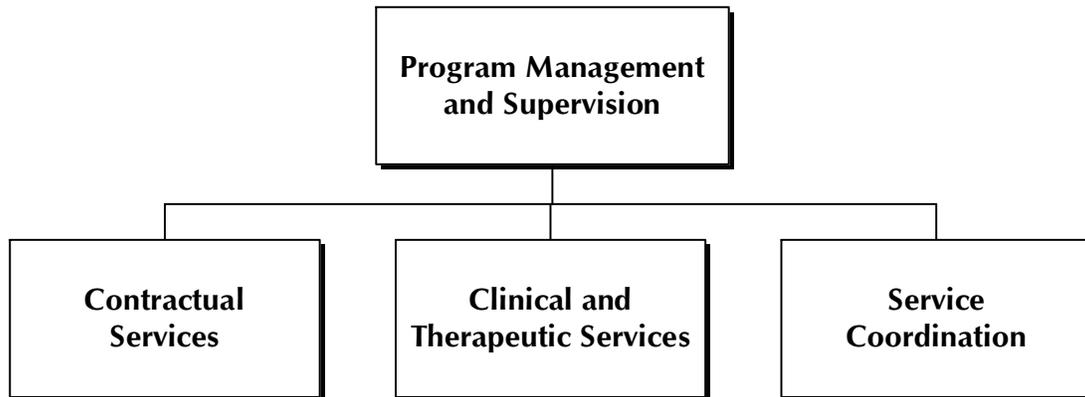


# Fund 106

## CSB - Early Intervention Services



### Mission

To support and serve eligible children and their families in order to enhance their day to day activities, facilitate community integration, and promote their overall development. Early Intervention Services (also known as Infant and Toddler Connection or ITC) collaborates with community stakeholders to identify every infant and toddler having a developmental delay, a diagnosis with a high probability of delay, and/or atypical development in a timely manner. ITC staff has the expertise to incorporate and advance best practices in the provision of federally-mandated early intervention services and support.

### Focus

Early Intervention Services supports Infant and Toddler Connection (ITC), a statewide program that provides federally-mandated early intervention services to infants and toddlers as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). ITC provides family-centered intervention to children ages birth to 3 years who need strategies to assist them in acquiring basic developmental skills such as sitting, crawling, walking and/or talking. Families may receive a multidisciplinary evaluation to determine eligibility and service coordination, and to develop an Individual Family Service Plan (IFSP) free of charge. Through public/private partnerships, ITC provides services including, but not limited to: physical, occupational and speech therapy; developmental services; medical, health and nursing services; hearing and vision services; assistive technology (e.g., hearing aids, adapted toys and mobility aids); family training and counseling; service coordination; and transportation. A local coordinating council, known as the Fairfax Interagency Coordinating Council, serves to advise and assist the local lead agency, while the Fairfax-Falls Church Community Services Board (CSB) serves as the fiscal agent and local lead agency.

There has been significant growth in the demand for early intervention services over the last several years, and this growth is expected to continue and even accelerate in the near future. Over the ten-year period between FY 2000 through FY 2010, the number of kids and families served annually by ITC has grown at an average rate of 11.3 percent per year. During the most recent three-year period, the number of kids and families requiring services annually by ITC has increased at an average rate of 13.4 percent per year and from August 1, 2009 to August 1, 2010, the State Part C office reported a 25 percent increase in the number of children served by ITC of Fairfax-Falls Church.

Coupled with this significant growth, on October 1, 2009, a new Medicaid State Plan amendment for early intervention services took effect and expanded the types of services covered by Medicaid under Part C of the federal plan. In response the State Part C office updated the Part C System of Payments Study (completed in 2003), which identified several issues related to the Commonwealth's implementation of Federal Part C requirements regarding fiscal matters. Changes made as a result of the update standardized reimbursement for all early intervention services across Virginia, and increased access to early intervention services. As a result, the distribution of children covered by Medicaid across all of ITC's contracted vendors has evened out. Previously, vendors were hesitant to accept referrals for children covered by Medicaid because of insufficient payment rates, and ITC was the sole provider of Part C early intervention services for children with Medicaid.

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The amendment has also further enabled ITC to fill more Medicaid-funded, grant service coordinator positions. The addition of these positions has allowed for caseloads to be moved toward levels where ITC is better able to meet federal compliance requirements at no additional cost to County taxpayers, while maximizing recovery of state and federal Medicaid dollars.

This system transformation posed significant operational challenges for ITC during FY 2010. In preparation for the statewide transformation of Part C services, ITC embarked on a number of system enhancements to ensure that the transition would run smoothly. Beginning in FY 2009 and continuing into FY 2010, ITC moved educational records to a digital database. ITC's Comprehensive Online Data Entry (CODE) system was developed to meet the performance requirements of Part C and to ensure compliance with FERPA regulations. CODE is internet-based and allows providers access to children's educational records in the field, enabling real time communication between therapists and service coordinators. Phase II enhancements to CODE are currently being discussed with anticipated implementation by the end of FY 2011. In addition, ITC secured a private billing contractor to centralize billing for all early intervention service providers and contractors. It is anticipated that centralizing billing will streamline the processes, increase claim appeal filing, facilitate insurance company in-network credentialing to ensure that all children will be served regardless of pay source and ultimately lead to increased insurance company reimbursements.

In anticipation of its continuing growth, ITC also set some business process improvements in motion during FY 2010. The first of these improvements was the change from a centralized program, with all service coordination based out of ITC's Fairfax City office, to a regionalized service coordination delivery model. This model places a service coordination team, an eligibility team and the capacity to assess clients in each of the County's human services regions. It is anticipated that moving staff teams to the communities where families live and providing services in families' home will not only save staff time and travel expenses, but will also enable staff to benefit from networking and educational opportunities that arise from being co-located with other child-serving agencies. The time gained from reduced travel will also allow more children to be served and greater awareness of and access to ITC services will ultimately be better for families. Currently, ITC satellite sites have opened in Human Services Regions 1 and 2, with movement into Region 4 in progress. It is hoped that space in Region 3 can be identified expeditiously and full implementation of ITC satellite sites can be completed by the end of FY 2012.

The second process improvement implemented by ITC in FY 2010 was the expansion of mobile technology. During FY 2010, ITC of Fairfax-Falls Church was a sub-recipient of federal stimulus funds made available as a result of the American Recovery and Reinvestment Act (ARRA) of 2009. The availability of these ARRA funds enabled the purchase of net books, which allow clinical staff and providers to access and use CODE in the field. This technology allows for documentation of early intervention services to occur in the homes of families while the service is being provided. Not only is documentation done with the family a billable and reimbursable expense (depending on the child's insurance coverage), it also frees up approximately one hour of billable time; time previously used for daily documentation that is now available to serve additional children.

Finally, ITC issued a new Request for Proposal for clinical and therapeutic services in 2009 with hopes of increasing the current contractor pool of early intervention services providers. The resulting new contracts awarded to five contractors in September 2009 helped ITC develop a larger pool of private providers to address provider shortages. The anticipated impact of these new contracts is coming to fruition. ITC has managed to keep pace with its program population growth with minimal wait times, in part, due to this increased contractor pool. In FY 2010 contractors were evaluated for contract performance through a collaborative process involving contractors' staff, ITC management, ITC staff, and Department of Administration for Human Services (DAHS) contracts management staff. The evaluation process resulted in the acknowledgement of those contractors going above and beyond contract expectations and one contractor requiring a compliance plan to fully meet the expectations of the contract. The process was very educational for all involved, from the contractors' self assessments, through to the post review discussions, and will hopefully contribute to improved outcomes for all service recipients in the future.

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ITC also continues to strengthen outreach and support efforts by expanding collaborations with the Fairfax County Health Department, INOVA Fairfax Hospital, and Fairfax County Public Schools (FCPS) to ensure that infants and toddlers get appropriate services as soon as delays are detected. Given the rising incidence of autism in Fairfax County, ITC maintains ongoing relationships with the Virginia Autism Research Center and FCPS to address the early identification of children who might need specialized preschool services for this particular disability. ITC continues to be a leader in the Autism Communities of Practice. In September 2010, ITC provided a two-day training course attended by approximately 200 participants on Pivotal Response Treatment (PRT), a naturalistic intervention model for children with autism. PRT is used to teach language, decrease disruptive/self-stimulatory behaviors, and increase social, communication, and academic skills. PRT targets pivotal areas of a child's development such as motivation, responsiveness to multiple cues, self-management and social initiations, which results in widespread collateral improvements in other social, communicative and behavioral areas in children with autism. In addition, the growing cultural diversity needs of families requiring ITC services across the County is addressed by a list of 43 interpreters maintained by ITC. These interpreters are fluent in 10 languages, including Spanish, Urdu, Mandarin Chinese, Korean and American Sign Language.

### Budget and Staff Resources

Agency Summary				
Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	20/ 20	20/ 20	21/ 21	21/ 21
Grant	29/ 29	29/ 29	37/ 37	37/ 37
Expenditures:				
Personnel Services	\$3,830,863	\$4,495,753	\$5,001,386	\$5,040,568
Operating Expenses	2,634,176	1,703,893	1,799,154	1,130,953
Capital Equipment	0	0	0	0
<b>Subtotal</b>	<b>\$6,465,039</b>	<b>\$6,199,646</b>	<b>\$6,800,540</b>	<b>\$6,171,521</b>
Less:				
Recovered Costs	\$0	(\$260,000)	(\$260,000)	\$0
<b>Total Expenditures:</b>	<b>\$6,465,039</b>	<b>\$5,939,646</b>	<b>\$6,540,540</b>	<b>\$6,171,521</b>
Revenue:				
Fairfax County	\$2,596,465	\$2,625,172	\$2,625,172	\$2,545,745
Fairfax City	41,117	41,117	41,117	41,117
Falls Church City	18,636	18,636	18,636	18,636
State DBHDS	848,758	570,819	612,365	612,365
Federal Other	1,101,049	1,101,049	840,937	840,937
Federal ARRA	589,400	0	537,140	0
Medicaid Option	430,692	703,094	896,940	1,263,489
Program/Client Fees	562,000	879,759	956,517	849,232
Fund Balance	276,922	0	11,716	0
<b>Total Revenue</b>	<b>\$6,465,039</b>	<b>\$5,939,646</b>	<b>\$6,540,540</b>	<b>\$6,171,521</b>

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<b>Position Summary</b>					
<u><b>Program Management</b></u> 1 ID Specialist V 1 ID Specialist IV 1 ID Specialist II 1 Administrative Assistant IV	<u><b>Daytime Development Center</b></u> 1 ID Specialist IV 1 ID Specialist III 3 ID Specialists II 2 Physical Therapists II 2 Occupational Therapists II 2 Speech Pathologists II	<u><b>Service Coordination</b></u> 2 ID Specialists III 3 ID Specialists II 1 Administrative Assistant II			
<u><b>Program Management</b></u> 1 Administrative Assistant III	<u><b>Grant Positions</b></u> <u><b>Daytime Development Center</b></u> 3 Physical Therapists II 4 Speech Pathologists II 1 Occupational Therapist II	<u><b>Service Coordination</b></u> 2 ID Specialists III 26 ID Specialists II			
<u><b>TOTAL POSITIONS</b></u> <b>21 Positions / 21.0 Staff Years</b> <b>37 Grant Positions / 37.0 Staff Years</b>					

### FY 2012 Funding Adjustments

The following funding adjustments from the FY 2011 Adopted Budget Plan are necessary to support the FY 2012 program:

- Employee Compensation** **\$0**  
 It should be noted that no funding is included for pay for performance or market rate adjustments in FY 2012.
- Fringe Benefits Requirement** **\$22,650**  
 A net increase of \$22,650 is associated with the conversion of positions to a status that allows employees the option of receiving health benefits. The conversion offers employees the option of receiving benefits, and ensures that the County remains in compliance with recently altered federal health care regulations. Additional information regarding the conversion of positions to Merit Regular status is included in the Changes to FY 2011 Adopted Budget Plan section that follows.
- Miscellaneous Adjustments** **\$161,302**  
 An increase of \$161,302 is associated with necessary grant and non-grant adjustments.
- Contract Rate Adjustment** **\$47,923**  
 An increase of \$47,923 in Operating Expenses is associated with a 3 percent contract rate adjustment for providers of contracted early intervention services.
- Reductions** **\$0**  
 It should be noted that no reductions to balance the FY 2012 budget are included in this agency based on the limited ability to generate additional personnel savings.

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### Changes to FY 2011 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2011 Revised Budget Plan since passage of the FY 2011 Adopted Budget Plan. Included are all adjustments made as part of the FY 2010 Carryover Review, and all other approved changes through December 31, 2010:

- ◆ **Carryover Adjustments** **\$600,894**  
 As part of the FY 2010 Carryover Review, the Board of Supervisors approved an increase of \$600,894, comprised of \$505,633 in Personnel Services and \$95,261 in Operating Expenses. This includes \$807,744 for new grant awards, including \$537,140 for the federal stimulus American Recovery and Reinvestment Act of 2009 (ARRA) allocation for the Part C grant for children with developmental delays and \$270,604 in partial year funding for the Infant and Toddler Connection program; \$11,716 in encumbered carryover; offset by a decrease of \$218,566 in adjustments to current grants.
  
- ◆ **Position Change** **\$0**  
 As part of the FY 2011 review of County position categories, a conversion of 1/1.0 SYE position has been made. The status of limited term positions was reviewed in light of recent changes to federal regulations related to health care and other federal tax requirements. As a result of this review, a number of existing limited term positions have been converted to Merit Regular status.

### Key Performance Measures

#### Goal

To provide early intervention services to infants and toddlers with disabilities and their families to reduce or eliminate the effects of disabling conditions.

#### Objectives

- ◆ To complete evaluations and develop an Individualized Family Service Plan (IFSP) for 100 percent of families within 45 days from intake call.

Indicator	Prior Year Actuals			Current Estimate FY 2011	Future Estimate FY 2012
	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual		
<b>Output:</b>					
Individuals served	2,044	2,374	2,536 / 2,697	3,098	3,559
<b>Efficiency:</b>					
Annual cost per individual served	\$1,590	\$1,356	\$1,416 / \$1,336	\$1,336	\$1,336
<b>Service Quality:</b>					
Percent of families who agreed that early intervention services made them feel more confident in meeting their child's needs	96%	NA	95% / NA	95%	95%
<b>Outcome:</b>					
Percent of families who received completed IFSP within 45 days of intake call	81%	100%	100% / 100%	100%	100%
Average number of days from referral to completion of IFSP	34	34	32 / 40	32	32

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#### **Performance Measurement Results**

In FY 2010, one of three of ITC's service quality and outcome goals was met or exceeded. The FY 2010 survey results indicating the percentage of families who agreed that early intervention services made them feel more confident in meeting their child's needs, will be available in calendar year 2011.

ITC served 2,697 infants and toddlers in FY 2010, a 13.6 percent increase over the FY 2009 level of 2,374. This continued increase in the number of children served is reflective of the very large and rapid growth in demand for early intervention services consistently seen over the past several years. This upward trend is expected to continue for the foreseeable future. Consequently, the average number of days from referral to completion of an Individualized Family Service Plan (IFSP) was 40 days in FY 2010, versus a goal of 32 days. The rapidly increasing demand for early intervention services continues to contribute significantly to this shortfall. The new Medicaid State Plan amendment for Early Intervention Services has created new opportunities for provider growth necessary to meet this increase in demand; however, it is still not yet sufficient to meet the ambitious goal of 32 days. Coupled with the recently implemented increased business process improvements, ITC anticipates being better able to meet this target in the near future.

For FY 2010, the percentage of families receiving a completed IFSP within 45 days of intake call was 100 percent, which is compliant with a federally-mandated goal of 100 percent on this measure. Prior difficulties in complying with this mandated requirement were seen in the early part of FY 2008, however, since February 2008, ITC has been in 100 percent compliance with this requirement.

The actual annual cost per individual served with local dollars in FY 2010 was \$1,336, \$80 or 5.6 percent lower than the target of \$1,416. This variance was due primarily to ITC receiving additional federal stimulus (ARRA) and Part C grant funds, greater than anticipated collection of non-County revenues from Medicaid and other third-party insurance carriers, and economies of scale accomplished by serving a significantly higher number of kids (i.e., distributing ITC's fixed costs among more kids). Unfortunately, the availability of both local and non-County revenue sources are expected to remain limited for the foreseeable future, particularly with the anticipated loss of federal stimulus (ARRA) funds in FY 2012.