



Kentucky Public Health
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Part C Coordinator's Report July 13, 2023

Service Statistics

FY23	07/01/2022-09/30/2022	10/01/2022-12/31/2022	01/01/2023-03/31/2023	04/01/2023-06/30/2023
Screened (children with suspected delay)	1,724	1,609	1,837	1,530
Number of referrals	3,212	2,845	3,472	2,816
Number of newly eligible children (includes Established Risk, Developmental Delay, and Informed Clinical Judgment)	1,379	1,393	1,354	1,325
Total unduplicated number of children served during the period (includes those evaluated but no IFSP services)	7,561	6,184	7,895	7,607

Source: *Technology-assisted Observation and Teaming Support System (TOTS).*

Federal Program Requirements

The State Performance Plan/Annual Performance Plan (SPP/APR): US Office of Special Education Programs (OSEP) issued a determination of "Needs Assistance" for the Kentucky Early Intervention Program (KEIS). The final scores were 93.75% on the compliance indicators and 50% on the results. The overall score was 71.88%. The two issues that caused the reduction in points were:

- #3 Child Outcomes: no significant increase indicating progress in child scores on the summary statements from last year. The number of children reported assessed did not meet the 65% threshold (53.83% of those who exited with useable assessments).
- #4 Family Outcomes: low response rate, lack of analysis of the response rate to identify potential non-response bias, no report of steps taken to reduce identified bias and promote a response from a broad cross-section of families. Kentucky is required to increase the "capacity" of diverse groups of parents in the next SPP/APR.

OSEP Differentiated Monitoring: The federal monitoring visit was May 3-5, 2023. The onsite team consisted of three OSEP representatives, with another three team members participating virtually. OSEP staff expressed gratitude for the well-attended focus groups before the onsite visit. The review emphasized Kentucky's compliance monitoring. Questions targeted specific regulatory items and the Kentucky process. The team shared that the communication system-wide was good, policies were sound, and the data system was very good.

Kentucky expects one finding on the transition to Part B. Evidence that the local education agencies (LEAs) received the list of potentially eligible toddlers needs to be collected. Correcting steps are in process with a new Memorandum of Understanding that includes a provision for the Kentucky Department of Education to send Part C evidence of dissemination to the LEAs. One other issue, based on a comment made during a focus group, regarding the 45-day timeline (Indicator 7), may result in another finding. OSEP staff requested additional documentation for that indicator. The letter of findings will be issued in late summer/early fall.

FFY23 Federal Grant Application: Kentucky received the FFY23 federal grant award on July 1. One comment was received during the public comment period concerning vision screening. Kentucky received \$7,063,818.

State Systemic Improvement Plan (SSIP):

- **Continuing initiatives**
 - **CEIMTP:** Cohort 17 just wrapped up, Cohort 18 is in the professional development phase, and Cohort 19 is preparing to transition from discovery to submitting clips. Cohort 20 kicks off in August. Master Coaches are supporting 245 providers in maintenance. KIPDA and new/returning provider pre-enrollments are complete, and planning is underway to implement these cohorts.
 - **Rate Re-Structuring (see page 6)**

- **New initiatives**

- **Workforce Recruitment/Retention:** This activity addresses workforce recruitment and retention. Workforce development is a related issue. A personnel/workforce committee will be convened to address issues with workforce development. The committee will meet regularly. New training to be developed/offered include parent training on transition, resilience, and screening, and other training that addresses assessment and evaluation training for District Child Evaluation Specialists and early intervention providers.
- **Equity/Child Find:** This activity ensures that all eligible infants, toddlers, and their families can access KEIS services. A workgroup needs to be convened once the Outreach Coordinator is hired. The next SPP (due 2/1/24) requires states to report an additional demographic element in Indicator 4, Family Outcomes, such as socioeconomic status, parents/guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, or other demographic characteristic approved by the input of the stakeholder group.

Under the SSIP component governance, the evaluation plan includes documented changes to policies and procedures to increase access to services by underserved populations, documented increase in number of children served from underserved populations and/or locations, and a report of barriers and solutions to those barriers for provider recruitment and retention.

Section 618 Data Due Dates: Due dates for federal data reports have changed.

- IDEA December 1 Child Count and Settings: July 30, 2023
- IDEA Part C Dispute Resolution: November 15, 2023
- IDEA Part C Exiting: February 21, 2024

KEIS Operations

State Lead Agency (SLA) Staff: Nicole Florence joined the SLA as a Budget Specialist I on May 16. She previously worked for a 501(c)3 non-profit animal rescue and adoption organization, where she served as a supervisor and trainer to many volunteers and staff to help lower the homeless pet population. In 2020, Nicole started her state government journey at the Kentucky Transportation Cabinet in the Financial Processing Branch, where she helped commercial driver's license (CDL) drivers and companies navigate their quarterly filing and payment of road and fuel-related taxes. Nicole went to school for Early Childhood Education in Minnesota and Health Care Administration in Colorado and Florida. She recently got married and has two beautiful daughters. Welcome, Nicole!

The SLA also has a Health Policy Specialist II position open. We are in the process of reviewing applications for that position and will be conducting interviews soon.

Point of Entry (POE) Determinations: Congratulations to the POEs! Once again, all POEs achieved the **Meets Requirements** for the SPP/APR Indicators. Determining Meets Requirements means that the district complies with the state targets. This may include correcting any identified non-compliance within one year of notification to the district. The district is not subject to any enforcement action by the state.

Compliance Monitoring:

Formal Complaints:

- One new formal complaint was received this quarter.
 - KIPDA POE
 - The complaint alleged the POE determined the child was no longer eligible for services at the annual point due to meeting IFSP goals, but the child still struggles. The parents would like services to continue. SLA review showed the child has an established risk condition that was missed at the initial point, causing the child to be marked eligible by developmental delay. The SLA advised the POE to reopen the file as the child is still eligible by established risk conditions. The POE is discussing with the family the current concerns. The IFSP team will decide if services are still needed, or the child should be monitored through service coordination only.

Audits:

- This quarter the primary focus has been desk audits. Five POEs will be reviewed each year. This year's reviews include Northern Kentucky, Barren River, Big Sandy, Cumberland Valley, and Green River. The desk audit

consists of an in-depth review of the TOTS file, with a requested sample of hard copy documentation. Potential non-compliance will be gathered, and POEs will have a chance to respond before any findings are issued.

- The focus of billing audits this quarter was to finish outstanding audits and do follow-up reviews on previous findings of non-compliance. There continue to be issues with overlaps in documented services and providing the incorrect number of services. Providers are encouraged to review documentation to ensure it is accurate before saving. Periodic reviews of all files are encouraged so that providers can identify any forgotten documentation, such as a call to a parent to attempt to schedule a session. Continued non-compliance results in escalated sanctions.

Critical Provider Shortages:

- **KIPDA:** The Point of Entry (POE) has had eight (8) long-term service coordinator vacancies. As a state agency, the POE follows state personnel procedures that move very slowly. This culminated in a huge backlog of referrals that could not be processed timely, resulting in a waiting list. Waiting lists are not permitted under federal law. Several activities are now in place to remedy the situation. The Bluegrass POE has hired four service coordinators who work in the KIPDA district. Additionally, the Bluegrass and Lincoln Trail service coordinators take up to 10 children to conduct intake meetings through the IFSP development and then hand over the case to KIPDA coordinators for ongoing work. The SLA will add four service coordinators to the U of L contract this fall. These supports and slowly opening state positions should resolve the backlog. Children who waited and were subsequently determined eligible may receive compensatory services.
- **Waiting lists for early intervention services:** Excluding the referral backlog in KIPDA, two hundred twenty-three (223) children have IFSP services but are waiting on a specific provider for a service. Most of these are families who want face-to-face but have accepted tele-intervention while waiting.

Provider Updates:

Provider Enrollment numbers since the last ICC:

April

- New Providers: 14
- Providers who left: 3

May

- New Providers: 8
- Providers who left: 8

June

- Anticipated providers for June orientation: 26
- Providers who have left as of today's date: 2

**Please note: The June New Provider Orientation had more than doubled the number of participants.

Exit Survey Results:

An exit survey is sent to all providers and POE staff who leave the system beginning. This survey started in February 2021. N=16

Years in KEIS	Number exiting
0-1 year	3
2-10 years	5
11-20 years	3
20+	5

Reason(s) exiting (unlimited number of choices)

- CEITMP: 4
- Retire: 3
- Moved: 1
- Billing insurance: 1
- Unpaid training: 2
- Drive time without pay: 2
- Family-centered and should be child-centered: 1
- DI and DI group not respected: 1
- Government overreach and illegal mandates: 1

Record Review:

UNIVERSITY OF LOUISVILLE, SCHOOL OF MEDICINE, PEDIATRICS
Summary of Record Reviews FY 2023
07/01/22 – 06/30/23 (52 weeks)

Review Type	N	Determinations	Criteria
Eligibility	340	330 – Eligible 09 - Denied 01 - Deferred - screening	<ul style="list-style-type: none"> Request in TOTS PLE Report in TOTS and phone contact Additional testing (if any)
Eligibility/ILE	118	108 - Approved for Eligibility clarification (DD vs ASD) 02 - Denied 08 - Deferred (referral on file; travel)	<ul style="list-style-type: none"> Review of Request in TOTS Review of all submitted records/TOTS documentation Description of the child's social-communication MCHAT/STAT conducted by DCES
Intensive Authorization	16	14 - Approved for diagnostic clarification of an autism spectrum disorder and related program planning	<ul style="list-style-type: none"> Review of Request in TOTS Review of all submitted records/TOTS documentation Description of the child's social-communication ASD Screening findings, if available
		00 - Approved for diagnostic clarification of Childhood Apraxia of Speech (CAS)/ Dyspraxia diagnosis and related programming	<ul style="list-style-type: none"> Review of Request in TOTS Review of all submitted records/TOTS documentation Receptive language vs. expressive language findings in relation to measured cognitive skills Description of speech sound production and progress Description of oral mechanism and oral-motor status
		00 - Approved for other – (e.g., Regulatory/Anxiety Disorders; motor/CP; Global Delay/Slow progress)	<ul style="list-style-type: none"> Review of Request in TOTS Review of all submitted records/TOTS documentation Review of phone contact (if any) Clinical judgment, DSM-5 criteria
		02 - Denied/Defer -Diagnosis established -Appropriate plan -Referral on file	
Service Exception	17	15 - Service Exception Approved Units Approved per Plan: Range: 138 - 232 Mean: 190.73 Unit Frequencies: - 0 – 144: 01 -145 – 164: 00 -165 – 184: 04 -185 – 204: 06 -205 – 224: 02 -225 – 244: 02 -245 - 264: 00 -265 – 284: 00 -285 – 304: 00the - > 305: 00	<ul style="list-style-type: none"> Review of Request in TOTS Review of all submitted records/TOTS documentation RBI and parent priorities Child's current developmental presentation/status Rate of documented progress Current and proposed interventions Request merit Review of phone contact (if any) Available practice standards or guidelines (Autism, CAS) Assignment of a primary service provider Implementation of a consultative model
		01 – Denied service exception/units 01 – Family declined review	
Total	491		

Notes:

- 1.2% (n = 6) of the 491 requests have had previous reviews (all for service exceptions)
- Data reflects a 2.1% decrease when compared to FY 2022 (N = 502)
- FY 2022: 9.49/week average; FY 2023: 9.44/week average

Referrals by District (with cumulative child count):

District	Reviews	N	Reviews per Child
Barren River	34	765	0.044
Big Sandy	2	171	0.012
Bluegrass	101	1516	0.067
Buffalo Trace	0	135	0.000
Cumberland Valley	0	352	0.000
FIVCO	0	306	0.000
Gateway	0	160	0.000
Green River	16	379	0.042
KIPDA	122	2730	0.045
KY River	0	326	0.000
Lake Cumberland	25	339	0.074
Lincoln Trail	46	721	0.064
Northern KY	110	1437	0.077
Pennyrile	4	302	0.013
Purchase	31	453	0.068
	491	10092	0.049

Timeline Indicators for this period:

Average days from complete file to review: 2.62 days

Average total days from complete file to final notification Posted to TOTS: 2.82 days

Provider Payments FY23

	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
Total \$ Amount billed to Medicaid	\$2,061,508.36	\$2,361,354.94	\$2,712,705.08	\$2,725,894.18
Total \$ Amount paid by Medicaid	\$2,038,180.98	\$2,328,316.22	\$2,676,356.67	\$2,688,793.86
Medicaid Denial (\$)	\$23,327.38	\$33,038.72	\$36,348.41	\$37,100.32
Medicaid Denial (%)	1.13% denial	1.40% denial	1.34% denial	1.36% denial
Total \$ Amount paid by Insurance	\$115,428.73	\$162,043.81	\$105,134.53	\$140,843.34
Total \$ Amount paid by KEIS	\$2,707,017.99	\$2,413,322.65	\$2,490,438.66	\$2,525,654.57
Total Paid All payor sources:	\$4,860,627.70	\$4,903,682.68	\$5,271,929.86	\$5,355,291.77
Family Share Payments Received	\$6,495.00	\$6,055.00	\$14,205.00	\$4,790.00

Note 1: Data Source is TOTS. Quarterly data changes as data are updated. Excludes POE payments.

Rate Restructuring Workgroup

A workgroup was convened in November 2022 and met monthly through June 2023 to review and discuss data and ideas for a reimbursement system based on quality rather than location.

Highlights of Progress

- The workgroup began work by first reviewing the purpose of the group and the tasks that the state asked of the members. General discussion centered on the reasons for changing the reimbursement structure. The group was very engaged with the opportunity for input.
- Data reviewed to support discussions included the Rate Study conducted by the University, KEIS Provider Performance and Self-Assessment, KEIS Coaching Model, and TOTS.
- Initial discussions to develop a tiered rate structure began with diverse ideas for quality indicators discussed. Using Padlet, the group sorted the ideas into levels of quality. The discussion focused on how to measure the indicators.
- Refining the indicators and understanding how each could be implemented on the provider side is a continuing discussion. There are many questions and concerns voiced about how an agency of multiple employees or subcontractors would deal with more than two levels. Other providers support three levels.
- Discussing hypothetical scenarios also occurred to help the group visualize possible implementation. The group also provided good strategies for engaging all providers once approved.
- Draft recommendations were reviewed, and after robust discussion, there was consensus on three items. The core of the rate restructuring was not agreed upon.

In July, two models of a tiered rate structure will be shared with the group (one with two tiers and one with three) for the identification of the benefits and risks of each model. The goal will be to reach a consensus on this issue.

Rate Restructuring Workgroup Charter

Members	Representing	Geographic Area	POE District
Colleen Thomas	Independent Agency (OT)	Suburban	KIPDA
Stephanie Baker	Independent Agency (DI)	Rural	Lake Cumberland
Jennifer Stivers	Independent Agency (OT)	Rural	KY River, Lake Cumberland, Cumberland Valley
Lauren Dressman	Independent Agency (SLP)	Suburban	Northern KY
Kelly Twehues	Small Agency	Suburban	Northern KY
Becky Brown	Large Agency	Urban	KIPDA
Dr. Brianna Hairston	Large Agency	Suburban/Rural	FIVCO
Cindy Robinson	Independent Agency (PT)	Rural	Lincoln Trail
Amber Mellenkamp	Independent Agency (DI)	Rural	Northern KY
Jennifer Lindberg	Independent Agency (SLP)	Urban	Bluegrass
Sheila Calhoun	Independent Agency (SLP)	Rural	Green River
Olivia Sanders	Large Agency (SLP)	Rural	Barren River
Jeffrey Holbrook	Independent Agency (SLP)	Rural	Big Sandy
Brenda Richardson	Independent Agency (SLP)	Suburban, Rural	Barren River
Kristie Lindemier	Large Agency (SLP)	Urban	Northern KY
Ethel Ross	Independent Agency (DI)	Rural	Multiple POES

What is this project going to accomplish?

- Identify steps from a location-based reimbursement structure to supporting quality services.
- Identification of indicators for each level of quality.

Why does it matter to KEIS?

- Quality services improve child outcomes.

What will be achieved? What will not be achieved?

- **Achieved:**
 - Identification of positive or concerning trends re: the provider pool
 - Increased equity in service quality
 - Vetted rationale for changing reimbursement structure
 - Incentive to providers to achieve and maintain high-quality services
 - Maintenance of the payment process through the database system

- **Not Achieved:**
 - Increase in actual reimbursement rates (agency/legislative decision)
 - Complicated reimbursement structure

Success criteria (objectives):

- Participants will understand the current reimbursement rate structure by January 31, 2023.
- Participants will identify quality indicators for early intervention services by March 31, 2023.
- Participants will develop recommendations to present to DPH leadership.

What are the realities upon which the project is based (limitations)?

- Length of time change to regulations required (6-12 months)
- Any rate increases dependent upon available funds
- Communication to field—much clarity needed to get provider pool to support change