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STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD



Connecticut Office of
Early Childhood

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Commissioner

Testimony before the Appropriations and Human Services Committees David Wilkinson, Commissioner

Section 1915(b)(4) Selective Provider Contracting Waiver for Early Intervention Services

Thursday, July 27, 2017

Good afternoon Senators Osten, Formica, Moore, Markley, Representatives Walker, Abercrombie, vice-chairs and ranking members of the Appropriations and Human Services Committees. In partnership with the Connecticut Department of Social Services (DSS), the Connecticut Office of Early Childhood (OEC) requests that your Committees approve our request pursuant to section 17b-8 of the Connecticut General Statutes to submit the proposed Section 1915(b)(4) Selective Provider Contracting Waiver for Early Intervention Services (EIS) to the federal Centers for Medicare and Medicaid Services (CMS).

The OEC is the lead agency that administers the Birth to Three System in Connecticut pursuant to Part C of the Individuals with Disabilities Education Act (IDEA). The Birth to Three System annually serves approximately 10,000 children ages birth to three who face the challenges of developmental delays. The OEC contracts with 30 agencies to deliver Birth to Three services to these children and their families. The OEC carefully monitors access and quality of the services to ensure there are sufficient numbers of programs in each community providing high-quality services and who can respond quickly when needs are identified. This waiver will allow the OEC to manage the number of early intervention service programs in each community and codifies the existing practice.

Evidence developed through rigorous evaluation has established that coordinated care, delivered by teams of practitioners targeted to the needs of the child and family, generates better outcomes and is more cost efficient. Families in Connecticut have benefitted from this comprehensive, coordinated service delivery model for over 20 years. This waiver will allow us to preserve this proven approach.

The OEC and DSS have been thoroughly analyzing the various program changes necessary to ensure that the Birth to Three System complies with federal Medicaid requirements. As part of our analyses of the evolving requirements, we have determined that this waiver is necessary for the state's Birth to Three program selection process. I would like to take this opportunity to share three reasons why it is important to preserve a strong community of dedicated providers with this waiver.

First, it supports local school districts in facilitating smooth transitions for children at age 3. Transition can be a difficult time of change for families. A strong relationship between the

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individual Birth to Three practitioners and local school district staff enhances the process. School districts can work well with a manageable set of known programs. This enables a smooth hand-off that minimizes disruption for vulnerable children and helps parents better understand and support their children through the transition.

A second reason this waiver is important is that it helps ensure that each contracted agency is serving an optimum number of families in a catchment area. When service practitioners operate Birth to Three programming at scale, rather than as a matter of occasional, part-time service provision, it better enables them to know and deliver best practices as well as to meet the legal and technical requirements of a program that is governed by two sets of federal requirements (IDEA and Medicaid) as well as state law.

The third reason for supporting this waiver is that managing the number of early intervention programs in each community enables the OEC to properly and efficiently use its resources to monitor the quality of services provided in accordance with federal requirements and it enables us to do so at a lower administrative cost. Specifically, as required by Section 616(a)(2) of IDEA, each state's early intervention system must have procedures for the lead agency to supervise and monitor providers' implementation of IDEA requirements.

Specifically, the lead agency's supervision must include:

- targeted technical assistance and professional development
- effective dispute resolution
- integrated monitoring activities, including correction, incentives and sanctions
- public reporting of annual compliance and results data by program
- annual local program IDEA determinations, and
- fiscal management

Having too many early intervention programs in any community presents the risk of lower quality of care, burden to school districts at transition, and increased state administrative and oversight costs as new programs request to contract with the OEC. Again this waiver provides for a more coordinated and planful identification of programs to meet the needs of this vulnerable population.

We respectfully request that the Appropriations and Human Services Committees approve the request to submit this Selective Provider Contracting Waiver to CMS.

Both OEC and DSS are happy to answer any questions you may have. Thank you for your consideration.