in the Part C system ranged from 8 months to 25 months with a median of 16 months.

**15. Which statement describes the status of your state funding for Part C for 2013-2014.**

Of the forty states that responded to this question:

- 15 states had their state funding remain the same;
- 11 states had their state funding increased;
- 10 states indicated that their state budget was not finalized; and
- 4 states had their state funding decreased.



**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 thirty-nine states that responded to this question:

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



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

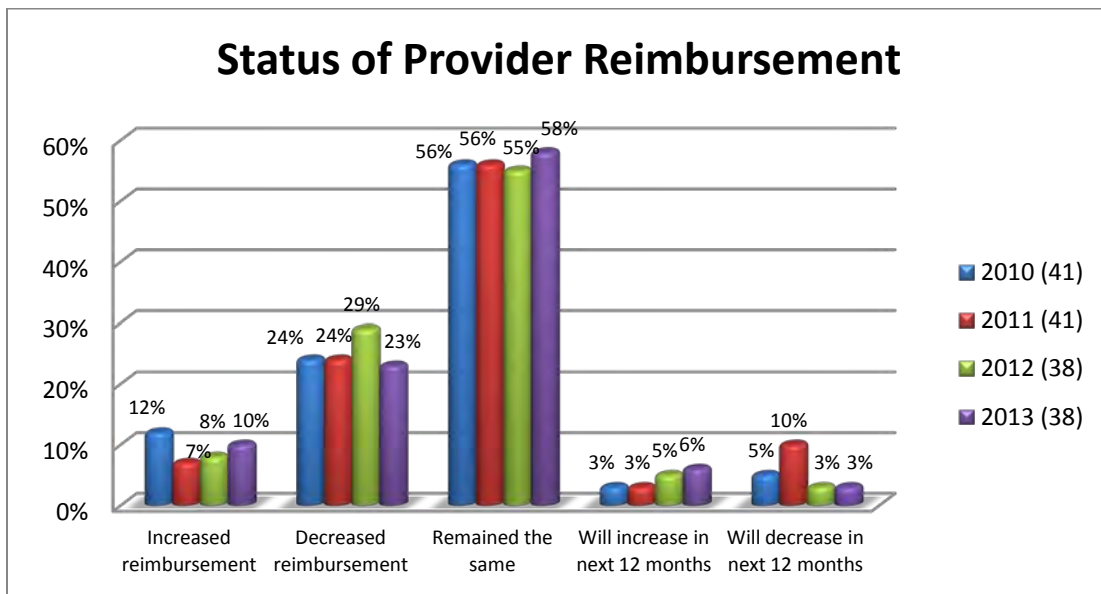
Of the thirty-eight states that responded to this question:

- 21 states indicated they did not have any agencies/individuals decline to continue because of fiscal constraints;
- 8 states indicated that they had agencies/individuals decline to continue because of fiscal constraints;
- 8 states indicated this question did not apply to them; and
- 1 state indicated that several providers terminated contracts due to state reimbursement rates and the requirement to bill insurance.

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

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

- 18 states indicated provider rates remained the same;
- 7 states decreased provider rates;
- 3 states increased provider reimbursement rates;
- 2 states indicated they will decrease provider rates in the next twelve months;
- 2 states indicated they will increase provider rates in the next 12 months; and
- 6 states provided additional comments.



**19. Rank the following components in priority order where you are reducing spending as a result of your 5% sequestration reduction.**

States were asked to identify, in priority order from 1 as the highest cut to 11 as the lowest cut, where they were reducing spending as a result of the sequestration cuts. They were instructed to mark NA if they had not taken any cuts in a specific component. The chart below documents the components, in descending order, with the #1 and #2 cuts, the average ranking and the percentage of states that did not take any cuts in the component. The most frequently cited component where states applied their reduction in spending was personnel development. The second most frequently identified component was State Administration.

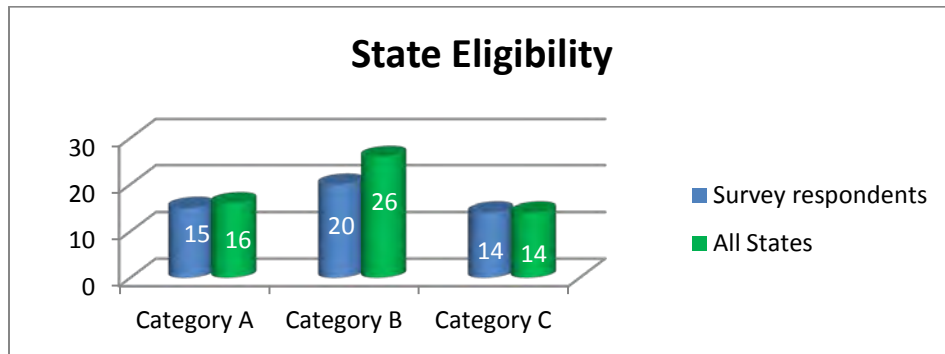
Part C System Component	Number of States that ranked this #1	Number of States that ranked this #2	Average ranking across all states	Number of States that did not take any cuts
Personnel Development	7	6	2.00	22
State Administration	12	2	2.70	19
Child Find/Public Awareness	0	6	3.27	24
Other - not defined	6	1	3.33	27

### **Demographics of States Responding to the Survey**

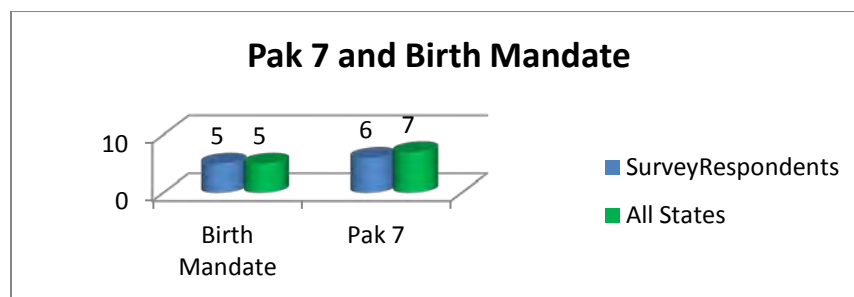
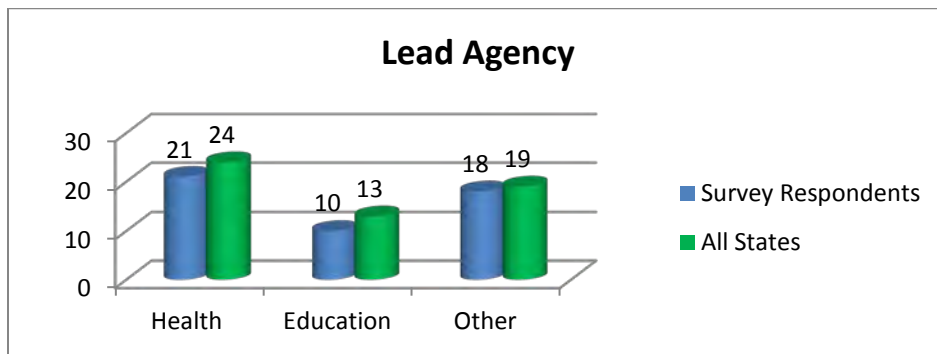
ITCA received responses from forty-nine states and jurisdictions. For the purpose of analysis, states self-identified their status for eligibility criteria and type of lead agency. While OSEP has discontinued categorizing states by eligibility criteria, ITCA members have requested that eligibility continue 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:

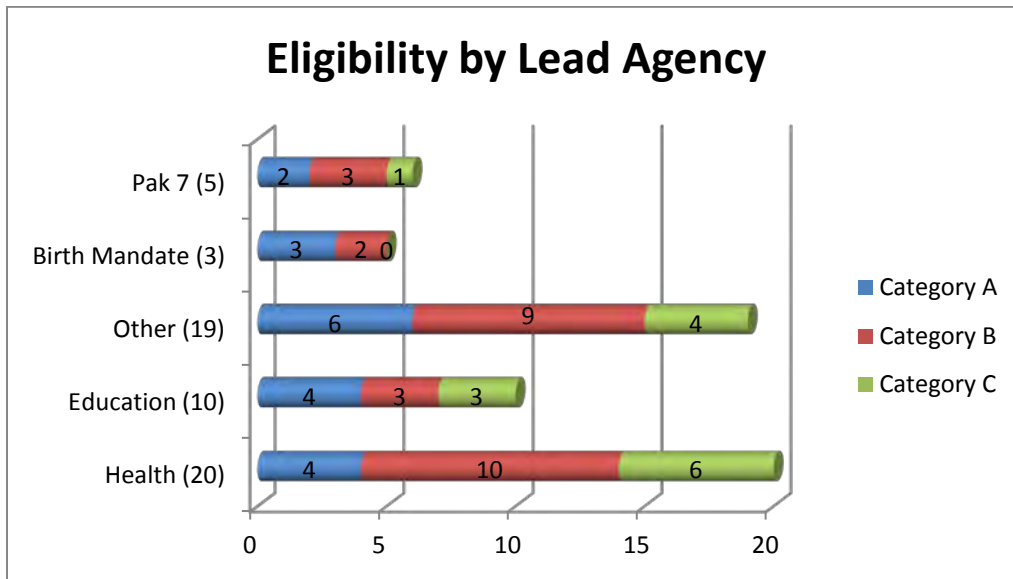
- Category A: At Risk, Any Delay, Atypical Development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains;

- 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.

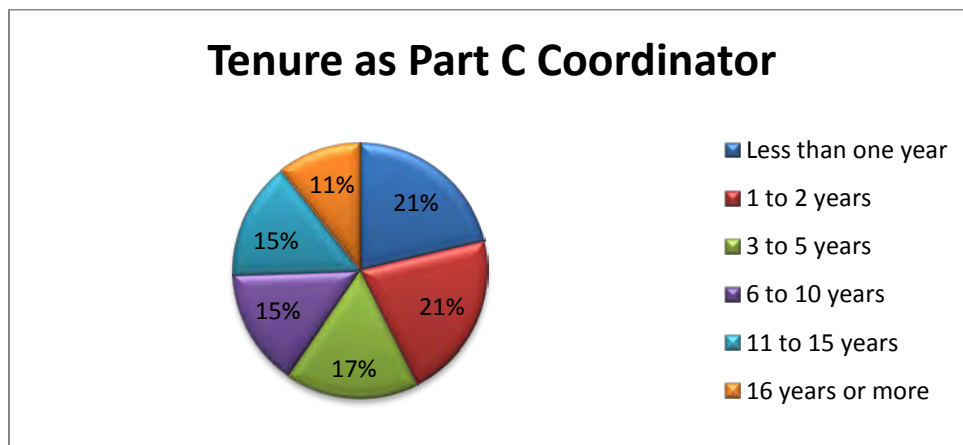


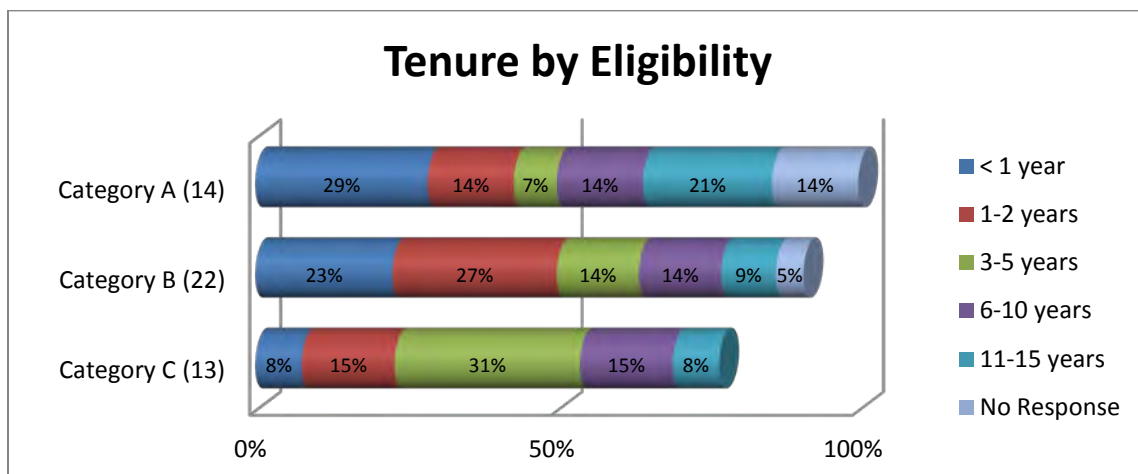
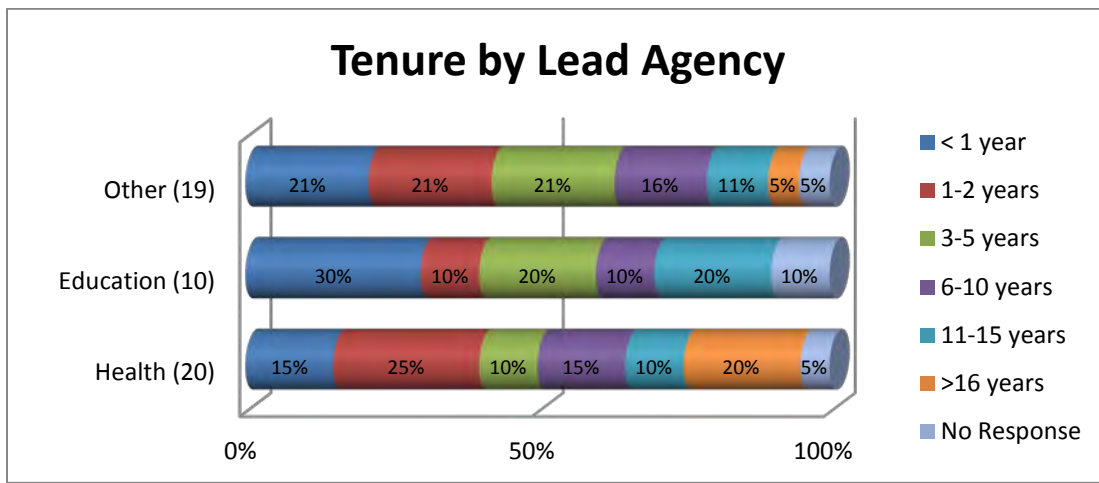
ITCA places lead agencies into three categories: Health, Education and Other (this includes Developmental Disabilities, Human Services, Early Learning Agencies and includes co-leads). States self-identify type of lead agency.





An additional demographic question was added as a result of significant turnover in Part C leadership. Respondents were asked how long they have been the Part C Coordinator. Forty-six states responded to this question. Twenty of the forty-six states have Part C Coordinators with two years or less of experience.





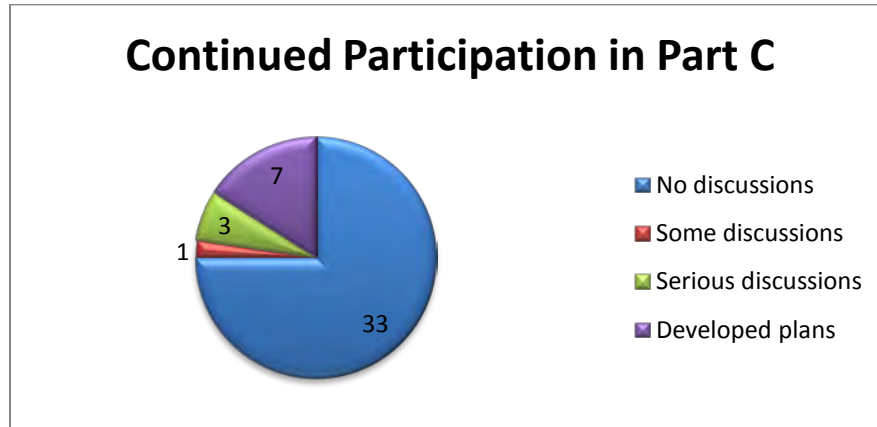
## Survey Questions

---

### 1. Which statement describes the status of your continuing participation in Part C beginning July 2013?

- Forty-four states responded to this question. Thirty-three states (78.5%) responded that there were no discussions related to dropping out of Part C. Seven states (15.9%) indicated that they had been asked to prepare documents related to staying in Part C. Three states (6%) indicated they are having serious discussions related to continued

participation in Part C; and one state (2%) indicated there were some discussions related to continued participation in Part C.



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

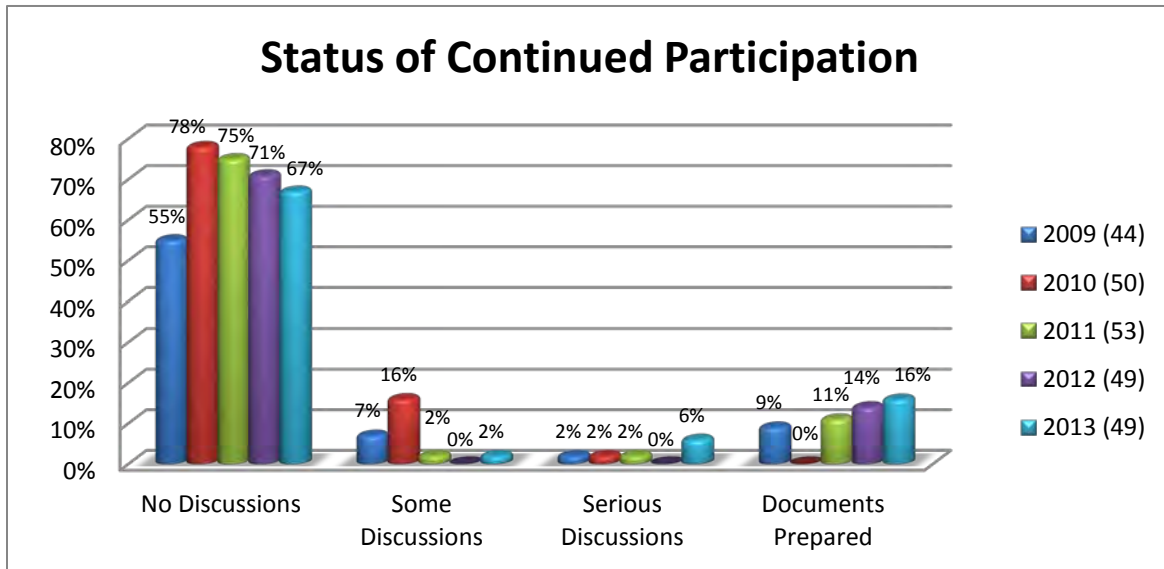
	Health (21)	Education (10)	Other (18)
No Discussions	13	9	11
Some Discussions	0	0	1
Serious Discussions	2	0	1
Prepared Documents	4	0	1
	Health (21)	Education (10)	Other (18)
No Discussions	61.9%	90%	61.1%
Some Discussions	0.0%	0.0%	5.5%
Serious Discussions	9.5%	0.0%	5.5%
Prepared Documents	19%	0.0%	5.5%

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

	Category A (15)	Category B (20)	Category C (14)
No Discussions	11	16	6
Some Discussions	0	0	1
Serious Discussions	0	2	1
Prepared Documents	3	0	2
	Category A (15)	Category B (20)	Category C (14)
No Discussions	73.3%	80.0%	42.8%
Some Discussions	0.0%	0.0%	7.1%
Serious Discussions	0.0%	10%	7.1%
Prepared Documents	20.0%	0.0%	14.3%

Additional Comments:

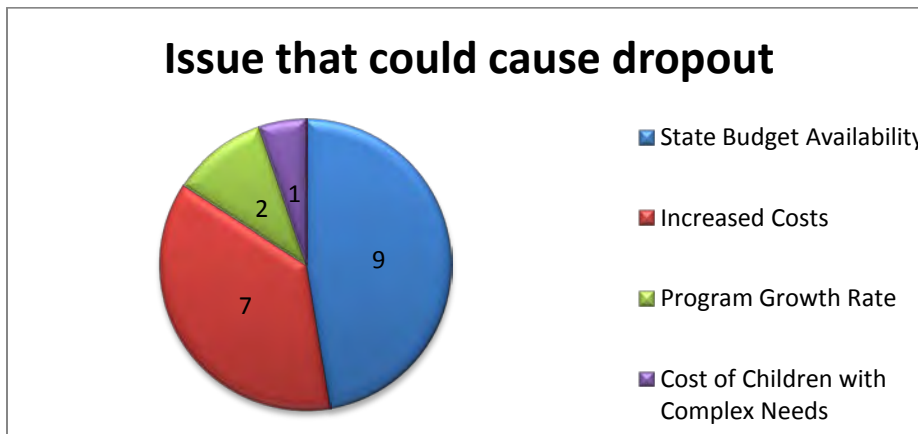
- Last year we restricted eligibility and this year [we are] implementing FCP...all budget related.
- It has been discussed, however nothing formal has been requested.



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

Sixteen states responded to this question. Nine states (56.3%) cited state budget availability. Seven states (43.8%) indicated increased costs of the system could cause their state to drop out. Two states (12.5%) identified program growth rate. One state (6.3%) identified the increased costs of children with complex needs and two states (12.5%) provided other reasons:

- MOE if including local funds is enforced; and
- Federal regulations that are driving costs.



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

	Health (21)	Education (10)	Other (18)
State Budget Availability	5	1	3
Increased Costs	3	1	3
Program Growth Rate	1	0	1
Increased Costs of Complex Children	0	1	
	Health (21)	Education (10)	Other (18)
State Budget Availability	23.8%	10.00%	16.6%
Increased Costs	14.3%	10.00%	16.6%
Program Growth Rate	5.20%	0.00%	5.5%
Increased Costs of Complex Children	0.0%	10.00%	0.00%

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

	Category A (15)	Category B (20)	Category C (14)
State Budget Availability	1	5	3
Increased Costs	2	3	2
Program Growth Rate	1	0	1
Increased Costs of Complex Children	0	1	0
	Category A (15)	Category B (20)	Category C (14)
State Budget Availability	6.7%	25.0%	21.4%
Increased Costs	13.3%	15.0%	14.3%
Program Growth Rate	6.7%	0.0%	7.1%
Increased Costs of Complex Children	0.0%	5.0%	0.0%

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

	Birth Mandate (5)	Pak 7 (6)
Increased Costs	0	0
State Budget Availability	0	1
Program Growth Rate	0	0
Increased Costs of Complex Children	0	0
	Birth Mandate (5)	Pak 7 (6)
Increased Costs	0.0%	0.0%
State Budget Availability	0.0%	16.7%
Program Growth Rate	0.0%	0.0%
Increased Costs of Complex Children	0.0%	0.0%



### 3. Will your state be able to continue to participate in Part C through June 30, 2014?

Forty states responded to this question. Thirty-nine states (97.4%) indicated they would be able to continue participation.

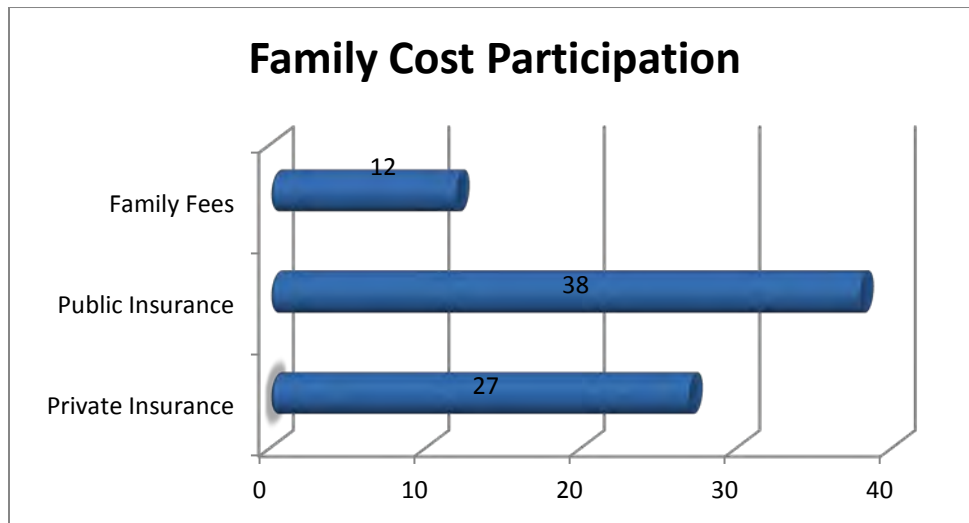
Additional Comments:

- We have a significant supplemental budget request that will go to our Legislature next January. If we don't get funded all bets are off.

### 4. What forms of family cost participation do you include in your System of Payment Policy?

**Check all that apply.**

Thirty-nine states responded to this question. Twenty-seven states (69.2%) indicated they include private insurance; thirty-eight states (97.4%) indicated they use public insurance; and twelve states (30.8%) indicated they include family fees in their System of Payment Policy.



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

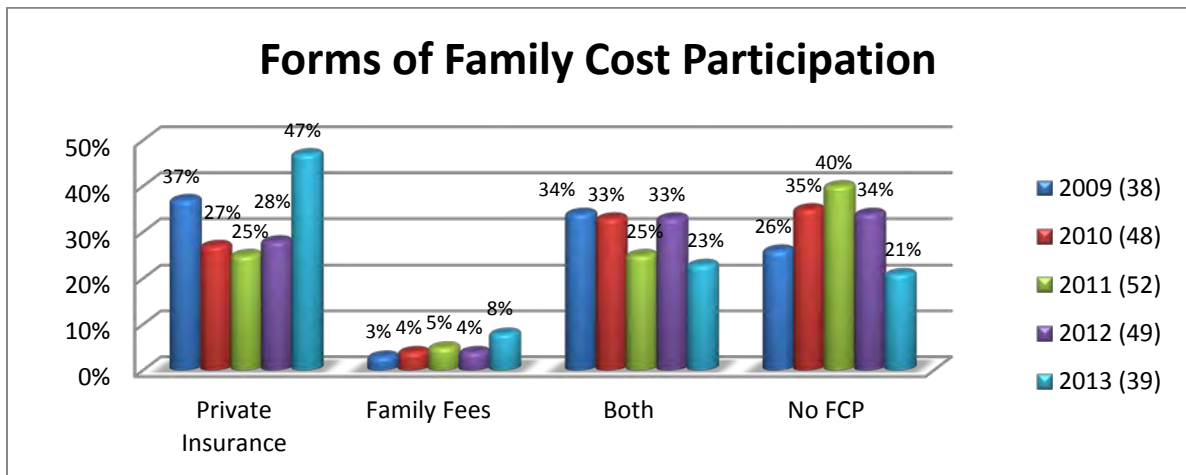
	Health (21)	Education (10)	Other (18)
Private Insurance	11	3	13
Public Insurance	15	8	15
Family Fees	6	1	5
	Health (21)	Education (10)	Other (18)
Private Insurance	52.4%	30%	72.2%
Public Insurance	71.4%	80%	83.3%
Family Fees	28.5%	10%	27.7%

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

	Category A (15)	Category B (20)	Category C (14)
Private Insurance	9	15	3
Public Insurance	12	18	8
Family Fees	4	4	4
	Category A (15)	Category B (20)	Category C (14)
Private Insurance	60.0%	75.0%	21.4%
Public Insurance	80.0%	90.0%	57.1%
Family Fees	26.7%	20.0%	28.6%

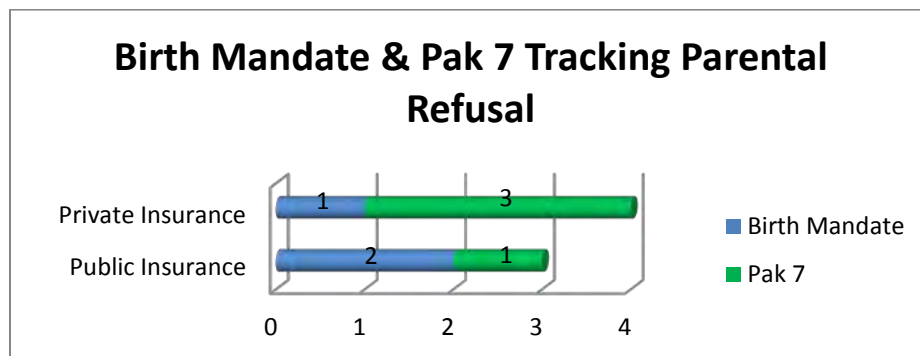
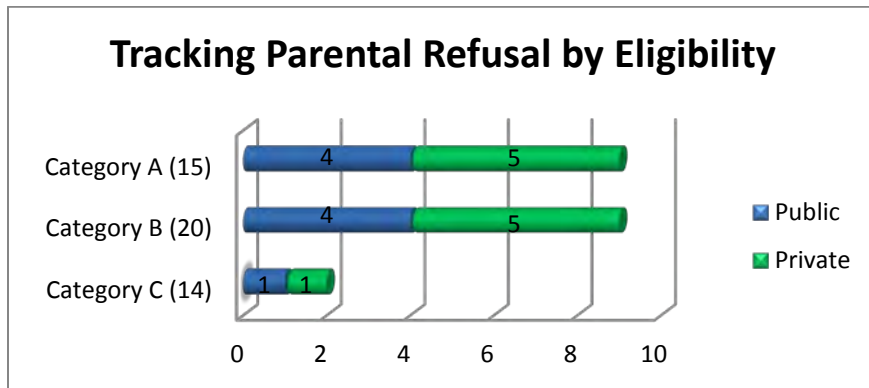
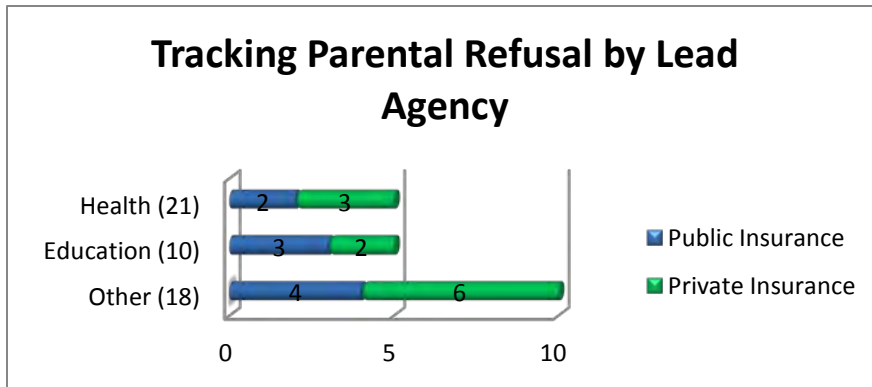
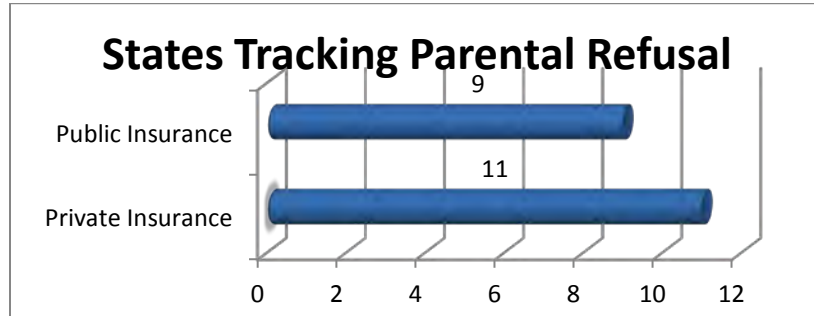
Analyzing the responses to this question by Eligibility resulted in the following:

	Birth Mandate (5)	Pak 7 (6)
Private Insurance	2	4
Public Insurance	4	5
Family Fees	0	2
	Birth Mandate (5)	Pak 7 (6)
Private Insurance	40.0%	66.7%
Public Insurance	80.0%	83.3%
Family Fees	0.0%	33.3%



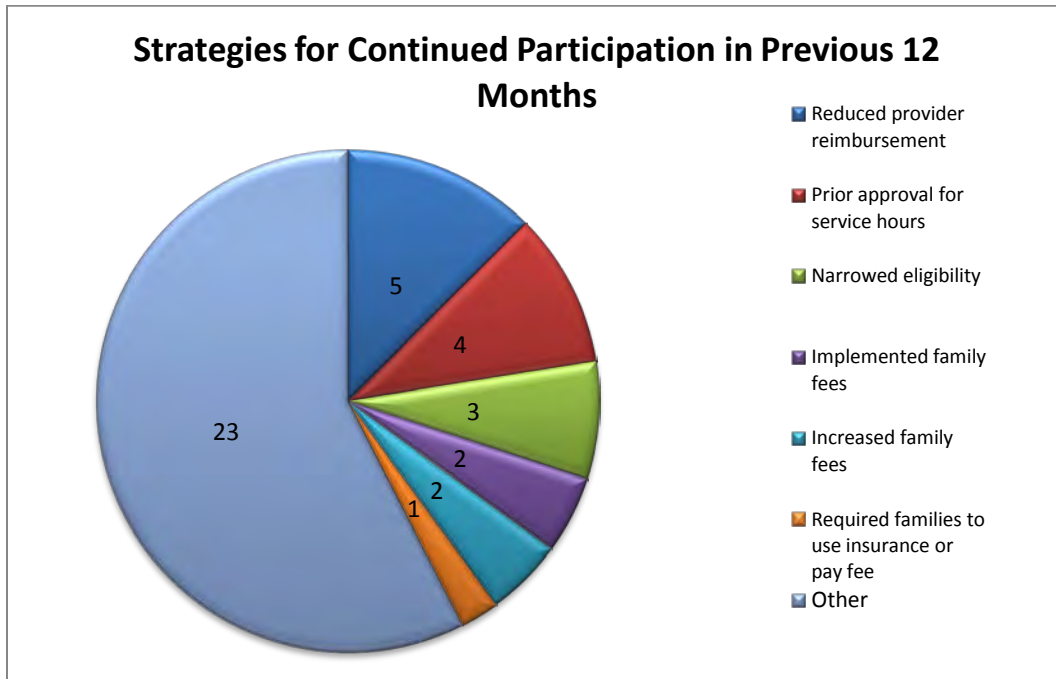
**5. If you use public or private insurance, are you tracking the percentage of families who are refusing access?**

Thirty-seven states responded to this question. Nine states (24.3%) are tracking families who are refusing access to public insurance. Eleven states (36.7%) are tracking families who are refusing access to private insurance.



**6. 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.**

Thirty 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 (21)	Education (10)	Other (18)
Implemented Family Fees	1	0	1
Increased Family Fees	1	0	1
Required Use of Insurance or Pay Fee	0	0	1
Reduced Provider Reimbursement	2	0	3
Required Prior Approval for Excess Services	3	0	1
Narrowed Eligibility	3	0	0
	Health (21)	Education (10)	Other (18)
Implemented Family Fees	4.8%	0.00%	5.5%
Increased Family Fees	4.8%	0.00%	5.5%
Required Use of Insurance or Pay Fee	0.00%	0.00%	5.5%
Reduced Provider Reimbursement	9.5%	0.00%	16.7%
Required Prior Approval for Excess Services	14.3%	0.00%	5.5%
Narrowed Eligibility	14.3%	0.00%	0.00%

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

	Category A (15)	Category B (20)	Category C (18)
Implemented Family Fees	0	1	1
Increased Family Fees	1	1	0
Required Use of Insurance or Pay Fee	0	1	0
Reduced Provider Reimbursement	1	3	1
Required Prior Approval for Excess Services	1	2	1
Narrowed Eligibility	1	1	1

	Category A (15)	Category B (20)	Category C (18)
Implemented Family Fees	0.0%	5.0%	5.5%
Increased Family Fees	6.7%	5.0%	0.0%
Required Use of Insurance or Pay Fee	0.0%	5.0%	0.0%
Reduced Provider Reimbursement	6.7%	15.0%	5.5%
Required Prior Approval for Excess Services	6.7%	10.0%	5.5%
Narrowed Eligibility	6.7%	5.0%	5.5%

There were no changes made by Birth Mandate states and one Pak 7 state increased family fees.

Additional Comments:

- [We held] financial workshops to better explain appropriate use of Part C funds.
- We have not changed anything but will discuss eligibility criteria next year.
- [We] ended the "extended Part C initiative" for children past their third birthday.
- [We] discussed narrowing eligibility for services.
- We have changed the distribution of funds and moved toward equity.
- [We] eliminated family fees.
- [We] began an extensive analysis of our current system of payment, researching private insurance and family fees.
- [We] increased provider monitoring and oversight of billing activities and no increase in any contract renewals.
- We continue to review other service models.
- Provider reimbursement and eligibility services were addressed prior to the last twelve months.
- Because there have not been any increases in state funding and our program continues to grow, we have had, in effect, a reduction in provider reimbursement.
- [We] discussed ways to maximize Medicaid billing and did not fill non-critical positions.

- [We] increased accountability by requiring the BDI-2 be re-administered annually and considered in determining continued eligibility.
- [We have instituted] hiring freezes and furloughs.
- We did not make a formal reduction, but by keeping the reimbursement the same, it is like making a reduction.
- [We] changed allocations to local programs to be more strongly based on coordinated system of payment.
- [We] maintained status quo.
- [We] adjusted the Part C budget to exclude payments to a contractor who provided additional assistance with Part C clerical duties.

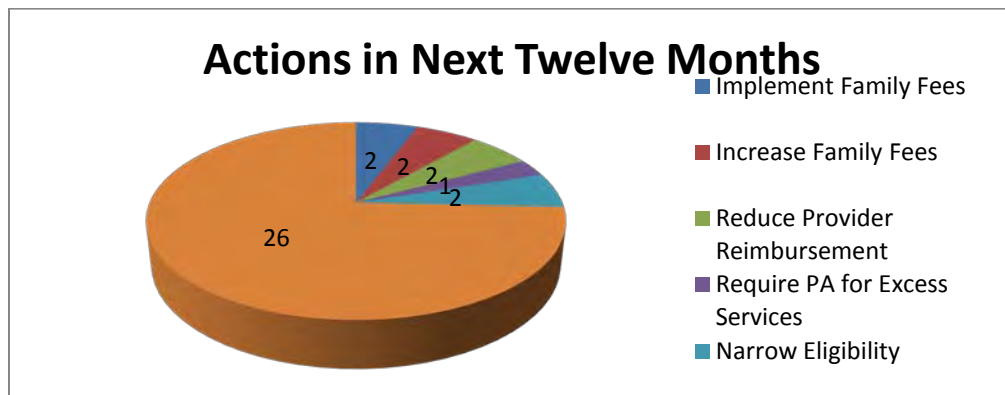
**7. If you increased the fees required of families, describe the extent of the increase.**

Two states responded to this question and indicated:

- The baseline for the fee scale was lowered to 100% and removed automatic no-pay if on other state public assistance programs and removed exemption for families who gave permission to access private insurance. The state will now pay deductible, co-insurance and co-pays up to the family's out of pocket maximum; and
- The high end of the fee schedule moved from \$100 to \$200.

**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.**

Thirty-one 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 (21)	Education (10)	Other (18)
Implement Family Fees	1	0	1
Increased Family Fees	1	0	1
Reduce Provider Reimbursement	2	0	0
Require Prior Approval for Excess Services	1	0	0
Narrow Eligibility	1	0	1
Implement Family Fees	4.8%	0.0%	5.5%
Increase Family Fees	4.8%	0.0%	5.5%
Reduce Provider Reimbursement	9.5%	0.0%	0.0%
Require Prior Approval for Excess Services	4.8%	0.0%	0.0%
Narrow Eligibility	4.8%	0.0%	5.5%

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

	Category A (15)	Category B (20)	Category C (14)
Implement Family Fees	0	1	1
Require Use of Insurance or Pay Fee	1	1	0
Reduce Provider Reimbursement	1	0	1
Require Prior Approval for Excess Services	0	1	0
Narrow Eligibility	0	1	1
	Category A (15)	Category B (20)	Category C (14)
Implement Family Fees	0.0%	5.0%	7.1%
Require Use of Insurance or Pay Fee	6.7%	5.0%	0.0%
Reduce Provider Reimbursement	6.7%	0.0%	7.1%
Require Prior Approval for Excess Services	0.0%	5.0%	0.0%
Narrow Eligibility	0.0%	5.0%	7.1%

Birth Mandate states did not report any of the following activities and one Pak 7 state indicated that family fees would increase.

**Additional Comments:**

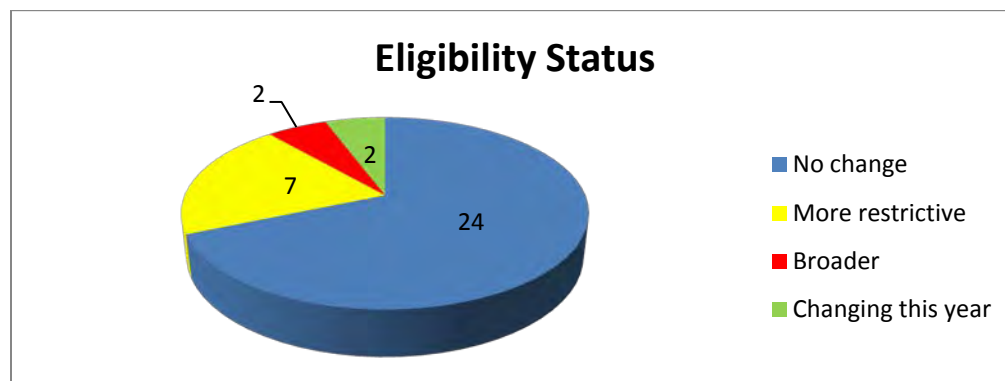
- We will continue to strongly encourage and promote use of private insurance.
- We will request additional state dollars from the legislature.
- The situation is being monitored. No decision has been made.
- Eligibility changes went into effect 5/1/12. Now we are exploring ways to maintain fiscal stability.
- 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

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

Of the forty states that responded to this question, twenty-four states (60%) indicated they have made no changes in eligibility criteria and have no plans to make any changes; seven states (17.5%) have made eligibility criteria more restrictive; two states (5.0%) have expanded eligibility criteria; and two states are considering changing criteria in the 2013-2014 fiscal year. Five states (12.5%) provided additional comments.





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

	Health (21)	Education (10)	Other (18)
No Change in Eligibility	9	6	9
Narrowed Eligibility	4	1	2
Expanded Eligibility	0	1	1
Will Change Criteria in 2013-2014	0	1	1
No Change in Eligibility	42.9%	60.0%	50.0%
Narrowed Eligibility	19.0%	10%	11.1%
Expanded Eligibility	0.0%	10%	5.5%
Will Change Criteria in 2013-2014	0.0%	10%	5.5%

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

	Category A (15)	Category B (20)	Category C (14)
No Change in Eligibility	7	12	5
Narrowed Eligibility	3	2	2
Expanded Eligibility	1	0	1
Will Change Criteria in 2013-2014	1	1	0
	Category A (15)	Category B (20)	Category C (14)
No Change in Eligibility	46.6%	60.0%	35.7%
Narrowed Eligibility	20.0%	10.0%	14.3%
Expanded Eligibility	6.7%	0.0%	7.1%
Will Change Criteria in 2013-2014	6.7%	5.0%	0.0%

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

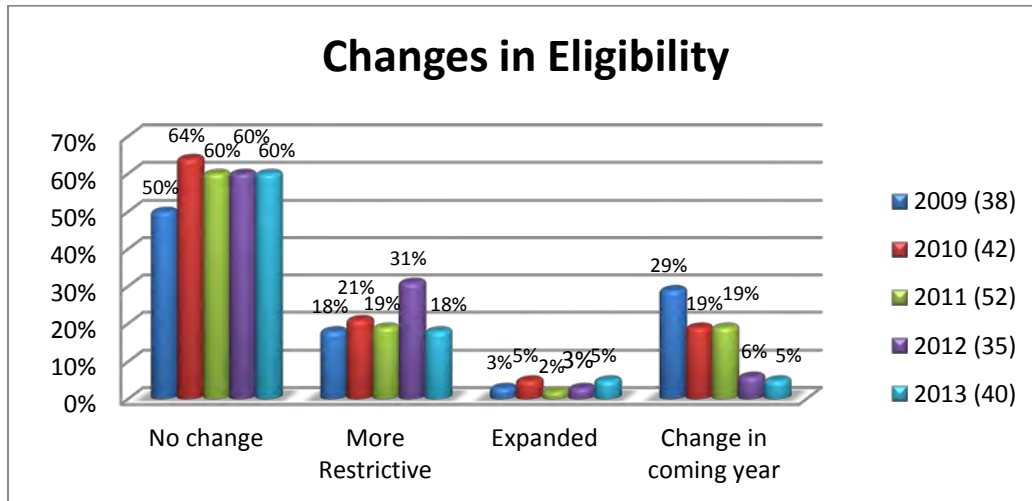
	Birth Mandate (5)	Pak 7 (6)
No Change in Eligibility	1	2
Narrowed Eligibility	1	2
Expanded Eligibility	0	0
Will Change Criteria in 2013-2014	1	0

	Birth Mandate (5)	Pak 7 (6)
No Change in Eligibility	20.0%	33.3%
Narrowed Eligibility	20.0%	33.3%
Expanded Eligibility	0.0%	0.0%
Will Change Criteria in 2013-2014	20.0%	0.0%

Additional Comments:

- We are discussing narrowing eligibility. (2)
- [We] have just added a diagnosed condition for severe speech sound production.

- [We] removed percentage of delay based on age and now require standard deviation.  
[We] eliminated correction for prematurity.
- We are conducting an eligibility study for possible change to our criteria.

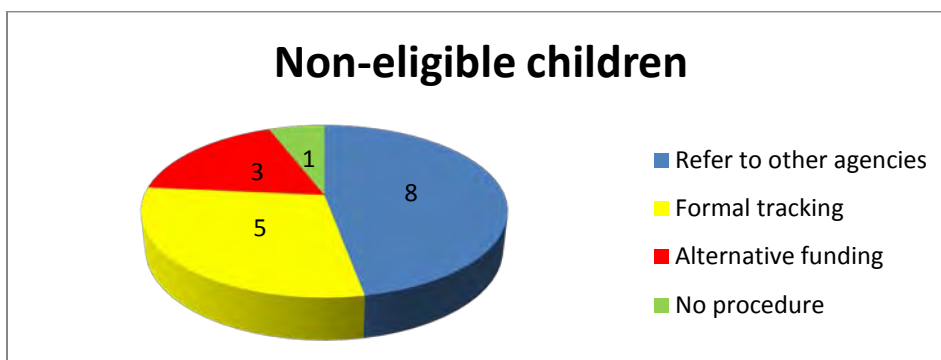


**10. If you are changing eligibility criteria in the 2013-2014 year, please check the answer that describes what you are planning.**

Of the five states that responded to this question, three states (60%) are narrowing eligibility criteria and two states (40%) will broaden their criteria.

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

Fifteen states responded to this question. Eight states (53.3%) indicated that they refer the children to other community agencies. Five states (33.3%) enroll the children in a formal tracking program and three states (20.0%) seek alternative funding to support these children in a separate system. Only one state (6.7%) indicated there was 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 (21)	Education (10)	Other (18)
Enroll in Formal Tracking Program	3	2	0
Seeking Alternative Funding	1	1	1
Refer to Community Agencies	3	3	2
No Policy or Procedures	0	0	1
	Health (21)	Education (10)	Other (18)
Enroll in Formal Tracking Program	14.3%	20.0%	0.0%
Seeking Alternative Funding	4.8%	10.0%	5.5%
Refer to Community Agencies	14.3%	30%	11.1%
No Policy or Procedures	0.0%	0.0%	5.5%

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

	Category A (15)	Category B (20)	Category C (14)
Enroll in Formal Tracking Program	3	1	1
Seeking Alternative Funding	1	1	1
Refer to Community Agencies	2	4	2
No Policy or Procedures	1	0	0
	Category A (15)	Category B (20)	Category C (14)
Enroll in Formal Tracking Program	20%	5.0%	7.1%
Seeking Alternative Funding	5.0%	5.0%	7.1%
Refer to Community Agencies	10.0%	20.0%	14.3%
No Policy or Procedures	5.0%	0.0%	0.0%

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

	Birth Mandate (5)	Pak 7 (6)
Enroll in Formal Tracking Program	2	0
Seeking Alternative Funding	1	0
Refer to Community Agencies	2	0
No Policy or Procedures	0	1
	Birth Mandate (5)	Pak 7 (6)
Enroll in Formal Tracking Program	40.0%	0.0%
Seeking Alternative Funding	20.0%	0.0%
Refer to Community Agencies	40.0%	0.0%
No Policy or Procedures	0.0%	16.7%

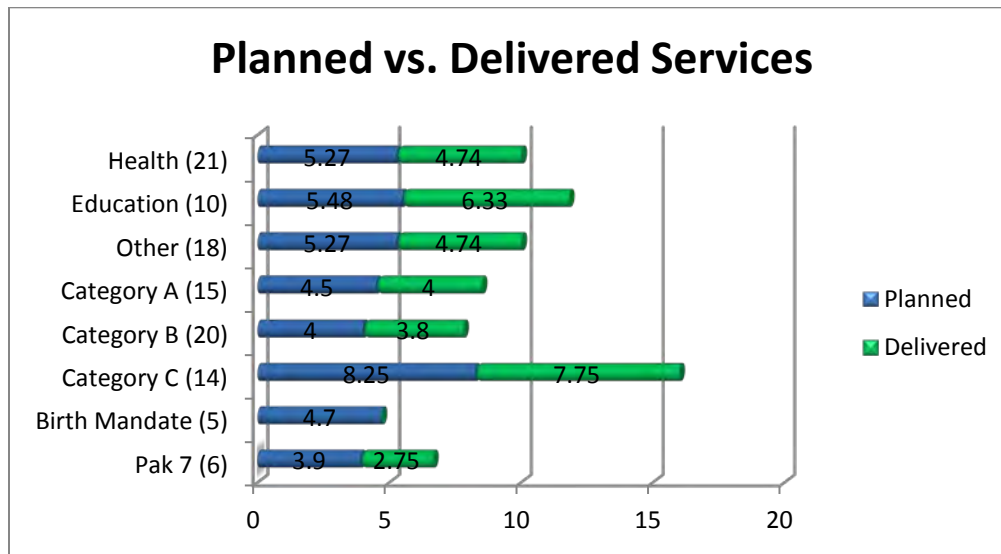
**12. What is the average number of planned hours of direct service (excluding service coordination and evaluation/assessment) per child per month?**

Of the twenty-six states (53%) were able to answer this question, the number of planned service hours per month per child ranged from 1.5 hours to 12 hours with a median of 5.0 hours.

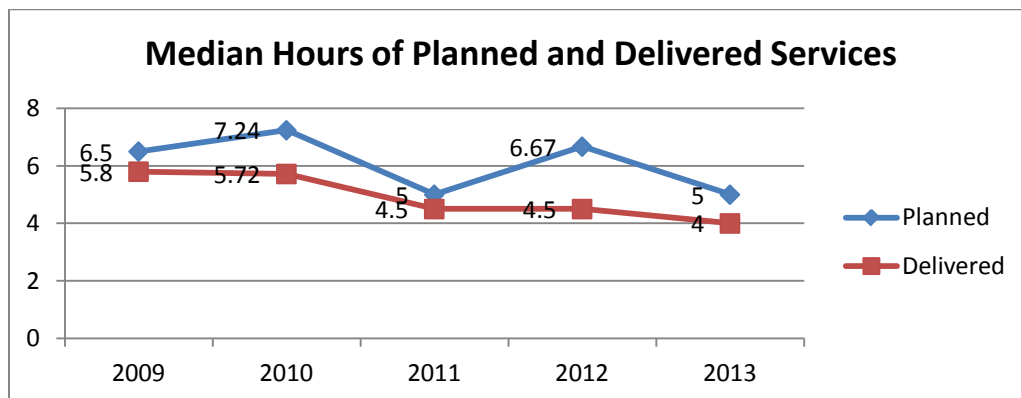
**13. What is the average number of delivered hours of direct service (excluding service coordination and evaluation/assessment) per child per month?**

Of the twenty states (41 %) that were able to answer this question, the number of delivered service hours per child per month ranged from 1.5 hours to 12 hours with a median of 4 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:



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

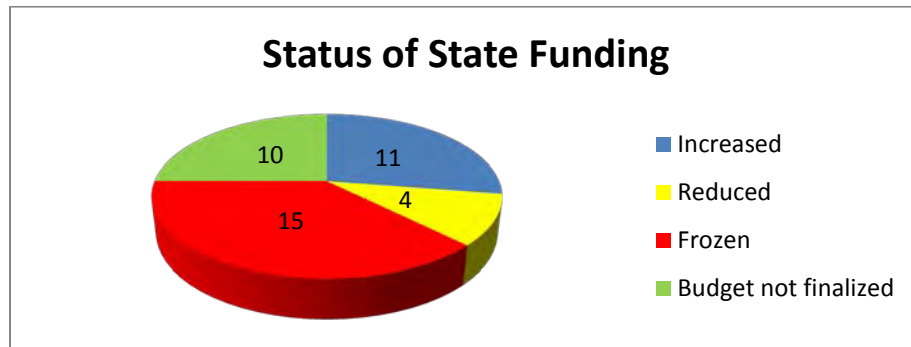


**14. What is the average length of time a child is in your Part C system?**

Of the forty-nine states that responded to the survey, twenty-seven states were able to answer this question. The average length of time that a child was in the Part C system ranged from 8 months to 25 months with a median of 16 months. Health Lead Agencies had a median of 15.9 months; Education Lead Agencies had a median of 19 months and “Other State Agencies” had a median of 14.25 months. The median number of months for Category A states is 12.5 months, Category B states had a median of 18 months and states with Category C eligibility had a median of 13.5 months. Pak 7 states had a median of 11.75. There was only one birth mandate state that responded to this question with a median of 13 months.

**15. Which statement describes the status of your state funding for Part C for 2013-2014?**

Forty states responded to this question. Eleven states (27.5%) indicated that their state funding was increased; four states (10%) had their state funding reduced; fifteen states (37.5%) had their funding frozen; and ten states (25%) indicated their state budget was not finalized at the time of the survey response.



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

	Health (21)	Education (10)	Other (18)
State Funding Increase	4	2	5
State Funding Decrease	3	0	1
State Funding Frozen	6	4	5
State Budget Not Finalized	3	3	4
	Health (21)	Education (10)	Other (18)
State Funding Increase	19.0%	2.0%	27.8%
State Funding Decrease	14.3%	0.0%	5.5%
State Funding Frozen	28.6%	40.0%	27.8%
State Budget Not Finalized	14.3%	30.0%	22.2%

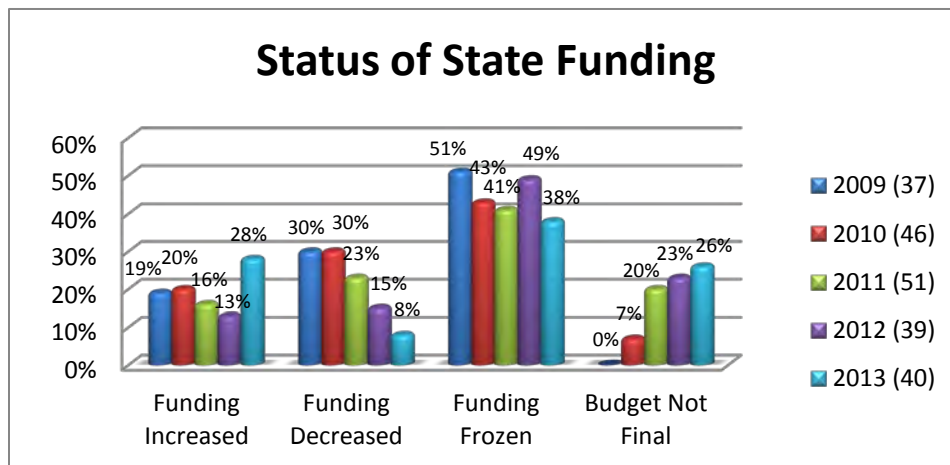
Analyzing the responses to this question by eligibility category resulted in the following:

	Category A (15)	Category B (20)	Category C (14)
State Funding Increase	4	4	3
State Funding Decrease	1	3	0
State Funding Frozen	6	5	4
State Budget Not Finalized	3	5	2
	Category A (15)	Category B (20)	Category C (14)
State Funding Increase	26.6%	20.0%	21.4%
State Funding Decrease	6.7%	15.0%	0.0%
State Funding Frozen	40.0%	25.0%	28.6%
State Budget Not Finalized	20.0%	25.0%	14.3%

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

	Birth Mandate (5)	Pak 7 (6)
State Funding Increase	0	3
State Funding Decrease	0	0
State Funding Frozen	2	0
State Budget Not Finalized	1	1
	Birth Mandate (5)	Pak 7 (6)
State Funding Increase	0.0%	50.0%
State Funding Decrease	0.0%	0.0%
State Funding Frozen	40.0%	0.0%
State Budget Not Finalized	20.0%	16.7%

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



**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 thirty-nine states that responded to this question, 16 states (41%) indicated they did not have any agencies/organizations decline to continue because of fiscal constraints; two states (5.1%) indicated that they had agencies/organizations decline to continue because of fiscal constraints; and 19 states indicated this question did not apply to them.

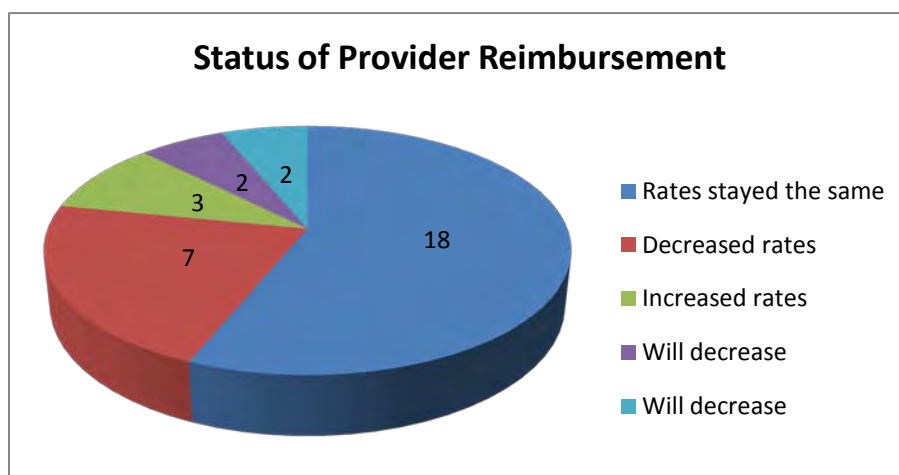
**17. If your state used contractors (agencies/individuals) to provide direct services, did any of those contractors decline to continue because of fiscal restraints?**

Of the thirty-eight states that responded to this question, twenty-one states (55.2%) indicated they did not have any agencies/individuals decline to continue because of fiscal constraints; eight states (21.1%) indicated that they had agencies/individuals decline to continue because of fiscal constraints; and eight states (21%) indicated this question did not apply to them.

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

**Check all that apply.**

Thirty-eight states responded to this question. This question was designed to assess the impact of the ongoing fiscal crisis at the local level. Eighteen states (47.4%) have kept reimbursement rates the same. Seven states (18.4%) responded that they had reduced provider reimbursement rates and an additional two states (5.3%) reported that they will reduce rates this year. Three states (7.9%) have increased provider reimbursement rates and two states (5.3%) will increase rates this year. Six states (15.8%) provided additional comments.



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

	Health (21)	Education (10)	Other (18)
Decreased Rates	3	2	2
Increased Rates	0	1	2
Rates Stayed the Same	10	1	7
Will Increase Rates	1	0	1
Will Decrease Rates	1	0	1
	Health (21)	Education (10)	Other (18)
Decreased Rates	14.3%	20.0%	11.1%
Increased Rates	0.0%	10.0%	11.1%
Rates Stayed the Same	47.6%	10.0%	38.9%
Will Increase Rates	4.8%	0.0%	5.6%
Will Decrease Rates	4.8%	0.0%	5.6%

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

	Category A (15)	Category B (20)	Category C (14)
Decreased Rates	1	4	2
Increased Rates	0	1	2
Rates Stayed the Same	5	10	3
Will Increase Rates	0	0	2
Will Decrease Rates	0	2	0
	Category A (15)	Category B (20)	Category C (14)
Decreased Rates	6.7%	20.0%	14.3%
Increased Rates	0.0%	5.0%	14.3%
Rates Stayed the Same	33.3%	50.0%	21.4%
Will Increase Rates	0.0%	0.0%	14.3%
Will Decrease Rates	0.0%	10%	0.0%

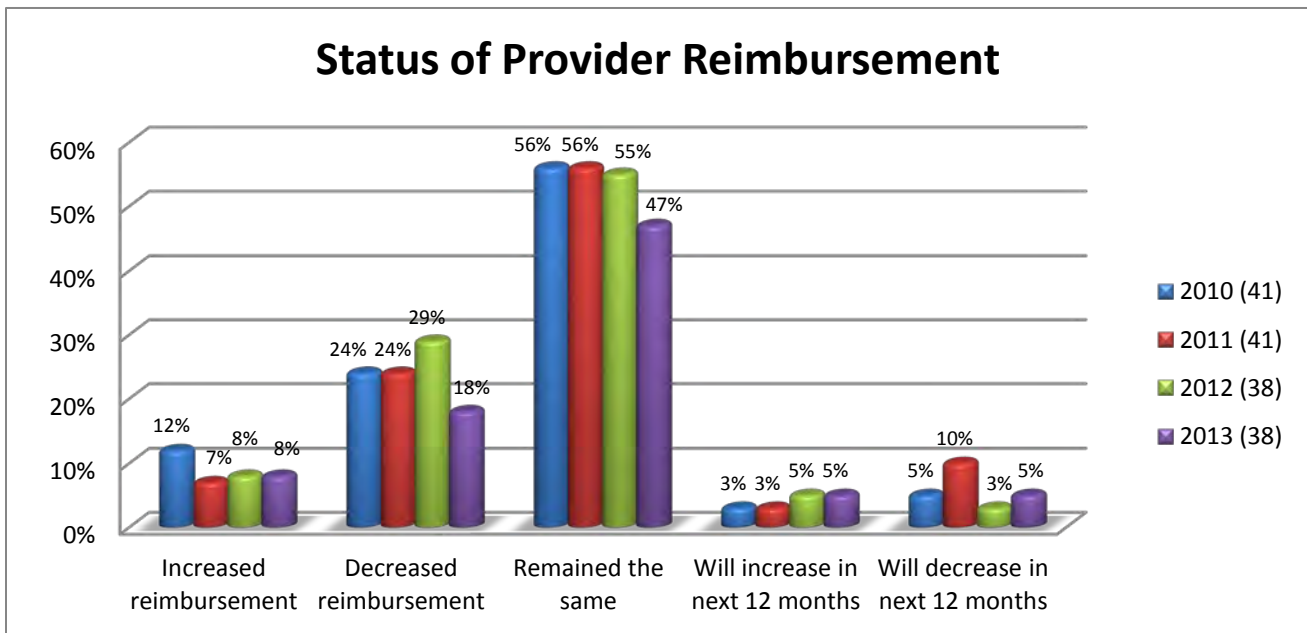
Analyzing the responses to this question by Birth Mandate and Pak 7 states resulted in the following:

	Birth Mandate (5)	Pak 7 (6)
Decreased Rates	2	0
Increased Rates	0	0
Rates Stayed the Same	0	3
Will Increase Rates	0	0
Will Decrease Rates	0	0
	Birth Mandate (5)	Pak 7 (6)
Decreased Rates	40.0%	0.0%
Increased Rates	0.0%	0.0%
Rates Stayed the Same	0.0%	50.0%
Will Increase Rates	0.0%	0.0%
Will Decrease Rates	0.0%	0.0%



Additional comments:

- Rates have remained the same for the past two years.
- The legislature granted a 1% COLA effective 1/1/13 to all human service providers.
- [We have] restructured our fee for service billing codes/units.
- We have decreased the average amount of the contract with each provider.
- We have changed financing structure and contractors are "at risk" for collections from insurance (including Medicaid).
- [We are] exploring decreasing provider rates.
- Because there have not been any increases in state funding and our program continues to grow in population, we have had, in effect, a reduction in provider reimbursement.
- Local infrastructure funding has decreased because enrollment has increased and federal Part C funds have decreased.
- Local programs have increased rates for providers.
- Providers were given a 4% increase effective 7/1/13.



**19. Rank the following components in priority order where you are reducing spending as a result of your 5% sequestration reduction.**

States were asked to identify, in priority order from 1 as the highest cut to 11 as the lowest cut, where they were reducing spending as a result of the sequestration cuts. They were instructed to



mark NA if they had not taken any cuts in a specific component. The chart below documents the components, in descending order, with the #1 and #2 cuts, the average ranking and the percentage of states that did not take any cuts in the component. The most frequently cited component where states applied their reduction in spending was personnel development. The second most frequently identified component was State Administration.

<b>Part C System Component</b>	<b>Number of States that ranked this #1</b>	<b>Number of States that ranked this #2</b>	<b>Average ranking across all states</b>	<b>Number of States that did not take any cuts</b>
Personnel Development	7	6	2.00	22
State Administration	12	2	2.70	19
Child Find/Public Awareness	0	6	3.27	24
Other - not defined	6	1	3.33	27

The chart below reflects the ranking of all components and the percentage of states that did not take any cuts in that specific component.

<b>Part C System Component</b>	<b>Average ranking across all states</b>	<b>Percent of States that did not take any cuts in the component</b>
Personnel Development	2.00	56.4%
State Administration	2.70	48.7%
Child Find/Public Awareness	3.27	61.5%
Other - not defined	3.33	69.2%
Monitoring System	4.40	74.4%
Data System	4.53	61.5%
Regional Administration	4.67	84.6%
Local Administration	5.00	84.6%
Central Directory	5.31	66.7%
Direct Services	5.69	66.7%
SICC	6.67	69.2%
Parent Support Activities	7.33	69.2%