

Overview of Changing Eligibility for Early Intervention from 25% to 33%

Background:

Early Intervention (EI) provides services for children birth through two years of age with developmental delays or disabilities and their families under the Federal Individuals with Disabilities Education Act (IDEA). EI prepares children to be successful in their current learning environment before transitioning to preschool or other supports. These learning environments include anywhere infants and toddlers spend their day, including at home, at child care, or with extended family. Currently, over 15,000 children are served annually.

The EI program effectively identifies developmental delays in infants and toddlers to proactively address these delays and mitigate the impact they have on a child's growth so that the child will have as many skills as possible when they enter preschool. The developmental areas that EI services target are adaptive skills, cognitive skills, communication skills, motor skills, and social and emotional skills. Evaluations of Colorado's EI program have demonstrated positive outcomes for children served through the EI program.

EI is a preventative, cost-saving program that contributes to young children's school readiness and may minimize the resources needed when a child is found eligible for preschool special education services.

Assessment:

EI has consistently experienced a 6% yearly increase in caseload growth. The Joint Budget Committee approved the budget request to increase the EI appropriation for caseload growth, but then removed that additional funding due to the current budget forecast. Without the approval for increased caseload, we need to make programmatic decisions to reduce the uptake of children into the EI program. **If we do not do this, the program will run out of money and would be forced to discontinue services to all children and families, most likely during the last quarter of the fiscal year.** This would put the federal Part C grant in jeopardy and Colorado would risk losing over \$7 million in federal funding.

Recommendations:

Currently, to be eligible for Colorado's EI Part C program, a child must have at least a 25% delay in one or more domains (adaptive, cognitive, communication, motor skills, social-emotional).

Currently there are 3 levels of eligibility: 25-32%; 33-49%; and 50%. We propose eliminating the 25-32% level of eligibility. This would mean children would need to exhibit a delay of 33% in one or more areas of development.

Annually, data is collected by the Part C Infant and Toddler Coordinators Association (ITCA) regarding the eligibility categories Part C states or territories are using. Below is an overview of

the three eligibility categories that exist, and the percentage of states or territories within these categories.

- Category A: At Risk, Any Delay, Atypical Development, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains (34% of states)
- Category B: 25% in two or more domains, 30% delay in one or more domains, 33% delay in one domain (43% of states)
- Category C: 33% delay in two or more domains, 40% delay in one domain, 50% delay in one domain (23% of states)

Colorado was in Category A and will now move to Category B putting us in alignment with **66% of states** who have more stringent eligibility criteria.

This would result in about 25% of infants and toddlers who are referred not meeting the eligibility criteria, two-thirds of which qualify in communication alone. Those with only a communications delay could be provided with alternative (and possibly more appropriate) options for language development such as home visiting, library story-times and other early literacy programs. **Many children who are dual-language learners are identified with a communication delay because there is no consistent mechanism in place to appropriately evaluate them and they are entered into services to address a delay that does not actually exist.**

Because of the volume of children that enter the EI program annually, it is difficult to keep caseloads for service coordinators within reasonable levels statewide. This will be an opportunity to stabilize caseloads for service coordinators and increase the quality of support for the children and families who are most in need of our services.

The EI program will review the list of conditions that automatically qualify a child for services and ensure that those diagnoses that lead to a high probability of future delay, even if not showing a significant delay currently, can receive service coordination and ongoing monitoring to ensure they do not fall through the cracks.

For those children who would no longer qualify for the EI program, the OEC will offer a continuum of supportive services including Nurse Family Partnership, Parents as Teachers, Home Instruction for Parents of Preschool Youngsters (HIPPY), Healthy Steps, and Early Head Start. Additionally, Family Resource Centers will be able to provide families with specific resources in their communities to support early childhood development, including library early literacy programs, parenting groups, early childhood play groups, and other community activities. Additionally, children who exhibit a delay less than 33% will still have access to services through their private insurance or Medicaid benefits.

Timeline:

The definition of developmental delay is outlined in 12 CCR 2509-10, 7.901 (“Atypical Development; “Developmental Delay”). The EI program has begun the process for an emergency rule revision to be presented to the State Board, and therefore effective, on July 10. To implement a process for redetermining eligibility annually, the EI program will develop the appropriate policy and submit to the Office of Special Education Programs (OSEP) to review the language before putting the policy change out for the required public participation period (30 days). We will then update rules. It is important to note that we are able to implement the policy prior to its addition to the rules.

Savings:

- Cost savings for FY 20-21 = \$2.5 million
- Cost savings for FY 21-22 = \$3.5 million

EI Redetermination of Ongoing Need for EI Services

Along with changing the definition of developmental delay, the EI Program seeks to change rules so that ongoing need for EI services may be determined at a child’s annual Individualized Family Service Plan (IFSP) review. EI rules already document the process for assessing the child’s development and procedures for discussion with the family that the child is no longer in need of services because they have reached appropriate developmental ranges in comparison to their same-aged peers. This allows the providers to determine whether the child would lose ground if services were discontinued. Once exited, if a new concern arises at a later time, the child may be reevaluated to determine whether they meet the eligibility criteria and re-enter into services.

Currently, once a child is determined eligible for services, they remain eligible until their third birthday.

This does not impact children who are eligible for EI services because they qualified with an established condition that automatically qualifies for the program whether the child exhibits a delay or not.

Forty percent of children who no longer show developmental delay at their annual IFSP review qualified for the program with a 25% delay in one area.

Stakeholder Engagement

The OEC has engaged with stakeholders in a variety of ways. We have conducted a statewide webinar for local EI programs (Community Centered Boards), participated in an OEC/EI Task Force, engaged with the Alliance of Colorado, sent out communication to direct service providers and families, and have spoken or emailed individually with multiple providers and families who have contacted EI state staff directly. We have developed and distributed an FAQ document. We are conducting a webinar with almost 200 people registered on July 7 and provided an opportunity for stakeholders to submit questions, concerns and ideas ahead of time

and will be providing an opportunity for open dialogue during the webinar. Additionally, we have scheduled discipline-specific brown bag opportunities for providers to come together and dialogue with each other regarding Telehealth and have state staff available for questions. We conducted a survey with families and providers regarding their experiences with Telehealth and received responses from almost 803 providers, 1,280 families and 151 service coordinators.

In the future we will be engaging stakeholders in the development of resources that can be provided to families when a child is not eligible for the EI program. We will be conducting quarterly webinars to keep stakeholders updated. We facilitate the quarterly Colorado Interagency Coordinating Council (CICC) which is a public meeting and has time set aside for public comment. We will continue to host provider round tables and update the FAQ document on the EI Colorado website. The OEC/EI Task Force has meetings already scheduled to work on the implementation of the strategies outlined by the EI program.

As a result of COVID-19 Colorado, CDHS and the EI program have faced tremendous budgetary challenges. Our priority remains mitigating the impacts of this on children, families and providers, and doing everything possible to support and engage our stakeholders during this time.