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DIVISION OF EARLY CHILDHOOD

Early Intervention Cost Modeling & Payment Reform

January 9, 2024

AFTON

GOALS

- Develop a shared understanding of the major challenges in EI cost and payment structures for:
  - Families
  - Service Coordinators/CFCs
  - Direct Service Providers

- Use the Working Group's reactions and questions to guide further investigation

AGENDA

- Introductions
- Minutes Approval
- Recap November Workgroup Meeting
- Research and Focus Group Updates
- Research and Data on:
  - Family Experience
  - Service Coordinators
  - Direct Service Providers
- Small Group Discussion & Share Out
- Next Steps
- Public Comment

Role of the EI Workforce Working Group

Build **understanding and alignment** on strategic intent and goals

Provide **input and feedback** throughout the design process

Inform relevant cost analyses and policy & administrative options

Surface any **potential risks and opportunities**

Support plan development and **champion among stakeholder groups**

Understand impact on other ECE programs serving young children & families

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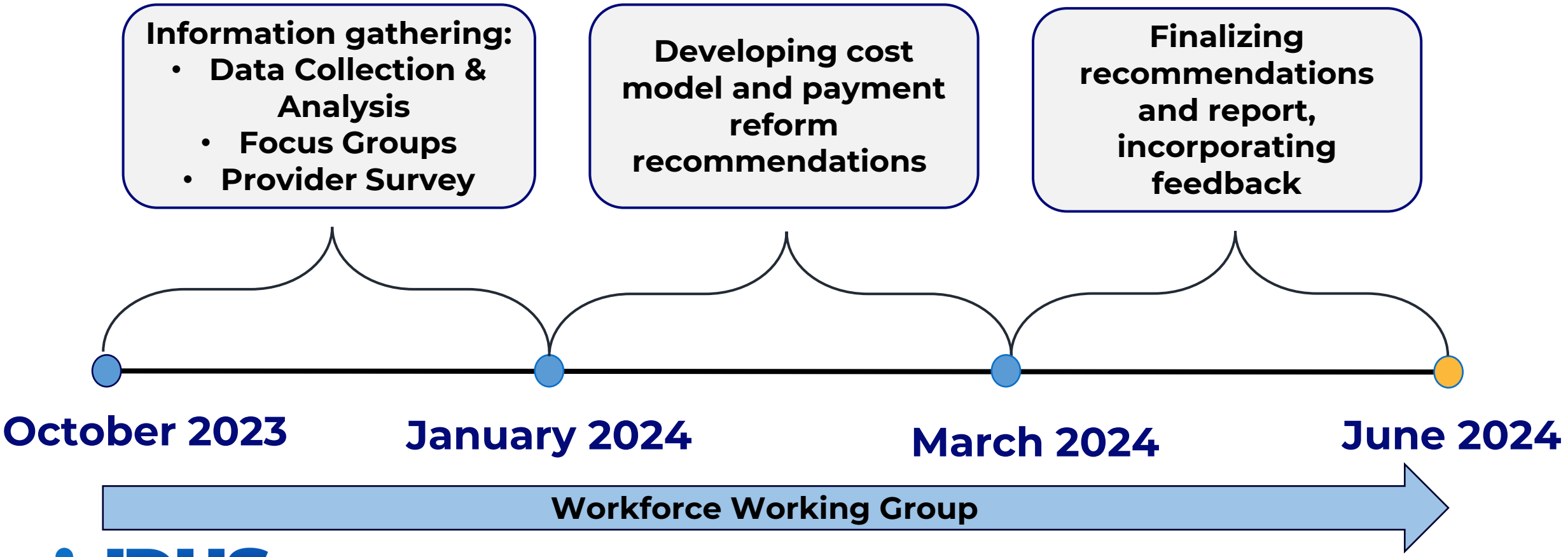
The specific goals of this project relate to cost and payment:

- **Understand the full cost of the EI System**, including direct services, service coordination and infrastructure, through development of a **cost model**
- **Develop recommendations for a payment structure** that will:
  - Improve the family experience and access to services
  - Improve recruitment and retention of EI providers
  - Incentivize activities that improve the family experience, including training, collaboration, and smooth transitions between services
  - Incentivize serving historically marginalized communities and populations

Guiding Principles: How we will go about this work

- We are guided by the voices of providers, families, and children. Their experiences with the EI system make them experts.
- We seek out perspectives from communities with the most barriers to accessing sufficient, timely and culturally and linguistically responsive EI services.
- We partner with trusted messengers to meet families and providers where they are. We provide translation, flexible meeting hours, simplified language, and other accommodations as needed.
- We ground decisions in research, evidence, and data.
- We embrace innovation while being actionable and realistic.
- Decisions are grounded in equity and focus on the needs and priorities of historically marginalized children, families, providers, and communities.

High-Level Timeline



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Common Themes

- General agreement on the importance of understanding the full cost of the EI system, including indirect and "hidden" costs.
- Equitable access is a challenge, and approaches to rural and "higher need" areas need to be considered thoughtfully.
- Recruitment and retention came up repeatedly, with a focus on considering how preservice and incoming providers can be better supported both financially and professionally.
- Interest in further exploring the billing process, and ways to reduce payment delays.
- Members highlighted low payment rates and the importance of pay equity among different types of providers, including service coordinators.

Questions and Concerns

- Members wondered what other states we are researching and how that may guide this work.
- Questions around defining terms, including:
  - What does it mean to "incentivize" activities and services, and how might this impact providers and families?
  - How are we defining "equity" and what steps will be taken to ensure that marginalized families are included and prioritized?
  - Who is a "trusted messenger"?
- Tension between standardizing different parts of the system and addressing complex and unique needs across programs and services; might be difficult to take a "one size fits all approach."
- Concerns about the availability of future funding.

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Check In

Type into the chat:

What is **one word or phrase** that you would use to describe the biggest challenge facing the EI system right now?

Current State of the Early Intervention Field in Illinois

To learn about the current state of EI in Illinois, we are drawing on a variety of sources:

- Ted Burke's cross-state research
- Provider focus groups
- Family Town Hall
- EITP's 2023 EI Provider Workforce Survey
- Administrative data:
  - Service Delays (EI Bureau)
  - Service Coordinator caseloads (EI Bureau)
  - Providers who have left the system since 2018 (Provider Connections)
  - Active direct service providers (Provider Connections)
  - EI Claims (CBO)

Coming soon: Provider survey and family focus groups

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Provider focus groups engaged 310 participants across 9 sessions.

Focus groups were attended by a range of provider types:

- Independent providers
- Agency employees
- CFC staff
- Contractors
- Former EI providers
- Advocates

Group	Attendees
Southern IL Service Coordinators and Providers	28
Providers serving low incidence populations (Mainly Developmental Therapists)	45
Speech, Occupational, and Physical Therapists	84
Service Coordinators	45
Translators, Interpreters, and Bilingual providers	19
Open: Any provider or advocate	50
Providers who have left the field	13
Open: Any provider or advocate	18
CFC Managers	8

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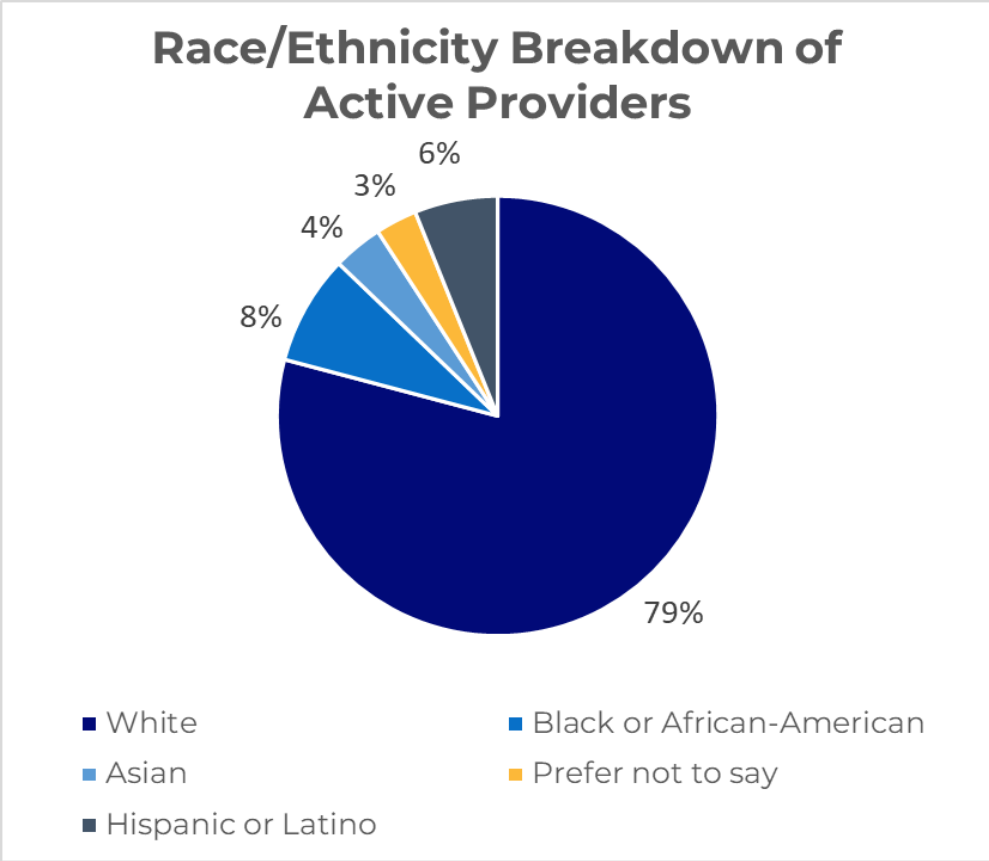
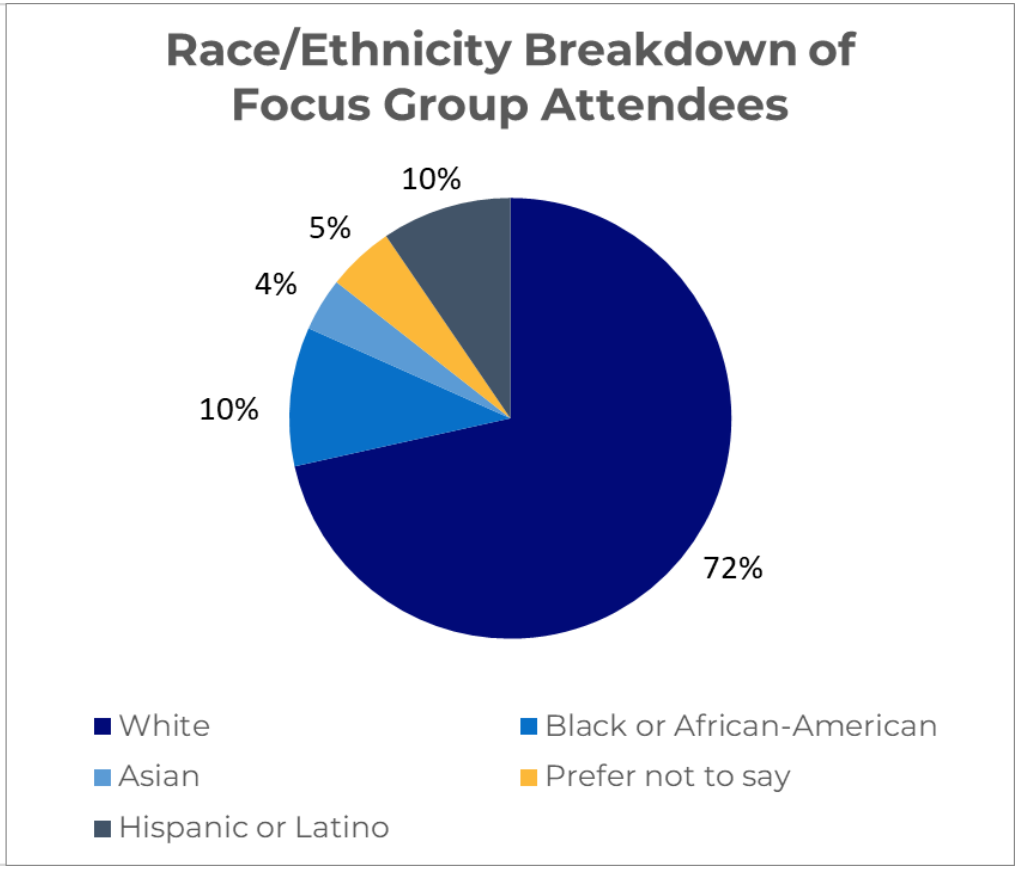
Participants were representative of the current race and ethnicity makeup of the EI provider workforce.





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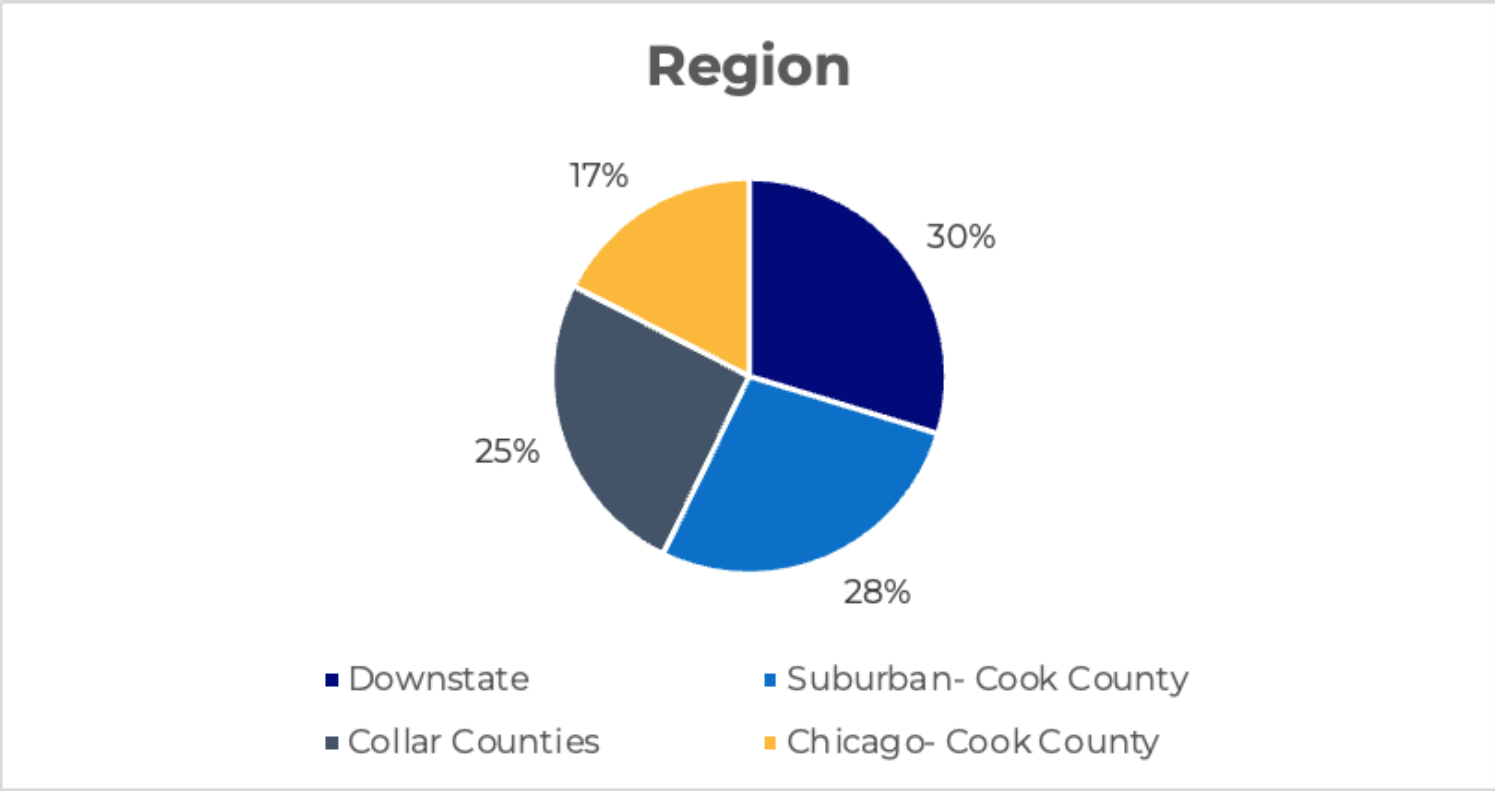
There was approximately equal participation from all four state regions, with every CFC represented.



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Key Findings Across All Research Sources:

- Families face difficulty accessing services that meet their needs.
- Service coordinator shortages are negatively affecting both the provider and family experience.
- Providers are increasingly dissatisfied with low pay and stagnant wages.
- The burden of administrative tasks weigh heavily on current providers, causing some to leave the field.

Families' Difficulty Accessing Services

Illinois serves about 1 in 10 children under 3 with EI, but more children may be in need of services.

- Illinois serves **9.4%** of children under 3 through EI in the course of a year, ranking 14th out of all the states
- However, this may not reflect all of the children who need EI services. Some estimates indicate that **13-20%** of children under 3 could benefit from EI services
  - Illinois recently expanded eligibility to children who are at risk for developmental delays and children who have experienced abuse or neglect, creating a larger population of eligible children who could benefit from services.
- Massachusetts leads all states in the percentage of children served, with **20.7%** of children under 3 receiving EI services
  - In Massachusetts, children can be eligible for EI services on the basis of being at risk for delays or disabilities, even if the delay or disability is not yet established

Source: Prenatal-to-3 Policy Impact Center, https://pn3policy.org/pn-3-state-policy-roadmap-2022/us/early-intervention/

Service delays have increased, and virtual services do not always meet family needs.

- According to IDHS, service delays have almost doubled since 2022, with 8.4% of children and families experiencing service delays in May 2023.
    - Service delays are especially prevalent in rural areas and for children of color.
- Many families have expressed dissatisfaction with virtual services but are struggling to find providers who are willing to provide in-person care.

What we heard:

"It just feels like there needs to be more providers. I was told there was a four to six-month wait for PT services unless I agreed to do the therapy virtually."

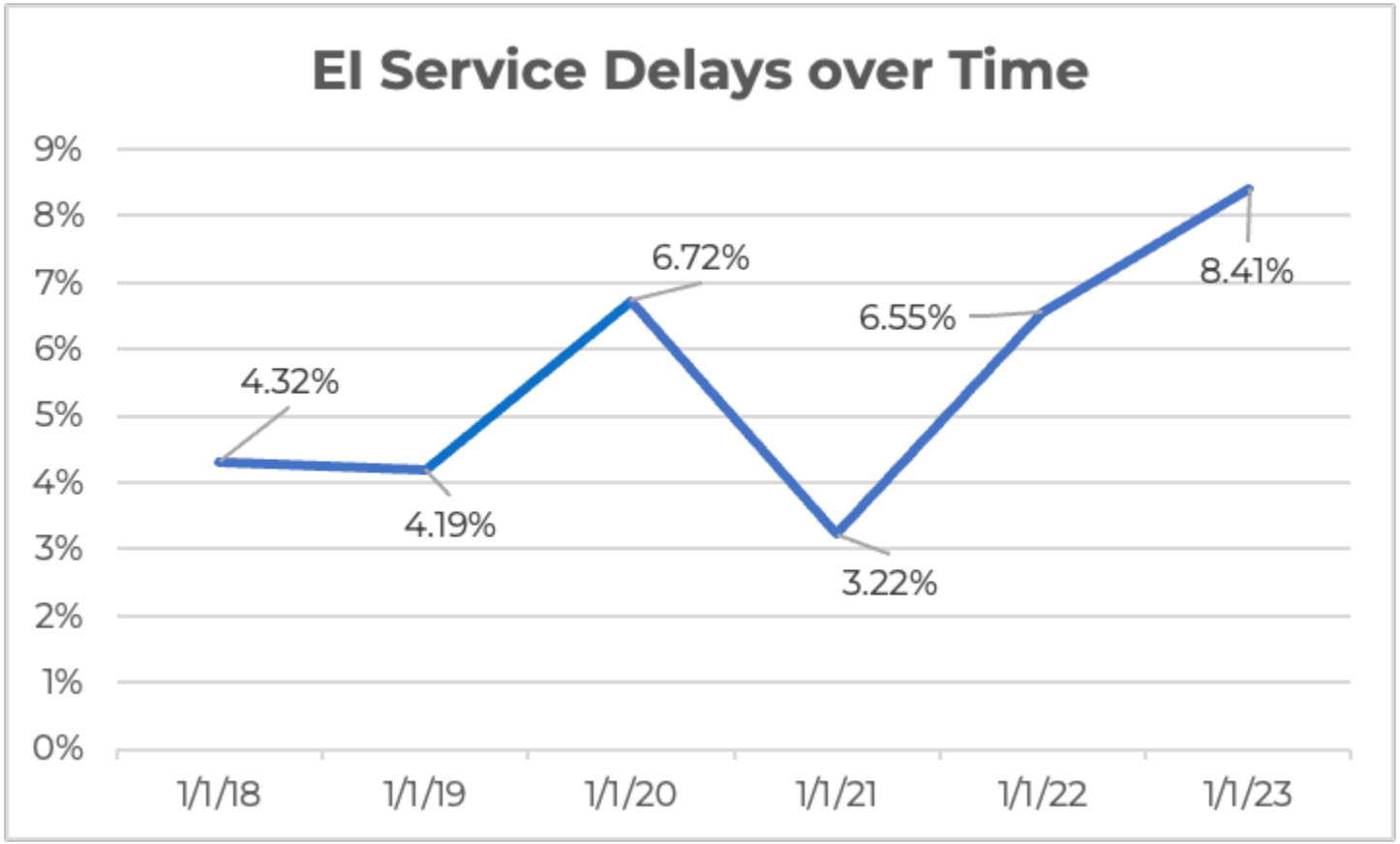
- Focus Group Parent

Asked if she could change one thing about EI:

"Free and accessible to everyone without a struggle."

- Family Town Hall Parent

Service delays have almost doubled since 2018, reaching a 5 year high of 8.4% in 2023.



Source: Service Delay data from IDHS Monthly Statistical Reports

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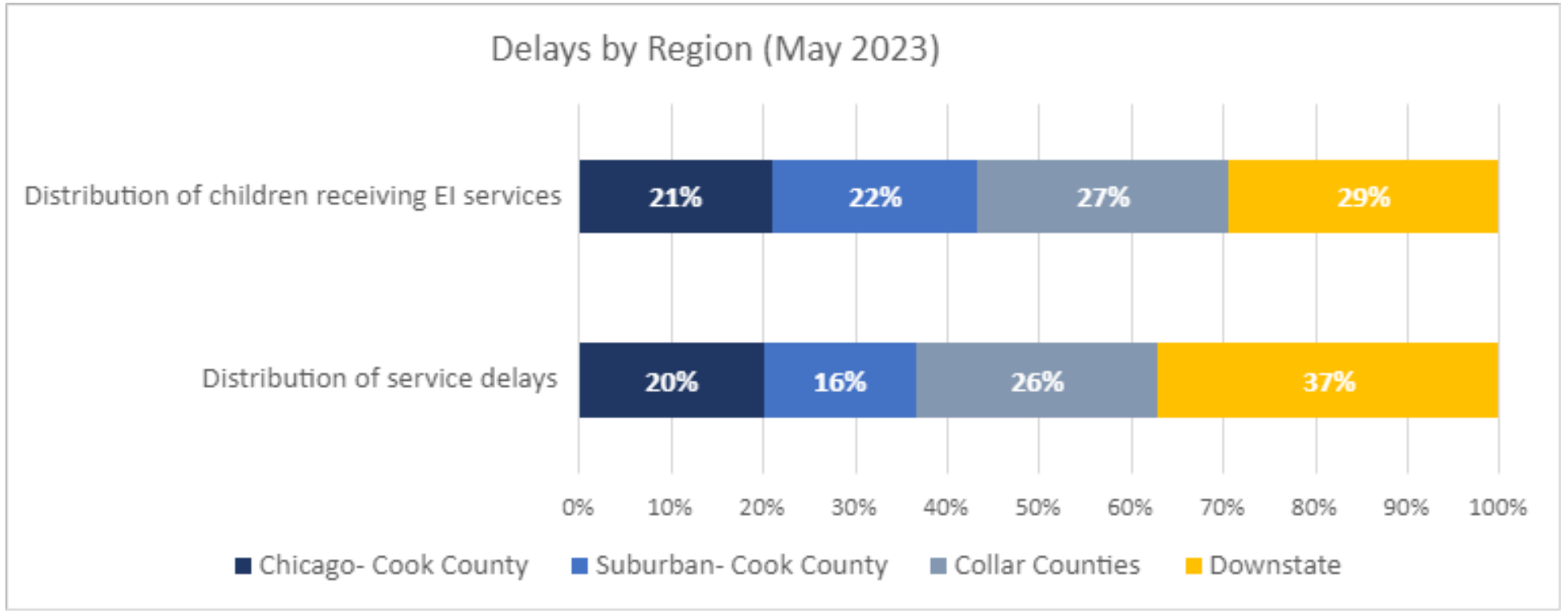
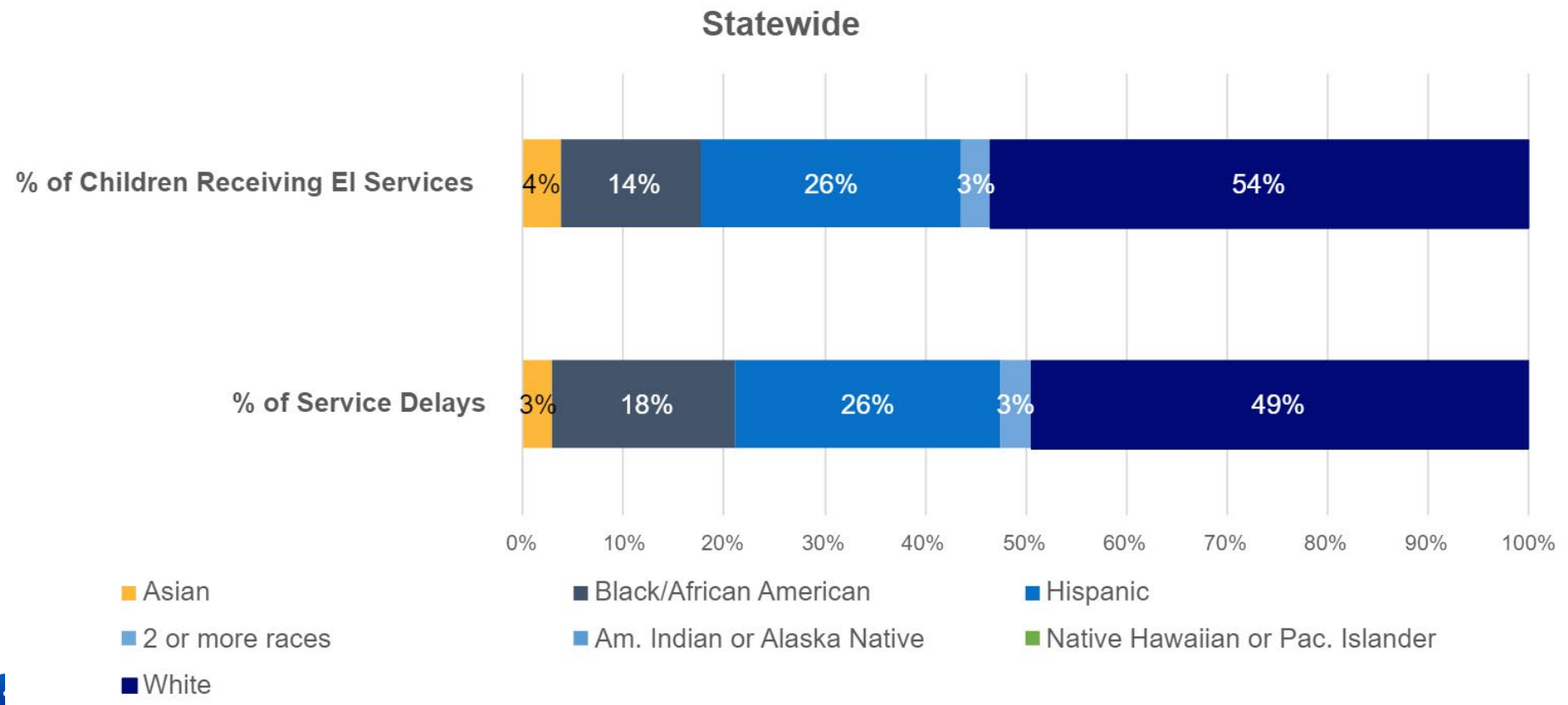
Children in downstate Illinois experience a disproportionate share of service delays.



Source: Analysis of EI Service Delay data provided by the EI Bureau

Across the state, Black and African American children experience service delays at a greater rate.



Source: Analysis of EI Service Delay data provided by the EI Bureau

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Service delays disproportionately affect children of color, but the specifics vary by region.

- **Black children especially likely to experience service delays in suburban Cook County and downstate Illinois:**
  - In suburban Cook County, **16%** of children receiving EI services are Black, versus **23%** of children experiencing service delays.
  - In downstate Illinois, **10%** of children receiving EI services are Black, versus **18%** of children experiencing service delays.

- **Hispanic children are especially likely to experience service delays in the collar counties:**
  - **29%** of children receiving EI services in the collar counties are Hispanic, versus **35%** of those experiencing service delays.

- In Chicago, the demographics of children experiencing service delays are similar to the demographics of all children receiving EI services.

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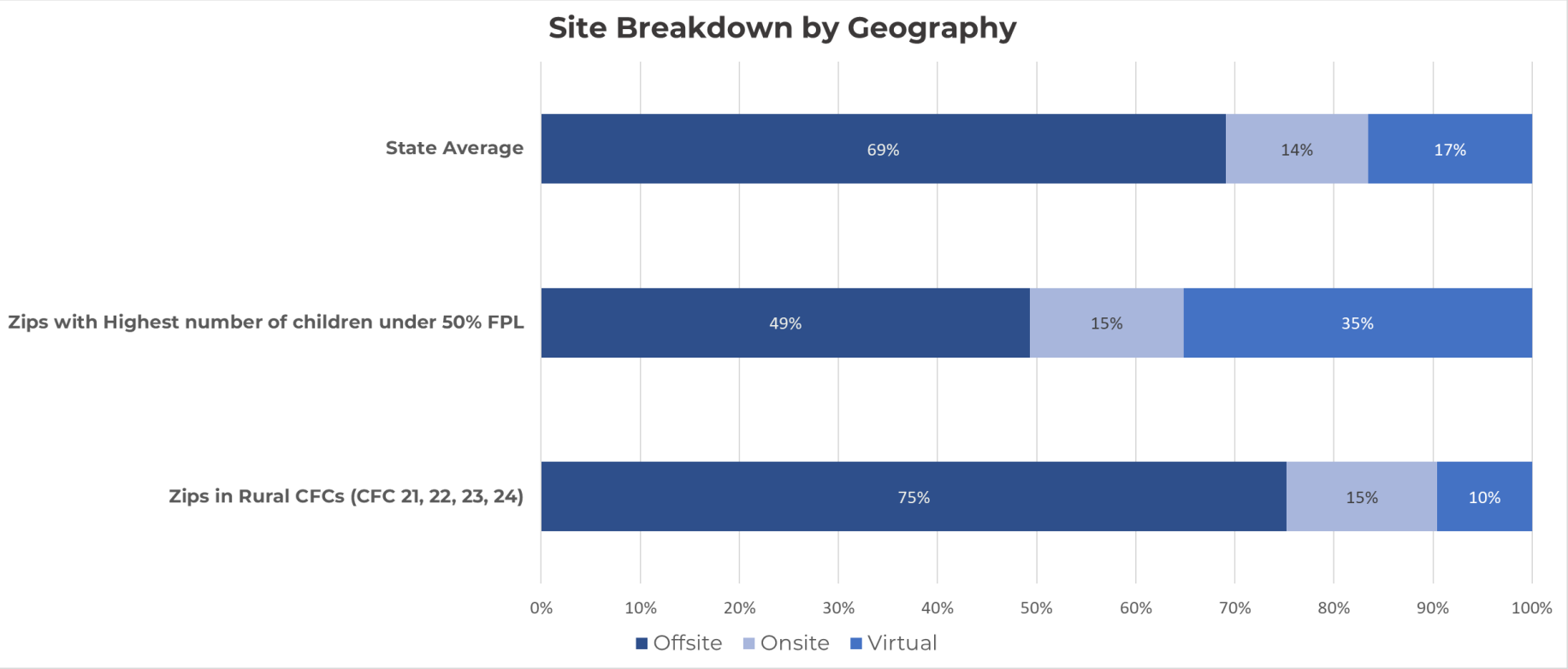
Source: Analysis of EI Service Delay data provided by the EI Bureau

Families in the ZIP codes with the highest number of children in poverty are twice as likely to receive services virtually than the state average, while families in rural areas are much less likely to receive virtual services.



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The 4 ZIP codes with the highest number of children in deep poverty (<50% FPL) are all located in low-income neighborhoods in Chicago: Auburn Gresham, West Garfield Park, South Austin, and South Deering. Data set includes about 10,000 EI claims in these ZIP codes.

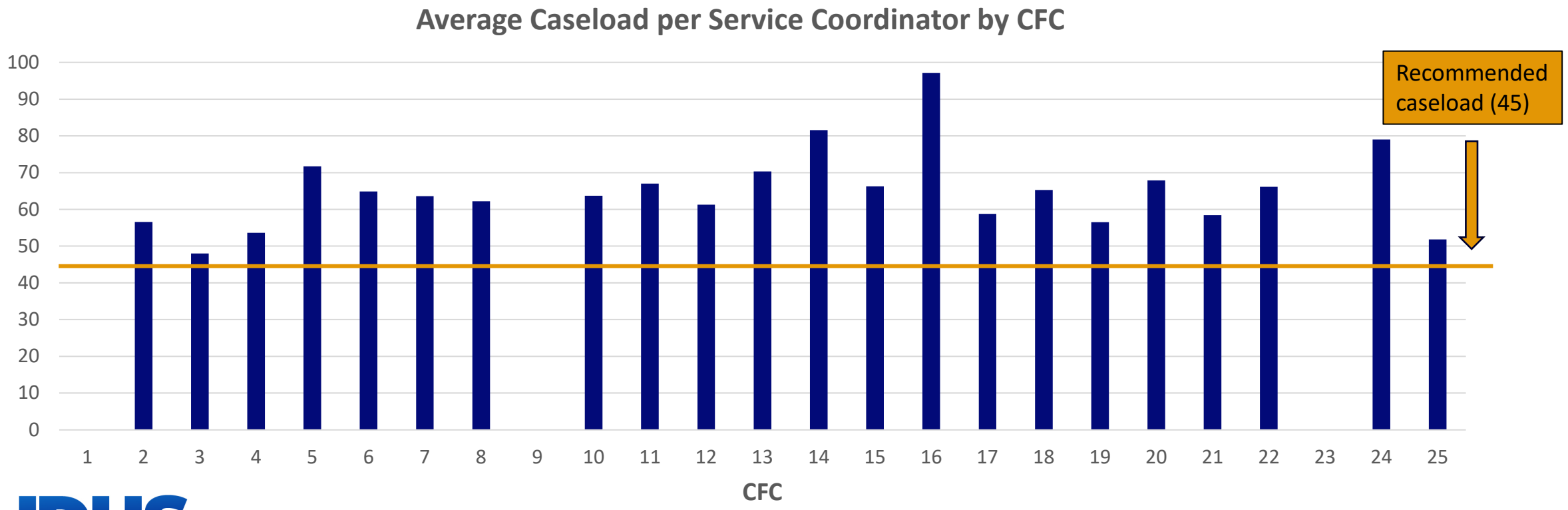
Source: Analysis of EI Claims data provided by the Central Billing Office

What does this look like from the family perspective?

- Have you personally experienced these challenges, or worked with families who have?
- Raise your hand if you would like to share a story of a family who has experienced a challenge described by this data.

Service Coordinator Shortages

As of June 2023, the average caseload per Service Coordinator is above the recommended target of 45 at every CFC.



*No Data was reported for CFC 9 and 23 in June 2023

Source: Provided by EI Bureau

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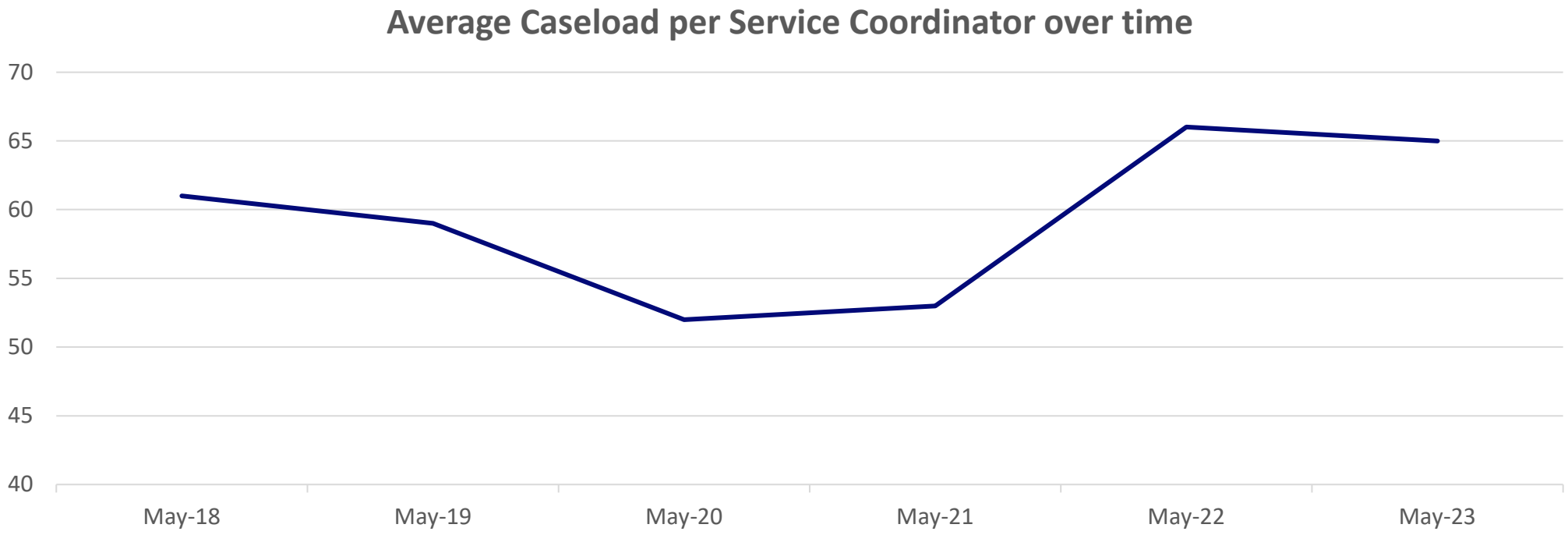
Service Coordinator Caseloads Have Been Elevated for the Last 5+ Years

Average caseloads per Service Coordinator across CFCs have varied over the past 5 years and are now slightly above pre-pandemic levels.



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Service coordinator shortages are negatively affecting both the provider and family experience.

- There is a 13% service coordinator vacancy rate across CFCs in Illinois.
  - Hiring is improving, with a 10% increase in SCs this fiscal year
- According to Ted Burke's recent analysis, to reach the target caseload of 45 cases per service coordinator, CFCs would need to fill all vacancies and add an additional 130 positions.
- Service coordinators receive low pay and have high turnover.
- Unmanageable service coordinator caseloads also affect direct service providers.

Sources: Ted Burke, "Early Intervention Recommendations: Improving Service Coordination and Early Intervention Provider Services in Illinois;" Start Early *Illinois' Early Intervention Program IN CRISIS;* and IDHS Data, May 2023

What we heard:

"Service coordinators are salaried, but I live at home with my parents and would never be able to move out on my salary. It's not a forever career job."

– Service Coordinator, CFC 7

"There are times that we provide services that we will never get paid for. Sometimes it's an accident and either an authorization wasn't entered correctly... I don't think it should be the responsibility of the service coordinator alone. I think that's a lot of pressure to be responsible for everybody's pay, essentially. You know, I just don't think it's appropriate to put that on someone who has a giant caseload."

- Occupational Therapist, Northern Illinois

What does this look like from the service coordinator perspective?

- Have you personally experienced these challenges, or worked with a service coordinator who has?
- Raise your hand if you would like to share a story of a service coordinator who has experienced a challenge described by this data.

Provider Pay and Administrative Burden Challenges

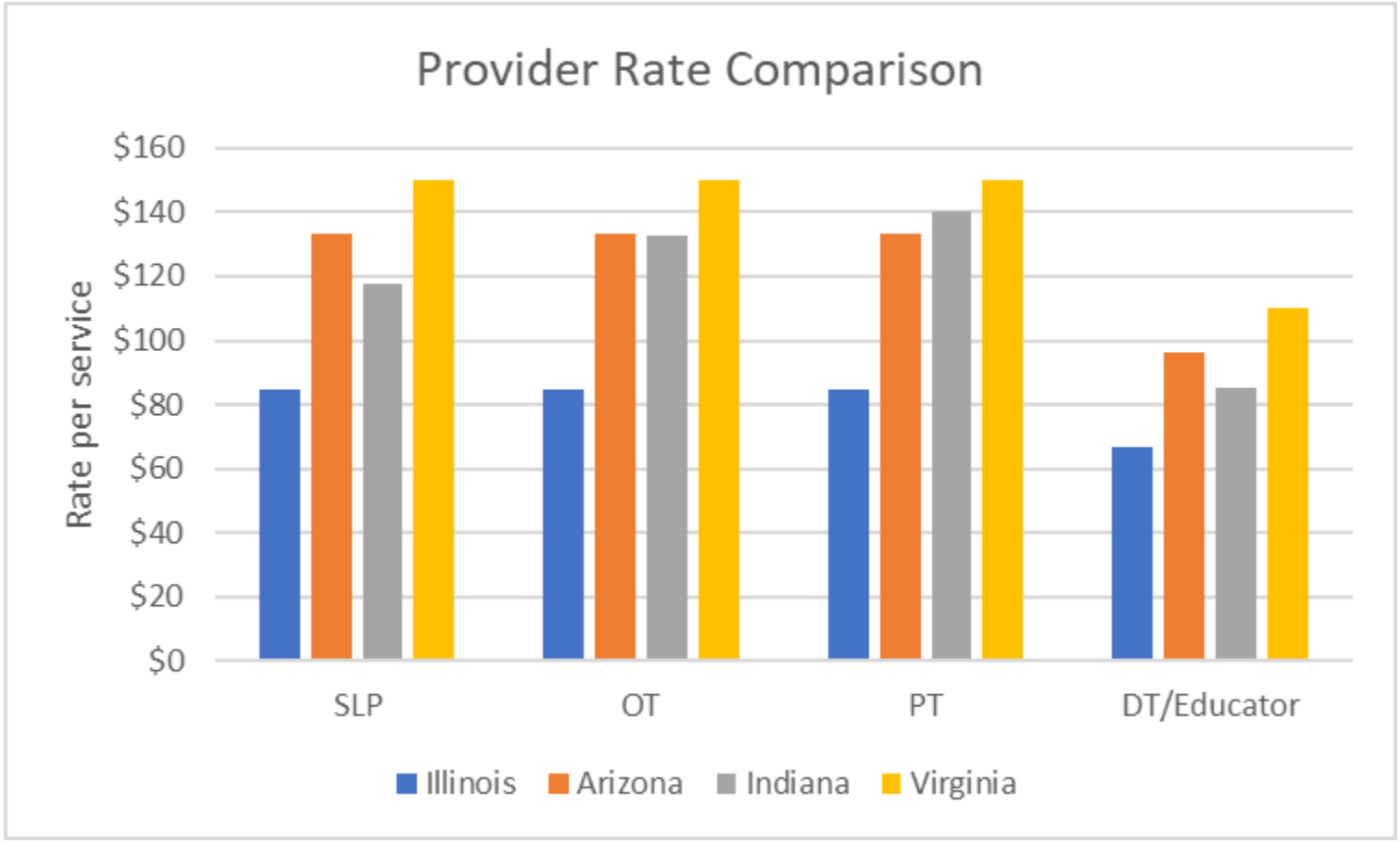
Providers are increasingly dissatisfied with low pay and stagnant wages.

- In the 2023 Workforce Survey, compensation was the #1 barrier cited by providers, and increased compensation was the #1 desired change

- The 2nd most desired change in the 2023 Workforce Survey was to provide cancellation reimbursement, followed by improving benefits and compensation for extra expenses such as travel and admin time.

- In focus groups, providers especially noted the many "hidden costs" they face to carry out their work, such as cancelled appointments, travel time, and health insurance costs.

Reimbursement rates are significantly below those in comparable states.



Source: Ted Burke, "Early Intervention Recommendations: Improving Service Coordination and Early Intervention Provider Services in Illinois"

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The burden of administrative tasks weigh heavily on current providers.

- In focus groups, independent providers reported spending significant amounts of time on authorizations and billing:
  - Billing insurance
  - Contacting CBO to understand denials
  - Dealing with inadequate technology
- Providers often receive delayed payments or are not compensated at all.
- Certification and licensing is a major barrier and challenge to retention and recruitment.
- Administrative tasks were the 5th most common barrier cited in the 2023 Provider Workforce Survey.

What we heard:

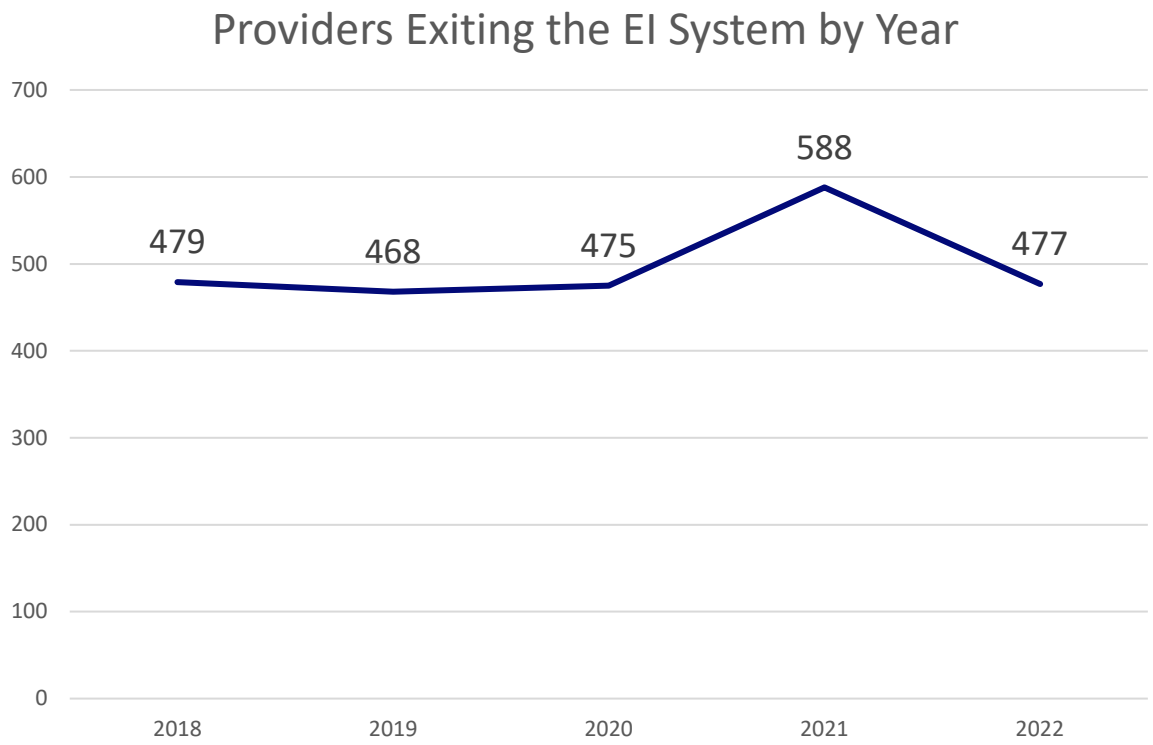
"Even if we were to get paid fairly, I don't think it matters… if you don't get that check on a consistent, confirmed basis… I literally put mortgage bills on a credit card and have to pay 20% in interest because I did not get my expected check."

- Occupational Therapist, CFC 15

"I love what I do. I'm really good at what I do, but sometimes it takes a toll… I spend maybe 2 hours every week just with CBO, trying to figure out what I'm getting paid for and what was denied… And that is money that has been lost."

- Interpreter, CFC 4 & 5

About one-tenth of direct service providers exit the EI system each year.



- An average of 497 providers exited the EI system each year from 2018-2022, or 11.5% of the current total of active providers
- Providers leaving the system look similar to active providers by race/ethnicity and gender
- Psychological/social work specialties are more likely to leave the system than other specialties

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Source: Analysis of data provided by Provider Connections on providers becoming inactive since 2018

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What does this look like from the provider perspective?

- Have you personally experienced these challenges, or worked with a provider who has?
- Raise your hand if you would like to share a story of a challenge described by this data.

Small Group Discussion

- What surprised you or made you think about an issue in a new way?
- What follow-up questions do you have?
- What do you think is most important for this Working Group to focus on over the next few months?

Check Out

Type into the chat:

What is one key takeaway for you from today's discussion?

Next Steps

- Share family focus group registration info with your networks!
- Upcoming in January: Provider & CFC survey
  - If you're willing to test the survey and review questions, email Abby at amccartney@aftonpartners.com
- Next meeting: Consider options for payment reform

Questions?

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Provider and family input will be used to help us understand the full cost of the EI system, including how its various parts interact.

A cost model is a flexible tool that can be used to estimate the impact of various policy, funding, and rate changes. It draws on data about *current costs,* especially *wages and compensation*, to estimate the cost of making changes to caseloads, payment rates, and other factors across the system.

- For example, a cost model can be used to estimate the system-wide cost of:
  - Increasing services in certain specialties or regions
  - Raising rates for certain types of services
  - Reducing caseloads for service coordination by region
  - Increasing compensation to market rates for a given specialty
  - Modifying family fees or private insurance billing