

Part C Alternative Plans: Recommendations that Could be Implemented

Instead of moving forward with all of the recommendations, the Advisory Committee could consider one of the following alternative combinations proposed by PCG:

A. Move all CDS Administration (funding, contracting, staffing) under DOE, and maintain CDS' responsibility for IDEA Part C early intervention though a mixed delivery system (state staff and contracts) statewide.		
Governance	Funding	Service Delivery
1.1. State lead agency - DOE 1.2. Administrative office 1.3. Consolidated regional office structure 1.7. EI Program regulations 1.8. Reconstitute ICC	2.1 MaineCare billing expansion 2.2 MaineCare early intervention policies 2.3 Early intervention rate study. 2.4 Early intervention private insurance statute 2.5 Central billing system.	3.1 Branded campaign 3.2 Child find plan 3.3 Eligibility criteria 3.4 Competencies, training, & practice-based coaching

B. Maintain CDS as quasi-state agency with administrative service delivery responsibility for IDEA Part C early intervention though a mixed delivery system (state staff and contracts) statewide.		
Governance	Funding	Service Delivery
1.7. EI Program regulations 1.8. Reconstitute ICC	2.1 MaineCare billing expansion 2.2 MaineCare early intervention policies 2.5 Central billing system.	3.1 Branded campaign 3.2 Child find plan 3.3 Eligibility criteria 3.4 Competencies, training, & practice-based coaching

C. Maintain CDS as quasi-state agency with administrative service delivery responsibility for IDEA Part C early intervention though a mixed delivery system (state staff and contracts) statewide.		
Governance	Funding	Service Delivery
1.3 Consolidated regional office structure 1.4 EI provider agency contracts 1.5 Service coordination 1.6 EI Program brand name 1.7. EI Program regulations 1.8. Reconstitute ICC	2.1 MaineCare billing expansion 2.2 MaineCare early intervention policies 2.3 Early intervention rate study 2.4 Early intervention private insurance statute 2.5 Central billing system.	3.1 Branded campaign 3.2 Child find plan 3.3 Eligibility criteria 3.4 Competencies, training, & practice-based coaching

D. Move EI Part C to the Department of Health and Human Services – Office of Child and Family Service (along with child care and home visiting)		
Governance	Funding	Service Delivery
1.3 Consolidated regional office structure 1.4 EI provider agency contracts 1.5 Service coordination 1.6 EI Program brand name 1.7. EI Program regulations 1.8. Reconstitute ICC	2.1 MaineCare billing expansion 2.2 MaineCare early intervention policies 2.3 Early intervention rate study 2.4 Early intervention private insurance statute 2.5 Central billing system.	3.1 Branded campaign 3.2 Child find plan 3.3 Eligibility criteria 3.4 Competencies, training, & practice-based coaching

Early Intervention (Part C) Recommendations and opportunities

PCG recommends that all of the following changes be made in the interrelated areas of 1) governance and administration 2) funding and 3) service delivery of IDEA Part C early intervention services to children birth to 3 with developmental delays and disabilities. These recommendations are made based on PCG's evaluation of qualitative data collected from stakeholder feedback, review of program and cost data, interviews conducted with peer states, review of national literature and evidence-based practices and models and PCG's subject matter expertise.

Not all the recommendations require statute or policy changes, and the Phase II implementation report will provide more details on the steps Maine can take to successfully implement these changes.

PCG has provided a matrix (*Table 12* below) of alternative changes that could be made should Maine not choose to follow the more comprehensive set of recommendations listed below.

1. Governance / Administration

PCG recommends:

- 1.1. **State lead agency** - DOE be officially designated as the lead agency for the administration of Early Intervention (EI) Part C and that CDS administration for the program be moved within the DOE. The lead agency having responsibility to implement a statewide system of early intervention in accordance with the federal IDEA Part C regulations, including: child find and public awareness; a comprehensive system of personnel development; personnel standards, data collection; required general supervision system to monitor for compliance, correct noncompliance, facilitate improvement, support practices that improve results and functional outcomes for children and families, as well as ensuring the provision and funding of all required early intervention services.
- 1.2. **Administrative Office** - EI Part C be administered within the early childhood education office, along with Head Start Collaboration and Pre-K

Note: PCG also recommends that Maine consider exploring the development of a cabinet level early childhood department that would bring together all early care and education programs within a consolidated governance structure as is occurring in states across the country (see option

- 1.3. **Consolidated regional office structure** - EI Part C to establish a reduced number of regions each with 1-3 counties (regions to be aligned to county boundaries). Regional offices to include regional managers and staff to provide: 1) accountability and monitoring; 2) outreach and child find 3) training and technical assistance. Service coordinators may also be located in satellite offices within the region or in home offices to maintain proximity to families and providers throughout the region.
- 1.4. **EI provider agency contracts** - EI Part C to contract with provider agencies through a Request for Proposal (RFP) process, aligned to state procurement rules. The EI Program should decide whether more than one provider agency can be awarded a contract for a county with a high service need or population. The contracted early intervention provider agencies would be responsible for conducting: child find (including screening); comprehensive developmental evaluations; ongoing assessments; and for ensuring the provision of all sixteen required early intervention services in accordance with IDEA Part C. Contracted EI agencies would utilize a mix of employees, sub-contracts and arrangements with other providers (e.g. health, medical, audiology) and would be monitored to ensure compliance with federal and state regulations, accurate data entry and performance measure achievement.
- 1.5. **Service coordination** - Service Coordination to continue to be provided by state employees through the regional offices, including intake, coordination of the evaluation and eligibility determination, development of the IFSP, coordination of services and supports and the transition to preschool at age 3.
- 1.6. **EI program brand name** - EI Part C program to develop a new brand name, reflecting the new governance (see 3.1 regarding branded campaign)

Note: Other states have used names such a First Steps, Early Start, Early Steps, Birth To Three, etc.

- 1.7. **EI program regulations** - EI Part C to develop separate regulations for early intervention IDEA Part C that disentangle them for requirements for older children, making requirements clearer and easier to follow for staff, providers, collaborating partners and parents.
- 1.8. **Reconstitute the Interagency Coordinating Council (ICC)** – Ensure that required ICC members are appointed, meetings are held, and duties are carried out in accordance with IDEA Part C federal regulations. Support the effective functioning of the ICC using Federal IDEA Part C grant funds for meeting coordination, public notice, minutes and travel costs for members (especially parent members) to attend. Consider establishing local ICCs at the regional level to advise on regional Part C issues and to feed information and recommendations up to the state-level ICC.

2. Funding:

PCG recommends:

- 2.1 **MaineCare billing expansion** - EI Part C to renew billing to MaineCare for service coordination and special instruction (sometimes defined as ‘developmental instruction’ / ‘developmental therapy’ in state Medicaid policy). Under federal IDEA Part C regulations special instruction includes working with the infant or toddler with a disability to enhance the child’s development across domains including communication, gross and fine motor, adaptive, social and emotional. Service coordination may be funded under targeted care management. Both services were funded by MaineCare in the past and are consistently funded in other states.

Note: Discussions have already begun with MaineCare regarding what it takes to bill service coordination (potentially under Targeted Case Management).

- 2.2 **MaineCare early intervention policies** – Continue collaboration with MaineCare to develop specific ‘early intervention section’ (separate from a school-based services section) of the MaineCare Benefits Manual that includes service definitions, billing codes, modifiers and rates for all reimbursable early intervention services. These can be used within the central billing system (see 2.5) to ensure that billing documentation and claiming processes meet MaineCare requirements and prevent audit exceptions. This will also ensure clear and consistent use of modifiers which is necessary for the accurate calculation of the state match (seed) associated with IEP authorized education services. These new codes and billing processes should be clearly and effectively communicated to all providers.
- 2.3 **Early intervention rate study** - Conduct a rate study to develop rates that address the costs of providing early intervention services, including preparation for services, travel and report writing. The development of rates for evaluation and assessment should also be included. If adopted, the EI program should engage with MaineCare in order to standardize rates of reimbursement for services provided to MaineCare eligible and non MaineCare eligible children.
- 2.4 **Early intervention private insurance statute** – Amend private insurance legislation ‘Title 24-A Chapter 35§ 2847-S Coverage for children's early intervention services’ to include: 1) coverage of additional early intervention services (including special instruction by developmental specialists); 2) removing or raising the annual cap; and 3) changes “referral from the children’s primary care provider” to “for children who meet the state’s eligibility criteria for early intervention and services provided in accordance with their Individualized Family Service Plan (IFSP)”.
- 2.5 **Central Billing System** - Develop a central billing system to process claims to MaineCare and private insurance that maximizes revenue through automation and efficiencies. Delivered services data (e.g. <number of minutes> of <service> provided on <date> to <child> at <location> by <therapist name> <therapist number>) from SAUs and contracted providers would be collected through a central web-based electronic data system. The data is then converted and processed into claims by either state employees or through a billing agent. A decision would be made regarding whether the payment would go directly from the private insurance plan and / or MaineCare

directly to the contracted provider OR on pay-and-chase basis where the state reimburses the contracted provider and ‘chases’ the 3rd party reimbursement from the private insurance plan and / or MaineCare. Both options are utilized in other states.

3. Service delivery:

PCG recommends:

- 3.1 **Branded Campaign** – Using federal IDEA Part C grant funds to develop a branded campaign for early intervention (using the new program name see 1.6 above) to include: new logo; website, social media, materials (posters, brochure, developmental chart, promotional materials etc.) and have regional offices conduct outreach and child find to increase the number of infants and toddlers served, while promoting awareness and collaboration with local, potential referral sources.
- 3.2 **Child Find Plan** – Establish a standing committee of the ICC (with partners from public health, Academy of Pediatrics; child care, home visiting, etc.) to develop and oversee implementation of statewide child find plan.
- 3.3 **Eligibility Criteria** - Consider changing the state’s eligibility criteria to enable more children with less significant developmental delays to be served.

Note: Currently Maine is one of 16 states with such a narrow / restrictive eligibility criteria.
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- 3.4 **Competencies, training & practice-based coaching** - Develop competencies and the associated training for all early intervention providers that incorporates the evidence-based Routines-Based Early Intervention (FBEI) model and other Part C key principles and practices referenced earlier in this report. It is also recommended that this training make use of web-based learning along with classroom-based instruction and incorporated practice-based coaching. Continue to ensure fidelity in implementing FBEI under the state’s federal State Systematic Improvement Plan (SSIP).