



EVERY CHILD, BEGINNING AT BIRTH,
WILL BE HEALTHY AND SUCCESSFUL.

Iowa's Part C Finance Framework Assessment
Executive Summary of Framework and Recommendations
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Background and Purpose of the Financial Framework Assessment

The Iowa Department of Education, as Lead Agency of the Iowa Early ACCESS system of early intervention services, contracted with an external consulting group to conduct an assessment of Iowa's finance system using a state Part C system framework (see figure on next page).

The intent of the assessment was to enhance the Lead Agency's ability to fulfill its IDEA Part C responsibilities regarding financial matters and policies for an interagency system of early intervention (EI) services that are provided to all eligible children and their families. The Lead Agency anticipated that recommendations would launch the Lead Agency's efforts to acquire needed data from which policy makers and EA leadership at the state and local levels can make more informed decisions about financing the EA system.

Scope of Contract

- Gather and analyze current Iowa data regarding financial issues, using a national framework developed for state Part C system (that Iowa had already initiated).
- Interviews with key stakeholders groups and individuals.
- Develop a focus and scope of a future "finance study," including a cost study.
- Explore potential resources/implications from the federal Health Care Reform for Iowa's Part C system.
- Provide recommendations for system improvements for sustainable Part C system.

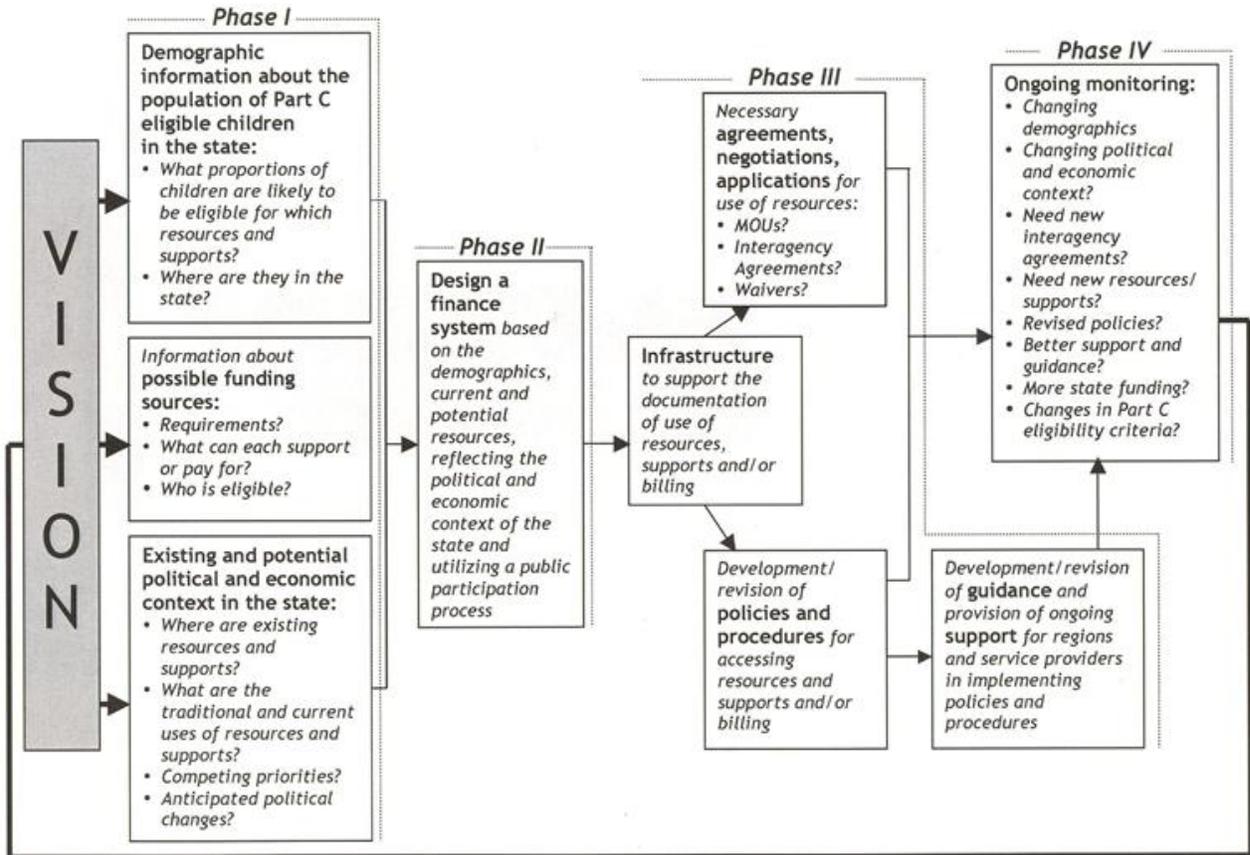
The **⌘** recommendations expressed in this Executive Summary of Iowa's IDEA Part C Finance Framework Assessment are those of the Consultants, Susan D. Mackey Andrews and Karleen R. Goldhammer of SOLUTIONS Consulting Group, LLC, and do not necessarily represent the opinions or recommendations of the Iowa Departments of Education, Human Services, Public Health or the Child Health Specialty Clinics, or of any of those individuals who gave their time to be interviewed and provided information and perspectives pertinent to this Assessment.

Scope of Executive Summary

This executive summary is intended to provide general background of the assessment and the recommendations **⌘** of the consulting group. It is organized into six sections, A through F.

- A. Resources, Supports and Services,
- B. Early ACCESS System Components,
- C. Iowa's Early ACCESS Service Pathway,
- D. Continuous Quality Improvement (CQI),
- E. Special Populations: Autism Spectrum Disorder – ASD; Deaf/Hard of Hearing; Drug-affected, etc.,
and
- F. Overall Summary of Recommendations, including three logic models for future work.

Framework for Developing and Sustaining a Part C Finance System



Note. Financing affects all areas of the Part C System and is not simply addressed in a singular discussion which focuses on “direct services” or financial resources only. The figure on page 5 illustrates the components of a state early childhood/intervention system. Recommendations cover different components of the system, based on the data collected and Solution’s analysis.

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Section A: Resources, Supports and Services [Information for Phase I of the Framework]

⌘ Special Education Directors are strongly encouraged to revisit the decision not to bill for speech-language services with Iowa Medicaid and to explore more fully the practical and real differences between the two licensures (licensed through BOEE and IDPH) for speech-language services required to meet the federal Medicaid requirements.

⌘ The IFSP Data System should collect both planned and delivered service data for all services on the IFSP.

⌘ Data related to planned vs. delivered service frequency and intensity should be thoroughly reviewed to identify the “drivers” that may be compromising the IFSP decision making process for individual children.

⌘ Data should be examined to determine if the frequency of services reported as “Other” have any relationship to the type of funding (e.g., public or private insurance) that exists for individual children.

⌘ The anticipated Finance Study should be constructed in such a way as to identify the true cost of the face-to-face unit of services for all services, for all provider-types. *This rate should include the allied activities of practitioners (meeting and report preparation, collateral contacts, phone and e-mail communications with families, etc.). It should also include the infrastructure costs needed to prepare and support best practice. These are commonly reflected in training, supervision, data entry and some degree of “missed” appointment time and costs. The administrative costs should also be evaluated compared to the current indirect charge to be sure that this fully reflects the true cost of doing business.*

⌘ The Finance Study should also probe more deeply into the issue raised by both the AEAs and Signatory Agencies regarding the gap between Medicaid billing for children who are dually enrolled in both EA and Medicaid children versus what is currently billed.

⌘ The Signatory Agencies should explore the potential expansion of Iowa S-CHIP (hawk-i – Children’s Health Insurance Program) to incorporate the full range of early intervention benefits into this coverage.

⌘ The Signatory Agencies should develop and implement strategies which will increase their capacity for service coordination and developmental services through partnerships with the early care and education network of programs and services, as well as CHSC and DPH.

⌘ The anticipated Finance Study must include the costs for the services provided in the “Service Pathway” and lay the foundation for further discussion about the efficacy of including relevant health/medical activities in the reimbursement methodology.

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Summary of Section A: Resources, Supports and Services

While EA has achieved Medicaid coverage for Part C services through its partnership with the state Medicaid program, much opportunity still exists to:

- Revisit the opportunities for Medicaid reimbursement for SLP services;
- Expand the provider “pool” to include more community based programs and service practitioners as providers of Service Coordination and Developmental Instruction;
- Correct the rate methodology currently in use to include all of the costs related to a face:face service encounter;
- Investigate the potential of accessing S-CHIP Title XXI funding to support EA services, emulating the inclusion of providers and new rate methodology in this dialogue; and
- Complete and fully implement the Web IFSP capacity to manage clinical notes, progress reports, assessments, and service logs to provide Medicaid billing documentation for all practitioners.

Still other opportunities exist to expand the financing options for Early ACCESS that warrant thorough investigation and development.

Opportunity #1: Impact of Private

Opportunity #2: The Patient Protection and Affordable Care Act

Opportunity #3: Impact of the Affordable Care Act (ACA) Upon Part C Private Insurance Utilization

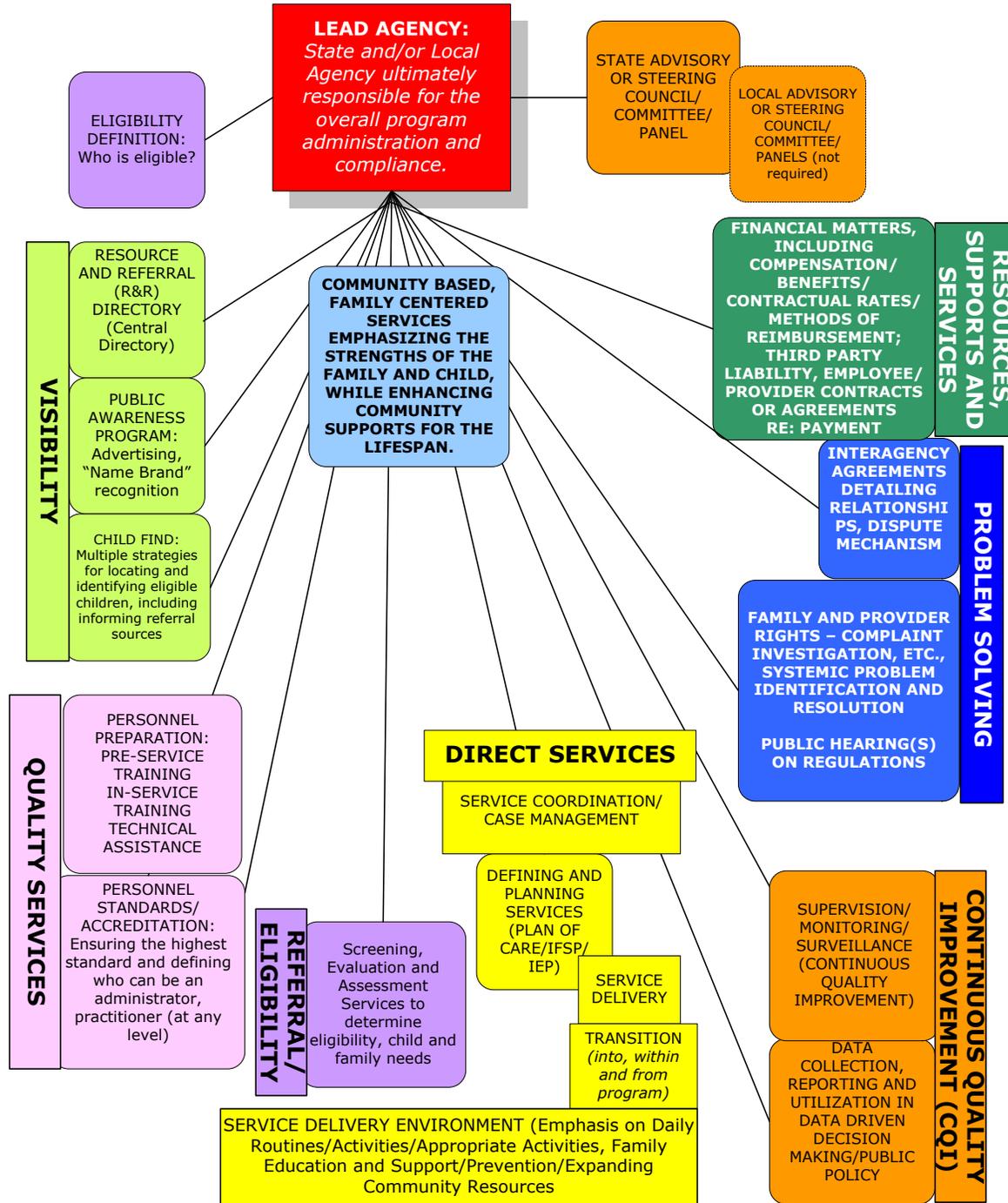
⌘ In keeping with the federal Part C requirements §303.520 for states to create a “system of payments” for Part C, Iowa should thoroughly investigate the use of private insurance for EA services. *Several state models of insurance legislation exist, including New York, Massachusetts, Rhode Island, Colorado and New Hampshire, which would be valuable for Iowa to study for replication. These states have had private insurance in their system of payments for several years. All of these states protect against erosion of the life time benefit “cap,” although under ACA, this latter exemption ceases to be an issue.*

⌘ Iowa planners should be certain to include the determination of a per child cost, based upon total System costs, as an outcome of the anticipated Finance Study. Further, this amount should be reviewed annually and updated as needed.

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Section B: Early ACCESS System Components

Components of Quality Family Support/Early Childhood Development/Early Learning System



The federal intent of this interagency infrastructure recognizes that no one agency or entity can effectively respond to all of the needs of infants, toddlers and their families.

Note. The following ☞ recommendations are organized by the different **System Components**.

Iowa Early ACCESS Interagency Memorandum of Agreement (MOA)

⌘ The meeting frequency for the EA Team should be increased although the length of meeting time could be reduced if the frequency were to expand.

⌘ As the Early ACCESS System works to achieve greater consistency in practices statewide, it would be appropriate to assess the configuration of the regional teams at the local level.

⌘ More frequent meetings of the EA Leadership Group are recommended. These could (ideally) be monthly, full day meetings with a structured agenda composed of large and small group discussions focusing on effective practices, data, professional development/recruitment/ retention, Child Find, etc.

⌘ The Interagency Staff Team should create a common Early ACCESS Manual that applies to all System participants.

⌘ The development of regional MOAs with community partners is strongly encouraged.

⌘ Signatory Agencies should be provided with a MOA template and supporting materials to be used regionally to facilitate consistent technical assistance across Regions in the articulating, prioritization and development of meaningful local MOAs.

⌘ The Signatory Agencies should review the overall membership of the ICEA, identifying areas where gaps in membership may exist, or possible changes or expansions in the specific level of membership (e.g., decision making authority) would benefit the overall ability of the ICEA to effectively tackle the important interagency cultivation work ahead of it.

Visibility

Central Directory

⌘ Discussions across the early childhood community will help to assess what the type and range of “visibility” efforts other programs engage in, or in which they would like to participate.

⌘ This is one Part C infrastructure component where a partnership could be pursued that would produce not only financial savings across multiple early childhood programs, but also consolidate information for families and other referral source, making it easier for them to find what they are looking for.

⌘ Collaboration and streamlining efforts related to the Central Directory is one Part C infrastructure component where a partnership could be pursued that would produce not only financial savings across multiple early childhood programs, but also consolidate information for families and other referral source, making it easier for them to find what they are looking for. *Early Childhood Iowa and the DPH who is administering the Help Me Grow “Assuring Better Child Health” grant may be logical resources to initiate this dialogue amongst the many significant players in its early childhood system.*

Public Relations/Child Find

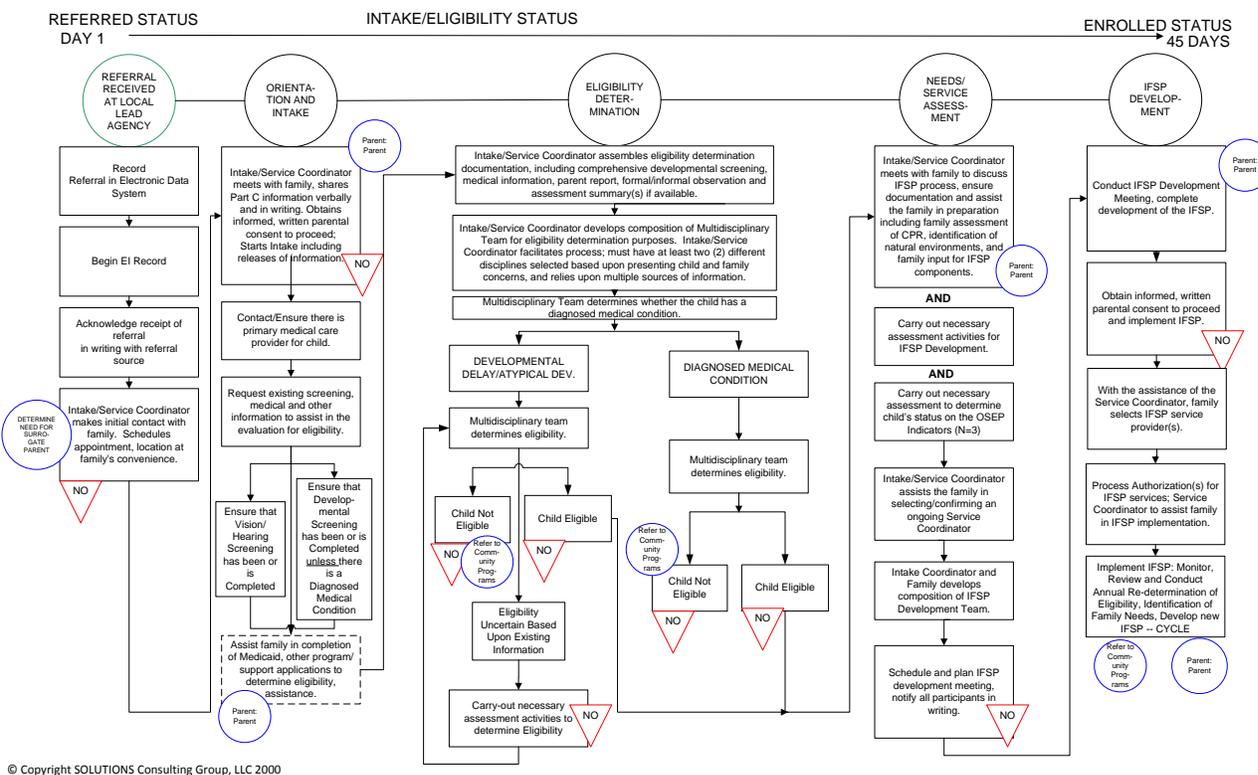
⌘ The Part C, IDEA regulatory changes and clarifications offer an opportunity for Iowa to continue to refine referrals to Early ACCESS through formal recognition of the current screening and assessment services that are performed by a number of the EA partners. *This area could be reviewed and perhaps “shored up” in the current state-level MOA and could be a singular focus of a local MOA, involving a variety of local programs and services for family support and home visiting programs.*

Quality Services

⌘ Continued collaboration across Regions and all four Signatory Agencies is strongly encouraged in the articulation of a multi-year CSPD Plan.

Section C: Iowa’s Early ACCESS Service Pathway

Note. Recommendations are organized by each column of the pathway (large circle).



Referral to Part C

⌘ Modifications to the Web IFSP should include data about parent referrals detailing “how” or “who” the family learned about EA from.

⌘ A routine schedule of data review and discussion should be developed with the EA Leadership Group and shared periodically with the Special Education Directors.

Part C Orientation and Intake: There were no recommendations for this section.

Evaluation for Eligibility

⌘ It will be important to conduct a review of the children who have multiple referrals to Part C to determine if their eligibility status changes over time.

⌘ It is strongly recommended that sufficient time is spent, involving all Signatory Agencies, the EA Leadership Group, and the Special Education Directors to identify meaningful ways in which this portion of the Service Pathway can be revised in order to achieve greater efficiencies in terms of time and resources, as well as become more family friendly.

IFSP Development and Implementation: There were no recommendations for this section.

Service Coordination

⌘ The expansion and refinement of EA Service Coordination is a significant area in which EA can achieve greater efficiencies, effectiveness and growth.

Summary of Section C: Service Pathway

⌘ This discussion is very timely for Iowa stakeholders to conduct. Is the current system effective? Efficient? Are we utilizing personnel effectively based upon their skills, talents and expertise? Could service coordination be better provided, especially for some targeted populations?

There are considerable opportunities available for Early ACCESS to assess their current service delivery system and identify options for change that would

- 1) Attract new partners to the EA System thus expanding the System's capacity to serve more children or to serve children more,*
- 2) Bring additional resources to the System even though dollars may not actually "change hands," and*
- 3) Promote a more comprehensive, "systems" approach to all aspects of child development and wellbeing.*

Some changes would also result in greater efficiencies in the use of practitioner time while others would reduce duplication, particularly in the area of screening and assessment. Still other system changes would expand service coordination and developmental instruction options for eligible children and their families.

These opportunities have multiple avenues in which to pursue – the outreach and engagement through Child Find informing, the development of interagency agreements/Memorandum of Understanding or Agreement (MOU/MOA), and through greater utilization of community resources in eligibility determination as well as IFSP development and service delivery.

⌘ It may be that a more effective use of the skills of the Title V MCH practitioners is to facilitate improved relationships and interface with the health/medical community from referral forward. *Greater communications and linkages with primary medical care is a large need for the EA System.*

Section D: Continuous Quality Improvement (CQI)

Supervision and Monitoring

There were no recommendations for this section. Comments included:

- Nearly every individual who was interviewed for this Study spoke about the impact of the federal Compliance Monitoring upon the Iowa Early ACCESS System and its participants (State Performance Plan 14 Indicators).
- Many individuals interviewed in the course of this Study suggested that it was time for Iowa to create their own set of outcomes and performance criteria that would guide this focus on quality.

Data Collection, Reporting and Utilization

⌘ It is recommended that Iowa make the effort to annually report the annualized count of children served to OSEP for the purposes of highlighting these data locally for discussion purposes, as well as for federal and state comparisons.

⌘ The issue of “withdrawn by parent” should be a focus of discussion at the EA Leadership Group meetings, with some additional data analysis to identify if these children who were withdrawn by parent appear in later Part “b,” 3-5 services or in Part B, 5-21 data.

Section E: Special Populations

Autism Spectrum Disorder – ASD; Deaf/Hard of Hearing; Drug-affected, etc.

⌘ Special population data should be routinely collected and reviewed along with other Web IFSP data elements. *For Iowa, a particular challenge is the absence of data that informs us of the exact incidence of ASD, NAS, FAS, hearing impairments, etc. in infants and toddlers. During the course of this Assessment, it was not possible to quantify the number of children identified with any of these diagnoses. Iowa needs to have these data in a current, reliable and easily accessible manner. These data are essential not only for PD planning and implementation purposes, but also to ensure that there is provider capacity, effectively trained to support these babies and families AND that there are sufficient financial resources to responsibly provide the appropriate frequency and intensity of services.*

⌘ Early ACCESS is encouraged to incorporate an ASD screening into their overall Child Find protocols. *Collaboration with Regional Autism Services Program and the Iowa Autism Council will 1) promote statewide implementation of ASD screening through a variety of early care and education venues, 2) create a protocol to direct referrals for early diagnosis efficiently, and 3) investigate the implementation of alternative approaches (e.g., the DIR/Floortime model) appropriate for this population.*

⌘ Collecting accurate and timely diagnostic data about the infants and toddlers identified, or suspected of having ASD must be a priority.

⌘ It is recommended that EA stakeholders monitor the state's Implementation of the Affordable Care Act (ACA) to ensure that services for individuals with ASD aren't negatively affected, particularly in light of their insurance mandate. *The Federal government will be developing a list of "essential benefits" that may or may not include autism services.*

⌘ Further investigation into alternative intervention methodologies, such as DIR/Floortime, is recommended. DIR/Floortime, and perhaps other models, "fits" nicely within the context of early intervention and supports the comprehensive, multidisciplinary team approach used in Part C. *This model, and perhaps others, nicely conforms to the context of early intervention and supports the comprehensive, multidisciplinary team approach used in Part C.*

⌘ The EA System would benefit from improvements in the Web IFSP to better track and report these data for EHDI and EA monitoring and compliance purposes.

⌘ All four Signatory Agencies should work closely together to promote prevention of NAS, as well as to promote earlier referral, screening and linked services to support expectant families prior to birth, as well as afterwards.

⌘ Embedding Infant Mental Health training into the EA provider qualifications is one excellent way to "boost" the skills, comfort and confidence of practitioners when working with all families, especially in challenging situations.

⌘ Regions may want to consider cultivating specialty teams who receive additional training specific to one or more of these diagnoses.

⌘ Regions may want to consider cultivating specialty teams who receive additional training specific to one or more of these diagnoses (similar to what exists with the regional autism teams). These teams could support other practitioners and teams through case review/consultation, training, etc. and would reflect a variety of skills and expertise.

⌘ Careful examination of the current waivers in place for Iowa should be conducted to ensure that the wide range of supports and services are covered services between the individual waiver program, the Infant and Toddler Medicaid Program and "regular Medicaid."

⌘ It is important to utilize the Web IFSP to "track" referrals for these populations, and to monitor the overall incidence statewide and by Region.

⌘ More investigation related to better identifying how many children, by Region and by condition, EA already serves and what the challenges have been or continue to be in effectively and comfortably serving these children and their families.

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Section F. Overall Summary of Recommendations

This Assessment really represents a dialogue with Early ACCESS stakeholders around the issues related to the Finance Framework, which again – focuses on three essential questions:

- What are the state’s current resources (people, time and money) directed to their Part C System?
- How does data inform the state about the potential population eligible for Part C services, including where these children might be located?
- What new resources might be available to the Part C System, and what resources might be expanded or used differently?

In terms of timing, it is imperative that the Finance Study proceed so that new rates can be in place for July 1, 2012 (at the latest) for Medicaid reimbursement. This Finance Study also lays the foundation for many of the related fund expansion initiatives such as accessing private insurance and S-CHIP.

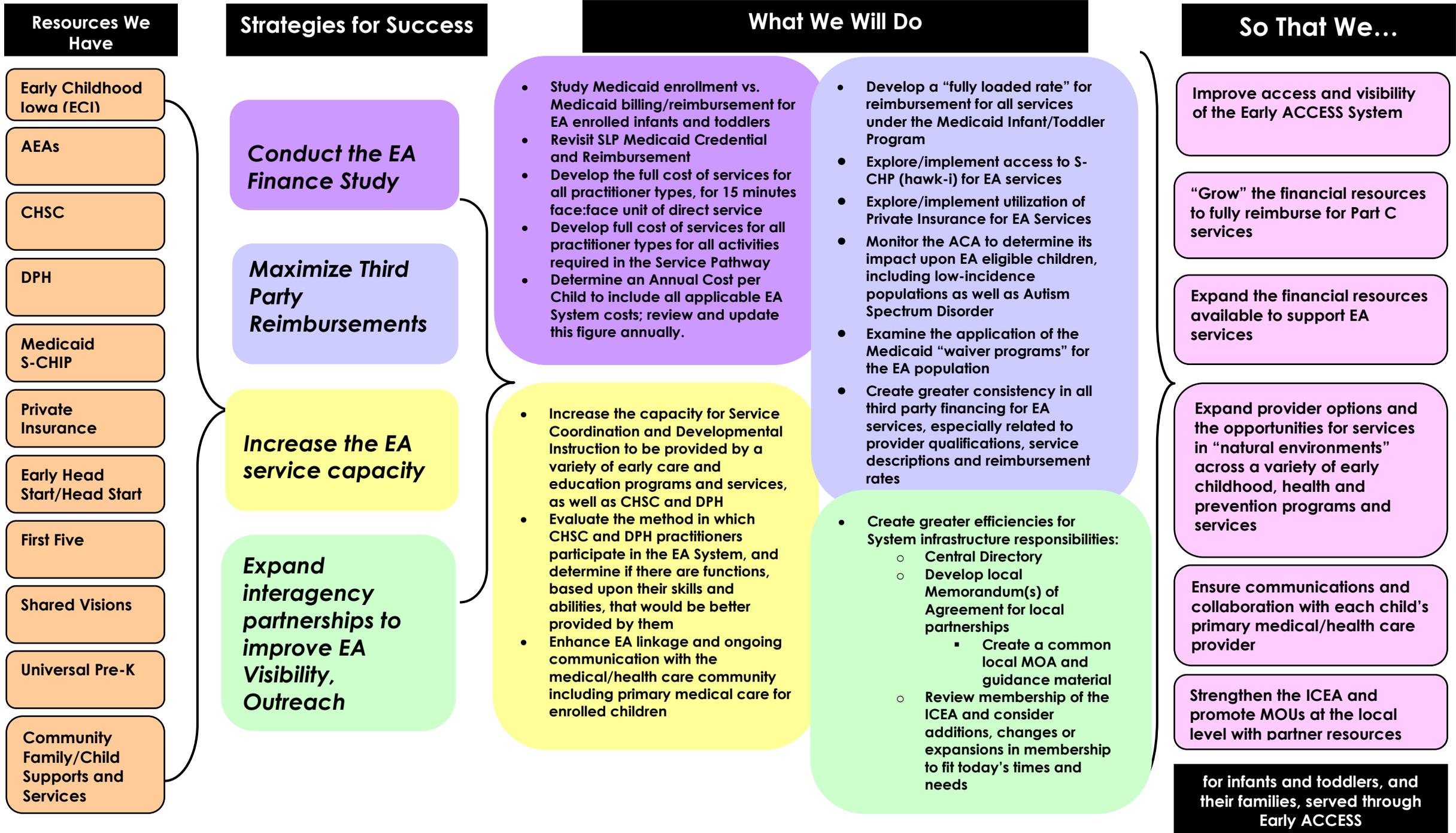
Concurrent with this initiative is the essential need to address the EA data collection, analysis and utilization needs primarily through the Web IFSP. These initiatives are mutually dependent.

The collective of these recommendations respond to the immediate needs of the EA System as identified by its key stakeholders, and confirmed through multiple data source analyses. These recommendations go a long way to respond to some of the earlier identified challenges in the EA System, namely:

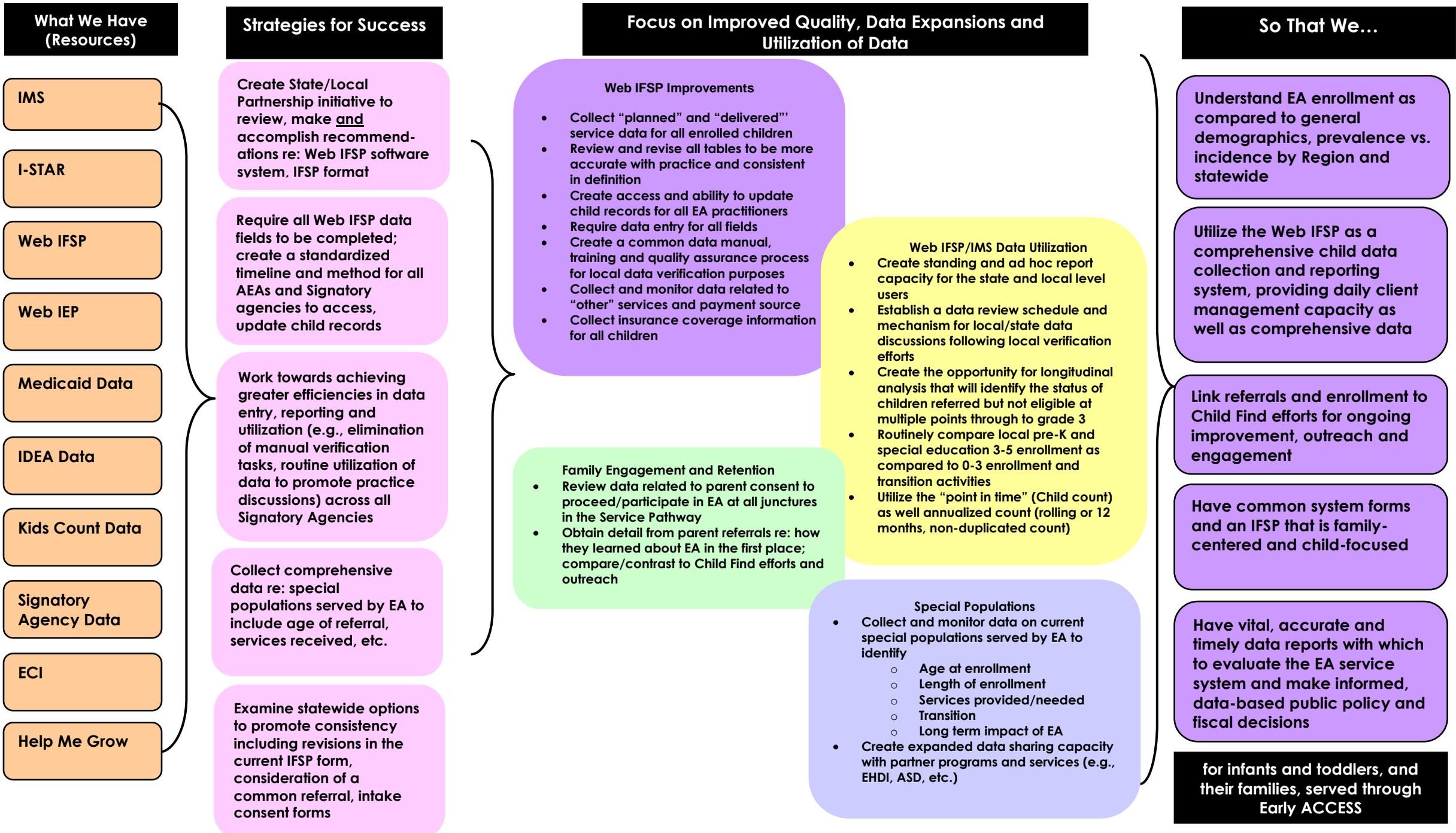
- Provision of 12 month services
- A comprehensive approach to needs assessment, identification and services for both child and family (developmental, health, mental health, nutrition, family supports and services, etc.)
- Coordination with each child’s Primary Medical Care Provider
- Service Coordination
- IFSP vs. IEP

All of the 38 recommendations have been synthesized into three Logic Models (next three pages).

Iowa Early ACCESS Finance/Infrastructure Logic Model A



Iowa Early ACCESS Data Logic Model B



What We Have (Resources)

- IMS
- I-STAR
- Web IFSP
- Web IEP
- Medicaid Data
- IDEA Data
- Kids Count Data
- Signatory Agency Data
- ECI
- Help Me Grow

Strategies for Success

- Create State/Local Partnership initiative to review, make and accomplish recommendations re: Web IFSP software system, IFSP format
- Require all Web IFSP data fields to be completed; create a standardized timeline and method for all AEAs and Signatory agencies to access, update child records
- Work towards achieving greater efficiencies in data entry, reporting and utilization (e.g., elimination of manual verification tasks, routine utilization of data to promote practice discussions) across all Signatory Agencies
- Collect comprehensive data re: special populations served by EA to include age of referral, services received, etc.
- Examine statewide options to promote consistency including revisions in the current IFSP form, consideration of a common referral, intake consent forms

Focus on Improved Quality, Data Expansions and Utilization of Data

- ### Web IFSP Improvements

 - Collect “planned” and “delivered” service data for all enrolled children
 - Review and revise all tables to be more accurate with practice and consistent in definition
 - Create access and ability to update child records for all EA practitioners
 - Require data entry for all fields
 - Create a common data manual, training and quality assurance process for local data verification purposes
 - Collect and monitor data related to “other” services and payment source
 - Collect insurance coverage information for all children
- ### Family Engagement and Retention

 - Review data related to parent consent to proceed/participate in EA at all junctures in the Service Pathway
 - Obtain detail from parent referrals re: how they learned about EA in the first place; compare/contrast to Child Find efforts and outreach
- ### Web IFSP/IMS Data Utilization

 - Create standing and ad hoc report capacity for the state and local level users
 - Establish a data review schedule and mechanism for local/state data discussions following local verification efforts
 - Create the opportunity for longitudinal analysis that will identify the status of children referred but not eligible at multiple points through to grade 3
 - Routinely compare local pre-K and special education 3-5 enrollment as compared to 0-3 enrollment and transition activities
 - Utilize the “point in time” (Child count) as well annualized count (rolling or 12 months, non-duplicated count)
- ### Special Populations

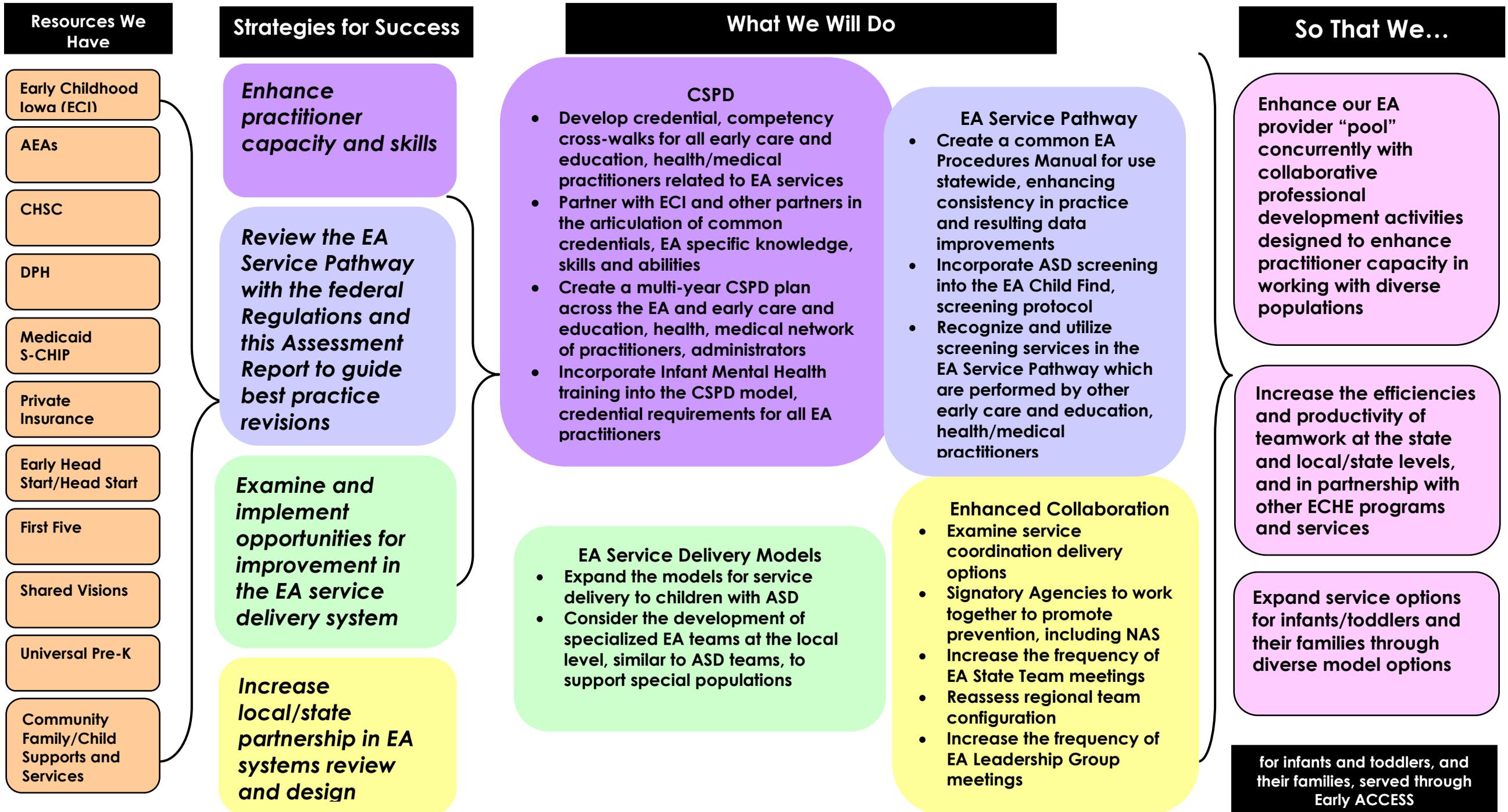
 - Collect and monitor data on current special populations served by EA to identify
 - Age at enrollment
 - Length of enrollment
 - Services provided/needed
 - Transition
 - Long term impact of EA
 - Create expanded data sharing capacity with partner programs and services (e.g., EHDI, ASD, etc.)

So That We...

- Understand EA enrollment as compared to general demographics, prevalence vs. incidence by Region and statewide
- Utilize the Web IFSP as a comprehensive child data collection and reporting system, providing daily client management capacity as well as comprehensive data
- Link referrals and enrollment to Child Find efforts for ongoing improvement, outreach and engagement
- Have common system forms and an IFSP that is family-centered and child-focused
- Have vital, accurate and timely data reports with which to evaluate the EA service system and make informed, data-based public policy and fiscal decisions

for infants and toddlers, and their families, served through Early ACCESS

Iowa Early ACCESS Infrastructure/Service Delivery Logic Model C



Resources We Have

- Early Childhood Iowa (ECI)
- AEAs
- CHSC
- DPH
- Medicaid S-CHIP
- Private Insurance
- Early Head Start/Head Start
- First Five
- Shared Visions
- Universal Pre-K
- Community Family/Child Supports and Services

Strategies for Success

- Enhance practitioner capacity and skills*
- Review the EA Service Pathway with the federal Regulations and this Assessment Report to guide best practice revisions*
- Examine and implement opportunities for improvement in the EA service delivery system*
- Increase local/state partnership in EA systems review and design*

What We Will Do

- CSPD**
 - Develop credential, competency cross-walks for all early care and education, health/medical practitioners related to EA services
 - Partner with ECI and other partners in the articulation of common credentials, EA specific knowledge, skills and abilities
 - Create a multi-year CSPD plan across the EA and early care and education, health, medical network of practitioners, administrators
 - Incorporate Infant Mental Health training into the CSPD model, credential requirements for all EA practitioners
- EA Service Delivery Models**
 - Expand the models for service delivery to children with ASD
 - Consider the development of specialized EA teams at the local level, similar to ASD teams, to support special populations
- EA Service Pathway**
 - Create a common EA Procedures Manual for use statewide, enhancing consistency in practice and resulting data improvements
 - Incorporate ASD screening into the EA Child Find, screening protocol
 - Recognize and utilize screening services in the EA Service Pathway which are performed by other early care and education, health/medical practitioners
- Enhanced Collaboration**
 - Examine service coordination delivery options
 - Signatory Agencies to work together to promote prevention, including NAS
 - Increase the frequency of EA State Team meetings
 - Reassess regional team configuration
 - Increase the frequency of EA Leadership Group meetings

So That We...

- Enhance our EA provider “pool” concurrently with collaborative professional development activities designed to enhance practitioner capacity in working with diverse populations
 - Increase the efficiencies and productivity of teamwork at the state and local/state levels, and in partnership with other ECHE programs and services
 - Expand service options for infants/toddlers and their families through diverse model options
- for infants and toddlers, and their families, served through Early ACCESS