

CIS Testimony for the Senate Appropriations Committee
April 4, 2018

As the legislature considers appropriate spending levels for the Children’s Integrated Services (CIS) system for FY’19, it has an opportunity to address unmet needs in that system. CIS providers conduct home visits and consult with early care and education programs; they support people where they live and work. Unmet needs cut across the CIS spectrum of outreach services, and could easily account for the \$1 million of unspent funds targeted for reduction in the FY’19 budget. This funding should not be eliminated from the FY’19 budget. Here are a few high-level comments that are supported with specifics in my written testimony.

Late last fall, CDD found they had budgeted \$4 million in FY 18 for CIS services paid outside the bundled case rate. However, CDD and the CIS network had been operating under the assumption that the budgeted amount for services was just \$3 million, the amount supported by historical spending analysis. CDD made no effort to develop ways use the “over-budgeted” \$1m to address the long-standing unmet service needs in the CIS network. Instead, the Administration proposed reducing the CIS budget by \$1m in the FY’18 BAA, which the legislature accepted. But the legislature also included in the final version of the bill language indicating a preference for the money to be included in the FY’19 budget.

The characterization of this \$1 million as over-budgeted misses the fact that low contract rates, lack of mileage reimbursement for private providers to drive to rural areas, and other solvable, logistical barriers have prohibited the delivery of services to which eligible children are legally entitled. There is demand. There are wait lists.

CIS services are an entitlement for all children deemed in need of services, through the federal mandate Part C of IDEA, or through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit. Right now, CIS does not have the resources to provide the specialized, evidence based or informed services that make a real difference for identified children and families. For more detail about the CIS array of services, and which are “bundled” and which are “outside the bundle,” please see the Fact Sheet included in my written testimony.

The investment in prevention and early intervention CIS services is a smart one. It decreases or eliminates higher cost services later in children’s lives and improves their current experience, including their parents’ ability to contribute to Vermont’s economy.

I ask that you do not accept the \$1m cut in the Governor's Recommended Budget, which was accepted by the House in their budget, and leave the \$1m in the CIS budget to address unmet needs of CIS clients.

Children and Families Wait for Children’s Integrated Services (CIS)

Here are examples of unmet needs in the CIS system where this funding could be spent:

The \$1 million in question could be added to the General Fund portion of the CIS Bundle, as a start on the \$2.5 million increase needed.

1. To bring to scale CIS Evidence Based and Evidence Informed Home Visiting designed to promote school readiness and prevent and mitigate the effects of substance use disorder, child abuse and neglect and other Adverse Childhood Experiences (ACEs).

2. To address unmet need in CIS Family Support. These services focus on increasing parenting knowledge and skills, social supports, and child and family access to high quality child development services, medical and dental care, and safe environments. Families are encouraged to plan for and achieve their health, education, economic, social, and parenting goals as well as receive assistance to connect with community resources as needed.

Washington County maintains a wait list because the Family Center can't hire a Family Support Worker due to lack of competitive wages and benefits; they do not have a provider to deliver the service.

Shane Oakes, Integrated Systems Director - Family Center of Washington County

3. To address unmet need for developmental education through CIS Early Intervention
In the spring of 2017, CIS Early Intervention in **Chittenden County** had 94 children not receiving the frequency of Developmental Education recommended in their evaluation. This was due to an increase in referrals (15% over the past 6 years), the requirement to conduct many more evaluations than in previous years, and 3 staff vacancies.

Rachel Boyers, Director of CIS Early Intervention - Vermont Family Network

The \$1 million could also address barriers to providing CIS services outside the CIS Bundle.

1. To address unmet need for specialized CIS Early Intervention services

- The reimbursement rate for OT, PT, and SLPs providing specialized services for children under age 3 has not changed in the past 12 years. These therapists also used to be paid for mileage and now they are only reimbursed if the total trip is 70 miles or more.
 - Chittenden County has many providers who will not go to the farther reaches of the region because they can take up to ½ hour to drive each way, but total less than 70 miles. It is much more efficient (and more reimbursement) if they see children who are in more developed areas, in close proximity to each other.

Rachel Boyers, Director of CIS Early Intervention - Vermont Family Network

- CIS Early Intervention **Newport District** has at least 15 children waiting for Speech Language Therapy or Occupational Therapy home-based services.
Liza Fleischer CIS Early Intervention Intake and Service Coordinator, Northeast Kingdom Learning Services, Inc., Newport
- In the spring of 2017, CIS Early Intervention **St. Albans District** had 34 children waiting for Occupational Therapy. They have not had an Occupational Therapist providing home-based OT since August 2015. They also had children receiving less than the recommended treatment services due to capacity:
 - 12 children are not receiving the amount of Physical Therapy services recommended in their evaluation.
 - 20 children are not receiving the amount of Speech Language Therapy recommended in their evaluation.

Nicole Noel, BA, CIS Early Intervention Team Leader, The Family Center of NCSS, Inc., St. Albans

- In the spring of 2017, CIS Early Intervention in **Chittenden County** had 27 children waiting for Speech Language Therapy services. The average wait time is anywhere from 3 to 6 months.
Rachel Boyers, Director of CIS Early Intervention - Vermont Family Network

- To appropriately serve **children with Autism Spectrum Disorder** eligible for CIS Early Intervention by providing evidence based, intensive services
 - S^D Associates
10 children ages 0 – 3 on wait list
Marie Johnson, M.Ed., Intake Coordinator, S^D Associates, Williston
 - Autism Spectrum Program, Howard Center Inc., Burlington
5 children ages 0-3 on wait list
Julie Smith, MA, BCBA, Board Certified Behavior Analyst, Program Director
 - In Chittenden County alone, 28 children were diagnosed with Autism Spectrum Disorder in 2017, only 4 of whom benefited for any length of time in an intensive program (i.e., Howard Center’s Autism Spectrum Program)
Kelly Morrison, Developmental Educator Clinical Supervisor, CIS Early Intervention - Vermont Family

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FACT SHEET: Children's Integrated Services (CIS) Budget and the Governor's Recommended FY'19 Budget

What is CIS?

Children's Integrated Services (CIS) provides health promotion, prevention, and early intervention services to pregnant and postpartum women, infants and children birth to age six (6), their families and child development providers.

CIS services are an entitlement for all children deemed in need of services, through the federal mandate Part C of IDEA, or through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit.

What are CIS "bundled" services?

Some CIS services are included in a **bundled case rate** managed through nine regional contracts. There has been no significant change to the funding for these services since the inception of CIS in 2009; the FY'18 budget is \$10,381,239. The drawdown of each region's allocation depends upon the number of clients with Medicaid receiving CIS services each month. Services included in these regional CIS contracts are:

1. Maternal-Child Health Nursing;
2. Family Support Services;
3. Part C Early Intervention;
4. Early Childhood and Family Mental Health; and
5. Specialized Child Care Supports (*through age 12).

What are CIS "outside the bundle" services?

Other CIS services are paid for **outside the bundled case rate**. They are invoiced to CDD and paid on a fee-for-service basis. The budget for these services is based on utilization. They include:

1. Audiology;
2. Developmental/Multi-disciplinary Evaluation to determine initial eligibility for Early Intervention services for children without Medicaid;
3. Occupational Therapy, Speech/Language Therapy, and Physical Therapy;
4. Transportation for Specialized Child Care;
5. Vision; and
6. Interpretation (including sign language).

Why is there a proposal to cut the CIS "outside the bundle" budget?

Late last fall, CDD found they had budgeted \$4 million in FY 18 for CIS services paid outside the bundled case rate, while an historical analysis showed spending between \$2.54 million in FY'14 and \$3.03 million in FY'17. Each year, there has been an increase in the spending for these services.

However, CDD and the CIS network had been operating under the assumption that the budgeted amount for services was just \$3 million. CDD made no effort to develop ways use the "over-budgeted" \$1m to address the long-standing unmet service needs in the CIS network.

Instead, the Administration proposed reducing the CIS budget by \$1m in the FY'18 BAA, which the legislature accepted. But the legislature also included in the final version of the bill language indicating a preference for the money to be included in the FY'19 budget.

Why wasn't the \$1m spent?

The 12 regions invoicing CDD for services outside the CIS bundle report that the full amount budgeted for these therapeutic services was not spent primarily due to lack of professionals willing to deliver the services for the contracted amount, not due to lack of service need.

Where could it be spent?

The \$1 million cut in the Governor's Recommended budget should be used to rectify this structural issue. Vulnerable families are receiving CIS services at less than the recommended intensity, thereby reducing the effectiveness of the services. CIS families and providers have put CIS funding on the Vermont Early Childhood Advocacy Alliance 2018 Legislative Agenda for this reason. Vermont Family Network and the Parent Child Center Network serve as co-lead agencies for this issue.

We request the retention in CDD's budget of \$4 million for CIS services paid outside the bundled case rate. Four examples follow of how funding not paid on a fee for service basis could be spent. Other creative solutions exist and CDD's community partners would welcome a collaborative discussion about them.

1. Transfer the funds to the CIS bundle. CMS recently approved a reimbursement methodology for CIS services. This methodology did not allow CDD to level fund regions for services within the CIS bundle, so they added State General Funds. The addition of funds budgeted for CIS services outside the bundle to those State General Funds within the bundle would begin to address the \$2.5 million gap between the current CIS bundle and the funding regions report is needed to adequately serve clients eligible for CIS.
2. Increase rates/contracted amounts:
 - a. Increase the fee-for-service rate for Occupational Therapists, Speech/Language Pathologists, and Physical Therapists invoicing CDD for CIS services. This solution would attract needed therapists and help to retain current ones.
 - b. Increase the contracted amount for agencies who provide transportation for children accessing Specialized Child Care through CIS. This solution would allow current transportation providers to serve more children, schedule pick up and drop off times that maximize children's active time in child care, and drive to outlying areas in a region.
3. Allow CIS Early Intervention providers to invoice CDD for Annual Evaluations to determine ongoing eligibility for Early Intervention services. These evaluations are required, but providers currently only may invoice for Developmental/Multidisciplinary evaluations to determine initial eligibility.