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July 2010

Dear Members of the General Assembly:

The Illinois Early Intervention program's mission is to assure that families who have infants and toddlers, birth to three, with diagnosed disabilities, developmental delays or substantial risk of significant delays receive resources and supports that assist them in maximizing their children's development.

House Joint Resolution (HJR) 50 created the Early Intervention Taskforce to partner with the Department of Human Services to undertake a comprehensive and thorough review of the Early Intervention system and develop recommendations and an action plan to address issues related to workforce, financing, monitoring and evaluation, service delivery and transitions. The Early Intervention Taskforce was chaired by the Department of Human Services, with membership defined in HJR 50 to include representation from state agencies, advocacy organizations, professional groups, Early Intervention training and consultation groups, the Illinois Interagency Council on Early Intervention, Child and Family Connections managers/staff, and parents of children in the Early Intervention Program.

The work of the Early Intervention Taskforce and its work groups has culminated in the submission of the attached report. The Department of Human Services will now partner with the Illinois Interagency Council on Early Intervention, the governor appointed advisory board created in the Early Intervention Services System Act (325 ILCS 20/4), to advise and assist the Department in reviewing these recommendations and identifying steps to implement an action plan.

Thank you for your continued interest in and support of this vital program, which serves over 18,000 infants and toddlers with developmental disabilities or delays and their families.

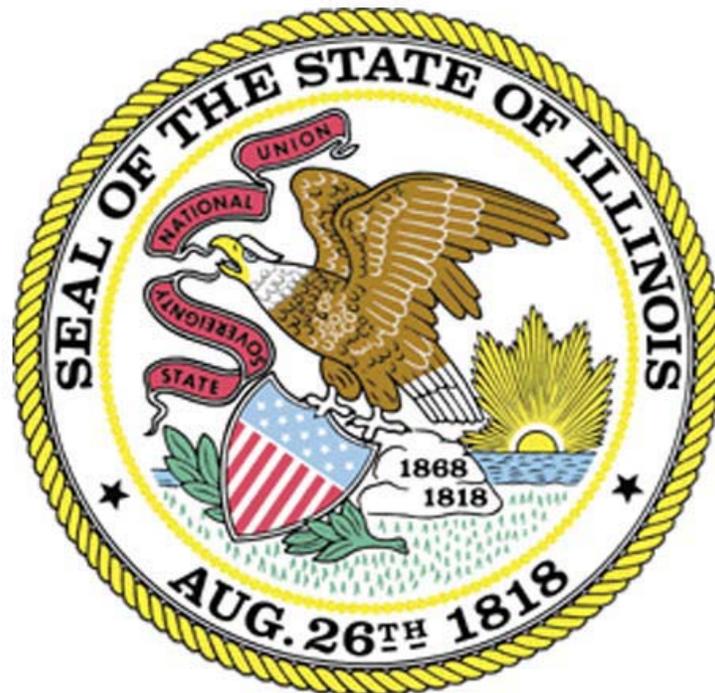
Sincerely,

Michelle R.B. Saddler
Secretary

ILLINOIS PART C EARLY INTERVENTION TASKFORCE

97th General Assembly
House Joint Resolution 50

FINAL LEGISLATIVE REPORT



June 2010

ILLINOIS PART C EARLY INTERVENTION TASKFORCE

97th General Assembly House Joint Resolution 50

Appointed Members

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Formation of the Taskforce

House Joint Resolution (HJR) 50 created the Illinois Part C Early Intervention (EI) Taskforce in response to an identified need for a comprehensive and thorough review of the Part C Early Intervention (EI) Program. The intent of HJR 50 is for the EI Taskforce to make recommendations and action plans to address issues related to workforce, financing, monitoring and evaluation, service delivery, and transitions. HJR 50 recognized that the EI Program had not had a broad review by stakeholders since 2000 and that such a review was necessary to ensure that all eligible children and families are identified and are receiving quality services.

HJR 50 required that the Taskforce issue a report with its recommendations to the Governor and the General Assembly by July 1, 2010. The report that follows has been prepared to fulfill this requirement.

The Taskforce was comprised of a broad-based group of individuals, including parents of infants and toddlers who are or have participated in the Part C EI Program; advocates who focus on early childhood and early intervention; early intervention, educational and healthcare professionals; and state agency personnel working in early childhood, early intervention, mental health and healthcare programs. A complete Taskforce Membership list is attached.

Overview of Early Intervention

The Part C Early Intervention (EI) Program is a statewide program of evaluation and assessment for infants and toddlers under three years of age and of services for those who have a disability, a 30 percent delay in development in any area, or are at risk of developmental delays. Part C provides an entitlement for all eligible infants and toddlers to receive early intervention services. Services are provided to assist eligible children to develop basic developmental skills. Parents provide most of the care needed to help their children develop, guided by the therapists who serve their children.

The Part C Early Intervention Program in Illinois is federally funded, in small part, through Part C of the federal *Individuals with Disabilities Education Act* (IDEA). However, the bulk of funding for the EI Program comes from General Revenue funds and from HFS through Medicaid reimbursement. Additional funding comes from billing eligible family's private insurance and charging families *who have the ability to pay* a participation fee – which is permissible under federal law.

Longitudinal studies conducted in the *HighScope Perry Preschool* in Ypsilanti Michigan have shown that early intervention produces dramatic net savings over time on the order of more than \$16 in educational, health and social service costs for every dollar spent on the program.

In Illinois, families access the Part C EI Program through one of 25 local Child and Family Connections (CFC) offices where they are assigned a Service Coordinator (sometimes called a Case Manager in other social service programs). The EI Program

provides 16 EI services and other family supports through a variety of individual and agency providers, some not-for-profit and some for-profit, which enroll and sign provider agreements with DHS. The most frequently provided services are speech therapy and developmental therapy.

Illinois' Part C EI Program is advised by a state council called the Illinois Interagency Council on Early Intervention (IICEI), which is mandated by federal law and appointed by the Governor. The IICEI works closely with the Part C EI Program to ensure that all eligible infants/toddlers and their families are receiving appropriate services and supports.

Acknowledgements

The Illinois Department of Human Services wishes to thank the members of the EI Taskforce for this important work. The Department is grateful for the dedicated individuals who participated on the working groups and provided the feedback that was necessary for the EI Taskforce to complete its work.

Executive Summary

Since its' last comprehensive review in 2000, Illinois' Part C Early Intervention Program has experienced significant growth and change. Due to focused attention by the Department of Human Services, Bureau of Early Intervention, and incredible efforts at Child Find and screening from many committed stakeholders like the Department of Children and Family Services (DCFS), Division of Specialized Care for Child (DSCC), Department of Public Health (DPH), Healthcare and Family Services (HFS) and Illinois State Board of Education (ISBE), **10,000 more infants and toddlers are located and provided with critical early intervention services today compared to 10 years ago.** Along with this growth, Illinois, like many states, shifted from a center-based, grant-funded service delivery model to a home and community-based, fee-for-service service delivery model.

Both the growth in the EI Program and the shift in the service delivery model, as well as the explosion in our knowledge base related to early learning and development, have magnified the challenges and need for effective communication; improved collaboration and service coordination; efficient and accurate data collection, management, sharing and analysis; appropriate service provision and supervision; and qualitative assessment of child and family outcomes. Illinois has responded to these challenges and needs well, considering their magnitude. **In both fiscal years 2009 and 2010, Illinois was determined by the United States Department of Education to meet Part C requirements - an outstanding achievement shared by only one other state in the 7-PAK (representing the largest state Part C Early Intervention programs).**

Unfortunately, Illinois cannot continue to respond to today's challenges with outdated data and communication technology. Illinois cannot continue to respond to today's challenges with provider rate structures that do not support the recruitment and retention of culturally and linguistically competent personnel, and Illinois cannot continue to respond to today's challenges with service system structures that create – rather than reduce – barriers to teaming, service coordination and timely and appropriate service delivery.

The recommendations put forward in this report are designed to not only support recommended EI practices, but also provide the necessary foundations to support the long-term growth and fiscal stability of the EI Program.

Recommendations

The Taskforce was charged with an examination of (1) workforce, (2) financing, (3) monitoring and evaluation, and (4) service delivery and transition. To facilitate this work, four working groups were convened by EI Taskforce members to review the strengths and weaknesses of the current system and to develop recommendations to improve practice, support long-term growth and/or improve fiscal stability. The EI Taskforce's recommendations follow:

Recommendation #1

The Bureau of Early Intervention must design and implement a web-based data management system.

Background

The structure, age and design of Illinois' data system preclude "real-time" data collection, analysis and use. Illinois' data system is a server-based system. This means that data is entered into computers at or near local field offices. That data is uploaded to local servers every few days and the data stored on the server is uploaded to a central server in Springfield every night. This delay in data collection makes it difficult to meaningfully use the data at the local level.

Illinois' data management system is more than 10 years old. While the system has been adequately maintained, it has not evolved to meet the demands of an increasingly data dependent federal program.

Rationale for Recommendation

- State Part C Early Intervention Programs are becoming increasingly dependent on highly accurate and quickly accessible data to assess program quality, inform program decisions and actions, analyze costs and maximize efficiencies, and improve overall program performance.
- Today's need to communicate more effectively with referral sources, the child's medical home, CFCs and other case management agencies (i.e. DCFS, DSCC) involved with the child and family, related service providers and potential payers demands a data management system that is highly secure and yet easily accessible, user-friendly and flexible.
- The Illinois EI Program's current data management system is antiquated, inflexible, inaccessible to anyone except limited EI personnel and unable to effectively or efficiently collect, manage, share or analyze program data. Moreover, current program procedures, including monitoring and evaluation, rely heavily on outdated, unreliable, expensive and time-consuming practices (i.e. mailing, faxing, re-faxing, "phone tag", onsite visits) due to the constraints and limitations of the current data management system.

- The cost to maintain the EI Program's current data management and claims processing system(s) is prohibitive. While the design and implementation of a new data management and claims processing system would require an upfront cost to the EI Program, the efficiencies achieved as a result of its implementation would, at a minimum, neutralize that cost and would result in annual savings to the program for ongoing system maintenance. Illinois can reference data system changes in both Tennessee and Kentucky that support this assertion.

Required Actions

- The Illinois General Assembly and the Governor's Office must assure that EI Program funding is sufficient to support the upfront cost associated with the design and implementation of a comprehensive data management system. A part of this assurance may include the formation of a workgroup of the Illinois Interagency Council on Early Intervention designed to explore opportunities for public (state and federal) as well as private funding.
- The Bureau of Early Intervention will monitor federal grant opportunities as a result of the passage of health care reform for the availability of funding to support the design and implementation of a new data management system.
- The Department of Human Services should release a bid for a comprehensive E.I. data management system.
- Until such time as (and in preparation for) a web-based data management system can be implemented, the Bureau of Early Intervention should examine the current system to identify efficiencies and improvements in communication and technology that may be undertaken more immediately.
- The Bureau of Early Intervention will coordinate with the Department of Healthcare and Family Services (HFS), concerning the movement towards electronic health records.

Recommendation #2

The Bureau of Early Intervention must conduct a thorough review of the current service delivery model, including a comprehensive evaluation of service delivery models operating in other states, in order to determine the degree to which changes need to be made to Illinois' model of service delivery.

Background

Illinois operates a Vendor model of service delivery using a fee-for-service reimbursement system. This means that vendors (service providers) credential independently with DHS. Vendors may then operate independently (as a sole proprietorship) or may work under an agency.

A number of states operate Vendor models. The National Early Childhood Technical Assistance Center reports that Vendor models of service delivery are considered less expensive overall (because states are not paying the vendor's overhead) and are believed to offer families a greater choice of provider.

Rationale for Recommendation

- Because independent providers have less access to peer support for consultation and collaboration than agency-based providers, it is believed (and has been widely reported by stakeholders) that Illinois' model of service delivery impedes IFSP team members' abilities to "team" – communicate, share, build trust, role release – and appears to lead to increased levels of service, consequently challenging the state's ability to move to a more consultative model of service delivery (as recommended by the Evaluation of the Service Coordination Model and supported by the ICEI).
- Illinois' model of service delivery lacks a formal structure or system to monitor the quality of services being provided – a critical component of any Vendor model because providers may be operating on their own without supervision or oversight.
- The federal requirement to provide early intervention services in "natural environments" – settings where typically developing peers would spend their time – is difficult for the state to meet when service providers are able to refuse to serve certain areas (i.e. very rural communities, high crime areas).

Required Actions

- The Bureau of Early Intervention will convene an Expert Advisory Panel to conduct a scholarly, research-based, comprehensive review of Illinois' current Part C EI service delivery model. Such panel shall include, but not be limited to: (1) providers of regional and national technical assistance (i.e. North Central Regional Resource Center, National Early Childhood Technical Assistance Center, Data Accountability Center), and (2) leading researchers in the field of Early Intervention. Such review shall also include a survey of service delivery models that are effective in other states to draw from best practice.

Recommendation #3

The Bureau of Early Intervention will coordinate and undertake a number of activities targeted to improve the recruitment, development and retention of highly qualified and culturally and linguistically competent personnel.

Background

The Bureau of Early Intervention is required to provide children and families with high quality services provided in the family's native language. There are a number of factors that influence the recruitment and retention of highly qualified and culturally linguistically competent personnel. These factors include reimbursement rates (EI providers have only received one Cost of Doing Business increase in ten years), program structure, policies and procedures and communication strategies.

Rational for Recommendation

- There are an inadequate number of service providers to meet the needs of all eligible children in the Part C Early Intervention Program, which is resulting in service delays for some children, and some providers do not fully understand or embrace recommended practices in Early Intervention or Illinois' EI principles.

- The Bureau of Early Intervention has difficulty recruiting and retaining providers with significant experience and expertise. Because of the unique challenges involved with serving infants and toddlers with developmental disabilities and delays, it is imperative that the personnel providing service to these children be highly qualified.
- There is a shortage of culturally and linguistically competent personnel as demonstrated by the Program's over-reliance on language Interpreters. While Interpreters provide a valuable service, it is accepted that the preferred practice is to provide the child and family with a service providers who are culturally and linguistically competent themselves.

Required Actions

- The Finance Committee of the IICEI will conduct a targeted review of the EI rate structure in order to assess the flexibility of the rate structure to adjust for factors such as:
 - (1) cultural and linguistic competence,
 - (2) experience,
 - (3) expertise and/or
 - (4) service area.

Recommendations will be given to the Bureau of Early Intervention.

- The IICEI will review Bureau of Early Intervention policies and procedures that influence provider recruitment, including – but not limited to policies and procedures which restrict payment to associate level providers for IFSP Meeting participation and policies that preclude immediate access to Speech and Language Pathology graduating students, and provide recommendations for modification or enhancement to the Bureau of EI.
- The Bureau of Early Intervention will review current procedures for communicating with CFCs and service providers to improve consistency in interpretation and implementation.
- The Bureau of Early Intervention will strongly consider making select provider trainings mandatory, including, but not limited to, training on EI principles and recommended practices and Child Outcomes.
- The IICEI will review existing marketing/provider recruitment materials and provide recommendations to the Bureau of Early Intervention to improve existing materials and develop new materials to assist with efforts to recruit highly qualified and culturally and linguistically competent personnel.
- The Bureau of Early Intervention will work with Higher Education to focus on attracting students with varied cultural and linguistic backgrounds to pre-service programs.

Recommendation #4

The IICEI will create and convene a workgroup to review current Child Find and Referral policies, procedures and practices in order to assure the timely and appropriate identification and referral of all infants and toddlers who may be eligible for the Part C Early Intervention Program to the Part C Early Intervention Program and of infants and toddlers are who found ineligible to other community resources or services as appropriate.

Background

State Part C EI Programs are required to have in place comprehensive systems of Child Find and Public Awareness that will assure the timely and appropriate identification of infants and toddlers who may be eligible for the Program. The Bureau of Early Intervention has made great progress toward identifying all eligible children; reporting in their latest federal Annual Performance Report (APR) that 3.47% of all children birth to three in Illinois are participating in the Part C Early Intervention Program. The Bureau has struggled, however, to identify children early – preferably under age 1.

The Bureau of Early Intervention is actively participating in a number of initiatives designed to enhance awareness of the Early Intervention Program and improve communication with referral sources in order to assure that referrals are made in a timely manner and that families have realistic expectation of the Part C Early Intervention Program.

Rationale for Recommendation

- The Bureau of Early Intervention was challenged to meet their target for Under 1 Program Participation – falling just short of the 1.34% target.
- Referral sources, including primary care physicians, express an unwillingness to continue to refer due to a lack of feedback regarding the status of prior referrals. Other referral sources report barriers to communication (including automated referrals and feedback) due to barriers created by the current data management system and interpretations or misinterpretations of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Education Rights and Privacy Act (FERPA).
- There are a lack of clear policies and procedures regarding the referral, Individualized Family Service Plan (IFSP) development and provision of developmental services to children in the Neonatal Intensive Care Unit (NICU) or being newly discharged from the NICU. Policies and procedures do not clearly differentiate between the “medical” services needed by the child and the “developmental” services needed by both the child and family.

Required Actions

- The IICEI will review current EI policies, procedures and practices related to infants in the NICU and infants being discharged from the NICU in order to determine the extent to which the Referral, Evaluation, Assessment and IFSP Development processes can be modified to facilitate the timely identification, referral and provision of EI services to eligible infants.

- The Bureau of Early Intervention will continue to actively participate in initiatives and collaborations designed to improve communication between the Part C EI Program and referral sources, including the Adverse Pregnancy Outcomes Reporting System (APORS), Assuring Better Child Health and Development III Project (ABCD III), the Enhancing Developmentally Oriented Primary Care Project (EDOPC), and the Illinois Early Hearing Detection & Intervention program, and will seek out participation in other similar initiatives.
- The Bureau of Early Intervention will assure that any planned comprehensive data management and claims processing system is accessible to parties for whom access would facilitate early referral, including primary care physicians, NICUs, DCFS, HFS, DPH and DSCC, with appropriate privacy and confidentiality considerations.
- The Bureau of Early Intervention will enhance the data management system to better track infants and toddlers who are ineligible for the Part C Early Intervention Program in order to assist in creating more effective relationships/agreements between CFCs and referral agencies.

Recommendation #5

The Bureau of Early Intervention will coordinate a comprehensive review of Illinois' current initial and annual eligibility criteria and eligibility determination processes in order to assure that children are appropriately identified in a timely manner, that service recommendations are unbiased and that children who are no longer eligible are transitioned smoothly out of the Part C EI Program to other community services, if necessary.

Background

State Part C Programs are required to establish rigorous definitions of the term “developmental delay” in order to be able to reliably and validly determine which children are eligible for the Part C EI Program and which are not. States vary in the structures used to facilitate eligibility determination, the personnel used to administer the testing instruments, measurement criteria (for developmental delay) and the testing instruments themselves.

Rationale for Recommendation

- Many national experts in early childhood advocate strategies for eligibility determination that differ from the one currently used in Illinois.
- In a Vendor system, such as the one Illinois is operating, allowing Evaluators to be the providers of ongoing services has the potential to create a conflict of interest.
- Annual eligibility criteria are considered by a number of Taskforce members and system stakeholders to be too broad, resulting in children remaining in the Part C EI Program when it is no longer developmentally necessary.

Required Actions

- The Bureau of Early Intervention will facilitate a targeted review of Illinois' definition of developmental delay for eligibility determination in light of current recommended practices and will seek input from the IICEI regarding any recommended changes to statute, policy, procedure and/or practice.
- The Bureau of Early Intervention will review models of evaluation and assessment, which will eliminate the conflict of interest that exists within the current system. This may take place as a part of the larger comprehensive review of the service delivery model detailed in Recommendation #2 above.
- The Bureau of Early Intervention, in collaboration with its' advocacy partners (Illinois Association of Rehabilitation Facilities, Voices for Illinois Children, The Ounce of Prevention Fund, Chicago Medical Legal Fund, and the Illinois Division for Early Childhood of the Council for Exceptional Children), will review the Program's annual eligibility criteria and identify changes which would more clearly delineate children who should remain eligible from children who should transition from EI.

Recommendation #6

The Bureau of Early Intervention will conduct a thorough review of the current Assistive Technology service in order to identify current inefficiencies, incorporate recommended practices and realize cost savings.

Background

Assistive Technology (AT) equipment, devices and supplies are things like hearing aids, orthotics, standers and many other things that are needed by eligible children in order for them to participate in early intervention and in their family and their community. In Illinois, AT must be recommended by an approved Evaluator and authorized on an eligible child's Individualized Family Service Plan (IFSP). AT is purchased by the state and ownership is transferred to the family. AT is not reclaimed at any time by the state. However, families may donate AT equipment, devices and/or supplies to various community organizations in the state.

Rationale for Recommendation

- Because AT must be recommended by an Evaluator and the Evaluator is readily available at the time of program entry, it has been found that equipment is recommended and authorized by that initial Evaluator before an ongoing therapist has had an opportunity to truly assess the need for the equipment. This leads to the purchase of equipment that may not be the best fit for the family, may not fit well in the home or may not be developmentally necessary. All of which result in an unnecessary expense to the state.
- Equipment is purchased without consideration for space constraints or a family's ability or desire to use the equipment – resulting in expensive equipment sitting in a corner not being used or being discarded or even sold for profit.

- There is no system in place to recycle, reclaim or reuse equipment. Expensive equipment that may be quickly outgrown is left with families to discard, donate or sell.

Required Actions

- In collaboration with the Department of Health and Family Services (HFS), the Bureau of Early Intervention will conduct a review of what is currently being approved for purchase, including a comparison to what other state Part C EI Programs are approving for purchase, and revise the current list of approved/approvable AT.
- The Bureau of Early Intervention will assess the costs and liabilities associated with supplying existing lending programs with equipment/supplies with the understanding that such programs would have in place or would develop mechanisms to recycle, reclaim or reuse the equipment and supplies when possible.
- The Bureau of Early Intervention will maximize participation by service coordinators and providers in the current AT training module.

Recommendation #7

The Bureau of Early Intervention must work to implement a comprehensive system of qualitative monitoring, which should include:

1) consistent, comprehensive qualitative child and family outcome measurement and analysis,

(2) policies and procedures for the provision of support and technical assistance prior to and during the IFSP meeting to better assure that IFSPs reflect EI principles and recommended practices,

(3) policies and procedures for a system of peer review/reflective supervision of service delivery where appropriate and useful; and

(4) policies and procedures for the monitoring and evaluation of Family Support experiences.

Background

Historically and currently the focus of monitoring and evaluation in the Part C EI Program has been based on adherence to policy and procedure and relies on the collection of quantitative information. This type of monitoring is necessary for any system and the information collected is mainly used for APR submission. Monitoring, evaluation, and improvement strategies include a system of incentives and penalties, recoupment, and corrective action based on program data and post-IFSP documentation reviews.

Rationale for Recommendation

- Due to new federal mandates for data collection, the Bureau of Early Intervention is collecting both Child and Family outcome data. CFCs also collect Family outcome and satisfaction data. These data pools are not coordinated and existing data has not been analyzed to assess the extent to which service delivery will or should be impacted.

- Due to the independent nature of providers in the Vendor model, providers regularly work alone with children and families in the home or in other community settings. These providers have little access to peers for consultation purposes. Providers report a discomfort providing services in natural environments (which is required by federal law) due to this distance from peer consultation.
- Illinois shifted from a center-based EI program to one in which the majority of services are provided in homes and other community settings. This generally means that families have fewer opportunities to spend time with other families who are sharing some of the same experiences. States, including Illinois, have struggled to replace the peer support that families used to receive from center-based EI programs. Efforts to do so should be monitored and evaluated to assess their effectiveness.

Required Actions

- The Bureau of Early Intervention will continue its work with the Early Childhood Outcome Center and with the Child Outcomes and Family Outcomes Communities of Practice to determine whether Illinois' Child and Family Outcome data is stable and consistent enough to be a reliable indicator for monitoring and evaluation.
- The Bureau of Early Intervention will review practices currently in place in other states as well as in CFCs in Illinois for the provision of support and TA prior to and during the IFSP meeting and will encourage the widespread implementation of effective practices.
- The Bureau of Early Intervention will define *peer review* and, in collaboration with system stakeholders, design a system of peer review that incorporates EI policy, procedure, recommended practice, and licensure requirements.
- The Bureau of Early Intervention will review the current structure and role of the Parent Liaison in order to assure that Parent Liaisons have access to consistent training, ongoing professional development and supervision and that parents/families across all CFCs have consistent and quality opportunities for family peer support.
- The Bureau of Early Intervention will assure that as qualitative monitoring is implemented, only monitors with specific substantive training in a field will evaluate the appropriateness of services in that field, service delivery in that field, or evaluation decision in that field and such reviews should be done, if possible, during or prior to the IFSP meetings.
- The Bureau of Early Intervention will undertake 2 activities designed to inform and support families participating in the Part C Early Intervention Program: (1) assure that service providers and service coordinators are adequately prepared to train families on the Part C Early Intervention Program and their role as their child's first

teacher and primary advocate; and (2) assure that families receive information regarding quality opportunities in the community for parents/families to congregate for peer support and fellowship and if these opportunities are not available, work with CFCs to foster such opportunities with existing community resources.

Recommendation #8

The Bureau of Early Intervention will undertake a number of activities designed to enhance the current system of quantitative monitoring, including:

- (1) improve the consistency of monitoring and assure that policies are communicated clearly to all parties involved in the monitoring process;***
- (2) assure the availability of appropriate technical assistance, training, supervision, and mentoring;***
- (3) design and implement a mechanism to accurately and systematically identify and track children who are waiting for services;***
- (4) develop measures by which to measure the performance of the Central Billing Office (CBO), including Customer Service measures, and***
- (5) develop an anonymous “tip line” for all stakeholders to report concerns.***

Background

The Part C Early Intervention Program has in place a system of quantitative monitoring that includes multiple components, including: (1) data review and analysis, (2) onsite monitoring and record review, and (3) complaint investigation. Data review and analysis and complaint investigation are conducted, in large part, by the Bureau of Early Intervention directly. Onsite monitoring and record review are conducted by an authorized agent of the Bureau of Early Intervention, which has been responsible for the Early Intervention Technical Assistance and Monitoring project for 6 years.

Rationale for Recommendation

- It has been reported that current monitoring activities are inconsistent and that policies and procedures regarding monitoring are unclear.
- It has been further reported that policies and procedures are implemented inconsistently, meaning that things work differently from CFC to CFC – making it difficult for providers to know what to expect or what is expected of them in one CFC versus another.
- The current monitoring system manually tracks children who are waiting for services. This tracking system does not provide the state or stakeholders with sufficient information to make meaningful program policy decisions to address service delays. Further, services that are not available are not included in the electronic copy of the eligible child’s Individualized Family Service Plan (IFSP), which prevents comprehensive service planning.
- Providers report dissatisfaction with CBO operations specifically related to payment denials based on system errors and provider billing errors. This has the potential to impact (and may have already impacted) provider recruitment

and retention. CBO functions related to benefit verification, insurance waivers and insurance exemptions also impact families by potentially delaying the implementation of services if held up or mishandled.

Required Actions

- The Bureau of Early Intervention will explore options for widely communicating policy and procedure in order to improve consistency in interpretation and implementation. This may include posting information regarding policies, procedures, national guidance, etc. on a WIKI or other broad-spectrum communication device that is available to all stakeholders.
- The Bureau of Early Intervention will reinstate the preparation and dissemination of quarterly data and information reports, as required by 325 ILCS 20/13.50 of the Illinois Early Intervention Service Systems Act.
- The Bureau of Early Intervention will explore promising practices, like those in place at CFC 2, that focus technical assistance, peer review and consultation, and policy communication and/or clarification on the “front-end” of IFSP service planning.
- The Bureau of Early Intervention will modify the data management system (Cornerstone) to allow for the authorization of **all** early intervention services agreed upon by the IFSP team, regardless of availability, and will use this authorization data to track and analyze service delays. The Bureau of Early Intervention will assure that services that are authorized, but unavailable, will not be subject to family participation fees.
- The Bureau of Early Intervention will work with the IICEI to develop and conduct a customer satisfaction survey designed to evaluate satisfaction with CBO operations and target strategies for improvement.

Recommendation #9

The Bureau of Early Intervention and the Illinois State Board of Education must work together more effectively to assure that all children who are eligible for Part B services, but particularly those children served by the Chicago Public Schools, have an Individualized Education Plan (IEP) in place by the time they reach their third birthday.

Background

The Part C Early Intervention Program serves children and families between birth and three years of age. At age three, children who are eligible for Part B (preschool special education) services move from the Part C Program to the Part B program, which is administered centrally by Illinois State Board of Education and locally by school districts and special education cooperatives. This movement is called “Transition”. Federal law contains specific requirements regarding Transition, including timelines for Transition, persons who must participate in Transition planning and Transition information that must be discussed with parents and documented in the IFSP.

Rationale for Recommendation

- Transition is reported to be extraordinarily difficult between Chicago area CFCs and the Chicago Public School (CPS) system.
- CFCs (particularly Chicago area CFCs) report difficulty assuring timely services for children with summer birthdays.
- IFSPs regularly contain steps toward Transition, but little other Transition related information.

Required Actions

- The General Assembly should consider requiring school districts to assume financial responsibility for the continuance of an Individualized Family Service Plan (IFSP) if the school district is unable to develop and implement an Individualized Education Plan (IEP) by the child's third birthday.
- The Bureau of Early Intervention will work with the Illinois State Board of Education to review issues related to transition in Chicago.
- The Bureau of Early Intervention will request that the Illinois State Board of Education assure that a Transition Agreement is in place between CFCs 8, 9, 10 and 11 and the Chicago Public School system by no later than June 30, 2011.
- The Bureau of Early Intervention will review current Transition policies, procedures and training materials and modify, if necessary, to assure a consistent understanding and implementation of: (1) Transition timelines, (2) Extended School Year (ESY) services, and (3) informed notice and consent requirements related to Transition.
- The Bureau of Early Intervention will review current policies that preclude EI service providers from communicating with school therapists who are evaluating and/or preparing to serve a Part C eligible child in order to assure a smooth transition.

Recommendation #10

The Bureau of Early Intervention will explore new funding opportunities and maximize cost efficiencies in order to retain the current eligibility criteria, protect direct services and assure long-term financial stability to the greatest extent possible.

Background

The Part C Early Intervention Program has been challenged by a number of financial issues over the last several years. When combined with net deficit spending and a rapidly growing caseload, the Program's former surplus was drained, requiring a large increase from the General Revenue Fund. Severe cuts would have been required in SFY09 and SFY10 if not for the American Recovery and Reinvestment Act (ARRA) funding, which will no longer be available in SFY11.

Despite this grim financial outlook, the Part C EI Program can take advantage of this current program review to identify and address program inefficiencies that will result in short and long term cost savings and to actively pursue new funding opportunities made possible by activities related to healthcare reform and stimulus program efforts.

Rationale for Recommendation

- Despite maximizing Medicaid reimbursement, private insurance use and family financial participation, the Part C EI Program can no longer financially sustain the program's caseload in the context of the State's decreasing revenues.
- Changes related to healthcare reform and the federal stimulus program are creating new funding opportunities that should be explored.
- A review by the Taskforce of program costs, contracts, rates and services revealed a number of inefficiencies that, when addressed, may result in significant cost savings to the Part C EI Program.

Required Actions

- The Finance Committee of the IICEI, in collaboration with EI advocacy partners (Illinois Association of Rehabilitation Facilities, Voices for Illinois Children, The Ounce of Prevention Fund, and the Illinois Division for Early Childhood of the Council for Exceptional Children), and professional partners (Illinois Occupational Therapy Association, Illinois Physical Therapy Association, Illinois Developmental Therapy Association and the Illinois Speech-Language-Hearing Association) will review legislation and information related to healthcare reform and the federal stimulus program in order to identify potential funding opportunities for the Part C EI Program.
- The Finance Committee of the IICEI will advise the Bureau of Early Intervention on specific cost reduction strategies related to immediate budgetary issues.
- The Bureau of Early Intervention will conduct a thorough evaluation of the CFC Performance Contracting system in order to eliminate components of the system that create barriers to communication and peer support and add components that target qualitative child and family outcome measures.
- The IICEI will work with the Bureau of Early Intervention to review current policies and procedures related to evaluation, assessment, IFSP Development, implementation and review, and services – including service delivery, in order to identify inefficiencies that, when addressed, will result in cost savings and will not diminish program quality.