

**Testimony  
Health Services Committee  
Senator Lee, Chairman  
October 24, 2017**

Chairman Lee, and members of the Health Services Committee, I am Tina Bay, Director of the Developmental Disabilities (DD) Division of the Department of Human Services (Department). I am here today to provide you information regarding the state's early intervention system available through the DD division for children birth to age 3 with developmental delays.

***Coordination***

Any child under the age of three who is suspected of having a delay or who has a medical condition that could result in a developmental delay or disability is eligible for referral. Physicians, parents, family members, social workers and others with whom the child and family have contact with may make referrals by contacting the regional Developmental Disabilities unit, which is the single point of entry for the Early Intervention (EI) program.

The Developmental Disabilities Program Manager (DDPM) will contact the family to schedule an intake visit which occurs at a time and place convenient to the family. During the intake visit, the DDPM will discuss many topics, both informative and procedural. This is the time that the family will be informed about applying for Medicaid to access services through the Medicaid waiver. The visit typically takes about one hour.

If the family determines they would like to receive EI services, eligibility must be completed. The DDPM will gather any external records and give

them to the chosen Infant Development provider. Upon completion of the evaluation, the DDPM participates in the eligibility review and is responsible to send the acceptance or denial letter to the family. If found eligible, a team, which includes the family, provider, DDPM and other professionals must meet within 45 days from the date of the referral to develop an individualized family support plan. This plan must be reviewed every six months at a minimum. Within this plan, the team will identify which services, supports and frequency of these are necessary to assist the child and family. This may include consultations, home visits, or evaluations.

In addition to the direct services provided to the family, the DDPM will complete quarterly visits with the family to ensure they are satisfied with services and address any areas of concern they may have.

### ***EI Billing***

When the team determines the services and frequency, the DDPM creates an authorization for the direct services. This information is given to the ID provider so they can bill the state. The overall process for billing direct services does not change if the child is eligible for the Medicaid waiver or if Part C funds are being utilized.

### ***Right Track***

Right track is a developmental screening and observation program which is less intensive than infant development, however, still provides families' access to highly qualified professionals to seek recommendations and referrals. There currently is at least one right track provider in every region of the state.

Right track coordinators and their staff work with the family in determining the frequency of follow-up visits based on the screening results, observations and parental questions, with the minimum visits for a child less than 18 months of age occurring at least every six months, and the minimum visits for a child 18 months and older occurring at least every 12 months. During the time period of October 2016 through August 2017, 6,434 visits occurred.

***Administrative & Direct Services Costs***

	<b>FFY 2015</b>	<b>FFY 2016</b>
Salaries & Fringe	\$40,954.74	\$50,535.02
Travel, IT software, supplies, repairs, prof. development, allocated costs, etc.	\$85,390.32	\$65,406.32
DD Direct Service Grants	\$1,172,544.43	\$1,095,471.58
Contracts: Experienced parents, technical assistance, right track, audiologists, birth review, child outcome tool	\$847,607.53	\$1,035,898.21
Total Part C Expenditures*	\$2,148,938	\$2,247,675
* These expenditures do not reflect the service coordination (DDPM) cost. Current reporting methodology does not identify this information.		

The Department has reallocated an FTE and will be hiring a full time Part C coordinator position in the near future. This additional position will increase the administrative costs of the Part C program.

This concludes my testimony and I would be happy to answer any questions you may have.