Item 23- 11142: Early Intervention Rate Increase

Initiative Type: [Unconstrained – Expansion]

Initiative Owner-Finance: Chaz Plungis

Initiative Owner-Program: Jennifer Kaufman

Initiative Priority Ranking: 1

Initiative Financing Details

Budget Impact Details—Change to Current Services Level of Financing

	Agency Request – Constrained	Agency Request – Unconstrained
General Revenue:		2,644,887
Federal Funds:		3,409,883
All Funds:		6,054,770

Revenue Impact Details—Change to Revenue Estimate

	Agency Request - Constrained	Agency Request – Unconstrained
Revenues		

Bottom Line Impact

	Agency Request – Total
All Funds:	6,054,770

Proposal Background

Proposal Overview:

Please provide a 3-5 sentence "elevator pitch" about this initiative. Include the initiative name, the funding requested (by fund source), and the top three most important things to know about the initiative and the problem to which it is responsive. You can choose whether to format this as a list or a paragraph.

- Rhode Island's Early Intervention (EI) program, Part C of the Individuals with Disabilities Education Act (IDEA), provides services annually to over 4,000 infants and toddlers (7% of RI's birth-3 population and one of the highest catchment rates in the country), utilizing

evidence-based practices and interventions in a family's natural environment to improve a child's ability to function in their daily routines and activities.

- Infants and toddlers eligible for EI who engage in services are less likely to require special education services in the future, improve overall developmental and functional skills, have better nutrition and health, and are less likely to experience child abuse-neglect.
- Each year, between 55-65% of the EI population are children enrolled in Medicaid and 43% of the population reside in RI's 4 core cities (Providence, Pawtucket, Central Falls, and Woonsocket).
- The 9 RI certified EI providers have not had a rate review or increase for providing these high-quality services since 2002 and struggle to remain open for referrals and are a threat to full closure to services due difficulties in recruitment and retainment strategies because of an inability to offer competitive salaries. In fact, at the time of this submission, four of nine providers are closed to new children referrals.
- $2,644,887 in general revenue funds are requested to stabilize RI's EI system, provide incentives for high performance on quality measure, and implement strategies that ensure all families have equity in access and engagement of Early Intervention services with a focus on underserved populations.

Opportunity Statement:

In this section, clearly explain the problem that exists today and the opportunity that your request aims to capitalize on. The best opportunity statements thoroughly explain, with as much detail as possible: (1) where we are today; (2) where we want to be in the future; and (3) why there is the gap between where we are and where we want to be. The best opportunity statements also quantify key variables wherever possible.

Where we are today:

RI's EI system is in a significant crisis. Currently, staffing statewide is down 21% and the nine (9) certified providers collectively need to hire almost 60 full-time staff to serve the current and expected number of RI children potentially eligible for these services. Over one-half of open positions are therapy/educational related disciplines (Occupational Therapy, Physical Therapy, Speech Therapy, Special Educators) that are crucial to supporting the physical, mental, and educational well-being of EI enrolled children. Potential candidates are declining EI positions and accepting other positions with salaries between $12,000-$20,000 more than the EI provider can offer due to service reimbursement rates that are insufficient and have not been increased since 2002. At this current staffing pattern, the RI EI system provides approximately 1000 less direct service hours/month, leaving ~250 currently enrolled children with fewer services than what is required on their service plans. Closures of EI providers to new referrals has made statewide news in the Boston Globe and WPRI.

In 2019, an assessment of the early childhood workforce in RI was conducted to understand the needs of the RI early childhood workforce, including those working for EI providers. Results were staggering and showed that although almost all of the EI staff who responded to the survey (over an 80% response rate) reported that they had high job satisfaction, 53% reported looking for other work in the previous 6 months, and 82% reported they plan to leave their EI position if the salary did not improve in the future.

As of September 2021, RI's EI staffing crisis has resulted in 5 of 9 EI programs closed to referrals, who mainly serve infants and toddlers in RI's 4 core cities. If this trend continues, RI could experience a state-wide EI referral closure resulting in approximately 75 children/week with no access to Early Intervention services. In 6 months, this could mean 1800 children with no or delayed EI services. Other than the devastating results of infants and toddlers not receiving EI services, Rhode Island could face additional consequences if a full-state closure occurs. As in Monroe County, New York in 2018, there is a potential threat of a class-action lawsuit. In addition, the federal Office of Special Education Programs could issue RI a finding (Part C of IDEA, Section 303.704), potentially resulting in decreased or withhold of IDEA Part C funds, referral for investigation to Office of Inspector General of US –DOE, or referral for enforcement action which could include Department of Justice.

Where we want to be:
Increased funding for RI's EI certified providers would provide fiscal stability that is crucial to ensure that eligible children have equitable access to high-quality early intervention services. In a 2019 intensive fiscal analysis of RI's EI system, all 9 EI providers experienced an increased gap in revenue and expenses since 2012. In this analysis, the EI providers reported ~$1.4M collectively in losses in FY18 and ~$1.7M in FY19. The impact of COVID-19 only exasperated a negative trending fiscal crisis. A stable system would be able to support a consistent workforce allowing EI providers to secure high-quality staff with competitive wages. These efforts will significantly decrease staff turnover, saving providers the continual cost of onboarding new staff. With an increase in staff retainment, families will benefit they will stay more engaged in services if providers are consistent. When families are more engaged in Early Intervention services specifically, children make better progress toward developmental and functional goals, are less likely to require future special education services, have better nutrition and health, and are less likely to be victims of child abuse-neglect.

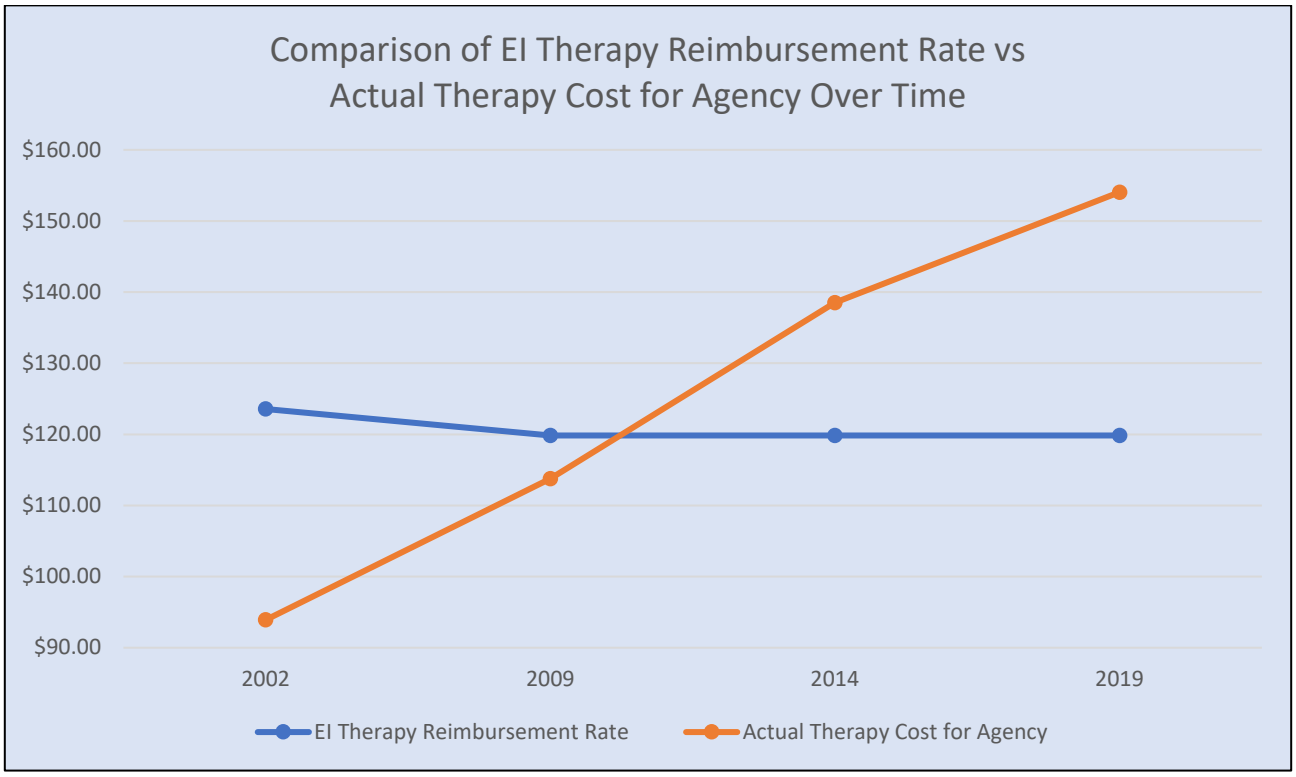
A primary future goal for RI's EI system, is to ensure equity in access, engagement, and retention of families in EI services. Currently, children referred to EI that identify as Hispanic or are enrolled in Medicaid are disproportionately less likely to enroll in EI services, more likely to disengage in services once enrolled, and show less developmental progress even when they complete EI services at age 3. Increased funding will enable providers to dedicate significant time and effort on outreach

and engagement strategies to ensure equity for the underserved and disengaging populations so that they can experience the full benefits of EI services.

A second goal for a stabilized EI system, is to continue the provision of services even after a child turns 3-years-old when EI services typically end. Beginning in FY23, IDEA will allow for the option, if states so choose, to provide services for children who are determined eligible and need to wait for the beginning of the next school year for Part B-619 Preschool Special Education Services. These services could support up to 500 RI children over the summer so that they do not have a gap in services, continue with developmental progress, and reduce the risk of losing skills in the interim.

Gap:

In Rhode Island, EI providers have not had a rate increase for services since 2002. In fact, EI service rates were decreased by 3% as part of an overall Medicaid budget cut. Over time, the cost of providing EI services has increased, yet the reimbursement rate is 3% less today than in 2002.



RI Early Intervention Reimbursement Manuals (2002, 2010, 2014, 2020).
Bureau of Labor Statistics. (2019). Retrieved December 28, 2020 from www.bls.gov.

As a result, this has caused a steady increase in overall program losses since 2012 that put providers in a serious fiscal crisis. The main impact of this crisis is that the program's now have much less resources to operate their EI programs. Due to these fiscal challenges, EI providers report having

difficulty recruiting and hiring qualified EI providers with competitive salaries and often lose highly qualified staff to jobs offering a much higher salary. In addition, due to high staff turnover rates (33%-40% since 2018) programs also lose revenue and incur increased costs (~$12K - $15K) for each staff they onboard amounting to over $600,000 system wide in 2019. High turnover is also associated with delays or interruptions in services, that ultimately for some families, result in withdrawing from EI services. The EI system has seen a steady incline in disengagement rates since 2018, especially with Hispanic children and children enrolled in Medicaid. Currently, over 150 families disengage from EI services each month and providers report that over half of these unwanted exits can be associated with staff turnover.

The continuing rise in cost of living and inadequate reimbursement rates has also caused a gap in what EI providers can afford to pay their staff and the average salaries for other positions in RI, MA, and CT that EI staff are qualified for.

Discipline	**EI RI Average hourly wage***	**RI Average hourly wage****	**Difference**	**MA**	**CT**
Occupational Therapist	$31.07	$42.80	($11.73)	$ 41.64	$44.60
Physical Therapist	$37.60	$41.13	($3.53)	$ 43.68	$47.49
Preschool Special Educator (M.Ed.)	$23.62	$34.61	($10.99)	$ 30.57	$33.84
Speech therapist	$35.21	$41.21	($6.00)	$ 41.45	$48.75
Licensed Social Worker	$26.27	$36.85	($10.58)	$ 35.76	$33.79
Early Interventionist I (BS/BA)	$18.02	$29.22	($11.20)	$ 21.98	$28.21

*Early Intervention Fiscal Analysis Project. (2019).
**Bureau of Labor Statistics. (2019). May 2019 state occupational employment wage estimates. Retrieved December 28, 2020 from www.bls.gov.

As reported by individual RI EI provider agencies, the number one reason for leaving their EI job is for a higher paying position.

Proposal Details:
Provide a detailed description of the initiative you are proposing to respond to the above-described problem and capitalize on the above-described opportunity. Your narrative here should clearly describe how your intervention, if funded, could close the gap described above and achieve the desired future state. It should not restate your narrative in the "Proposal Overview" section; rather, it should expand upon that narrative with additional details, quantifying key variables wherever possible. For constrained proposals, your narrative should clearly explain why your

agency has chosen to propose this cut over other potential reduction items and detail the expected impact of the reduction on agency mission, goals, and operations.

This proposal is to stabilize RI's EI system, so that high-quality staff are hired and retained and can effectively provide EI services to support RI's infants and toddlers with developmental, health, and educational outcomes. With this additional funding, ultimately families will have stability with their service providers, will be more likely to stay engaged and complete their EI program when their child turns 3, and be successfully transitioned to needed services at that time reducing any potential gaps in services that continue to support the child's developmental, health and educational outcomes.

This proposal contains 4 elements to repair, stabilize, sustain, and improve equity within the Early Intervention system:

1. Increase all Early Intervention rates by 45%.
2. Develop and implement a pay-for-performance program to reward providers for improving on, meeting, and sustaining outcome measures related to quality and equity. Providers can earn up to 5% of total revenues each year for meeting these performance benchmarks.
3. Pay a PMPM at the rate of $50.00/enrolled child who received at least one service.
4. Ensure an annual Cost of Living Increase by tying the rate to a consumer price index to be determined, assumed in these estimates to be 3% annually.

#1: Increase all Early Intervention rates by 45%.

The 45% requested increase was developed based on the original methodology that set the EI rate schedule in 2002. Assumptions within the rate were based on the current market rate of salaries for Occupational Therapists, Speech Therapists, and Physical Therapists. The rationale is that these are the disciplines that are typically paid at a higher salary and the most need within a child's EI service plan. In 2020, RI's Part C Coordinator conducted a survey of all 9 EI certified providers and used these data to the new rates. As a result of this exercise using 2019 market value salaries, the new rates were 46% higher than the current rate. Secondly, an in-depth budget analysis was completed with two of the nine EI providers based on current market rates for all disciplines. These analyses showed that for both programs a 44% increase in revenue was needed to meet expenses and pay competitive salaries. Finally, in a recent 2021 RI KidsCount issue brief, a rate increase of 45% was proposed based on adding COLA over time since 2002.

#2: Develop and implement a pay-for-performance program that allows providers to earn up to 5% of total revenues each year for \improving on, meeting, and sustaining outcome measures related to quality and equity.

Justification:

EI Medicaid enrolled children disproportionately do not progress as well toward child and family outcomes as their privately insured counterparts. In FY20, the percentage of EI Medicaid enrolled children who either made significant progress towards or met age-expectations within the three EI child outcomes was only 45% as compared to 59% of children with private insurance. These data can be linked to inequities as to when Medicaid children are referred to EI, enroll in EI, and how long they stay engaged in Early Intervention services. In FY19 and FY20, 59% of all state referrals to EI were infants and toddlers enrolled in Medicaid, yet the percentage of children that never engaged to be evaluated to determine eligibility for the program was 69% Medicaid enrolled children. In FY 20, the average age of enrollment for EI Medicaid enrolled children was 18 months of age, yet the average age of EI privately enrolled children was around 12 months of age. In FY19 and FY20, 59% of all state referrals to EI were infants and toddlers enrolled in Medicaid, yet the percentage of fully enrolled children that either met all goals before age 3 or complete EI services at age 3 was only 46% Medicaid enrolled children in FY19. In addition, the EI Medicaid enrolled population was more likely to disengage in services representing 69% of the "lost to contact" discharges.

Another group of children enrolled in EI who also disproportionately do not progress as well toward child and family outcomes are those who identify as Hispanic. In FY20, the percentage of EI Hispanic children who either made significant progress towards or met age-expectations within the three EI child outcomes was only 42% as compared to 55% of White children. These data can also be linked to inequities as to when Hispanic children are referred to EI, enroll in EI, and how long they stay engaged in Early Intervention services. In FY20, 32% of all Hispanic children referred to EI never engaged to be evaluated to determine eligibility for the program as compared to only 21% of all White children referred. In FY20, the average age of enrollment for Hispanic children was 14 months of age, yet the average age of White children was around 11 months of age. For children who enrolled in EI in FY20, only 32% of all Hispanic children met all goals before age 3 or completed EI services at age 3 as compared to 55% of all White children. In addition, the EI Hispanic population was more likely to disengage in services as 31% of this population was "lost to contact" discharges as compared to only 21% of the EI White population.

The more time a child and family engage with Early Intervention services can be associated with better progress toward outcomes, therefore, the following outcomes will be used to improve equity for children enrolled in Medicaid who are eligible for Early Intervention services:

Outcome Measure 1: Increase the number of Medicaid enrolled children and Hispanic children who are referred and receive an evaluation to determine eligibility.
Outcome Measure 2: Increase the number of Medicaid enrolled children and Hispanic children who are fully enrolled in EI services that either meet all goals before age 3 or complete EI services at age 3.
Outcome Measure 3: Increase the number of Medicaid enrolled children and Hispanic children who make progress on the three national global child outcomes.

Outcome Measure 4: Decrease the average age of referral for Medicaid enrolled children and Hispanic children.

*#3: Pay a PMPM at a rate of $50/Medicaid enrolled child who received at least one service during that month***.**

Eligible children must be fully enrolled in Early Intervention with a completed Individualized Family Service Plan (IFSP) and have had at least one (1) completed service listed on the IFSP. Eligible children may be enrolled at any point in that month or may have been discharged within that month as long as they meet the one (1) completed service criteria. This payment will help cover other administrative overhead that is not captured in the current rate.

The PMPM will support providers with non-reimbursable administrative activities associated with the outreach and engagement of RI infants and toddlers who may be eligible for Early Intervention services. As required by EI federal regulations under Part C of the Individuals with Disabilities act, EI providers are required to have a robust child find system, with specific attention to refer and engage children from underserved populations. To ensure equitable access to and engagement with EI services, these funds will support EI providers with outreach and engagement activities that are otherwise not reimbursable and not included in the rate methodology. These activities may included, but are not limited to, the following:

- Outreach and education about EI to potential new referral sources
- Education and updates to current referral sources
- Support and promote developmental screenings with referral sources
- Engagement efforts for families who have not responded to EI's referral follow-up (e.g. scheduling of intake appointment)
- Engagement efforts for families in threat of discharge due to "lost contact"

#4: Adjust rates annually by the change in a price index.
The annual Cost of Living increase is required to ensure the EI system continues its stability and allows providers to continue to offer competitive salaries for high-quality staff. From current experience, the burden on the system from inadequate funding is more than program financial losses. With this COLA, staff will be retained, leading to better family engagement, and ultimately, RI's infants and toddlers will make better progress toward developmental, health, and educational outcomes. For purposes of this proposal, the out-year forecast assumes a 3% adjustment each year. The actual adjustment will be determined by the change in the price index, which has not yet been identified.

FTE Details & Requirements:

For initiatives proposing expansion or contraction of current programs, provide details here about how many FTEs currently work on the program and the total cost of salaries and benefits for those FTEs.

For all initiative types, if the proposal would require the elimination of existing FTE positions or the hiring of new FTEs, provide a detailed overview of how the initiative would impact FTE levels. Be sure to include the titles or anticipated titles and total salary and benefits costs for impacted staff or proposed new staff in your narrative here.

If this proposal would not impact agency FTE levels and/or does not involve an existing program, simply include the following narrative: This proposal would not have an impact on FTE levels.

This proposal would not have an impact on FTE levels.

Timeline for Implementation:
Describe how long the initiative will take to implement and by what date it will be fully implemented. If the initiative will not be shovel-ready on July 1, make sure you explain how you have adjusted the budget estimates to reflect the requisite ramp-up period for the initiative.

Early Intervention services are currently provided to eligible infants and toddlers in Rhode Island. The increased rates and PMPM should begin on July 1, 2022. The pay-for-performance funding will be based on performance during FY23 and paid at the end of the fiscal year pending meeting outcomes. The criteria for meeting outcomes will be developed by July 1, 2022 by analyzing RI EI baseline data and national benchmarks related to each outcome.

Future Expected Costs:
In this section, provide a brief overview of how initiative costs are expected to increase or decrease in future years and fill out the below table detailing projected costs for the next five fiscal years. If costs are expected to change over time, be sure to explain why that is expected to occur. If the initiative is time-limited or has a defined sunset date, note that here and explain why.

	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
General Revenue:	2,793,593	2,946,760	3,104,522	3,267,017	3,434,387
Federal Funds:	3,601,600	3,799,069	4,002,461	4,211,955	4,427,734
All Funds:	6,395,194	6,745,829	7,106,983	7,478,972	7,862,121

Evidence Base

Evidence Scale Ranking: [0] / [1] / [2] / [3] / [4] / **[5]**
Please rank the proposed initiative's current level of evidentiary support on a scale from 0-5, based on the RI Evidence Scale, with one being the least evidentiary support and five being the most evidentiary support.

You can use tools like the Pew Results First Clearinghouse and the Social Programs That Work database to determine whether the type of initiative that you are proposing has been rigorously evaluated in other jurisdictions. The Office of Management & Budget understands that the majority of agency requests will likely not be in the top evidence tiers at the point of submission, and you should certainly feel free to submit requests that are "theory-based" on the scale rather than "promising" or "proven effective." Please note that "theory-based" submissions should include a robust and compelling measurement and evaluation plan in the Performance Measurement section.

Description of Evidence Base:
Describe the justification for your evidence scale ranking. What evidence exists that makes you think that the proposed initiative will work? Where is there uncertainty of effectiveness? It is helpful to include citations, links, or attachments of the evidence source(s) that you draw on in making this assessment.

According to Cole, Gebhard & Schmit (2017), infants and toddlers are at a crucial point in early development as they develop the basic brain architecture that is a foundation for future development and learning. For infants and toddlers with developmental delays and medical conditions known to cause delays need supports and services during these first few years of life. High-quality early intervention services help families support their children to improve overall health and development, including language, social-emotional, and motor skills. By providing services and interventions earlier, there is evidence that fewer services and supports are needed in the future. In addition, these researchers have found that about one-third of infants and toddlers who received early intervention services no longer had a developmental delay, disability, or special education need once they entered kindergarten.

In addition to these findings, other benefits of Early Intervention have been noted. Studies have found that infants and toddlers who receive EI services tend to have greater language skills, better nutrition and health outcomes, and are less likely to experience child abuse-neglect. (IDEA Infant Toddlers Coordinator's Association, n.d. https://www.ideainfanttoddler.org/pdf/Value-of-Part-C-Infographic-PDF.pdf). James J. Heckman, Ph.D. of the University of Chicago (2012) commented on how early intervention can save money in the future: "The highest rate of return in early

childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. Starting at age three or four is too little to late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years for the greatest efficiency and effectiveness." (https://heckmanequation.org/resource/invest-in-early-childhood-development-reduce-deficits-strengthen-the-economy/)

Early intervention utilizes an evidence-based coaching model to deliver therapeutic and educational services to families through home visits and other natural environments. Early Intervention providers establish relationships with parents and caregivers through the Routines-Based Early Intervention (RBEI) model. (McWilliam). This model emphasizes child engagement, support to families, and functional intervention. Evidence supports this triadic approach as children have more opportunities to practice functional skills throughout their family's daily routine activities when the parent/caregiver is coached on strategies that will help children make progress on outcomes. This link provides listing of evidence that supports the Routines-based Early Intervention model: http://eieio.ua.edu/evidence.html.

Since implementing RBEI components in 2015, family response has been positive and is reflected in comments provide by parents and caregivers in the RI EI Annual Family Survey conducted through the RI Parent Information Network and analyzed by Karen McCurdy, PhD. at the University of RI. In a recent analysis of comments of the EI family survey, themes of comments are consistent with the goals of RBEI. Families who commented on the survey reported feeling more engaged in the planning process, more satisfied with EI services, and report having more of an understanding on how to support their own child within their daily routines and activities (McCurdy & Rossi, 2019).

Evaluation & Performance Measurement

Existing Performance Data:

For Unconstrained – Expansion, Constrained – Adjustment, and Constrained – Elimination Initiatives: *Describe the data that currently exists for this initiative and your agency's approach to performance measurement and evaluation of the initiative. If you don't collect any performance data on this initiative, you should explain why data is not available. If you do collect performance data, your narrative should include details about the types of data collected and the sources of that data, note the specific metrics that are tracked for the initiative, and, wherever possible, report the metrics for the last three fiscal years. If you've used the data to make programmatic changes in the past, you should include details about that. Your narrative should make clear whether or not the available data indicates that this initiative has been successful in reaching its goals.*

For Unconstrained – New Initiatives: *Simply include the following narrative:* This is a request for a new initiative about which the agency does not currently collect any data.

Federal Reporting:
EOHHS conducts an annual review of data for all required IDEA federal indicators as well as other related requirements. The reporting period is July 1-June 30. EOHHS compares the annual review to the self-assessment results to verify self-assessment data provided. Program monitoring is conducted to measure the performance of Early Intervention providers in meeting IDEA requirements and compliance with the Rhode Island Early Intervention Certification Standards. EOHHS utilizes multiple methods including but not limited to self-assessments; examination of program data and site visits to monitor certified Early Intervention providers for both compliance and quality. EOHHS monitors all programs annually regarding federal indicators and other related requirements and priority areas identified by the state.
Federal compliance indicators include but are not limited to:

- 45-day timeline (the number of days between referral and the eligibility determination can be no more than 45 days)
- Timely service (the number of days between IFSP signature and the first date of service can be no more than 30 days)
- Transition (individualized plan, notification to the LEA, and conference with the LEA, all within established timeframes)
- Natural environment (the percentage of services on the IFSP being provided within a natural environment)

If a finding of non-compliance is identified through focused monitoring or by any other means, the program must submit a Corrective Action Plan (CAP) specific to each finding. Providers are required to submit evidence of correction (i.e., completion of agreed upon activities, progress reports, and data sample) to EOHHS no later than one year from the date the letter of finding was issued.

Federal results indicators include:

- Child Outcomes
    - Positive social emotional skills
    - Acquiring knowledge and skills
    - Taking actions to meet needs
- Family Outcomes
    - Understand their children's strengths abilities and special needs
    - Parents know their rights and effective communicate their needs
    - Help their children develop and learn

An external analysis of the parent comments in the FY19 and FY20 Family Survey indicated that the survey did not adequately capture responses from Hispanic families. Changes were made in the administration of the FY21 survey regarding how the survey is administered (e.g., use of contracted interpreters, option to complete survey orally, and follow-up to non-responders) to better capture feedback from Hispanic families.

Rhode Island's FFY19 determination was "Meets Requirements," as reported by the Office of Special Education programs in June 2021. The Annual Performance Review data and reports are available at:
https://eohhs.ri.gov/providers-partners/early-intervention-providers/ei-program-certification-standards

Targeted Performance
In addition to monitoring federal indicators, targeted performance improvement is used by the State as part of focused monitoring for areas identified by the state in need of improvement which are not compliance indicators but related to results indicators or performance. The State Systemic Improvement Plan (SSIP) is a six-year plan focusing on measurable results relating to positive social and emotional skills. Data sources may include annual self-assessment, or a targeted review of written materials such as the Individualized Family Service Plan (IFSP) or Services Rendered Form (SRF).

Targeted performance improvement areas, based on the SSIP, have included:

- IFSP Outcome quality (family-owned, functional, measurable, embedded in a routine)
- Routines-Based Interview (RBI) fidelity (# of staff trained to fidelity)
- Child outcomes for families who received an RBI compared to those who did not
- Change in perceptions of EI Supervisors' readiness and ability to support RBI
- Change in perceptions of EI Staff about the usefulness/effectiveness of the RBI
- Documentation of services that reflects coaching/modeling, interventions occurring within routines, and an agreed-upon plan with the family

Rhode Island's annual State Systemic Improvement Plan data and reports are available at:
https://eohhs.ri.gov/providers-partners/early-intervention-providers/ei-program-certification-standards

A continual review of SSIP data has helped to make important decisions to improve RI's EI system.

1. IFSP Outcomes data- RI has seen significant measurable change in all four areas of outcomes compliance: family owned, functional, measurable, and embedded in a routine. This change represents the initiative's alignment with best practices in the development of IFSP outcomes which is a critical element of Early Intervention service delivery.
2. SRF review data- These data show that a transformation has occurred, as the SRF documentation has moved away from child-focused observations unrelated to our service delivery model, and towards adult-focused interventions that involve coaching, modeling, and parent practice.
3. RBI data has indicated that children of families who have an RBI achieve higher outcomes scores and their families report significantly greater satisfaction with EI services than parents who did not have an RBI. These data support statewide implementation of the RBI as an assessment tool for Early Intervention.
4. Data collected regarding the numbers of staff trained to fidelity in the use of the RBI indicated slower growth than anticipated. Additional qualitative data collected from staff indicated that participating in RBI training for fidelity resulted in a loss of productivity which created a barrier to this necessary step. An incentive program was developed to offset these losses.

Other targeted performance improvement areas based on State quality initiatives have included:

- Eligibility study (review of provider documentation for children determined ineligible). Ineligible Study: The results of the Ineligible Study indicated that documentation in many cases was not sufficient to support that the child was not eligible. Technical Assistance was given to provider agencies future focused monitoring and guidance materials were created. The review of ineligible records was incorporated into focused monitoring for continued review.
- Transition study (review of transition records, in particular the Child Outcome Measurement system documents, for children transitioning to Part B). The results of the transition study indicated inconsistency in the information provided. This resulted in further collaboration with RIDE staff and the development of a new form to more consistently capture information pertaining to a child's developmental needs at the time of transition. The new form will be used by both Early Intervention and RI Early Childhood Special Education Preschool staff to improve the transition process between systems.

Forward-Looking Evaluation Opportunities:

For Unconstrained – New, Unconstrained – Expansion, and Constrained – Adjustment Initiatives: *Describe your agency's plans to evaluate this initiative in the future if your request is approved. Your narrative should include the specific metrics that you plan to track, the methods you plan to use to evaluate the initiative, and the types of data that you will collect. You should explain why and how you've arrived at this evaluation plan. You should also quantify what success looks like for this initiative, based on the metrics that you plan to track. If this initiative is ranked as a 3 or lower on the Rhode Island Evidence Scale, your narrative here should explain how the data that you will collect will enable you to build the base of evidentiary support for this initiative.*

For Constrained – Elimination Initiatives: *Simply include the following narrative:* This is a constrained request for elimination of a program; future performance measurement and program evaluation will not be required.

EOHHS is the lead agency for the RI EI system. EOHHS is responsible for the administration and oversight of the nine (9) certified EI providers. The general supervision system in RI includes multiple methods (or components) to ensure implementation of IDEA 2004, identify and correct non-compliance, facilitate improvement, and support practices that improve results and functional outcomes for enrolled children and their families.

Eight major components are included in RI's General Supervision system. Although each are listed separately, they work together to ensure ongoing quality improvement for all aspects of the RI EI system. Full descriptions and data collection methods and processes can be found at: https://eohhs.ri.gov/sites/g/files/xkgbur226/files/Portals/0/Uploads/Documents/Early-Intervention/EICertificationStandardsXIIIGeneralSupervisionApril2016.pdf

Components include:

- State Performance Plan/Annual Performance Report (SPP/APR)
- Rhode Island Early Intervention Certification Standards
- Rhode Island Early Intervention Care and Coordination System (RIEICCS)
- Integrated Monitoring Activities
- Improvement, Correction, Incentives and Sanctions
- Targeted Technical Assistance
- Fiscal Management
- Complaints and Dispute Resolution

The activities described in the RI EI Certification standards related to general supervision requirements will continue. In addition, as a result of this proposal the pay-for-performance outcomes will require data collection and monitoring to determine an RI EI provider's eligibility for the incentive. For each outcome, providers will have to meet, maintain, or show significant improvement as defined in the Significant Improvement chart (Appendix A) of the RI EI Certification Standards: General Supervision. (Found here: https://eohhs.ri.gov/sites/g/files/xkgbur226/files/Portals/0/Uploads/Documents/Early-Intervention/EICertificationStandardsXIIIGeneralSupervisionApril2016.pdf)

Outcome Measure 1: Increase the number of Medicaid enrolled children and Hispanic children who are referred and receive an evaluation to determine eligibility.

Current Status: In FY19 and FY20, 59% of all state referrals to EI were infants and toddlers enrolled in Medicaid, yet the percentage of children that never engaged to be evaluated to determine eligibility for the program was 69% Medicaid enrolled children. In FY20, 32% of all Hispanic children referred to EI never engaged to be evaluated to determine eligibility for the program as compared to only 21% of all White children referred.

Goal: The goal for this measure is to see proportionality in the number of children who are lost to contact before receiving an evaluation.

Method: These data are collected in the states EI data system and can be analyzed by individual EI provider. Individual provider goals will be set, and if met, will be eligible for incentive for this measure. In addition, a "plan for engagement" will be required by the EI provider to outline engagement strategies for this population.

Outcome Measure 2: Increase the number of Medicaid enrolled and Hispanic children who are fully enrolled in EI services that either meet all goals before age 3 or complete EI services at age 3.

Current Status: In FY19 and FY20, 59% of all state referrals to EI were infants and toddlers enrolled in Medicaid, yet the percentage of fully enrolled children that either met all goals before age 3 or complete EI services at age 3 was only 46% Medicaid enrolled children in FY19. In addition, the EI Medicaid enrolled population was more likely to disengage in services representing 69% of the "lost to contact" discharges. For children who enrolled in EI in FY20, only 32% of all Hispanic children met all goals before age 3 or completed EI services at age 3 as compared to 55% of all White children. In addition, the EI Hispanic population was more likely to disengage in services as 31% of this population was "lost to contact" discharges as compared to only 21% of the EI White population.

Goal: The goal for this measure is to see proportionality in the number of children who stay engaged in EI services and either meet their IFSP goals or complete EI at age 3.

Method: These data are collected in the states EI data system and can be analyzed by individual EI provider. Individual provider goals will be set, and if met, will be eligible for incentive for this measure. In addition, a "plan for engagement" will be required by the EI provider to outline engagement strategies for this population.

Outcome Measure 3: Increase the number of Medicaid enrolled and Hispanic children who make progress on the three national global child outcomes.

Current Status: In FY20, the percentage of EI Medicaid enrolled children who either made significant progress towards or met age-expectations within the three EI child outcomes was only 45% as compared to 59% of children with private insurance. This indicates that children who are enrolled in Medicaid do not make as much progress as those children enrolled with private insurers. In FY20, the percentage of EI Hispanic children who either made significant progress towards or met age-expectations within the three EI child outcomes was only 42% as compared to 55% of White children.

Goal: The goal for this measure is increase the percentage of EI Medicaid enrolled children and Hispanic children who either make significant progress towards or meet age-expectations within the three EI child outcomes equivalent to their privately insured and White counterparts.

Method: These data are collected in the states EI data system and can be analyzed by individual EI provider. Individual provider goals will be set, and if met, will be eligible for incentive for this measure. In addition, a "plan for engagement" will be required by the EI provider to outline engagement strategies for this population.

Outcome Measure 4: Decrease the average age of referral for Medicaid enrolled and Hispanic children.

Current Status: It is hypothesized that the reason that EI Medicaid enrolled children do not progress as well as their privately insured counterparts and that Hispanic children do not progress as well as their White counterparts is that they are not enrolled in EI as long. The more time spent in EI receiving the services and supports needed, may be associated with better progress toward outcomes. In FY 20, the average age of enrollment for EI Medicaid enrolled children was 18 months of age, yet the average age of EI privately enrolled children was around 12 months of age. Also in FY20, the average age of enrollment for Hispanic children was 14 months of age, yet the average age of White children was around 11 months of age.

Goal: The goal for this measure is to ensure that Medicaid enrolled infants and toddlers and Hispanic infants and toddlers are referred and enrolled in EI at an earlier age.

Method: These data are collected in the state's EI data system and can be analyzed by individual EI provider. Individual provider goals will be set, and if met, will be eligible for incentive for this measure. In addition, a "plan for engagement" will be required by the EI provider to outline engagement strategies for this population.

Timeline for Outcomes:
Describe when, following implementation, you expect to see meaningful change resulting from the initiative (example: completion of a proposed training initiative, return on capital investment, attainment of program targets, etc.)? If you expect long-term savings to result from this initiative, make a note of total savings that you expect on an annual basis and when you expect these to begin.

RI certified EI providers will be provided with baseline data and target goals by July 1, 2022. Providers will be required to submit a Plan for Engagement by August 1, 2022 outlining strategies and activities that they will implement to improve outreach, referral, and engagement for Medicaid enrolled infants and toddlers that might be eligible for EI services.

Providers will be monitored on a quarterly basis and the EI system's Technical Assistance team will provide individualized support and guidance as requested and required.

Additional Proposal Information

Statutory Implications:
Note whether this initiative will require a budget article in order to be implemented. If an article will be required, identify the impacted statute and include an attachment with proposed new statutory language to accompany this Decision Package form, and a Statutory Impact Summary Memo, which describes the technical changes to the law as well as the budget and policy

implications of those changes. If an article will not be required, simply include the following narrative: This initiative will not require a budget article.

This will require Medicaid resolution language.

Interagency Impact:
If this initiative would impact another agency, name the affected agency(ies) and note how the proposal would impact them here. Note whether the other agency has been made aware of this proposal and whether the impact on the other agency will be included in their analysis. If the proposal is likely to have an impact on another agency but that impact is not quantifiable, you should also note that here. If this initiative will not have an interagency impact, simply include the following narrative: This initiative will not impact any other agencies.

This initiative will impact the Office of Health Insurance Commission as regulatory language states that in-state insurers must pay at or above Medicaid rates. Link to general assembly statute: **http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-18/27-18-64.HTM**

EOHHS' recommendation is to have this requirement stand, and clarify that in-state insurers must mirror the rate, including the quality component.

Federal Funds Impact:
If this initiative will impact federal funds (example: reduce the amount of federal match an agency receives or require the agency to solicit new federal funding), note that here and describe the expected impact. Describe the source of federal funds (ARPA FRF, CAA, etc.) impacted by this initiative. If this initiative will not impact federal funds, simply include the following narrative: This initiative will not impact federal funds.

This initiative will increase Medicaid federal match as state spending increases. The federal EI grant funding will not change.

Information Technology Implications:
If the initiative is expected to impact information technology, include details here about the specific IT impact of the initiative, including if and how you expect it to impact the DoIT ISF. If this initiative will not impact information technology, simply include the following narrative: This initiative will not impact information technology.

This initiative will not impact information technology.

Additional Details:

If you would like to include any other information about this proposal that does not fit into one of the above-detailed categories, please feel free to use this space to add that information to your submission.