



**COLORADO**  
Department of Human Services

***FY 2015-16***  
***Annual Report***  
***of***  
***Early Intervention Services***

Submitted to

Joint Budget Committee  
and  
Senate Health and Human Services Committee  
House Public Health Care and Human Services Committee  
Senate Education Committee  
House Education Committee

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by

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## ***Early Intervention Services FY 2015-16 Annual Report***

The Department of Human Services is submitting the following report in accordance with C.R.S. Section 27-10.5-710:

(1) By November 1, 2008, and by November 1 each year thereafter, the department shall submit an annual report to the general assembly regarding the various funding sources used for early intervention services, the number of eligible children served, the average cost of early intervention services and any other information the department deems appropriate. The department shall submit the report to the joint budget committee as part of the department's annual budget request. The department shall also submit the report to the health and human services committees, the education committees of the senate and house of representatives, or any successor committees.

(2) The department shall request, and certified early intervention service brokers and qualified early intervention service providers shall provide, information regarding early intervention services that the department needs to prepare the annual report required by this section or other required federal or state reports.

### **Background and Program Description:**

In FY 2015-16, the Early Intervention (EI) Program was administered by the Division of Community and Family Support (DCFS) under the Office of Early Childhood (OEC) of the Colorado Department of Human Services (Department). DCFS provides EI services to infants and toddlers, birth through two years of age, who have been determined to have a developmental delay or disability, have been diagnosed with a physical or mental condition that has a high probability of resulting in a significant delay in development, or are living with a parent who has a developmental disability. These services provide eligible infants and toddlers, and their families, with the interventions needed to enhance child development in the areas of cognition, speech, communication, physical development, motor development, vision, hearing, social and emotional development, and self-help skills.

DCFS contracts with 20 Community Centered Boards (CCBs) to deliver the statewide, community-based services. CCBs are private non-profit organizations that are designated annually by the Department as the single entry point into the long-term service and supports system for persons with developmental disabilities under C.R.S. Sections 27-10.5-102 (3) and 105. Each CCB has a non-overlapping geographic service region of one to ten counties. CCBs are responsible for intake, eligibility determination, providing service coordination that includes Targeted Case Management, service plan development, arrangement for services, delivery of services, monitoring of services, and many other functions.

CCBs are designated by the Department as Certified Early Intervention Service Brokers under C.R.S. Section 27-10.5-702 (3). CCBs deliver services directly and/or contract

with qualified individual EI professionals to provide EI services to eligible infants and toddlers.

### **FY 2015-16 Utilization Data:**

The numbers for eligible children served were submitted by the CCBs to the DCFS through data entered in the DDDWeb (for the time period of 7/1/2015 through 9/12/15) and the DCFS Early Intervention Statewide Data System (for the time period of 9/13/15 through 6/30/2016). Throughout this report, these will be referenced as the EI Data Systems.

#### 1) The number of eligible children served

**15,003<sup>1</sup>** = The total unduplicated count of infants and toddlers served as reported by CCBs at any point during the fiscal year.

Due to the narrow window of eligibility for EI services, birth through two years of age, and the variety of characteristics of developmental needs of the children, the program experiences a high churn rate. While the yearly unduplicated count does provide a good representation of the actual number of children and families served during the year, a more discerning measure of the ongoing demand for direct services is a monthly average.

**7,606** = The total unduplicated average count of children served each month. This represents an increase of 3.6% from FY 2014-15 unduplicated average count of 7,340 and a decrease in the rate of growth compared to the 6.6% reported in FY 2014-15.

#### 2) The average cost of EI services considering all funding sources used

**\$5,805** = The average annual cost per child in FY 2015-16 for all EI services and service coordination based on the average amount paid per child with all available funds. The rate is calculated by the total revenue from all sources divided by the average number of children enrolled per month ( $\$44,149,719 \div 7,606$ ). The average cost figure includes expenditures that are not captured in the EI Data Systems and are reported in the Medicaid Management Information System (MMIS) for Medicaid. Additionally, this cost does not reflect EI services provided and paid through private insurance not included in the Early Intervention Services Trust (EIST), or other funding sources accessed by the CCBs.

Medicaid direct service funds may not reflect all services provided to children in EI. On July 1, 2015 a new modifier to indicate that a service billed was provided to a child in EI was implemented. The DHS is working in partnership with Health Care

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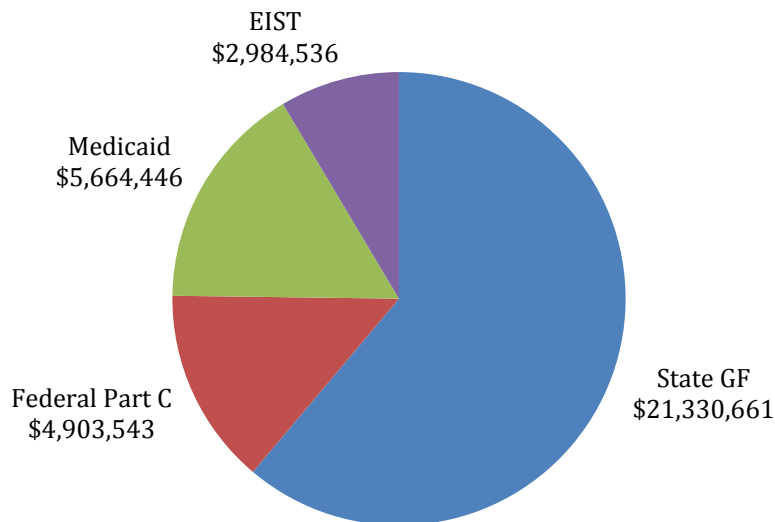
<sup>1</sup> This count represents all the children who were determined eligible for EI services, had an active Individualized Family Service Plan (IFSP) at some point during the year, and who received one or more EI services during the fiscal year.

Policy and Financing to provide ongoing technical assistance to providers in order to increase the use of this modifier.

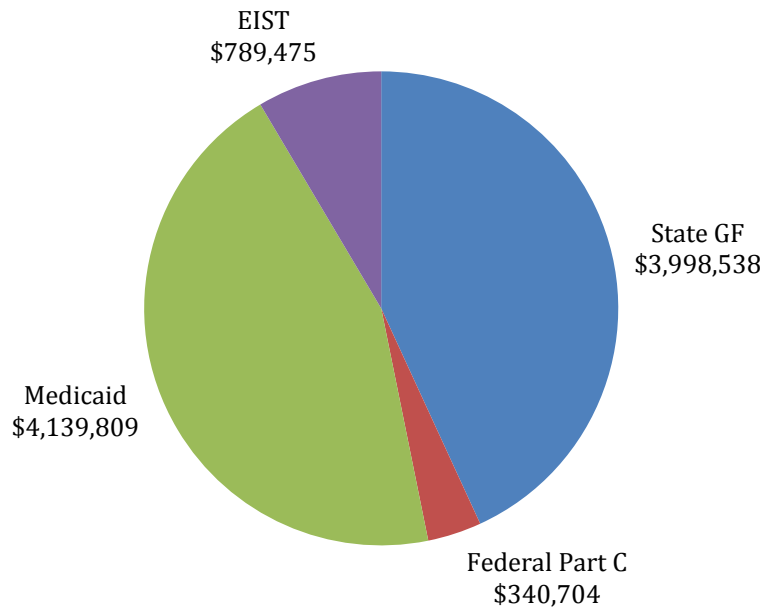
The following Figures 1 and 2 illustrate the FY 2015-16 total expenditures for each of the funding sources used for direct services and Management Fee (Figure 1) and Service Coordination (Figure 2) for infants and toddlers enrolled in the EI Colorado program as captured in:

- EI Data Systems for State General Fund and federal Part C Funds;
- Utilization reports that are generated through data matches between the MMIS and the EI Data Systems for services funded under Medicaid; and
- Payment reports provided by the Department's Southern Accounting for the EIST.

**FIGURE 1: FY 2015-16 Funding Sources for Direct Services**



**FIGURE 2: FY 2015-16 Funding Sources for Service Coordination**



In accordance with C.R.S. Section 27-10.5-706, the Department must use a coordinated system of payment for EI services. The Department has developed a funding hierarchy that is used by the CCBs during the IFSP development process to identify the possible funding sources that may be available to each child. The funding hierarchy is arranged in the order in which funding sources are accessed for service payment. Beginning from the top of the hierarchy and moving downward, if a funding source is not available then the next source down on the list is considered until an appropriate funding source is located. The funding hierarchy is as follows:

- Use of Private Pay (voluntary, at discretion of parent)
- Private Health Insurance Plan (with written consent of the parent)
- TRICARE, a Military Health System
- Medicaid (Title XIX), Home and Community Based Services (HCBS) Medicaid Waivers, and Child Health Plan Plus (CHP+)
- Child Welfare and Temporary Assistance to Needy Families (TANF)
- Other local, state or federal funds, including mill levy funds (as may be made available)
- State General Funds (GF)
- Federal Part C of IDEA Funds

FY 2015-16 was the ninth year in which the EI Colorado program utilized the funding hierarchy and tracked the use of funding sources other than state or federal funds. Under the coordinated system of payment, one of the goals is “. . . to ensure that available public and private sources of funds to pay for Early Intervention Services for

eligible children are accessed and utilized in an efficient manner.” Therefore, additional funding sources are accessed to either fully fund a child’s EI services through these other funding sources or to supplement the use of state or federal funds, thus requiring fewer or no state or federal funds to be used. Only funds that can be tracked back to an individual child are reported in this document. EI Colorado is unable to gather this information for children whose services are funded through private insurance, mill levy funds, or donated funds.

#### **Additional Information:**

Overall, the EI program continues to successfully meet the needs of infants, toddlers and their families. Ninety-nine percent (99%) of children with significant delays in development who received EI services in FY 2015-16 showed improvement in their acquisition and use of knowledge and skills (motor, cognition, speech, language, etc.). Ninety-six percent (96%) of parents participating in EI services reported that the services helped their family to help their children develop and learn. Additionally, per the EI Data Systems, 45% of the children who exited EI services in FY 2015-16 did not go into preschool special education (Part B) services. This supports the tenets of EI to intervene early and improve the developmental outcomes for young children with developmental delays.

The demand for CCBs to conduct initial eligibility evaluations increased in FY 2015-16 as some school districts were continuing to experience challenges in meeting the federally required 45-day timeline for completing Child Find evaluations for referred infants and toddlers. In FY 2015-16, 331 evaluations were conducted by CCBs which is an increase of 30% from the 255 evaluations conducted in 2014-15. The Department of Human Services is currently working with the Department of Education to explore options for moving the responsibility of birth through two evaluations to the Department to ensure that all responsibilities for Part C activities are located under the Department. This would ensure compliance with the federal requirement to maintain a single line of authority for Part C activities, maximize resources and, importantly, streamline the experience for families.