



2014 ITCA Tipping Points Survey

Part C Implementation: State Challenges and Responses



2014 Part C Implementation: State Challenges and Responses

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

This survey was distributed to all Part C coordinators in May 2014. Forty-eight of the fifty-six states and jurisdictions (hereafter referred to as states) responded to the survey and forty-seven (97.9%) 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 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.

Executive Summary of State Responses

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

Q 1. Which of the following categories most closely aligns with your state Part C system infrastructure?

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

- 11 states responded that they were primarily private programs: Covering specified geographic areas of state; Responsible for all services from referral



through transition; May use employees and/or also hire private contractors to provide EI services; Often competitive process.

- 12 states responded that they were primarily regional public/private agencies/programs: Responsible for referral to IFSP development; Often referred to as a single point of entry or contact; Services provided by providers and/or agencies paid as vendors by the state.
- 13 states responded that they were primarily regional/local public/private agencies: Cover specified geographic areas of state; Responsible for all services from referral through transition; Often considered local/regional lead agencies; May use employees or also may contract with and pay private providers to provide EI services.
- 2 states responded that they were Unitary systems : Employ staff and may contract with providers through the lead agency; Provide all early intervention services from referral through transition; and EI personnel are usually based at a few sites to ensure that services are made available in the child and family's community.
- 2 states responded that they were primarily state lead agency employees: Based at regional/local areas; Provide services and are responsible for referral through transition; May also have some private EI service providers/agencies as supplemental vendors.
- 1 state described their infrastructure as multiple state agencies and their regional/local counterparts are responsible based on variables such as: Child's type of eligibility; and Type of Service including Evaluation and Direct Service.
- 6 states chose to identify an alternative structure.

Q 2. How long have you been the Part C Coordinator?

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

- 6 coordinators has less than one year experience;
- 12 coordinators had 1-2 years experience;
- 10 coordinators had 3-5 years experience;
- 10 coordinators had 6-10 years experience;



- 3 coordinators had 11-15 years experience; and
- 6 coordinators had 16 years or more experience.

Q 3. Please check the indicator that you are considering using for your State Identified Measureable Result (SiMR). Check all that apply.

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

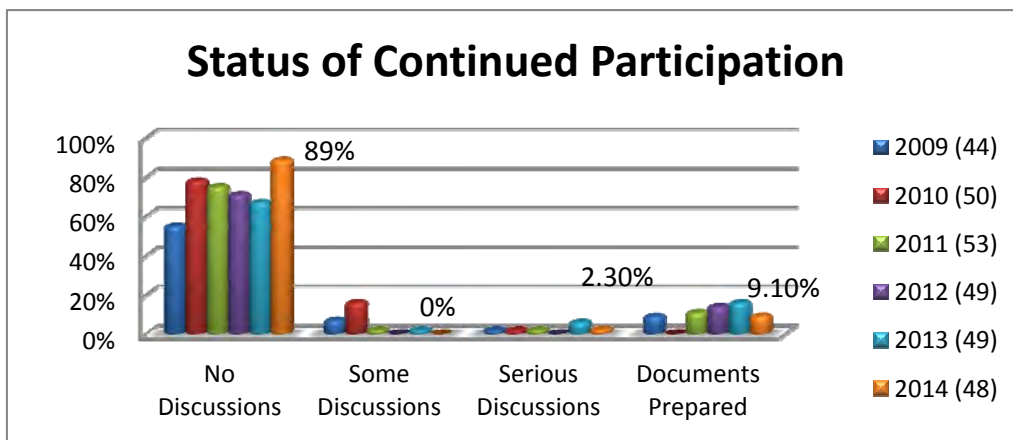
- 31 states selected percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills;
- 27 states selected percent of infants and toddlers with IFSPs who demonstrate acquisition and use of knowledge and skills (including early language/communication);
- 23 states selected percent of infants and toddlers with IFSPs who demonstrate use of appropriate behaviors to meet their needs;
- 11 states selected percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn;
- 7 states selected percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs;
- 6 states selected percent of families participating in Part C who report that early intervention services have helped the family know their rights; and
- 1 state selected percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

Q4. Which statement describes the status of your state's continuing Part C participation? Check all that apply.

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

- 40 states responded that there are no discussions related to dropping out of Part C;

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



Q 5. 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 eight states that responded to this question:

- 4 states indicated increased costs; and
- 4 states indicated state budget availability.

Q 6. Will your state be able to continue participation in Part C through June 30, 2015?

Of the forty-five states that responded to this question, all states indicated that they would be able to continue participation through June 30, 2015.

Q 7. Please estimate the percentage of families refusing access to public insurance.

Twenty-three states responded to this question and reported an average of 1.7% declination rate (Range: <1% to 10%)

Q 8. Please estimate the percentage of families refusing access to private insurance.

Fifteen states responded to this question and reported an average declination rate of 8.5% (Range: <1% to 50%)

Q 9. 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 thirty-two states that responded to this question:

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

Q 10. 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:

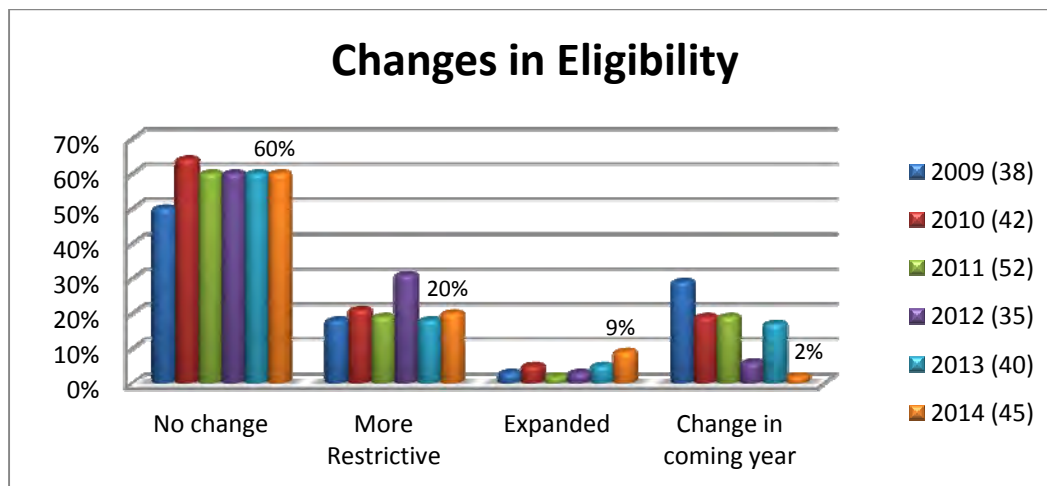
- 1 state will implement family fees;
- 2 states will increase family fees;
- 4 states will require families to use their private insurance or be placed on a fee schedule;
- 1 state will reduce provider reimbursement;

- 3 states 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.

Q 11. Which statement describes the status of eligibility in your state for the last three years? Check only one response.

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

- 27 states indicated they have made no changes in eligibility criteria and have no plans to make any changes;
- 9 states have made eligibility criteria more restrictive;
- 4 states have broadened eligibility criteria;
- 2 states are considering changing criteria in the 2014-2015 fiscal year; and
- 6 states provided other comments.



Q 12. If you are changing eligibility criteria in the 2014-2015 year, please check the answer that describes what you are planning.

Of the three states that responded to this question:

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

Q 13. What are you doing for children who no longer meet your eligibility criteria?

Check all that apply.

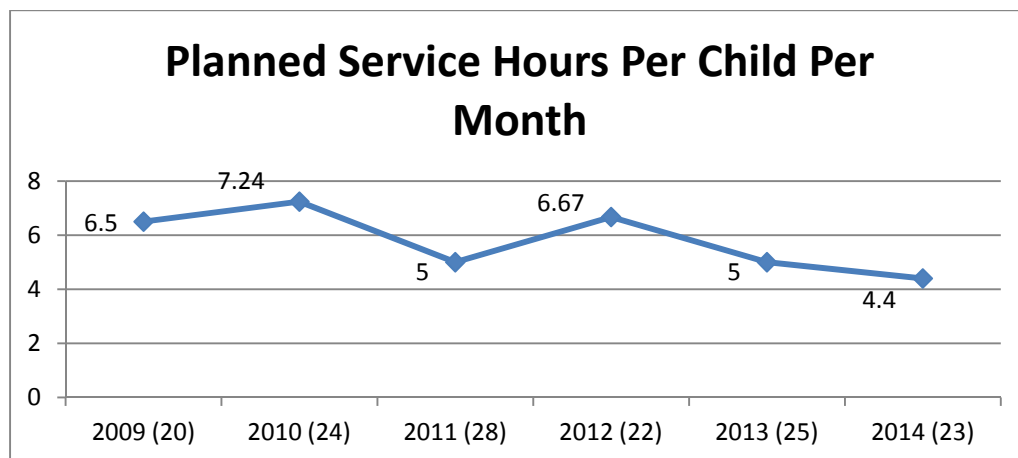
Of the eleven states that responded to this question:

- 9 states refer them to other community agencies;
- 1 state enrolls them in a formal tracking program; and
- 1 state indicated it has no policy or procedure for children who no longer meet the eligibility criteria.

Q 14. What is the average number of planned 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:

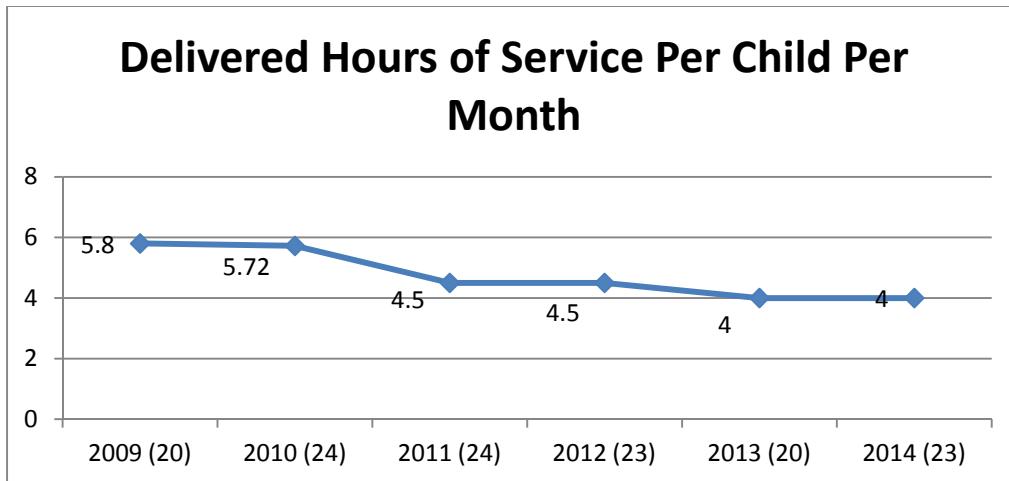
- The number of planned service hours per child per month ranged from 1 hour to 21.4 hours with a median of 4.4 hours.



Q 15. 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:

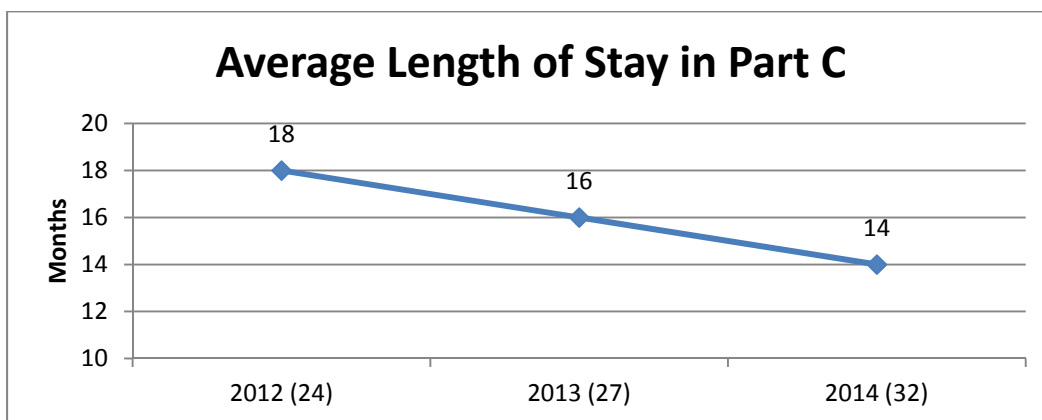
- The number of delivered service hours per child per month ranged from 1 hour to 18 hours with a median of 4 hours.



Q 16. What is the average length of time a child is in your Part C system?

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

- The average length of time a child was in the Part C system ranged from 9 months to 27 months with a median of 14 months.



Q 17. Which statement describes the status of your state funding for Part C for 2014-2014.

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

- 16 states had their state funding remain the same;
- 13 states had their state funding increased;
- 9 states indicated that their state budget was not finalized; and

- 3 states had their state funding decreased.

Q 18. 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?

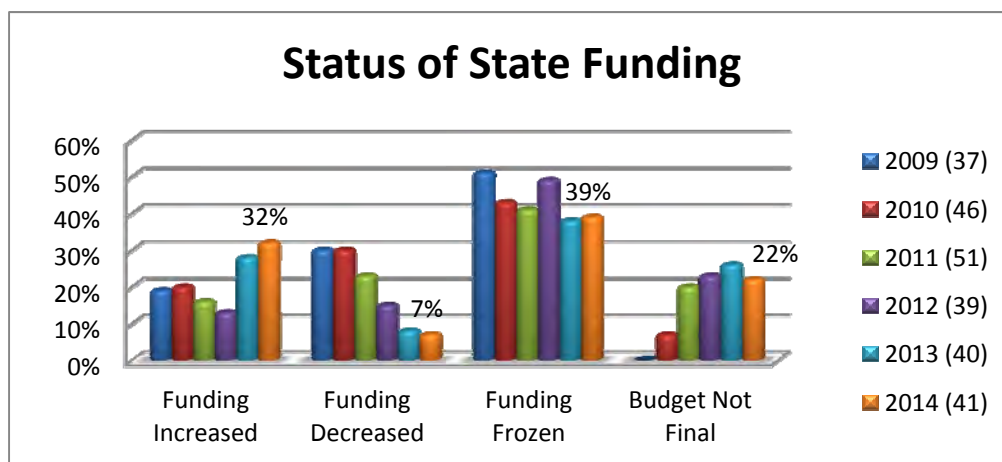
Of the forty-two states that responded to this question:

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

Q 19. If your state uses contractors (agencies/individuals) to provide direct services, did any of those contractors decline to continue because of fiscal restraints?

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

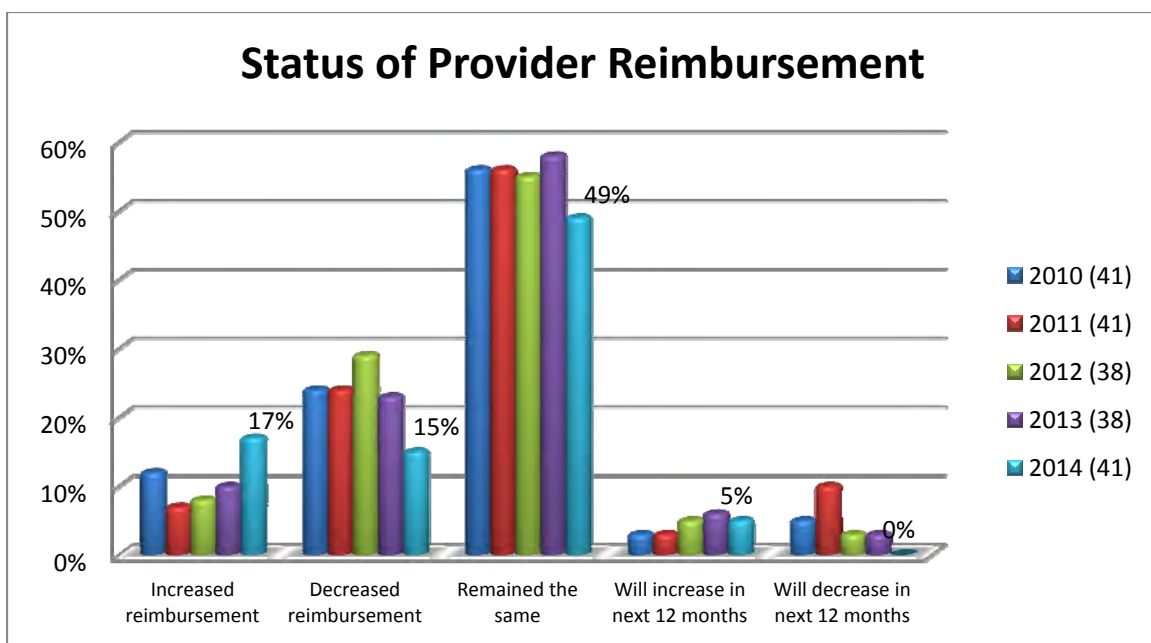
- 20 states indicated they did not have any agencies/individuals decline to continue because of fiscal constraints;
- 7 states indicated that they had agencies/individuals decline to continue because of fiscal constraints; and
- 16 states indicated this question did not apply to them.



Q 20. What is the status of provider reimbursement in your state over the last three years?

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

- 21 states indicated provider rates remained the same;
- 5 states decreased provider rates;
- 7 states increased provider reimbursement rates; and
- 2 states indicated they will increase provider rates in the next 12 months.



Q 21. If your state has either applied for or received a Race to the Top, Early Learning Challenge Grant, please describe your role in the development of the application. Please check all that apply.

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

- 23 states provided data;
- 18 states participated in planning meetings;
- 10 states provided the required signature;
- 9 states wrote sections of the application;
- 9 states participated in data analysis;



- 7 states were included in the budget; and
- 8 states had no participation

Q 22. Did the final Race to the Top, Early Learning Challenge Grant application reflect your input?

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

- 16 states responded somewhat;
- 6 states responded totally; and
- 6 states responded not at all.

Q 23. Were the needs of infants, toddlers and young children with disabilities addressed in either the application or in the implementation of grant activities?

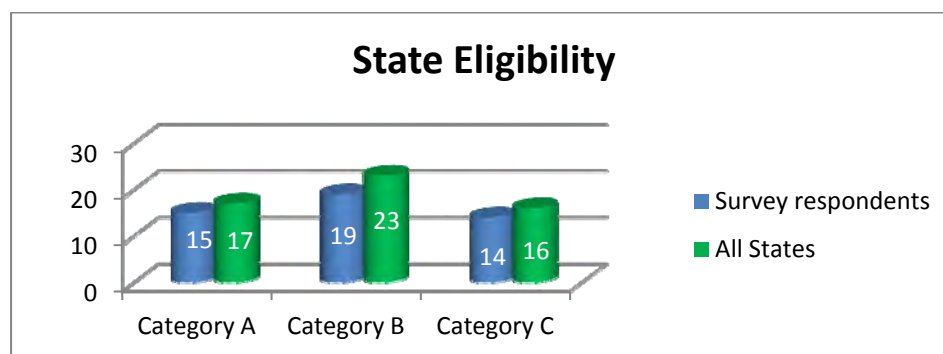
Of the 25 states that responded to this question:

- 21 states indicated the needs were addressed in the application; and
- 14 states indicated the needs were addressed in the implementation of activities.

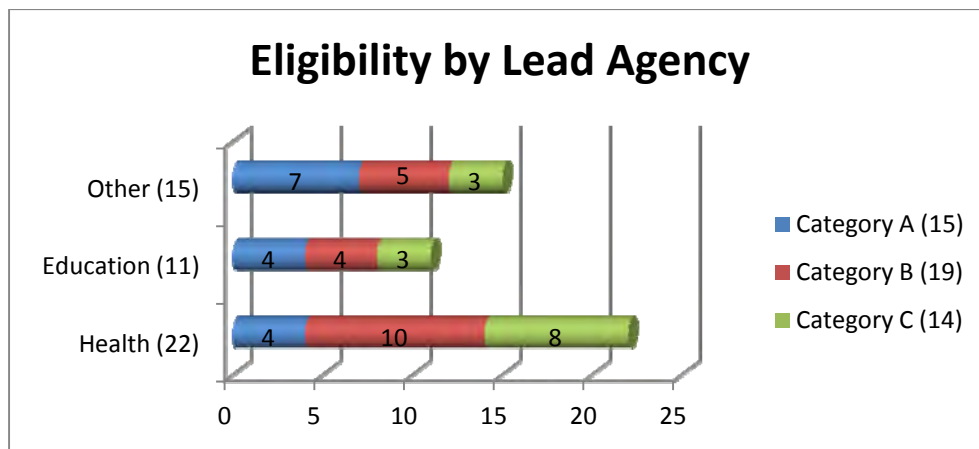
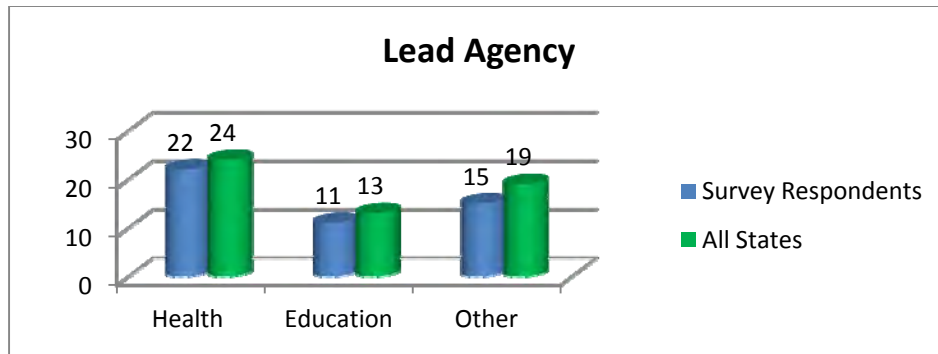
Demographics of States Responding to the Survey

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

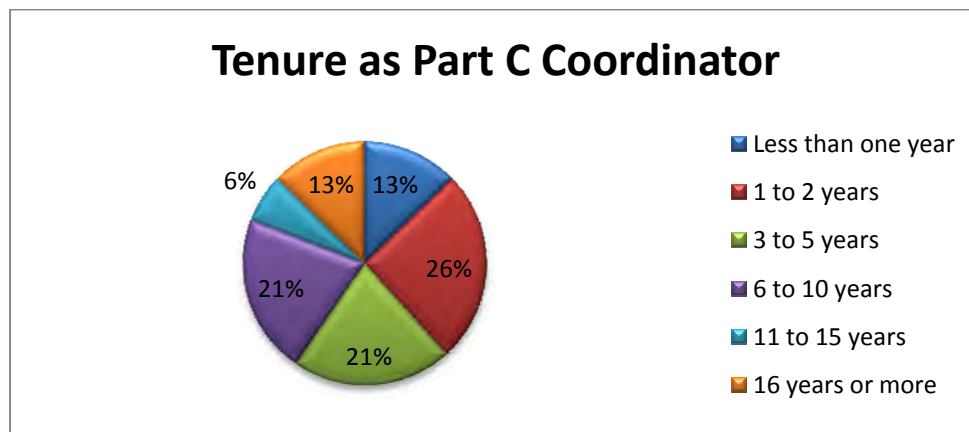
- Category A: At Risk, Any Delay, Atypical Development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains;
- Category B: 25% in two or more domains, 30% delay in one or more domains, 1.3 standard deviations in two domains,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

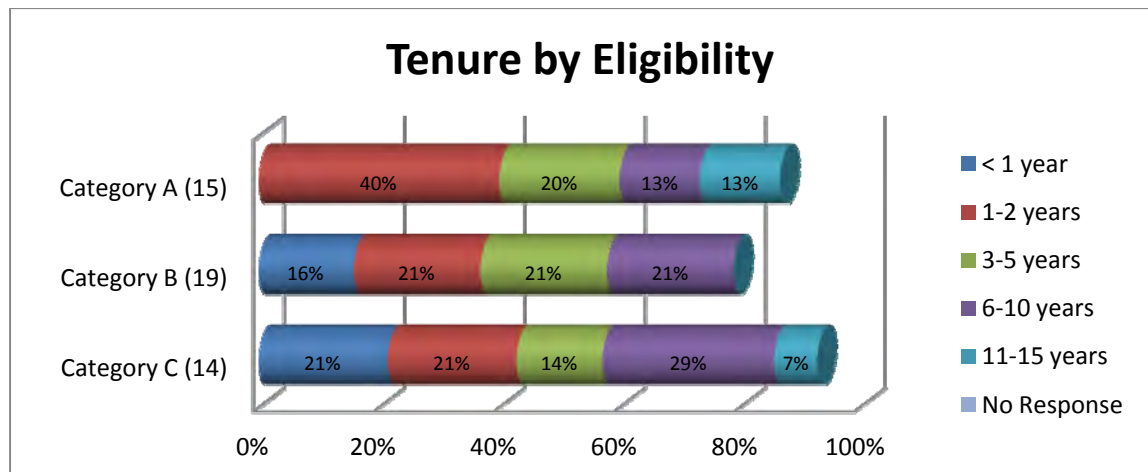
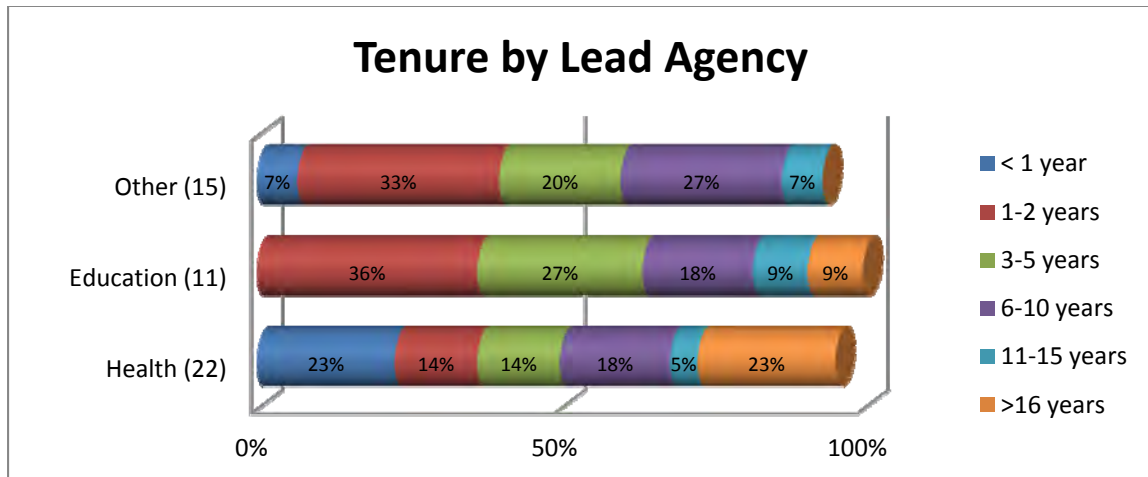


ITCA places lead agencies into three categories: Health, Education and Other (this includes Developmental Disabilities, Human Services, Early Learning Agencies and includes co-leads). States self-identify type of lead agency.



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





Survey Questions

Q 1. Which of the following categories most closely aligns with your state Part C system infrastructure?

Forty-seven states responded to this question. Eleven states (23.4%) responded that they were primarily private programs: Covering specified geographic areas of state; Responsible for all services from referral through transition; May use employees and/or also hire private contractors to provide EI services; Often competitive process. Twelve states (25.5%) responded that they were primarily regional public/private agencies/programs: Responsible for referral to IFSP development; Often referred as a single point of entry or



contact; Services provided by providers and/or agencies paid as vendors by the state. Thirteen states (27.6%) responded that they were primarily regional/local public/private agencies: Cover specified geographic areas of state; Responsible for all services from referral through transition; Often considered local/regional lead agencies; May use employees or also may contract with and pay private providers to provide EI services. Two states (4.2%) responded that they were Unitary systems : Employ staff and may contract with providers through the lead agency; Provide all early intervention services from referral through transition; and EI personnel are usually based at a few sites to ensure that services are made available in the child and family's community. An additional two states (4.2%) responded that they were primarily state lead agency employees: Based at regional/local areas; Provide services and are responsible for referral through transition; May also have some private EI service providers/agencies as supplemental vendors; and one state (2.1%) described their infrastructure as multiple state agencies and their regional/local counterparts are responsible based on variables such as: Child's type of eligibility; and Type of Service including Evaluation and Direct Service. Six states (12.7%) chose to identify an alternative structure.

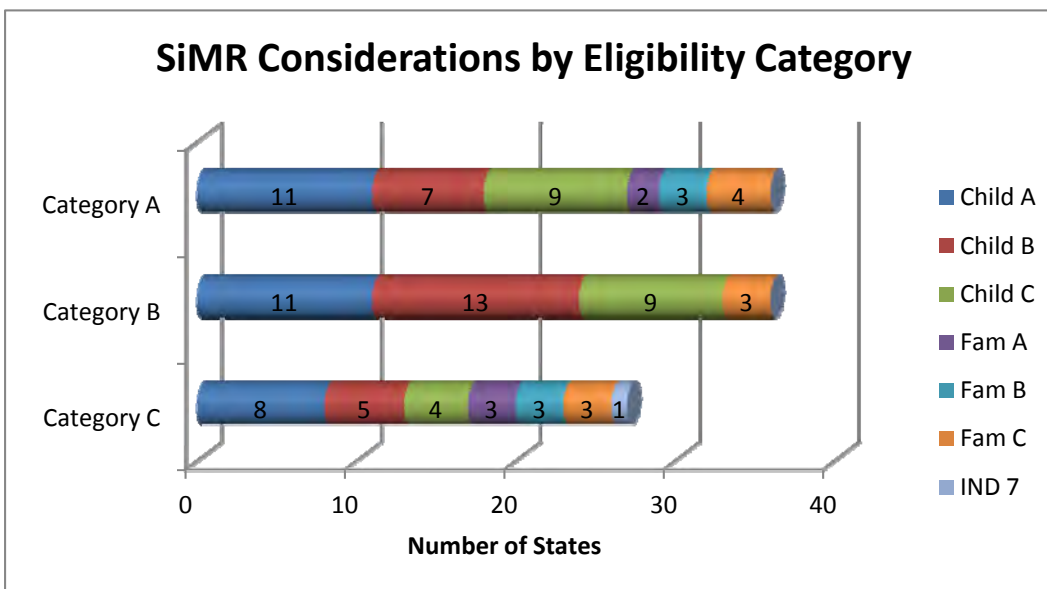
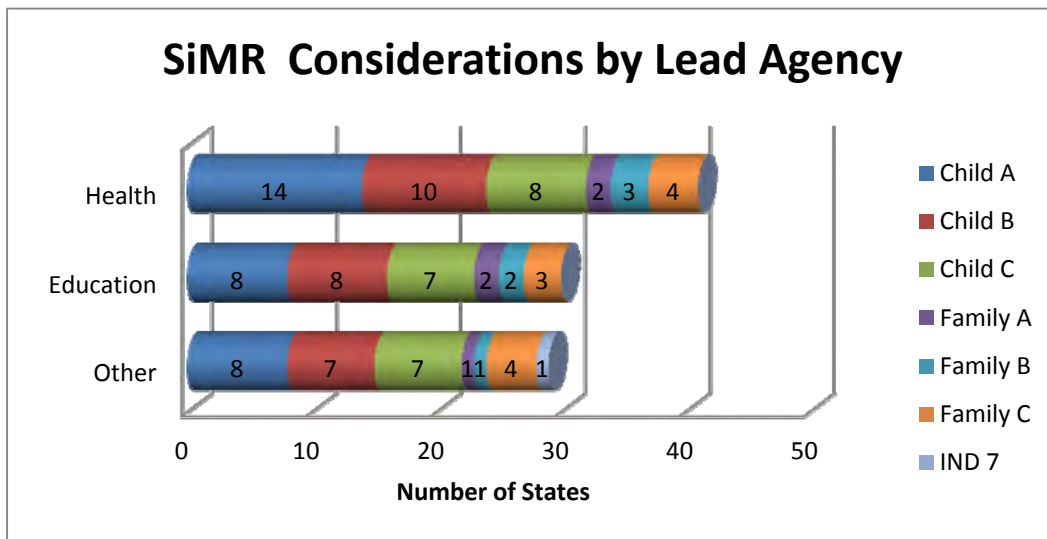
Q2. How long have you been the Part C Coordinator?

The results of this question were addressed in state demographics.

Q 3. Please check the indicator that you are considering using for your State Identified Measureable Result (SiMR). Check all that apply.

Forty-two states responded to this question. Thirty-one states (73.8%) selected percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills (Child Outcome 3A). Twenty-seven states (64.3%) selected percent of infants and toddlers with IFSPs who demonstrate acquisition and use of knowledge and skills (including early language/ communication) (Child Outcome 3B). Twenty-three states (54.7%) selected the percent of infants and toddlers with IFSPs who demonstrate use of appropriate behaviors to meet their needs (Child Outcome 3C). Eleven states (26.1%) selected percent of families participating in Part C who report that early intervention services have helped the family

help their children develop and learn (Family Outcome C). Seven states (16.6%) selected percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (Family Outcome B). Six states (14.2%) selected the percent of families participating in Part C who report that early intervention services have helped the family know their rights (Family Outcome A); and one state (2.3%) selected the percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline (Indicator 7).

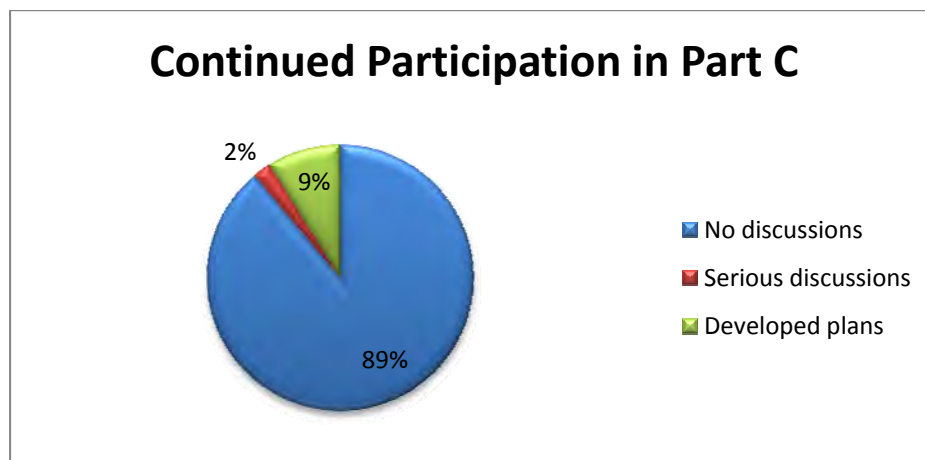


Additional Comments:

- EIS provision in natural environment within typical routines to improve child and family outcomes;
- We are focusing on our CAPTA referrals, accurate rating for SE outcome area, CAPTA families referred and lost to follow-up;
- Haven't selected specific SIMR, most likely Indicator 3 to improve child outcomes, but not specific to a subarea of development; and
- Social emotional development is a strong contender as we have a task force addressing this area.

Q 4. Which statement describes the status of your state's continuing Part C participation? Check all that apply.

Of the forty-six states that responded to this question, forty states (89%) responded that there are no discussions related to dropping out of Part C; four states (9%) responded that in the last 18 months, they have been asked to prepare documents/plans about either 1) what their state early intervention system would be like without a federal Part C grant or 2) the benefits to their state of continuing participation in Part C as compared to the challenges; and one state (2%) indicated that there were serious discussions related to continued participation in Part C.



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

	Health (22)	Education (11)	Other (15)
No Discussions	17	11	11
Serious Discussions	1	0	0
Prepared Documents	2	0	2
No Response	2	0	2
	Health (22)	Education (11)	Other (15)
No Discussions	77.3%	100%	73.3%
Serious Discussions	4.5%	0.0%	0.0%
Prepared Documents	9%	0.0%	13.3%
No Response	9%	0.0%	13.3%

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

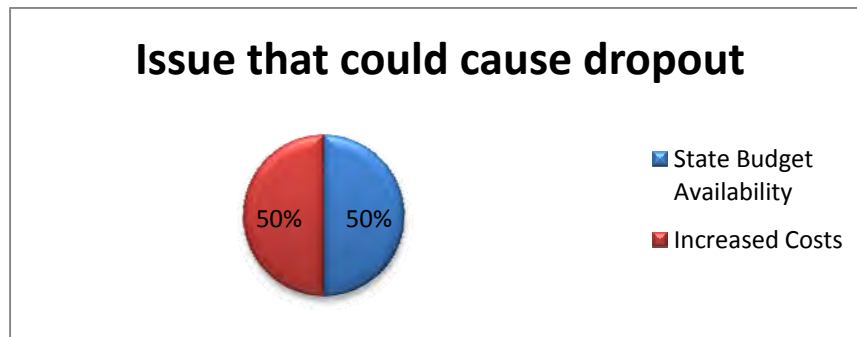
	Category A (15)	Category B (19)	Category C (14)
No Discussions	13	17	9
Serious Discussions	0	1	0
Prepared Documents	1	0	3
No Response	1	1	2
	Category A (15)	Category B (19)	Category C (14)
No Discussions	86.6%	89.4%	64.2%
Serious Discussions	0.0%	5.2%%	0.0%
Prepared Documents	6.6%	0.0%	21.4%
No Response	6.6%	5.2%	14.2%

Additional Comments:

- Discussions have occurred related to the decrease in federal funding and its impact on the projected budget shortfall but we have not been required to put together documents as described above.

Q 5. If discussions are taking place, what issue will cause the administration to decide to drop out? Check all that apply.

Eight states responded to this question. Four states (50%) cited state budget availability and four states (50%) indicated increased costs of the system could cause their state to drop out.



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

	Health (22)	Education (11)	Other (15)
State Budget Availability	1	1	2
Increased Costs	2	1	1
	Health (22)	Education (11)	Other (15)
State Budget Availability	4.5%	9.0%	13.3%
Increased Costs	9.0%	9.0%	6.6%
	Category A (15)	Category B (19)	Category C (14)
State Budget Availability	1	2	1
Increased Costs	0	2	2

	Category A (15)	Category B (19)	Category C (14)
State Budget Availability	6.7%	25.0%	21.4%
Increased Costs	13.3%	15.0%	14.3%

Additional Comment: Accountability OSEP places on states without adequate funding.

Q 6. Will your state be able to continue participation in Part C through June 30, 2015?

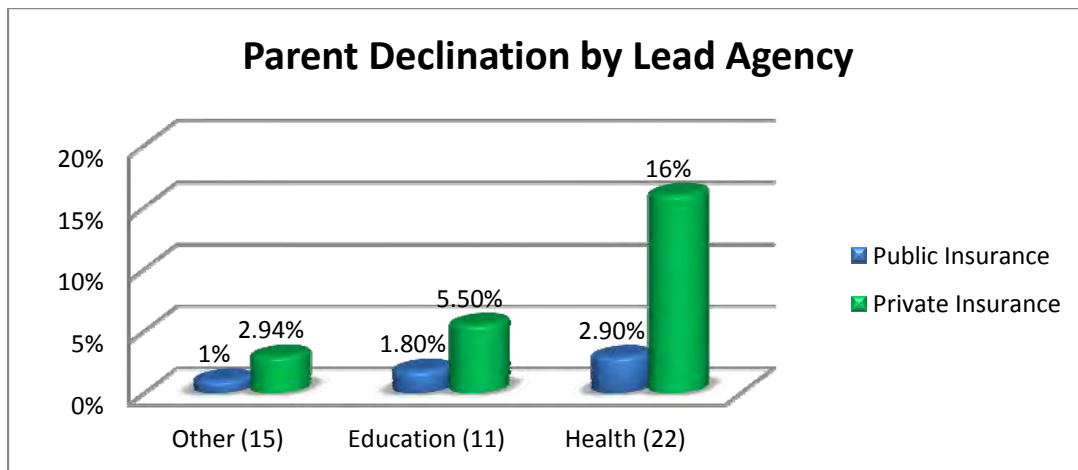
Of the forty-five states that responded to this question, all 45 states (100%) indicated that they would be able to continue participation through June 30, 2015.

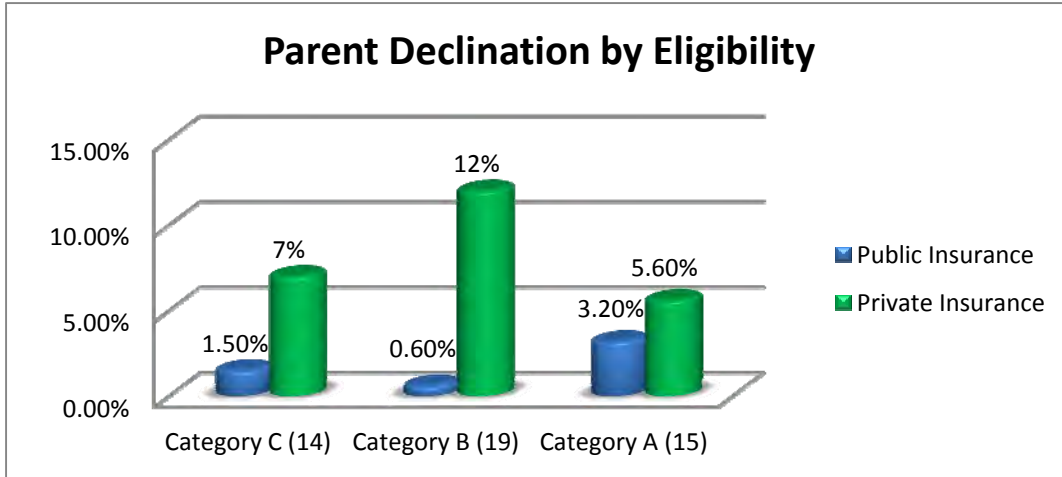
Q 7. Please estimate the percentage of families refusing access to public insurance.

Twenty-three states responded to this question and reported an average of 1.7% declination rate (Range: <1% to 10%).

Q 8. Please estimate the percentage of families refusing access to private insurance.

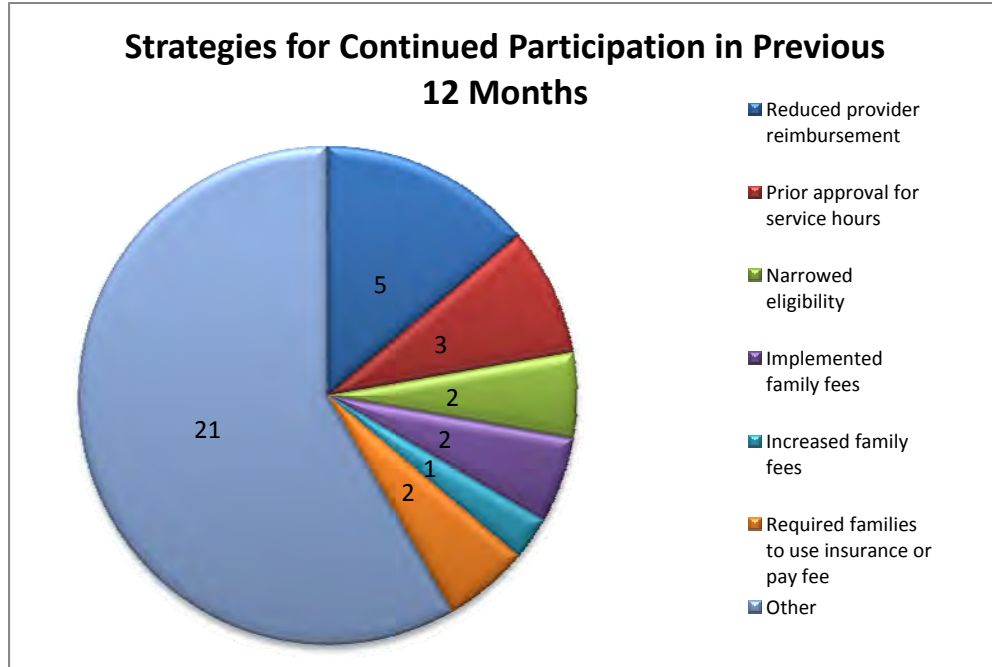
Fifteen states responded to this question and reported an average declination rate of 8.5% (Range: <1% to 50%).





Q 9. 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-two 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 (22)	Education (11)	Other (15)
Implemented Family Fees	2	0	0
Increased Family Fees	0	0	1
Required Use of Insurance or Pay Fee	2	0	0
Reduced Provider Reimbursement	3	1	1
Required Prior Approval for Excess Services	2	0	1
Narrowed Eligibility	2	1	0
	Health (22)	Education (11)	Other (15)
Implemented Family Fees	9%	0.00%	0.0%
Increased Family Fees	0.0%	0.00%	6.6%
Required Use of Insurance or Pay Fee	9%	0.00%	0.0%
Reduced Provider Reimbursement	13.6%	9.00%	6.6%
Required Prior Approval for Excess Services	9%%	0.00%	6.6%
Narrowed Eligibility	9%	0.00%	0.00%

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

	Category A (15)	Category B (19)	Category C (14)
Implemented Family Fees	0	0	2
Increased Family Fees	1	0	0
Required Use of Insurance or Pay Fee	0	1	1
Reduced Provider Reimbursement	2	3	0
Required Prior Approval for Excess Services	0	2	1
Narrowed Eligibility	1	1	0

	Category A (15)	Category B (19)	Category C (14)
Implemented Family Fees	0.0%	0.0%	5.5%
Increased Family Fees	6.6%	0.0%	0.0%
Required Use of Insurance or Pay Fee	0.0%	5.2%	0.0%
Reduced Provider Reimbursement	13.3%	15.8%	5.5%
Required Prior Approval for Excess Services	0.0%	10.5%	5.5%
Narrowed Eligibility	6.6%	5.2%	5.5%

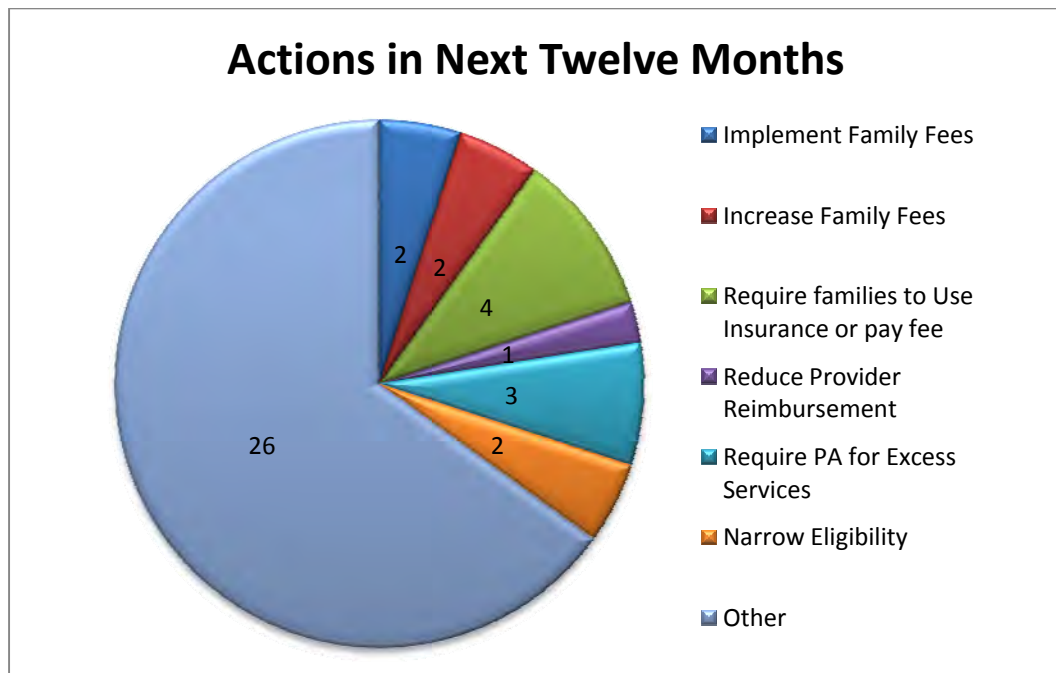
Additional Comments:

- We have implemented a statewide, centralized billing system to reduce administrative costs on localities and improve third party revenues (especially commercial insurance).
- [We] plan to implement family fees this fiscal year.
- [We] are considering Primary Service Provider delivery model.
- [We] required use of norm-referenced tool to establish eligibility for all children without an established condition. If a norm-referenced tool is not appropriate, require a detailed description of the team decision to determine the child eligible.
- [We] tightened up our verification process - which determines payment for services provided.
- Nothing has changed.
- We did all of this in previous years.
- [We are] evaluating practices that are in place to reduce cost while continuing to provide quality services; considering developing and implementing family cost share policy.
- [We] require annual evaluation using the BDI2 to assist in determining continued eligibility.

- [We] attempt to consistently implement our system of payment policy (despite program type) that includes a family fee schedule.
- We don't require prior approval for > hours, but do have a tool that teams must use to establish # of hours over 1 per week.
- [We] have increased TA on billing Medicaid.

Q10. 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 states responded to this question. Frequently cited strategies used by states to continue participation in Part C were implementing family fees, use of insurance, reducing provider reimbursement and narrowing eligibility.



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

	Health (22)	Education (11)	Other (15)
Implement Family Fees	1	0	0
Increased Family Fees	1	0	1

	Health (22)	Education (11)	Other (15)
Require use of insurance or be placed on a fee schedule	4	0	0
Reduce Provider Reimbursement	1	0	0
Require Prior Approval for Excess Services	2	0	2
Narrow Eligibility	1	1	0
	Health (22)	Education (11)	Other (15)
Implement Family Fees	4.5%	0.0%	0%
Increase Family Fees	4.5%	0.0%	6.6%
Require use of insurance or be placed on a fee schedule	18.1%	0.0%	0.0%
Reduce Provider Reimbursement	4.5%	0.0%	0.0%
Require Prior Approval for Excess Services	9%	0.0%	13.3%
Narrow Eligibility	4.5%	9%	0.0%

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

	Category A (15)	Category B (19)	Category C (14)
Implement Family Fees	0	1	1
Increase Family Fees	0	1	1
Require Use of Insurance or Pay Fee	0	2	2
Reduce Provider Reimbursement	1	0	0
Require Prior Approval for Excess Services	0	2	2
Narrow Eligibility	1	1	0
	Category A	Category B	Category C

	(15)	(19)	(14)
Implement Family Fees	0.0%	5.0%	7.1%
Increase Family Fees	0.0%	5.0%	7.1%
Require Use of Insurance or Pay Fee	0.0%	10%	14.2%
Reduce Provider Reimbursement	6.6%	0.0%	0.0%
Require Prior Approval for Excess Services	0.0%	10%	14.2%
Narrow Eligibility	6.6%	5.0%	0.0%

Additional Comments:

- We will monitor and evaluate the impact of the state fiscal agent on improving third party revenues.
- [We will] attempt to more efficiently seek reimbursement from public insurance & Tricare.
- [We] no longer fund services provided outside of the child's natural environment unless justified as necessary to meet child needs.
- [We are] working closely with Medicaid partners to maximize use of Medicaid funding; explore additional funding sources to pay for EI; build support for proposed legislation next year to require private insurance companies to pay for early intervention services.
- Continue strengthening fiscal accountability.
- [We] have 1915C waiver application in at CMS.
- [We are] seeking partnerships with Maternal, Infant and Early Childhood Home Visitation programs.
- [We will] continue to work toward being able to bill for developmental therapy across disciplines.
- There are questions being asked of the program related to restricting eligibility.
- [We will] continue to address accountability to IFSP early intervention service recommendations.
- [We will] request funds for Part C.



- [We will] attempt to obtain more fiscal data from local lead agencies and provider programs.
- [We will] consider moving EI system into proposed DD system managed care process.
- [We will] explore private insurance billing.
- No specific plans yet, so highly unlikely to start anything in the next year.
- Considering implementing statewide provider rate.
- [We will] limit training opportunities, limit travel budget.
- We will continue to NOT charge families.

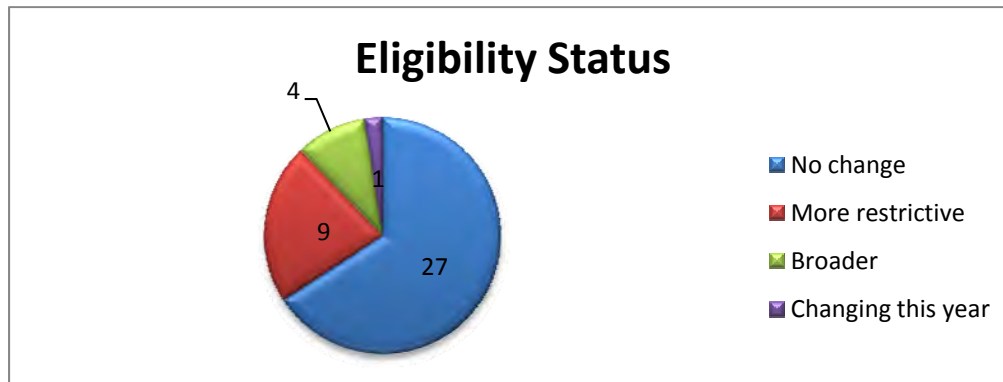
Q11. Which statement describes the status of eligibility in your state for the last three years?

Of the forty-one states that responded to this question, twenty-seven states (60%) indicated they have made no changes in eligibility criteria and have no plans to make any changes; nine states (20%) have made eligibility criteria more restrictive; four states (8.9%) have expanded eligibility criteria; and one state (2.4%) is considering changing criteria in the 2013-2014 fiscal year. Six states (13.3%) provided additional comments.

Additional Comments:

- In 2010, we issued regulations to add clinical criteria to communication disorders and require use of standardized tests as part of the evaluation process for communication disorders, unless appropriate tests are not available.
- Eligibility criteria for DD was narrowed in 2010. Requirement for annual redetermination was implemented in 2011.
- More restrictive - Added Adjusted Age for prematurity; Less restrictive - Added Extended IFSP Option into statute and regulations.
- We have not changed the criteria, there is pressure from the field to do so.
- There are questions being asked of the program related to restricting eligibility.
- [We] removed corrected age for premature children in determining developmental status.

- We have not changed eligibility, but will study in 2014-15.



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

	Health (22)	Education (11)	Other (15)
No Change in Eligibility	9	6	12
Narrowed Eligibility	6	2	1
Expanded Eligibility	1	2	1
Will Change Criteria in 2013-2014	0	1	0
No Change in Eligibility	40.9%	54.5%	50.0%
Narrowed Eligibility	27.2%	18.1%	11.1%
Expanded Eligibility	4.5%	18.1%	5.5%
Will Change Criteria in 2013-2014	0.0%	9%	5.5%

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

	Category A (15)	Category B (19)	Category C (14)
No Change in Eligibility	8	11	8
Narrowed Eligibility	4	4	1
Expanded Eligibility	1	2	1
Will Change Criteria in 2013-2014	1	0	0

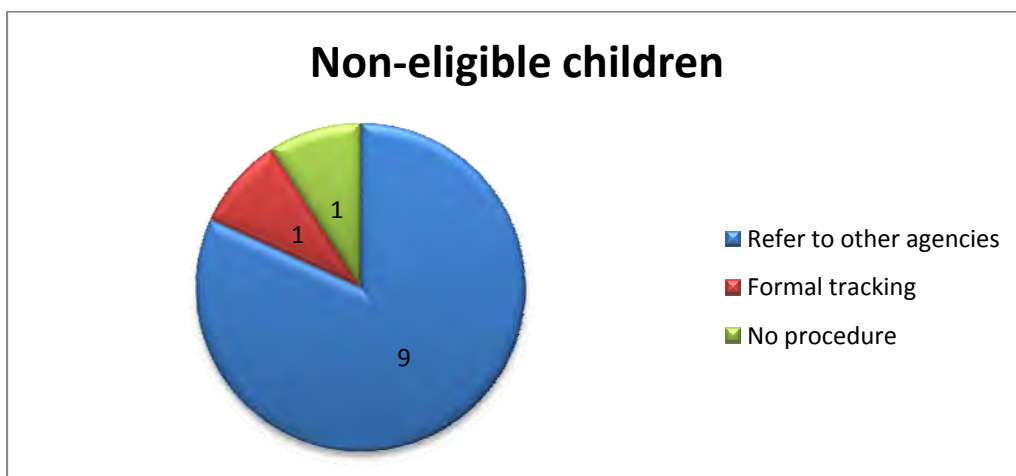
	Category A (15)	Category B (19)	Category C (14)
No Change in Eligibility	53.3%	57.8%	57.1%
Narrowed Eligibility	26.6%	21%	7.1%
Expanded Eligibility	6.6%	10.5%	7.1%
Will Change Criteria in 2013-2014	6.6%	0.0%	0.0%

Q 12. If you are changing eligibility criteria in the 2014-2015 year, please check the answer that describes what you are planning.

Three states responded to this question. Two states (Category A) are narrowing eligibility criteria; and one state (Other State Agency) is expanding eligibility criteria.

Q 13. What are you doing for children who no longer meet your eligibility criteria? Check all that apply.

Eleven states responded to this question. Nine states (81.8%) refer them to other community agencies. One state (9%) enrolls them in a formal tracking program; and one state (9%) indicated it has no policy or procedure for children who no longer meet the eligibility criteria.



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

	Health (22)	Education (11)	Other (15)
Enroll in Formal Tracking Program	1	0	0
Refer to Community Agencies	5	2	2
No Policy or Procedures	1	0	0
	Health (22)	Education (11)	Other (15)
Enroll in Formal Tracking Program	4.5%	0.0%	0.0%
Refer to Community Agencies	22.7%	18.1%	13.3%
No Policy or Procedures	4.5%	0.0%	0.0%

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

	Category A (15)	Category B (19)	Category C (14)
Enroll in Formal Tracking Program	0	1	0
Refer to Community Agencies	4	3	2
No Policy or Procedures	0	1	0
	Category A (15)	Category B (19)	Category C (14)
Enroll in Formal Tracking Program	0.0%	5.2%	0.0%
Refer to Community Agencies	26.6%	15.7%	14.2%
No Policy or Procedures	0.0%	5.2%	0.0%

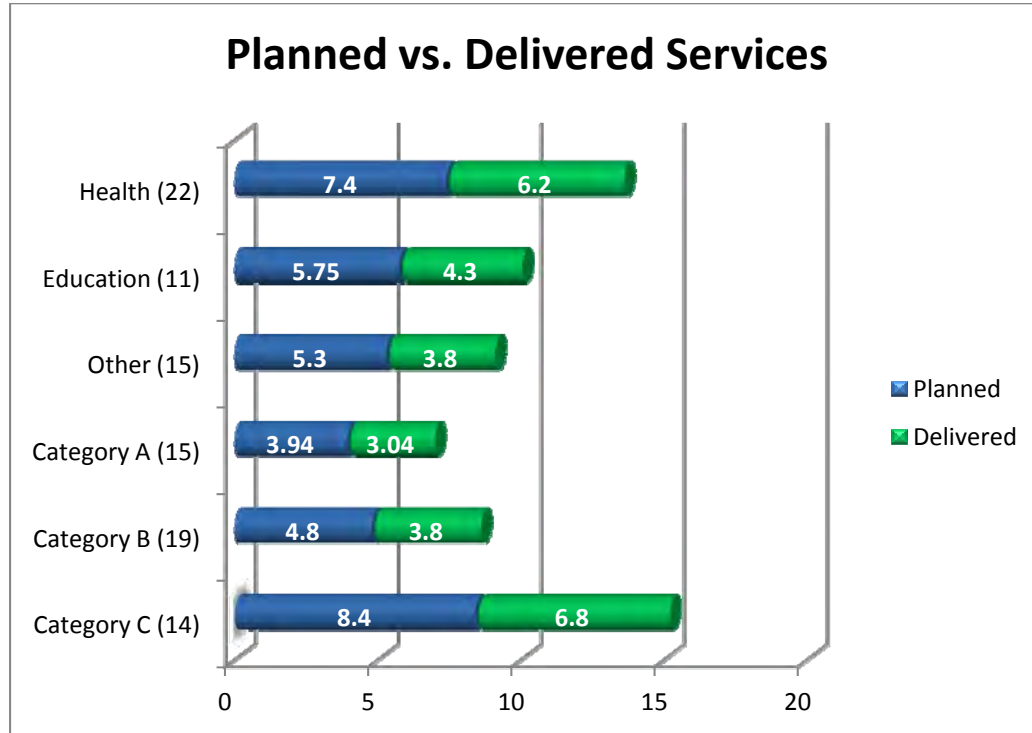
Q 14. What is the average number of planned hours of direct service (excluding service coordination and evaluation/assessment) per child per month?

Of the twenty-three states that were able to answer this question, the number of planned service hours per child per month ranged from 1 hour to 21.4 hours with a median of 4.4 hours.

Q 15. 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 1 hour to 18 hours with a median of 4 hours.

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



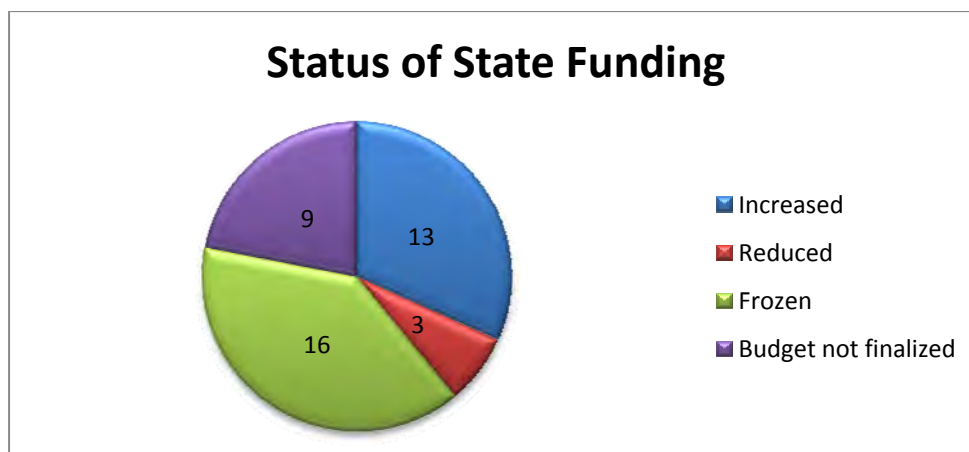
Q 16. What is the average length of time a child is in your Part C system?

The data from thirty-two states documents that the average length of time a child was in the Part C system ranged from 9 months to 27 months with a median of 14 months.

- The average length of time by Lead Agency was:
 - Health: 13.5 months;
 - Education: 18.3 months; and
 - Other State Agencies: 14.9 months
- The average length of time by Eligibility was:
 - Category A: 13.79 months
 - Category B: 15.7 months; and
 - Category C: 13.9 months.

Q 17. Which statement describes the status of your state funding for Part C for 2014-2015.

Forty-one states responded to this question. Sixteen states (39%) had their state funding frozen. Thirteen states (31.7%) had their funding increased. Three states (7.3%) had their funding reduced and nine states (22%) do not have a finalized state budget.



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

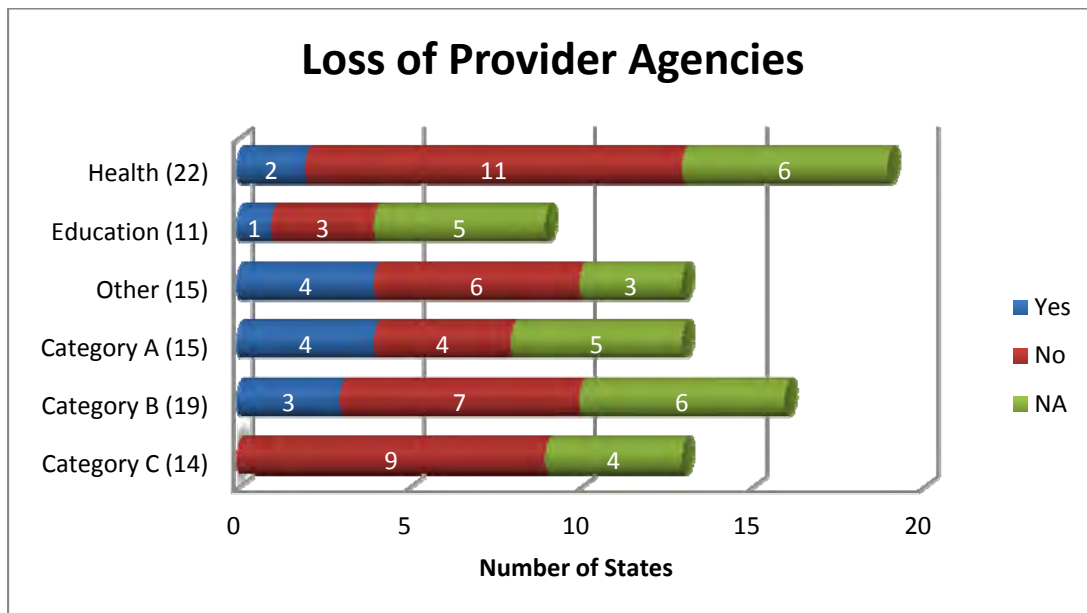
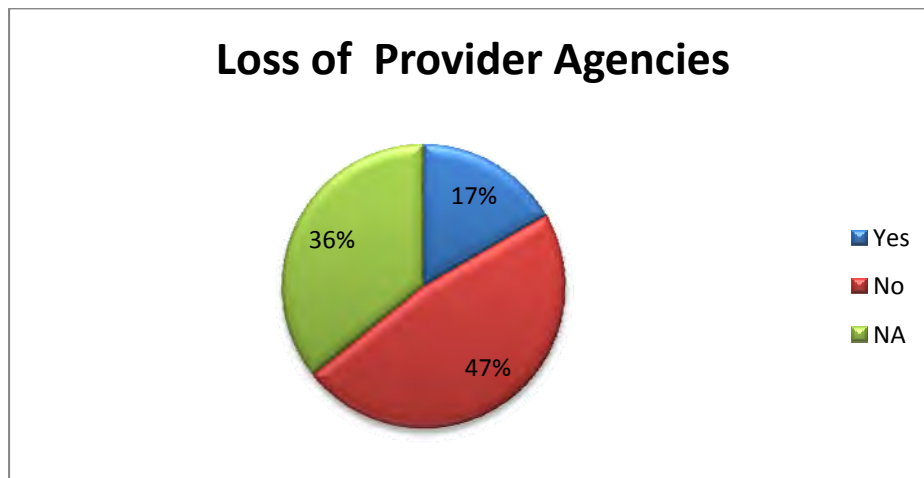
	Health (22)	Education (11)	Other (15)
State Funding Increase	5	2	6
State Funding Decrease	3	0	1
State Funding Frozen	7	5	3
State Budget Not Finalized	4	3	3
	Health (22)	Education (11)	Other (15)
State Funding Increase	22.7%	18.1%	27.8%
State Funding Decrease	13.6%	0.0%	5.5%
State Funding Frozen	28.6%	45.4%	27.8%
State Budget Not Finalized	31.8%	27.2%	22.2%

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

	Category A (15)	Category B (19)	Category C (14)
State Funding Increase	7	1	5
State Funding Decrease	0	3	1
State Funding Frozen	5	7	4
State Budget Not Finalized	1	5	4
	Category A (15)	Category B (19)	Category C (14)
State Funding Increase	46.6%	5.2%	35.7%
State Funding Decrease	0.0%	15.7%	7.1%
State Funding Frozen	33.3%	36.8%	28.5%
State Budget Not Finalized	6.6%	26.3%	28.5%

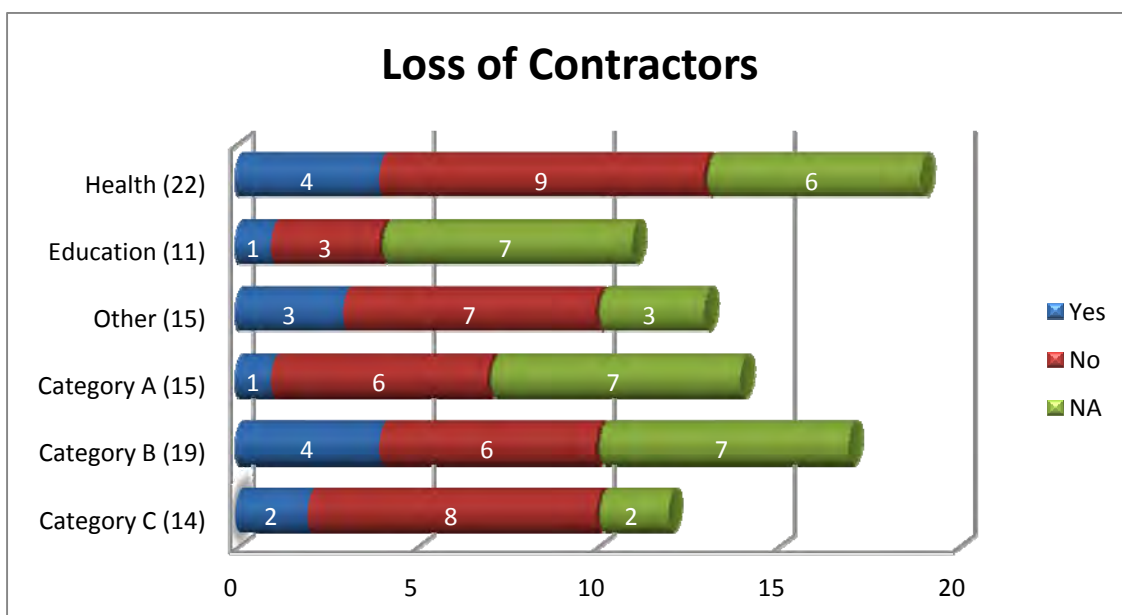
Q 18. If you contract with agencies/organizations to serve as local lead agencies, did any of those agencies/organizations decline to continue because of fiscal constraints?

Forty-two states responded to this question. Seven states (17%) indicated that they had agencies/organizations decline to continue because of fiscal constraints. Twenty states (47%) indicated they did not have any agencies/organizations decline to continue because of fiscal constraints and fifteen states (36%) indicated this question did not apply to them.



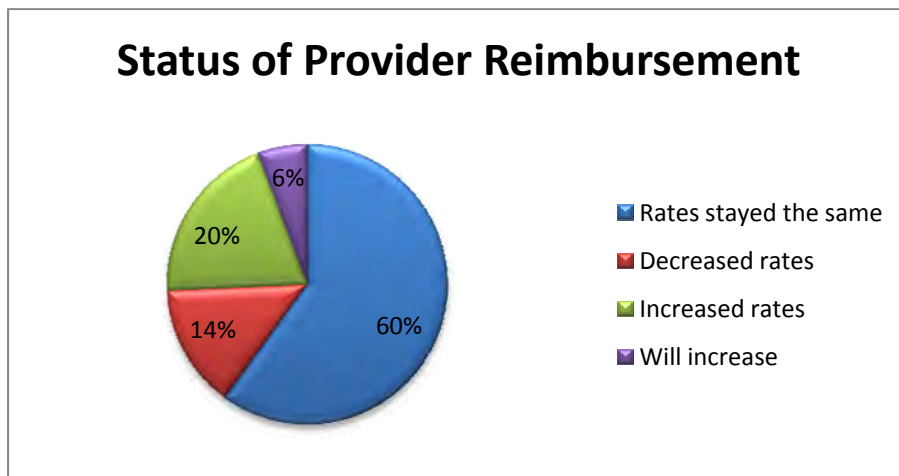
Q 19. If your state uses contractors (agencies/individuals) to provide direct services, did any of those contractors decline to continue because of fiscal restraints?

Forty-five states that responded to this question. Twenty states (47%) indicated they did not have any contractors (agencies/individuals) decline to continue because of fiscal constraints. Seven states (16%) indicated that they had agencies/individuals decline to continue because of fiscal constraints and sixteen states (37%) indicated this question did not apply to them.



Q 20. What is the status of provider reimbursement in your state over the last three years?

Thirty-five states responded to this question. Twenty-one states (60%) indicated provider rates remained the same. Five states (17%) decreased provider rates. Seven states (20%) reported they increased provider reimbursement rates. Two states (6%) indicated they would increase provider rates in the next twelve months.



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

	Health (22)	Education (11)	Other (15)
Decreased Rates	5	0	0
Increased Rates	2	1	4
Rates Stayed the Same	11	4	6
Will Increase Rates	2	0	0
	Health (22)	Education (11)	Other (15)
Decreased Rates	22.7%	0.0%	0.0%
Increased Rates	9%	9.0%	26.6%
Rates Stayed the Same	50%	36.4.0%	40.0%%

	Health (22)	Education (11)	Other (15)
Will Increase Rates	9%	0.0%	0.0%

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

	Category A (15)	Category B (19)	Category C (14)
Decreased Rates	1	2	2
Increased Rates	1	4	2
Rates Stayed the Same	4	9	7
Will Increase Rates	1	0	1
	Category A (15)	Category B (19)	Category C (14)
Decreased Rates	6.7%	10.5%	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%

Additional comments:

- We have modified our rate structure to increase rates for evaluations, service coordination, and group visits, and changed travel assumptions to increase rates in rural communities. A 5 percent decrease in rates was also legislated in 2011.
- We have increased the rate for speech therapy services by 5% due to an increase in the fee-for-service Medicaid rate, since our rate structure is based on the Medicaid FFS system.
- We do not pay providers directly through the state. Funding is granted to regional geographical areas based on population and poverty in that area.
- We are adjusting provider rates to move toward improved equity.
- We do not use provider rates.



- We have no direct relationship to the provider system since funding occurs through other public agencies. State special education funds are the primary public fund source for EI. Most districts contract for EIS. Providers report being challenged by district negotiations that result in the district retaining higher indirect fees which result in reduced funding for direct services.
- Restructured our fee for service codes/rated.
- Per child amount [was] increased but not in proportion to the increase in services delivered.

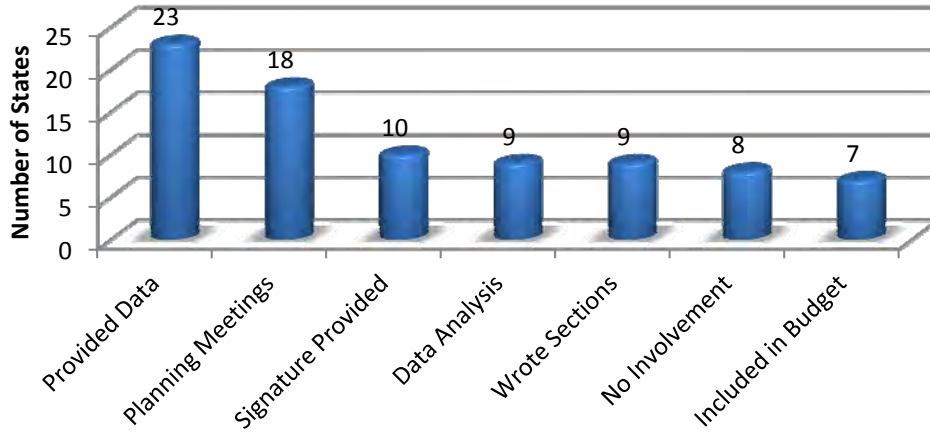
Q 21. If your state has either applied for or received a Race to the Top, Early Learning Challenge Grant, please describe your role in the development of the application. Please check all that apply.

Thirty-four states responded to this question. Twenty-three states (67.6%) provided data. Eighteen states (52.9%) participated in planning meetings. Ten states (29.4%) provided the required signature. Nine states (26.5%) indicated they wrote sections of the application and nine others (26.5%) participated in data analysis. Seven states (20.6%) indicated that Part C was included in the budget and eight states (23.5%) indicated they were not involved in the application development.

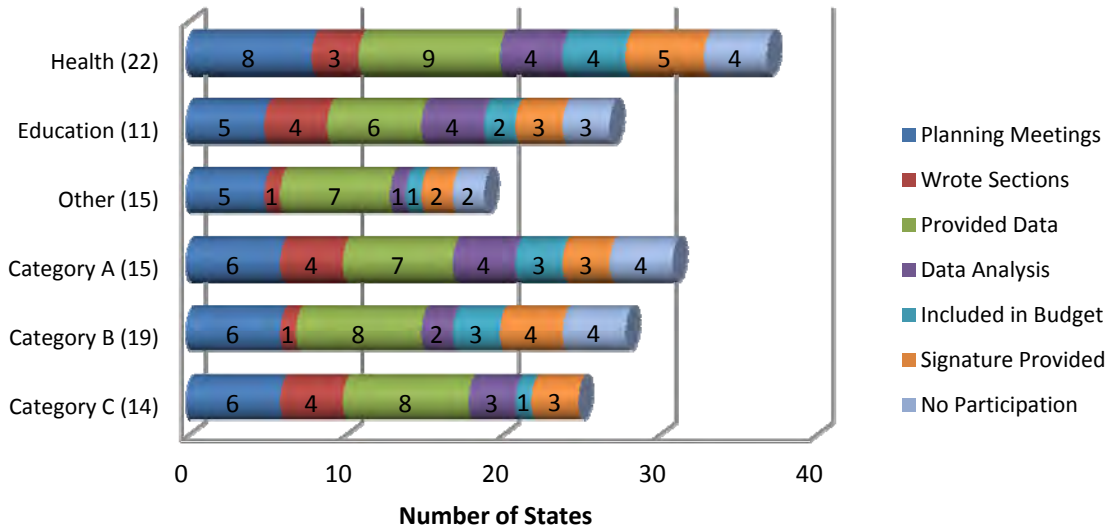
Additional Comments:

- [We] provided some comments to the application. The role of the Part C program was very limited.
- [We are] currently invited to inclusion meetings for our QRIS rating system.
- [We] did not get the grant after applying 2 years in a row. Part C was not involved in the first application process but was this second round.
- My state was one of the first grantees and has not benefited from the more recent emphasis on including early intervention and special education preschool.
- Our LA implemented a state-driven ELCG system without the federal grant and we participated in planning meetings and provided data.
- [We are] now being included more and receiving funding not itemized in original budget.

Participation in RTT-ELC Application Process

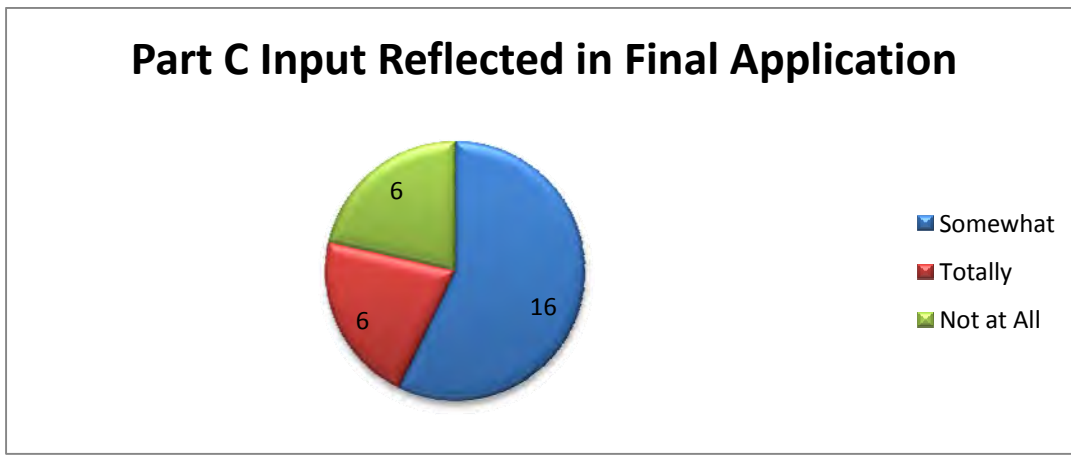


Participation in RTT-ELC Application Process



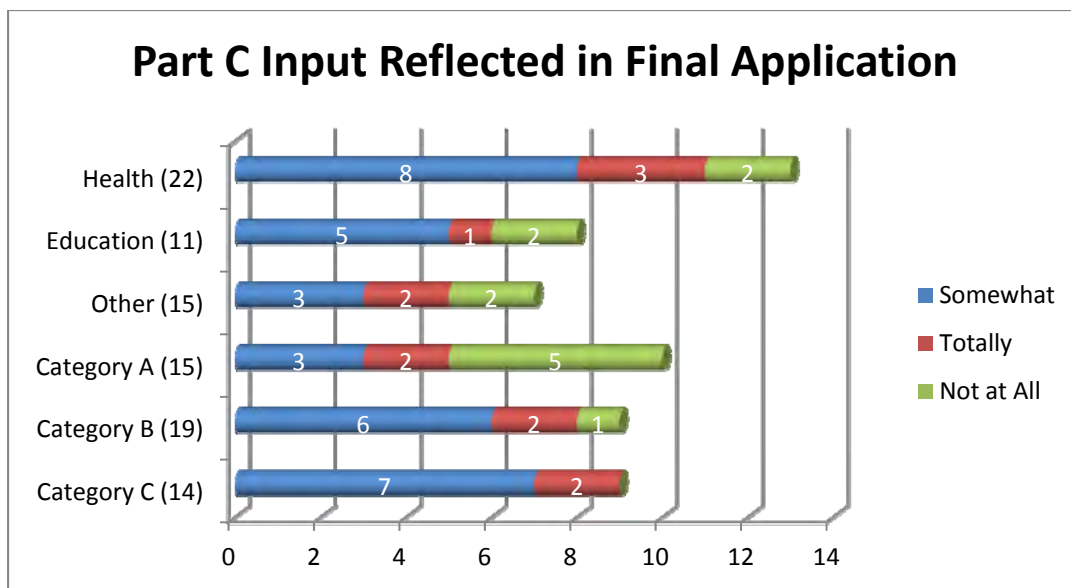
Q22. Did the final Race to the Top, Early Learning Challenge Grant application reflect your input?

Twenty-eight states responded to this question. Sixteen states (57.1%) indicated that the application somewhat represented their input. Six states (21.4%) responded that the application totally reflected their input. An additional six states (21.4%) responded that the application did not reflect their input at all.



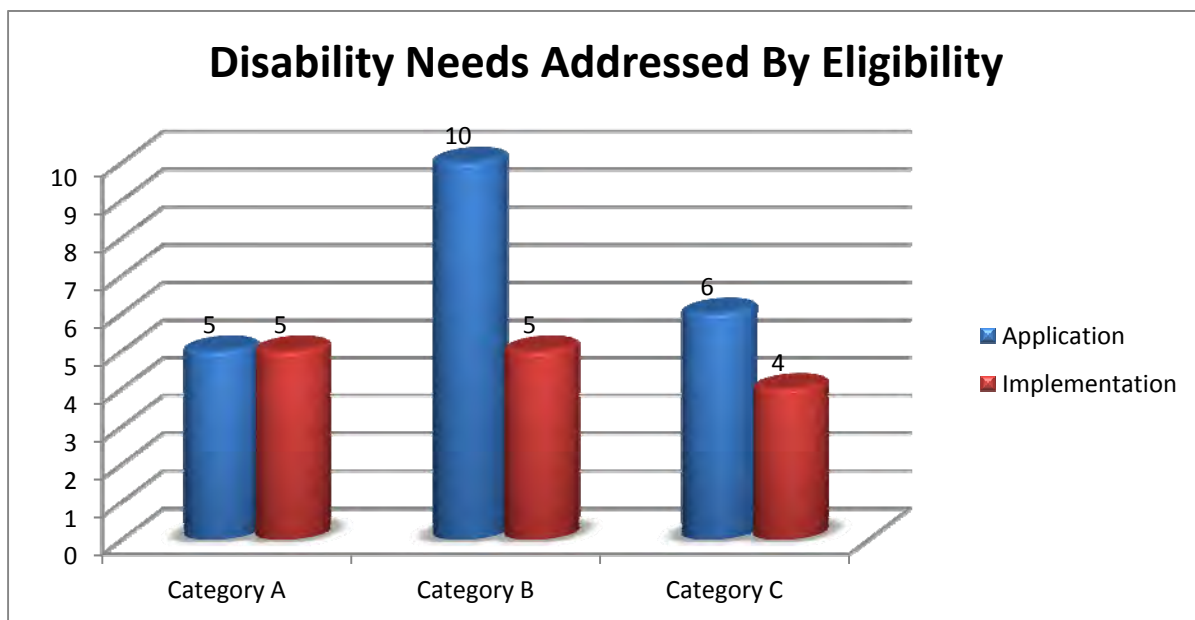
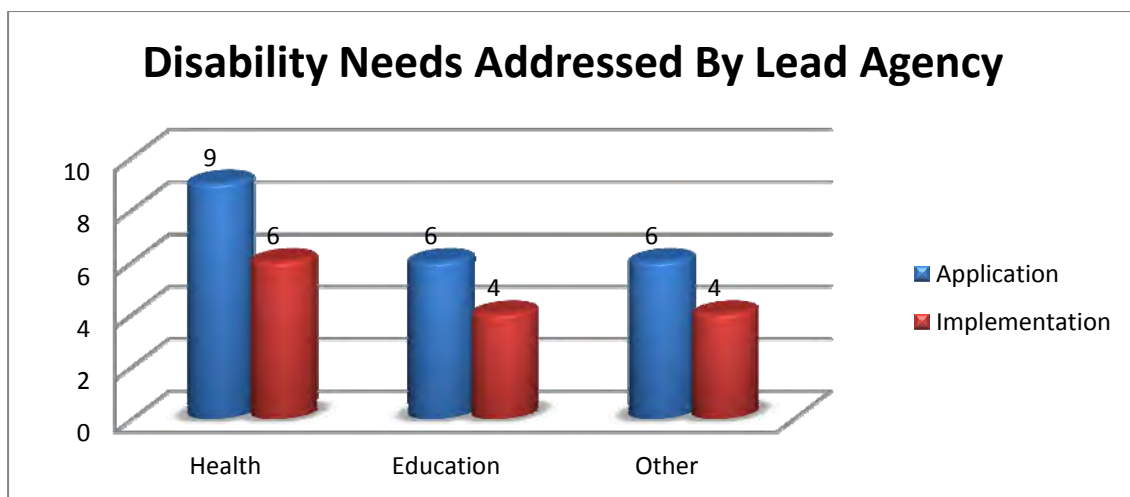
Additional Comments:

- The application was never submitted due to the political climate in state.
- It would have been helpful to have more emphasis on involving EI early on.
- Yes for our state-driven system--more so now with implementation in year 2.



Q 23. Were the needs of infants, toddlers and young children with disabilities addressed in either the application or in the implementation of grant activities?

Twenty-five states responded to this question. Twenty-one states (84%) indicated that the needs of infants, toddlers and young children with disabilities were addressed in the application. Fourteen states (66.7%) indicated that the needs of infants, toddlers and young children with disabilities were addressed in the implementation of activities.





Additional Comments:

- Application - very limited
- Not sure how to answer this. There is funding for an inclusion specialist who is looking at supporting all children in childcare, but that is it. So I would say that the RTT is not effectively meeting the needs of infants and toddlers with disabilities.
- Child find is a major activity.
- Only indirectly through stressing the importance of individualizing services for all children.
- Yes to both--now identifying children in publically-funded child care sites and having providers participate in core training and having regional staff partic. in regional implementation meetings.