EARLY INTERVENTION RECOMMENDATIONS

Cross-State Research to Inform Early Intervention Service Coordination and Provider Services in Illinois

This document provides recommendations to address workforce challenges faced by providers and service coordinators in the Illinois Early Intervention System. These challenges have resulted in delays in service delivery and created barriers for children and families seeking services. The BUILD Initiative has funded the creation of this document.

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The Problem

The early intervention (EI) system in Illinois is facing several challenges that are causing delays in service delivery and creating barriers for families and children to access services. Families with complex needs, including those experiencing homelessness or involved with the child welfare system, often struggle to access EI services due to their multiple transitions and mobility. Studies also show that there are racial and geographical disparities in the representation of children and families in the Illinois EI system. Families living in specific regions and families of color are more likely to experience service delays.

In the spring of 2021, the Illinois Commission on Equitable Early Childhood Education and Care Funding Report highlighted a concerning issue. Thousands of children remain unidentified or on waiting lists for services, especially in underserved communities, such as those with high poverty rates, rural areas, and ethnically, linguistically, or racially diverse populations, as well as children experiencing homelessness and those involved in child welfare programs. To address this issue, the commission recommended further study, including evaluating the potential for and ramifications of a contract-based system or hybrid approach.

Impacting these challenges are issues around service coordination and provider availability. Currently, service coordinators far exceed the funding formula of one service coordinator supporting 45 families, with some SCs supporting nearly 100 families at any time. Service coordinators also are poorly compensated, resulting in high turnover and vacancies. In Illinois, service coordinators guide families through intake, eligibility determination, individualized family service plan (IFSP) development, implementation of the IFSP, and transition. They are primarily responsible for connecting families to providers to support the outcomes identified on the IFSP. Service coordinators need adequate time to engage families and other child-serving systems and providers so fewer families leave the system early.

Providers is the term used to describe the professionals who provide early intervention services based on the IFSP. These professionals include developmental therapists; speech-language pathologists and audiologists; occupational therapy practitioners; physical therapists; psychologists; social workers; nurses; registered dietitians; family therapists; vision specialists, including ophthalmologists and optometrists; orientation and mobility specialists; pediatricians and other physicians. In Illinois, providers are contractors, not state-employed staff. They may work independently, as part of a small or large provider agency, and be part-time or full-time providers in the system. They are not compensated adequately at rates comparable to their professional peers working in early intervention in other states or to their professional peers working in other settings in Illinois. In most instances, they are not paid for transportation time or missed appointments, often do not receive health benefits, and receive limited, if any, compensation for reflective supervision or professional development.

Report Objectives

This report has two main goals. First, to collect and analyze relevant data and information to (1) understand the landscape for early intervention providers and service coordinators in Illinois regarding compensation, caseload, funding mechanisms, challenges, and strengths of the current system and (2) identify promising strategies from other state early intervention systems for addressing gaps in the Illinois EI system regarding these issues. For this part, the report focuses on identifying providers' organizational structure and funding mechanisms in other states and answering questions such as whether providers are state employees, staff of a non-profit organization, independent contractors, or if a hybrid model of these is used. There are additional questions, including:

- What are the compensation rates for these services in other states, and how are these ensured by (or compared to) reimbursement rates, if used?
- Are there states that offer differential compensation for equitable service delivery of families experiencing high risks (including tiered compensation models or incentives)?
- Are health insurance or other benefits provided to service providers?
- Is there a provision for reflective supervision, and how is it compensated?
- Is compensation for professional development offered?
- Is there and what is the reimbursement for transportation costs, canceled appointments, time for collaboration, etc., for states with fee-for-service contractors?
- How are these costs covered in models that do not involve fee-for-service contractors?

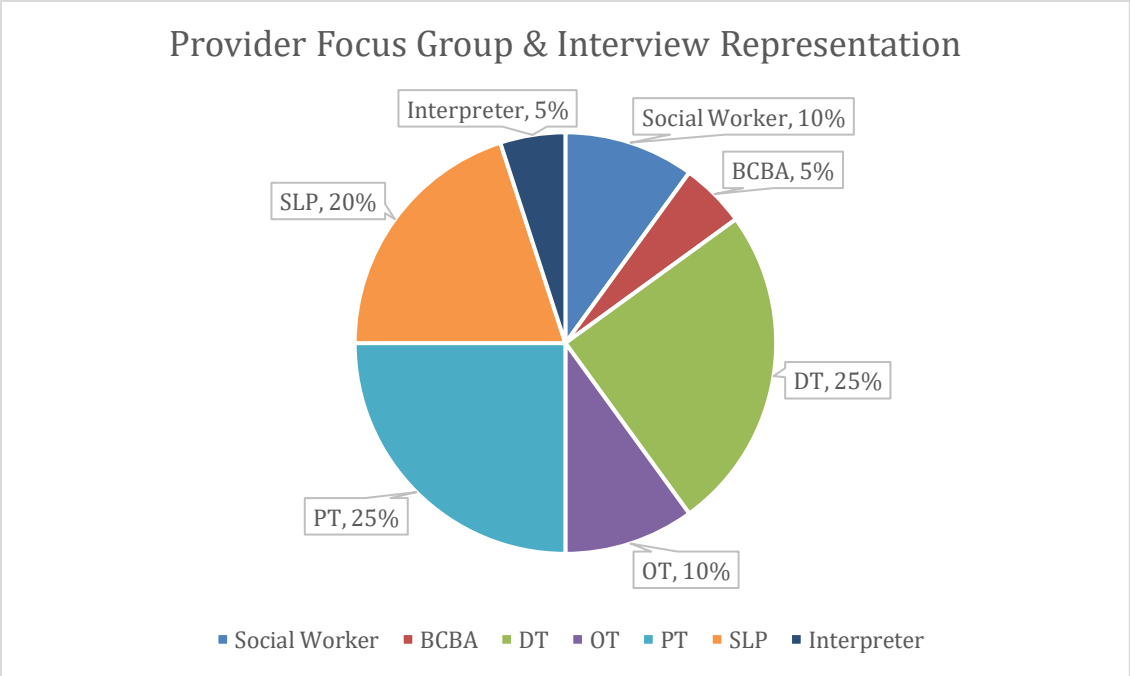
The analysis of these issues relies on secondary data from public sources and primary data collected through surveys, focus groups, and interviews.

Approach

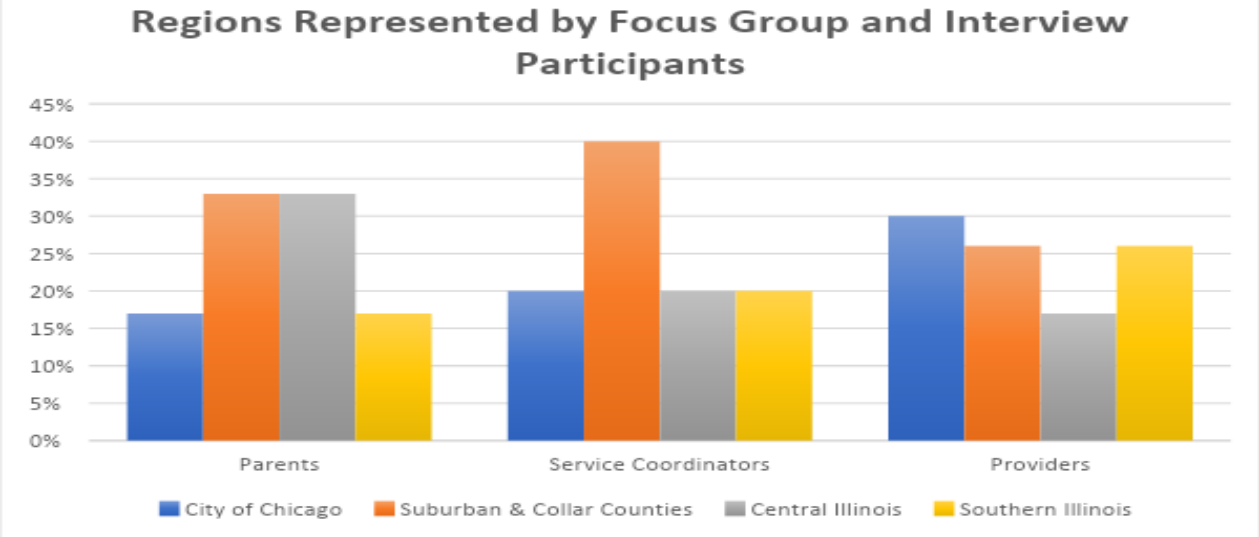
To accomplish these objectives, the report relies on a mix of quantitative and qualitative information, including new data collection. More specifically, we drew on prior research literature where relevant including the Bureau of Labor Statistics (BLS), Infant Toddler Coordinator Association (ITCA), Division for Early Childhood (DEC), Early Childhood Technical Assistance Center (ECTA), Early Childhood Personnel Center (ECPC), Office of Special Education Programs (OSEP), national professional organizations (e.g. AOTA, APTA, ASHA), Illinois Early Intervention Training Program (EITP), Illinois EI Grassroots Alliance, and interviews and focus groups with targeted stakeholders and expert informants (Illinois families, providers, service coordinators, EI leadership from other states, and stakeholder experts from state and national early intervention organizations). Notably, the new data collection included the following:

- Illinois Focus Groups and Interviews that occurred between June-October 2023 (12 Illinois EI family members, 11 service coordinators, 30 service providers). The table below represents the professions of the providers (Board Certified Behavioral Analyst (BCBA), Developmental Therapist (DT), Interpreter, Occupational Therapist (OT),

Physical Therapist (PT), Social Worker and Speech-Language Pathologist (SLP)) who participated in focus groups or interviews.



- Focus group and interview participants represented perspectives from families and professionals from all regions of Illinois. The table below shows a breakdown of the areas represented.



Themes captured throughout the report also relied heavily on information gathered from the following primary sources as well as several secondary sources identified at the end of this report:

- *2021-2022 Center for Equity and Excellence (CEE) Illinois Part C Equity Pilot* (CFCs 6, 9, 11)
- *2023 EITP Provider Survey* (1897 Illinois EI Providers and Service Coordinators…including 222 respondents from CFC offices (SCs, program managers, parent liaisons, SE consultants, etc..)
- *2022, 2023 Illinois EI Grassroots Alliance Provider Surveys* (323, 900 & 900 responses from Illinois EI Providers)
- *2022 Illinois Family Outcomes Data* (2236 Illinois Families)
- *2022 Illinois Child Outcomes Data* (9638 matched pairs)
- Meetings and correspondence with and support from the Illinois team of advocates and stakeholders, including EITP, Illinois EI Clearinghouse, Provider Connections, Illinois Interagency Council on Early Intervention (IICCEI), Start Early, DHS/DEC personnel, BUILD Initiative, and Afton Partners LLC.

Recommendations Overview

The report provides recommendations to address the immediate need to retain current providers and service coordinators while also attracting new ones. These recommendations are divided into three phases: workforce stabilization, workforce strengthening and sustaining, and workforce infrastructure support. The recommendations are based on research literature and successful state examples that focus on strategies to recruit and retain early intervention personnel. A detailed overview of these recommendations can be found later in the report. An overview of the recommendations are listed in the illustration below:

WORKFORCE STABILIZATION RECOMMENDATIONS

- Implement one or more additional rounds of incentive bonuses for current early intervention providers and service coordinators
- Provide differentiated rates to providers working in specific areas of the state
- Provide mileage reimbursement to providers working in specific areas of the state
- Compensate providers for missed appointments

WORKFORCE STRENGTHENING AND STABILIZATION RECOMMENDATIONS

- Increase rates for providers and service coordinators and provide COLA annually.
- Develop a pilot grow your own apprenticeship programs for service coordination and developmental therapists in targeted Child and Family Connections offices (CFCs) and regions of the state
- Develop a pilot blended service coordination model in targeted CFCs
- Implement functional, secure, accessible data systems
- Implement billing of private insurance by State/Central Billing Office (CBO) for all insurance claims
- Develop a new provider mentor program

WORKFORCE INFRASTRUCTURE SUPPORT RECOMMENDATIONS

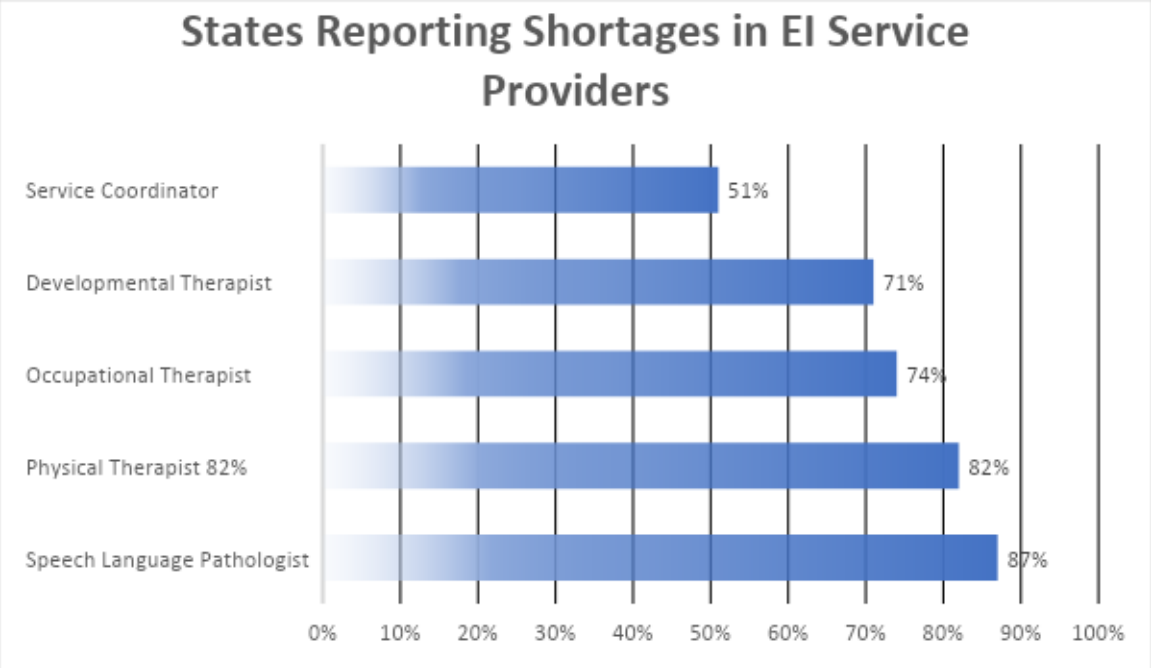
- Hire a marketing firm to conduct a public awareness campaign focused on recruiting and attracting new providers and service coordinators to the Illinois Early Intervention System.
- Implement efficiency strategies to support new providers entering EI
- Expand regional support of CFCs
- Develop an Illinois Comprehensive Systems of Personnel Development (CSPD)

National Landscape

Shortages of personnel serving children with disabilities are not a new phenomenon. Illinois has always faced these shortages at varying levels in the state's history of providing early intervention services. Two significant shortages occurred in 1997, when Illinois moved away from a grant-funded program model to a contractor model of early intervention services provision, and from 2007 to 2009, when the Great Recession impacted the state. Today, we

face yet another crisis affecting early learning across the United States. Early intervention and early childhood programs at state and local levels are facing unprecedented challenges in hiring educators of young children with and without disabilities. Enrollment in teacher preparation programs is decreasing, with some reports suggesting enrollment was down as much as 25% since 2010 (Kaniuka, 2020). The profession of occupational therapy has seen a 15% decrease in enrollments in occupational therapy graduate programs from 2016 to 2022. (AOTA, 2023). Conversely, enrollments in speech-language pathology graduate programs have increased by 24% between 2016 and 2022 (ASHA 2023), and enrollment in physical therapy graduate programs has increased by 22% in the same period (APTA, 2023).

Simultaneously, turnover in personnel has led to shortages in the EI workforce nationwide. For EI personnel, the IDEA Infant and Toddler Coordinators Association (ITCA) found through their 2022 Tipping Points Survey that 100% of the forty-five states completing the survey reported experiencing shortages in EI personnel in their states, and 25% of states reported having EI contracted personnel decline to participate due to fiscal constraints over the previous three years. Speech-language pathologists also represent the profession, with the highest percentage of states (87%) reporting shortages for EI services, followed by physical therapists (82%), occupational therapists (74%), developmental therapists (71%), and service coordinators (51%).



Low wages are a significant contributing factor to this shortage. According to the AOTA Compensation survey (2023), occupational therapy practitioners working in early intervention have an average base salary of $57,885, which is 30% less than if they worked in a school setting and 38% less than in a hospital or clinic setting (BLS, 2022). The American Speech Language Hearing Association (ASHA) (2022) reports that the median pay for a speech-language pathologist working full-time in a pre-K school was $68,000, which is 10% less than if they

worked in a secondary school setting and 24% less than if they worked in a hospital or clinic setting.

During April of 2022, national leaders highlighted the challenges states faced regarding service coordination. The main problems reported included difficulties with staff retention and recruitment. A survey was conducted with 769 service coordinators and other personnel involved in early intervention across eight states. Based on the survey responses, it was found that service coordinators had the following needs:

- Balancing the workload by decreasing the number of families served and the paperwork
- Offering more training opportunities, including better and more frequent training, specifically for new and seasoned service coordinators
- Improving compensation and funding, including increased pay to reflect workload requirements better and to attract and retain high-quality staff
- Offering more networking opportunities to learn from and support each other and share ideas and strategies for what works
- Increasing the respect for service coordinators as professionals and valuable team members
- Having adequate time to support families, which is affected by paperwork/timelines that interfere with quality and individualization
- Addressing technology needs, including needing hardware and software/data systems for documentation, scheduling, and managing timelines

Illinois Landscape

What are Illinois EI families experiencing?

The Illinois Early Intervention System is a program that provides services to families with infants and toddlers through regional system points of entry (called Child & Family Connections) and a provider fee for service vendor model. It is authorized by Part C of the Individuals with Disabilities Education Act (IDEA). The current system has been in place in Illinois since September 1997. It provides services that aim to assist infants and toddlers with developmental delays or disabilities, focusing on supporting children and their families in developing physical, cognitive, communication, social/emotional, and self-help skills.

Unfortunately, there has been a significant increase in service delays for Illinois families since 2022. The program's caseload has continued to grow beyond pre-pandemic levels, and the shortage of personnel is significantly impacting the provision of timely services. As of May 2023, there were 27,899 active cases in the system, a 7% increase from pre-pandemic levels in SFY19. Due to the increasing caseloads and a shortage of service coordinators and Early Intervention providers, service waiting lists are historically high. In Fiscal Year 2022, 4.7% of families experienced a service delay, comparable to delays seen in 2019 pre-pandemic. However, that percentage has now nearly doubled, with as many as 8.41% of children waiting for services as

of May 2023. It should be noted that these delays only represent families with IFSPs. Many families are waiting much longer for both intake and evaluation who do not have IFSPs.

The Illinois Early Intervention Training Program (EITP) distributed the Family Outcomes Survey for SFY22 to 15,080 families, and 2,236 responded (response rate: 14.83%). The results are shown in the table below:

Survey Question/ % 4 or Higher	SFY19	SFY20	SFY21	SFY22
To what extent has early intervention helped your family know and understand your rights?	72.6%	75.1%	72.3%	74.11%
To what extent has early intervention helped your family effectively communicate your child's needs?	78.4%	80.5%	76.6%	76.51%
To what extent has early intervention helped your family be able to help your child develop and learn?	77.5%	78.5%	76.4%	73.82%

Illinois could only achieve one of the three targets it had set for the feedback received through this survey. While families appreciated the hard work of their interventionists and expressed gratitude for their child's progress, they also expressed dissatisfaction with virtual services, waiting for or not receiving needed services, facing difficulties during the transition, and a lack of communication.

Families participating in focus groups had varied experiences with the EI System. Overall, families with excellent and consistent service coordination from the beginning had generally positive experiences. Some quotes include:

- "I had access to everything. I called the number that my friend had given me and almost immediately got connected. They sent someone out to my home to evaluate my son immediately. He needed everything: SLP, DT, OT; I had thought it was just speech. "
- "Honestly, I just genuinely feel like they were rock stars…. I've spoken to other parents, and I just lucked out and got the cream of the crop of therapists." he got into pre-k, and his speech skyrocketed. I probably should've put him with other kids earlier. "

Some families had unsatisfactory experiences, which were mainly due to poor communication from both service providers and service coordinators. They were also overwhelmed with

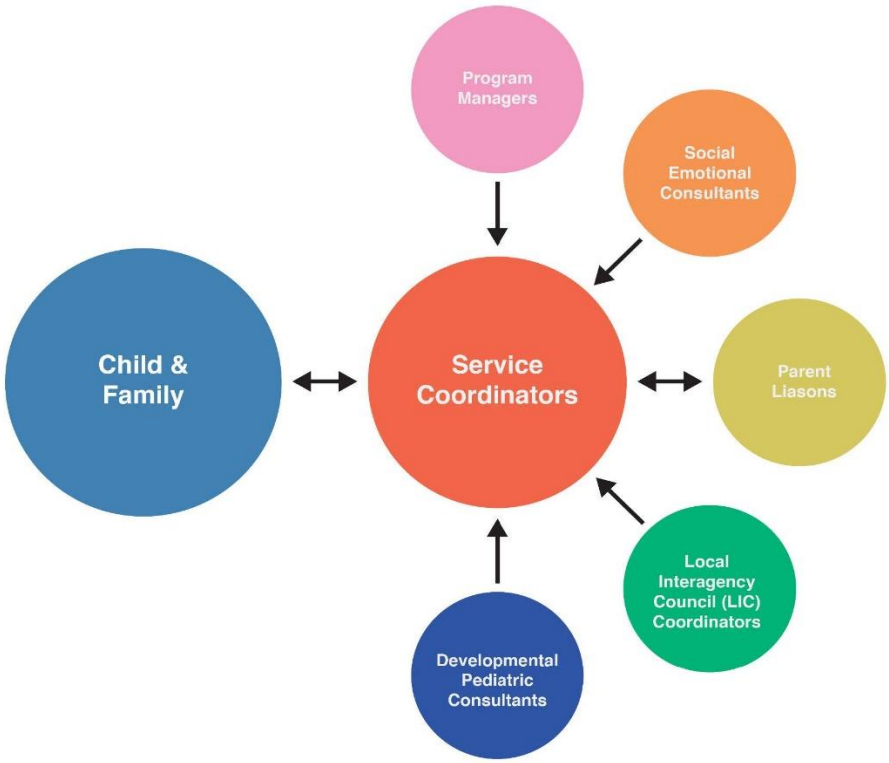
scheduling appointments with multiple therapists and struggled to keep track of all of them. Here are some quotes from affected families:

- “In my opinion, there should be some checkpoints along the way or some mandatory communication.”
- “I wish there were structures for providers to communicate progress to parents. I shouldn't have to request ongoing progress about my child.”
- “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.”

What are Illinois EI service coordinators and Child and Family Connections Offices experiencing?

The focus of the Illinois EI system's service coordination model is on maintaining a primary relationship and reciprocal partnership directly with the family. Service coordinators are responsible for connecting families with the parent liaison, who may collaborate with the family when necessary. Other support personnel only offer direct support to the service coordinator and do not maintain a direct relationship with families. The Illinois SC model is illustrated in the graphic below. (EITP, 2020)

Service Coordination Model (Graphic)



Local CFC offices are reporting significant shortages in personnel. There are over 63 service coordinator vacancies (12.8% vacancy rate for funded staffing level) at the 25 CFC offices across the state (Start Early *Illinois' Early Intervention Program IN CRISIS* and IDHS Data, May 2023). As of May 2023, the average service coordinator carried 65 families on their caseload of all active IFSPs. Data shows that, in addition to filling the current vacancies, nearly 130 additional service coordinators are needed in the system to achieve the recommended caseload levels of 45 cases per coordinator. So, the true vacancy rate to achieve the recommended 45 caseload level is 30.96%, or the need for 193 new service coordinators. High caseloads and low compensation have led to high turnover and vacancies, which in turn is creating challenges for families trying to get into the EI system.

The Early Intervention Training Program (EITP) offers a comprehensive system of supports for Illinois EI service coordinators that includes:

- Peer-to-Peer Supports
    - Illinois Service Coordination Forum
    - Regional Child & Family Connections (CFC) Support Meetings
    - Illinois SC Stakeholder Group
    - Division for Early Childhood Service Coordination Community of Practice (DEC SC CoP)
    - National Service Coordination Leaders Group
- Professional Development
    - Service Coordination Online Blended Training
    - SC Forum
    - Child & Family Connections (CFC) Statewide Conferences
    - Family Assessment Institute
    - National Service Coordination Webinars
    - Conference attendance/presentation opportunities
    - General Continuing Education Opportunities
- Leadership Development
    - EITP Leadership Fellowship
    - IL SC Forum Leaders
    - Stakeholder Workgroups
- Recognition
    - CFC/SC Awards
    - Local Level Opportunities - CFCs provide opportunities for recognition, awards, increased responsibilities, and career advancement, including tuition reimbursement.

Participants in the service coordination focus groups included representatives from all state regions. The focus groups identified several themes, these included:

- Many people are not familiar with the service coordinator role until they are hired for the job. Only those who have been in the position or have had a child go through the system are aware of what the role entails. This lack of awareness is prevalent in college and professional groups as well.
    - Service coordinators suggested that a public awareness campaign be launched to promote service coordinator and other EI positions as a career opportunity for high school and college students, as well as professionals in other settings.
- There is a general agreement that credentialing new providers takes too long. It has been suggested that a more hands-on approach be adopted and some parts of the process automated to improve efficiency. New providers often struggle with the business aspects required to work as an independent provider in the system.
    - It was suggested that EITP and Provider Connections could consider offering additional training, resources, and mentoring to help them overcome these challenges.
- There is an equity issue in families receiving services across the state, primarily based on where they live. This problem is prevalent in both urban and rural areas, and it has a more significant impact on families of color.
    - Service coordinators suggested that Illinois can implement solutions such as a differential pay structure based on zip codes that face a shortage of service providers and compensation for no-shows and transportation costs.

What are Illinois EI providers experiencing?

The Illinois Early Intervention system is facing significant challenges due to an increase in referrals and long-term neglect of addressing the low compensation paid to service providers and coordinators. The need for EI is increasing while providers in EI are leaving, and it is tough to attract new providers under current working conditions (Illinois EI Grassroots Alliance, 2022). Legislation passed within the past two years has acknowledged the need for Early Intervention for children in cases of abuse/neglect- Public Act 102-926, enacted 5/28/22, made any child under the age of 3 who is the subject of a substantiated case of child abuse or neglect eligible for early intervention, and other legislation that offers extended EI services for children who turn 3 in the spring and summer months is also creating a greater need for a robust system of early intervention services for families.

Early Intervention has had limited pay increases in the last 25 years. A 2016 study from the IL Partners for Human Service (Failing to Keep Pace: An Analysis of the Declining Value of Illinois Human Services Reimbursement Rates, Annie McGowan, Feb 2016) indicated that EI Provider rates would need to increase by 26% to keep up with the cost of living.

Overall results from a survey conducted by EITP in April/May 2023 of almost 1900 Illinois EI providers and service coordinators reflect a mix of satisfaction and dissatisfaction among

individuals in their roles in Early Intervention. While many express a genuine passion for working with children and families and find aspects of their job rewarding, some clear challenges and frustrations impact overall satisfaction. A summary of the responses shows that providers find the following aspects rewarding:

- Having work hours that can flex to react to other work and personal schedules
- Serving families and children with disabilities
- Forming connections with families served
- Working with infants and toddlers
- Answering what I feel is my calling or purpose in life

Provider focus group members echoed these sentiments, as some of the following selected quotes reflect:

- “Despite everything, I’m still an EI provider for the difference you can make right away in the child/family's life!!”
- “The autonomy in scheduling (I'm an independent provider) is a great benefit to me and my family.”
- “I can provide services and support to kids that would not ordinarily access it, and that’s very important to me.”
- “It is a tremendous creative challenge working with such a wide range of children and families, and it helps prevent burnout.”
- “Flexibility for providers is a strength--you can choose to be an independent provider or work for an agency, and you can decide how many families you want to serve. I appreciate the IL model of routines-based practice. I understand the teaming model and that we aren't a primary service provider.”
- “Use of video technology for meetings and sessions. It is fabulous that documents are shared over (secure, sometimes) email.”
- “I love empowering parents through coaching and bringing them HOPE!”
- “The best parts are the creative challenges, flexibility, and knowing that the relationships you are building as a "first responder" make all the difference. And you can see the difference! (and the kids are cute)”

But they are dissatisfied with the following:

- Financial strain due to low pay and lack of reimbursement.
- Frustration with administrative issues, paperwork, and changing policies.
- Concerns about long waitlists and insufficient access to services.
- Challenges in communication, collaboration, and coordination.
- Burnout and stress from high caseloads and workload variability.

Provider focus group members echoed these sentiments, as some of the following selected quotes reflect:

- “Billing and IMPACT difficulty, and each time you call, someone gives you different information.”
- “Numerous challenges in getting timely responses from service coordinators.”
- “Critical issues include payment for necessary "additional" services not covered in sessions, consistency between CFCs, and significant limits in convenient scheduling for medical diagnostic evals.”
- “The lack of pay and benefits, rate increases (until recently), and billing challenges continue to make me consider leaving the EI system.”
- “I work with CFCs in the City, and there are many inconsistencies in how CFCs work with providers, enforce policies, and communicate with families (or lack thereof). Everyone needs to get on the same page. I understand there could be differences between how CFCs work in the City and Southern Illinois, but there shouldn’t be so many differences between CFCs who are neighbors…I do understand that high caseloads and staff shortages are having a major impact, but ultimately it’s the families and children who are negatively impacted!”
- “Increasing cost of health insurance, no reimbursement for no shows or transportation are making it impossible to not look for a job that will support these benefits.”

The level of satisfaction gained by working in early intervention seems to be influenced by a combination of intrinsic rewards from the work itself, such as helping families and children, and extrinsic factors like compensation, administrative efficiency, and support systems. Despite many people being passionate about their roles and the positive impact they make, the challenges they face can lead to feelings of dissatisfaction and uncertainty about the long-term sustainability of their careers in early intervention.

Challenges

- **Financial and Compensation Issues are the biggest challenges to recruiting and retaining a high-quality workforce**
    - EITP's 2023 Workforce Survey highlights providers' frustrations related to
        - Low pay and stagnant wages over the years.
        - Lack of reimbursement for expenses like gas mileage.
        - Financial strain due to last-minute cancellations and no-shows.
        - Desire for better compensation and benefits comparable to other professions.
        - Experienced service providers leave their jobs due to low compensation, lack of benefits, and burnout.
    - Inequalities in pay across disciplines in early intervention (EI) lead to differences in the perceived value of certain fields. Additionally, there are challenges in meeting continuing education requirements and staying up-to-date with new knowledge and evidence (no reimbursement or support for this). There is a desire for better compensation and support that reflects the expertise and demands of the role.
    - The Illinois EI Grassroots Alliance shared that EI providers are paid:
        - As independent contractors with no benefits. No medical/health insurance, no unemployment, no dental/vision, no FMLA, no sick time, no vacation time, no 401K
        - Inconsistently - sometimes waiting months to be paid. This is not ONLY due to delays from the State of IL., but providers have to bill insurance first and wait for denials in order to bill the State. This situation often results in payment for sessions months after the work.
        - Only for direct service time - no pay for no shows, cancellations, or session preparation. Cancellations are a huge issue; providers may have 30 weekly appointments on their calendar but have eight cancellations that week & therefore only paid for 22 hours.
        - By insurance plans: Allied health professional providers (Speech Language Pathologists, Occupational Therapists, Physical therapists, Counselors, Social Work, Dietitians) must understand insurance coding and billing in order to work in EI.
    - The Grassroots Alliance estimates a true annual salary utilizing Illinois' current reimbursement rates (after expenses) of $41,571 - $50,771 for SLPs, OTs, and PTs and $32,567- $41,767 for DTs. Expenses factored into the estimates include
        - Daily Costs:
            - Taxes: self-employment tax
            - Illinois state tax

        - Workman's compensation
        - Unemployment tax
        - Cost of billing sessions
        - Travel time to client's homes
        - Gas, parking fees, wear & tear on vehicle
    - Yearly Costs:
        - Insurance- professional liability & general liability
        - Health Insurance
        - Cost of continuing education for therapist
        - Maintaining Licensure/Credentialing
        - Cost of cell phone & unlimited mobile data
        - Cost of HIPAA compliant medical record system; email; online or physical fax machine; telehealth platform
        - Computer; printer & ink; mail costs/postage;
        - cleaning supplies/materials for health safety (masks, sanitizer, etc) $450/year
        - Assessments & test forms
    - Based on data from the ILPH Failing to Keep Pace report from 2021 and additional analysis done by the EI Grassroots Alliance recommends a 30% pay increase for provider disciplines, including SLP, OT, PT, DT, and DT-Hearing/Vision Specialists. Additionally, they recommend a 15% increase for Psychological/Counseling services and a significant pay increase for service coordinators.

- **Entering the EI System can be challenging for new providers:**
    - In EITP's *2023 Workforce Survey,* Many providers new to the system mentioned the complexity and lengthiness of the credentialing process. They highlighted difficulties in navigating websites, understanding requirements, and completing paperwork. The process was often described as confusing and time-consuming.
        - One provider focus group member said, "The credentialing process can be complex. New grads are now navigating starting in their profession (e.g., OT, PT) as well as EI and the additional requirements to be an EI provider. "
    - Many individuals faced difficulties in meeting the necessary training requirements and building a caseload to complete the required hours. It was challenging to balance working another job while obtaining training hours and enough referrals to meet the credentialing requirements. Administrative hurdles such as paperwork, fees, and processing times were also encountered. Broken websites and issues with online enrollment systems added to the frustration. Participants suggested that streamlining administrative processes and improving online platforms could help address these issues.

        - Quotes from provider focus group members included:
            - "Figuring out billing; benefits and challenges of working for an agency or being an independent provider. "
            - "For new folks into EI now, just finding out how to get referrals, connect with the CFCs, and get their name out there can be a challenge. So many of these bits and pieces seem like secrets. The IL EI website(s) can be difficult to search and understand, and the Bureau often seems to issue/make decisions."
            - "I also work in higher education and have many students who are interested in EI, but they talk about the need for mentoring, support for CE, benefits"
            - "It definitely would have been helpful to have billing support as an independent provider. My CMS 1500 completion skills were passed along to me by word of mouth, and I still cross my fingers about whether I've filled the forms correctly. "
    - Many new providers thought they would benefit from having a mentor to help them navigate the application process and provide ongoing support.
    - Both survey respondents and focus group members thought having clearly outlined step-by-step instructions for becoming a credentialed provider would help new providers.

- **Inconsistent communication and procedures across the State from Child and Family Connections Offices:**
    - The feedback received pertains to recent changes, such as the new Data Management System and the need for smoother implementation. There are suggestions for providing additional training and resources to support providers in adapting to changes. Additionally, there are calls for a more family-friendly approach, considering the impact of policy shifts on families' experiences.
    - Communication issues and inconsistency in how procedures are implemented between CFCs are a recurring theme. Some CFCs in the same regions of the state have both communicated and implemented procedures differently with the same providers. Some individuals faced challenges getting timely responses from service coordinators and IFSP team members, leading to frustration and delays in their progress. It can be challenging to coordinate team meetings and obtain authorizations for them. Challenges in coordinating supports and services within cross-disciplinary teams are frustrating providers, and clear communication channels and more responsive support were desired.
        - One provider focus group member said (and other focus group participants shared similar quotes), "My experiences as a provider have seen that when

families have a positive and fulfilling early intervention experience, it can be largely attributed to their service coordinator who communicates with and advocates for the family and is keeping the IFSP team fully informed…and on the flip side when families have an awful EI experience it can also be attributed to their service coordinator who didn't advocate for them and didn't communicate well with the family or the IFSP team members. In a nutshell, service coordination is vitally important to a family's experience in EI in either a positive or negative way."

- Another provider focus group member said, "SC's not going by what is written in their manuals. Poor communication and lack of consistency are failing providers and families."
- Another quote stressed, "…there are such long "wait lists" now that families aren't receiving callbacks from service coordinators and are waiting months for services; families have the burden of navigating this system!".

- **Use of technology is lagging:**
  - The administrative burden and paperwork are echoed throughout the existing provider survey data and responses from focus group participants. Frustration with time-consuming paperwork, documentation, and report writing, as well as challenges in navigating insurance billing and other administrative tasks, should be able to be automated.
  - Providers recognize the state is moving forward with a new web-based system, and the hope is it will address many of the challenges providers and families are currently enduring.
  - One member of a provider focus group said, "Some things possibly need to be updated, e.g., correspondence with Insurance billing to be done by fax rather than having to mail everything-- technology is not being used to its best benefit, even for things like billing!"
  - Another shared, "Need for better communication with providers from the bureau. We have to go onto Provider Connections to check updates. Why can't they have an email listserv, and info is sent to all providers?"

- **Insurance billing is complex and often time-consuming and costly**
  - Most of the providers in the focus groups shared that the complexity of getting into the network, communicating with various insurance companies, and getting paid on time are challenges.
  - One provider shared, "Benefits: you might get paid more than the EI rate, depending on the family's coverage. BCBSIL PPO usually pays reasonably quickly (faster than

CBO). Challenges: a) Talking to BCBSIL, Aetna, etc., is difficult to do-- those phone trees are mazes, and it is difficult to do during business hours. b) If insurance refuses payment, it is another round of CBO paperwork and 6+ weeks for CBO to pay me."

- When asked if the State taking over insurance billing would be appealing, providers said
  - "I think if the state would do insurance billing, we need to make sure it doesn't create new disparities."
  - "I'd be interested in the state doing that billing, but I am concerned that the payment would return to me slowly."
  - "I'd be interested in the state doing billing. I think it would be a huge benefit to attract new providers to the EI program."

- **Equitable access is a concern**
  - Equity is a big challenge in IL. There are disparities in access, especially for under-resourced communities. Families experience inconsistencies, too, in accessing the EI system and how the process continues and transitions out of EI.
  - Concerns shared that some providers will take families in areas where they know private insurance will pay and not take families where they know they will have to wait and/or not get paid through private insurance.
  - One provider said, "I think that the program does try, but the lack of providers and SC with high caseloads does leave families sometimes out of the loop."
  - Another provider shared, "There are lots of zip codes that are not served as quickly as other zip codes!"

Key strategies that providers identified could improve the system

- Rate increases for all therapists and service coordinators that are commensurate with the market and a provision for COLAs
- Implementation of the new data system. Providers acknowledge the State is working on it, but it needs to meet the needs of all stakeholders and include an electronic documentation system that all providers can access
- Mileage reimbursement
- Reimbursement for canceled visits
- Create an opportunity for Early Intervention Providers to opt into a group medical plan
- Develop alternative pathways to increase the number of Service Coordinators and Developmental Therapists in the system
- Ensure timeliness of payments
- Have the state bill insurance directly and use the money collected to help pay for rate increases. ALL providers would bill CBO directly and get paid the state rate. Providers would no longer bill private insurance. The State would then bill Medicaid/Private Insurance and chase the payment
- Implement IFSP meetings being paid as a standard amount of 60 minutes per meeting.

Critical themes found from other States

This report examined national data and research from all 56 states and territories receiving Part C funding for early intervention. Ten states were chosen to look at more in-depth to gather strategies being used to support their early intervention workforce. These states were chosen based on a series of factors, including:

- Urban & Rural Mix – Arizona, Colorado, Connecticut, Indiana, Kentucky, Minnesota, Nevada, New Jersey, New Mexico, and Texas
- Part C lead agency part of broader state-level early childhood department- Colorado, Connecticut, and New Mexico
- A similar or higher percentage of children served compared to Illinois- Colorado, Connecticut, Indiana, New Jersey, and New Mexico
- State EI system "Meets Requirements" as determined by OSEP- Arizona, Connecticut, New Jersey, New Mexico, and Texas
- Living Wage Comparable to Illinois- Arizona, Connecticut, Minnesota, Nevada, Texas, and Utah

Theme 1: Funding for early intervention varies considerably by state

In 2021, the Infant Toddler Coordinator Association (ITCA) conducted a finance survey to identify the revenue sources used by states to support their early intervention system. Coordinators reported that 36 percent of Part C funding came from federal sources, with 51 percent coming from state sources and 13 percent from local revenue. The funding composition varies considerably by state. The survey focused on the following topical areas:

- Funding Sources across Federal, State, and Local Levels;
- State Use of Public and Private Insurance, including Family Cost Participation; and
- Fund Management.

The table below represents the fund sources utilized for early intervention reported by the forty-eight states and territories participating in the 2021 ITCA Finance Survey.

Federal Fund Source	**2016 Reported Revenue**	**2018 Reported Revenue**	**2021 Reported Revenue**
IDEA Part C	$459,224,922	$487,837,971	$449,824,079
IDEA Part B 619	$12,599,970	$11,505,970	$7,063,125
IDEA Part B 611	$89,071,569	$29,742,449	$12,113,922
Medicaid (Federal and State Match)	$705,252,235	$848,397,768	$700,039,157
SCHIP	$5,669,465	$8,269,465	$7,034,000
Title V	$3,284,911	$6,559,911	$6,270,000
Champus/Tricare	$383,825	$6,227,172	$668,151
SSBG	$20,000	$2,001,000	$2,000,000
TANF	$17,247,521	$15,000,000	$15,535,595
CCDF		$51,000	$150,000
Other Federal Funds	$8,182,073	$4,244,000	$21,580,069
Total Reported Federal Funds	$1,301,937,491	$1,419,836,706	$1,222,278,098
State Fund Source	**2016 Reported Revenue**	**2018 Reported Revenue**	**2021 Reported Revenue**
State Part C Appropriation	$960,157,929	$1,112,559,544	$789,662,592
State General Funds	$827,626,828	$867,841,983	$827,517,777
TANF State MOE	$1,380,000	$10,200,000	$13,700,000
State Special Education	$63,535,295	$103,398,102	$133,688,838
CSHCN	$1,206,000	$606,000	$602,635
Tobacco Funds	$7,123,393	$8,103,393	$768,000
State Mental Health	$1,251,158	$5,412,640	$0
Deaf-Blind Schools	$1,716,274	$2,546,200	$0
State DDD		$5,700,000	$5,377,202
Total Reported State Funds	$1,863,996,877	$2,116,367,862	$1,777,317,044
Local Fund Source	**2016 Reported Revenue**	**2018 Reported Revenue**	**2021 Reported Revenue**
Local Education Agencies	$115,608,698	$81,259,396	$80,730,192
County Tax Levy	$203,419,918	$328,392,476	$270,915,864
Foundations	$774,702	$431,400	$288,754
Special Fundraising	$427,614	$360,739	$7,378
Local Government	$9,633,506	$19,310,188	$8,640,996
Cash Donations	$23,084	$720,512	$11,021
United Way	$1,285,589	$937,043	$749,860
Private Insurance	$85,605,984	$81,532,130	$85,217,119
Family Fees	$12,526,213	$4,730,654	$10,962,807
Other Local Funds	$6,176,842	-	-
Total Reported Local Funds	$435,482,150	$517,674,538	$457,523,991
Total Reported Revenue	$3,699,504,353	$4,053,879,106	$3,457,119,133

Federal, local, and state governments primarily fund early intervention services in the United States. Of the 55 states and territories, 17 rely on federal funds, 3 use local funds, and 35 rely on state dollars. Additionally, 31 states access family private insurance, 16 rely on family fees, and 14 access both insurance and family fees for funding. The funding flow also varies widely, with 36 states contracting with providers, 11 offering grants, 25 using a fee-for-service model, 11 having a central finance system, 2 using a capitated rate to pay provider agencies, and 29 using a combination of methodologies to fund early intervention services.

The employment of providers varies significantly across different states. Recent data from the IDEA Infant & Toddler Coordinator's Association (ITCA) indicates that in 2023, 29 states employed providers through state or local government agencies, 30 through for-profit agencies, 35 through non-profit agencies, and 29 through independent contracts. Notably, 37 states combine these four provider models for early intervention services.

Provider Employment Model	**States Using Model of Employment**
State or Local Government	AL, AZ, AR, CA, CT, GA, HI, ID, KY, ME, MD, MA, MI, MS, MT, NE, NV, NY, NC, ND, OH, OK, PA, SC, TN, UT, VA, WA, WI
For-Profit Agency	AL, AZ, CA, CT, DE, DC, FL, GA, IN, KY, LA, MA, MS, MT, NE, NV, NJ, NM, NY, NC, ND, OH, PA, PR, SD, TN, VA, WA, WV, WI
Non-Profit Agency	AL, AK, AZ, CA, CO, CT, FL, GA, HI, IN, KY, LA, MA, MI, NE, NH, NJ, NM, NY, NC, ND, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
Independent Contractors	AL, AR, CA, CO, FL, GA, HI, ID, IN, KY, LA, ME, MA, MS, MO, NV, NY, NC, OH, PA, PR, SC, SD, TN, VI, VT, VA, WA, WV
Combination of Models	AL, AZ, AR, CA, CO, CT, FL, GA, HI, ID, IN, KY, LA, ME, MA, MI, MS, MT, NE, NV, NJ, NM, NY, NC, ND, OH, PA, PR, SC, SD, TN, UT, VT, VA, WA, WV, WI

Through conversations with state and national leaders and feedback gathered from the 2023 ITCA Finance Survey and the 2022 ITCA Tipping Points Survey, advantages were identified with each of the models. Surveys were developed by many states and territories, including Arizona, Hawaii, Minnesota, and Puerto Rico, to identify obstacles and challenges in recruiting and retaining early intervention providers. States used these results to both improve efforts in their current models and look at alternative models to support their workforce. Several states, such as Ohio, Puerto Rico, Rhode Island, and South Carolina, have used ARPA funds to expand the early intervention provider contracts in their states.

Paying providers through grants and contracts with agencies or paying independent contractors on a fee-for-service basis offers greater flexibility in providing services, a wider pool of talent, cost savings as compared to employees, reduced hiring and onboarding time, limited overhead expenses, limited benefits expenses, and increased efficiency and productivity. On the other hand, the government agency provider model offers greater control and supervision, consistency of services provided, and often, employees stay longer because of benefits related to seniority. Additionally, it gives the ability to provide training and support on a consistent basis and greater employee accountability due to the bureaucratic structures in place. The table below highlights some features across each of the models.

Features	State/Local Agency	For-Profit Agency	Non-Profit Agency	Independent Contractor
Supervision provided	Yes	Yes	Yes	No
Healthcare benefits included	Yes	Yes	Yes	No
Retirement benefits offered	Yes	Often	Often	No
Medicare/Social Security costs funded	Yes	Yes	Yes	No
Equipment/Professional tools provided	Yes	Yes	Yes	No
Flexible Schedule	No	Sometimes	Sometimes	Yes
Control over work you accept	Limited	Limited	Limited	Yes
Earning potential	Often union driven	Generally higher than non-profit or government agency	Generally lowest	Highest potential income based on the ability to work more hours
Business expense deductions available	Limited	Limited	Limited	Yes
Paid professional development opportunities	Often	Sometimes	Sometimes	No
Time to bring new provider into the EI system	Generally slowest	Varies by agency	Varies by agency	Generally fastest
Provider service area geographically defined.	Often	Often, dependent on contract/grant terms	Often, dependent on contract/grant terms	Sometimes

Theme 2: Models of service coordination vary significantly by state

Of the 55 states and territories, 22 utilize a blended model for service coordination, while 23 use a dedicated model. Additionally, 11 states have independent service coordinators, and eight use intake service coordinators. In 2017, leaders at the National Service Coordination Institute identified the top needs for service coordination across the country, which include balancing workload, increasing training opportunities, boosting compensation and funding, expanding networking opportunities, elevating the profession of Service Coordination, providing sufficient time to support families, and addressing technology needs.

Theme 3: Many states are paying providers much higher rates than Illinois is paying its providers

The table below shows how Illinois' provider payments compare to other states, including those with similar living wages.

Profession	IL	AZ	IN	VA	UT	MO	CT	KY	NJ
SLP	$ 84.64	$133-$199	$117.52	$150.00	$103-$108	$ 85.00	$120.00	$ 89.00	$ 111.52
OT	$ 84.64	$133-$199	$132.52	$150.00	$127-$130	$ 85.00	$120.00	$ 89.00	$ 111.52
PT	$ 84.64	$133-$199	$140.00	$150.00	$127-$130	$100.00	$120.00	$ 89.00	$ 111.52
DT/educator	$ 66.80	$96-$144	$ 85.52	$110.00	$74-$78	$ 75.00	$120.00	$ 89.00	$ 94.76
MIT Living Wage Estimate for a single indvidual supporting one child-	$ 74,893	$ 72,530	$66,248	$79,289	$ 74,506	$67,954	$78,478	$67,308	$ 82,472

Themes captured from targeted states

- **Arizona**
  - Arizona uses the following productivity assumption table to determine its base rates for provider services.

Service Setting	Natural Environment	Onsite
Travel time	**1.5**	**0**
Recordkeeping	**.65**	**.65**
Missed Appointments	**.05**	**.05**
Continuous Education	**.21**	**.21**
AZ Team Training	**.2**	**.2**
Coordination	**.4**	**.4**
Employer time	**.1**	**.1**
Average On-site time "Billable Hours"	**4.89**	**6.39**
Total Hours	**8**	**8**

  - The state offers tiered rates based on county and service.
  - The lead agency is working with the University system to create a dedicated EI Certificate to help recruit new providers.
  - DEC EI Universal Curriculum is used for onboarding new providers

- First Things First (FTF) Early Childhood Incentives Programs - This loan repayment and stipend program aims to reduce related service provider shortages in specified regions by offering incentives of up to $25,000 for speech-language pathologists, occupational and physical therapists and child psychologists who provide early childhood development services.

- **Colorado**
  - An Early Intervention Services Insurance Trust has been established to oversee the reimbursement for early intervention services. Under this system, a pool model is used instead of the traditional fee-for-service approach with insurance companies. The insurance companies must pay a fixed annual amount per child per benefit year to a pool the state houses. Providers are paid directly by the state and do not bill private insurance.
  - A 3% across-the-board provider rate increase, funded by the state general fund already approved in the state budget, for both service coordinators and direct service providers employed by local EI programs under contract with CDEC and subcontracted direct service providers. Through Workforce Investment funding, an additional 3% increase for service coordinators and direct service providers employed by local EI programs under contract with CDEC. SCs are employed by local Community Centered Boards (20). A $30 per session stipend for independent contractors who are billing Medicaid for a speech and/or language session for helping to support the monitoring of IFSP outcomes.
  - Reimbursement of subcontracted providers for scheduled visits where the family cancels or does not show less than 24 hours from the scheduled visit
  - Early Intervention 15-hour module new subcontracted provider training reimbursement
  - Increased rates for geographic areas with the lowest contracted provider rates and service coordinator salaries
  - Travel policy to reimburse provider mileage/travel time
  - Administrative barriers have also been identified, and CDEC/EI Colorado is reviewing processes and procedures to improve the experience for direct service providers and service coordinators
  - Long-term workforce investment strategies: The Department is utilizing $1 million to develop and implement strategies that will have a long-term impact on recruitment, retention, and overall capacity of the EI Workforce, specifically focusing on a primary provider and transdisciplinary teaming model of service delivery. EI Colorado recently formed a workgroup of diverse early intervention professionals to include service coordinators and employed and subcontracted providers to inform and assist in developing and implementing a Colorado approach to align and standardize service delivery across the state to support

and facilitate parent capacity to meet their child's unique and individualized needs.
    - Additionally, CDEC committed to a 2023 distribution of $4 million through retention bonuses. As of June 30, 2023, 925 bonuses were paid (out of 1,070 applicants) for approximately $3.5 million. An additional $1 million will be distributed in Fall 2023 among 279 more direct service providers and service coordinators.

- **Connecticut:**
    - DT Assistant Credential and DTA services are being offered. Illinois had this program for several years, from the 1990s through the mid-2000s, but eventually phased it out. Recently, Connecticut updated its Infant Toddler Family Specialist credential, which could potentially enable a paraprofessional in our system to become a professional and perform evaluations.
    - Uses a blended SC model where providers earn SC credentials through specific SC training and mentoring.
    - A mentoring program for new providers is being funded through an OSEP personnel prep retention grant;
    - The Central Billing Office (CBO) is responsible for creating claims on behalf of EIS Programs. These claims are submitted electronically to payers such as Medicaid and commercial insurance plans. The payments from these claims go directly to EIS Programs. The lead agency pays EIS Programs monthly for any unpaid balances of non-withstanding claims and certain additional EI services and activities.

- **Kentucky:**
    - SCs are "employed" by 15 Point of Entry offices using the dedicated service delivery model.
    - In Kentucky, SC Interns work in some system point-of-entry areas. The tasks assigned to them depend on the type of intern. Some work around 25-30 hours per week with the POE, while others work on a smaller scale for about 10 hours per week.
        - Full-time interns receive TOTS access and must take Record Keeping and Confidentiality Trainings. They also need to get written consent from parents to participate in some activities. Some interns are hired by the Bluegrass POE when they have vacant positions after graduation.

        - During their internship, interns shadow meetings such as intake, family assessment, IFSP, and ARC. They also shadow evaluations. After they have shadowed several visits, they can help with TOTS entry, which the child's SC reviews for accuracy. They can partially assist with some intakes and family assessments by taking notes and asking questions, which gives them practice working with families.
        - Interns also assist with taking referrals and filing. They are required to complete a project in addition to their internship. Some interns help create resource lists for SCs.

- **Minnesota**
    - EI and 619 services are out of Education; EI Services are provided regionally through the school districts.
    - Minnesota has an active comprehensive system of personnel development committee (CSPD) that addresses retention and recruitment issues across early childhood professions in the state.

- **Nevada**
    - The EI system is administered through six regional offices
    - Program-based payments using a capitated rate;
    - Nevada Loan Forgiveness Guidance - created this page to assist special educators and related service providers who are seeking loan forgiveness programs and resources

- **New Jersey**
    - Missed appts reimbursed at 50%;
    - 52 active provider agencies;
    - New agencies are only added when the state identifies need
- **New Mexico**
    - State legislation mandates private insurance coverage for early intervention, and providers are paid through a pay-and-chase model.
    - Funding for early intervention services is available through the FIT Program at no cost to families. The FIT Program bills Medicaid and private insurance with the parent’s consent. According to a 2005 law, all health insurance plans must cover up to $3,500 per year in FIT services. The FIT Program does not charge any copays or deductibles.

- **Texas**
    - If you're an aspiring early intervention professional, you must fulfill certain requirements to work with children with disabilities and their families. The

University of Texas at El Paso (UTEP) offers an Online Graduate Certificate in Early Intervention Studies to help you meet this requirement. This certificate can benefit both those new to the field and those who are already educators, advocates, or leaders. It can act as a supplementary certificate for educators with a master's degree in Special Education or lead to a new master's degree in Early Intervention Studies.

- Early Childhood Specialist Micro-Credentials- The CLI Engage initiative at the University of Texas implements a system for early childhood specialists to earn micro-credentials as part of an early childhood competency framework. Within this program, CLI Engage identifies a cohesive set of skills for each role to demonstrate to earn these micro-credentials in the form of digital badges.

A table comparing Illinois to the ten targeted states across 20 categories can be found in Appendix B.

Recommendations

The following section focuses on three phases of recommendations to address the immediate need to retain current providers and service coordinators and attract new providers and service coordinators:

- ***Workforce Stabilization Recommendations,***
- ***Workforce Strengthening and Sustaining Recommendations, and***
- ***Workforce Infrastructure Support.***

Comments shared as a part of the focus groups and interviews conducted reflect families, service providers, service coordinators, and other early intervention stakeholders who are passionate and dedicated to their work with infants, toddlers, and their families. They reflect a system that can creatively respond to challenges, offers families and providers flexibility, and builds relationships that make a difference in the outcomes for children and their families. In addition to these strengths, there are barriers and challenges within the Illinois Early Intervention System that limit the ability of service coordinators and providers to ensure services are delivered equitably across the state. While not all of the barriers and challenges identified are fully addressed by these recommendations, we believe that these recommendations, taken in their entirety, would address a significant portion of the challenges

facing the Illinois EI workforce. As part of each recommendation, the (a) intended outcome of the recommendation is shared, (b) benefits of implementing this recommendation are provided, (c) supporting data for this recommendation is offered, and (d) some general implementation strategies are suggested.

Workforce Stabilization Recommendations

Focus on stabilizing the EI workforce. These short-term recommendations would continue for one to two years (or longer as needed) to halt the loss of EI workforce members, especially the most qualified individuals and those providing services in areas identified as having significant shortages of providers, leading to delays in services for families. The short-term activities designed to improve compensation, working conditions, and professional advancement also could provide an opportunity to encourage qualified workforce members who have left the field to return. These recommendations should begin now and continue into FY 25 and FY 26 as needed.

1. **Implement one or more additional rounds of incentive bonuses for current early intervention providers and service coordinators**
    a. Multiple states have used this strategy across the early childhood spectrum to retain providers using federal and state dollars. ITCA reports through their 2022 Tipping Points Survey that retention bonuses or salary enhancements have been given to early intervention providers in Alabama, Alaska, Atlanta, Georgia, Colorado, the District of Columbia, Kentucky, Maine, New Mexico, North Carolina, and Virginia.
    b. To stabilize the workforce while continuing to recruit personnel, North Carolina provided a one-time retention bonus to primarily Service Coordinators if they agreed to continued employment for 18 months. If staff leave before that time, they are required to pay the funding back to the state.
    c. Through their Preschool Development Birth to Five Grant (PDG B-5), Texas offers retention bonuses to Early Childhood Intervention (ECI) therapists, with a preference for those working in rural counties.
    d. Illinois most recently provided this benefit in July 2023 in tiered amounts based on longevity in one-time payment amounts ranging from $700-$1300. In addition to utilizing longevity as a factor in determining payment amounts, future payment amounts could also be an incentive for those providers working in areas of the state experiencing extreme shortages of providers and service coordinators that are leading to delays in services for families.

2. **Provide differentiated rates** to providers working in specific areas of the state (determined by zip code) experiencing extreme shortages of available providers, leading to delays in services for families.
    a. Many states, including Arizona, Colorado, and Utah, are doing this. Arizona and Utah both have built it into their rate.
    b. Arizona's program has a tiered payment system that varies by county and discipline. There are four tiers, each with its own payment rate. For instance, occupational therapy, physical therapy, and speech-language pathology services provided in the natural environment are reimbursed at $133.04 (Tier 1), $146.32 (Tier 2), $166.28 (Tier 3), or $199.56 (Tier 4), depending on the county in which the service is rendered.
    c. Through their Preschool Development Birth to Five Grant (PDG B-5), Texas offers hiring bonuses to Early Childhood Intervention (ECI) therapists, with a preference for those working in rural counties.

3. **Provide mileage reimbursement** to providers working in specific areas of the state (primarily rural areas determined by zip code) with an additional **travel incentive** given to areas experiencing extreme shortages of available providers, leading to delays in services for families. A certain number of miles driven can be used to determine these benefits (e.g., appointments over 60 miles roundtrip from the provider's office).
    a. Missouri offers BOTH mileage reimbursement and travel incentives for a provider willing to drive 60 miles or more in one direction to deliver services to a family in the natural environment or participate in an IFSP meeting. The distance must be 60 miles or more from the provider's official domicile to the location of the visit or IFSP meeting. The travel incentive is paid at a flat rate equal to the provider's rate for one hour of service. For instance, a speech-language pathologist who traveled 65 miles for a one-hour session with a family would receive their offsite rate of $85 for the session and an additional $85 for the travel incentive.
    b. Many states factor travel and mileage into their rate determination.
        i. Utah differentiates its mileage payment by geographic region of the state for all offsite service delivery. Based on each provider's hourly rate, they include an additional $2.10 for urban settings, $2.80 for rural settings, and $5.60 for frontier settings. These supplements are not included for on-site or teleintervention services.
        ii. Arizona factors in 90 minutes of travel time per 480 minutes (8 hours) as part of their productivity assumptions used to determine provider rates.

4. **Pay providers for missed appointments-** This should be implemented statewide. Many states pay on a per-incident basis, while other states factor in a certain amount of assumed missed appointments into their rate.
    a. Missouri allows providers to bill one unit (15 minutes) for missed appointments and their mileage driven to the appointment.
    b. New Jersey allows providers to bill 50% of their rate for missed appointments.
    c. Arizona factors 3 minutes of missed appointment time per 480 minutes (8 hours) as part of their productivity assumptions used to determine provider rates.

5. Many Illinois EI providers have reported difficulty **accessing benefits**. According to research conducted on other states, benefits such as health and retirement plans are usually available only to employees of the state or related agencies. Some states include the calculation of benefits as part of the formula used to calculate rates, which will be covered in the "Workforce Strengthening and Sustaining Recommendations."
    a. If these non-wage benefits are not addressed through a rate calculation formula, an alternative could be to create separate initiatives that provide access to critical employment-related benefits.
    b. For instance, Washington state's Fair Start for Kids Act allocated $30 million in state funds to provide Early Childhood Education workforce members with fully subsidized health insurance coverage under the Licensed Childcare Worker Premium Assistance Program and increased funding for early educator salaries. This program offers access to health insurance coverage for employees (not family members) with incomes of up to 300 percent of the FPG through the state's Medicaid program or a plan under the state health insurance exchange (CCSA, 2021).

Workforce Strengthening and Sustaining Recommendations

These medium and long-term recommendations focus on strengthening and sustaining the EI workforce. These recommendations aim to devise **permanent, sustainable approaches** that address EI workforce needs. These recommendations are expected to require more planning, piloting of new approaches, and raising additional funds to fully secure the required revenue, primarily from the public sector. These recommendations should begin in FY 25 and will likely continue to FY 26 and beyond.

1. **Increase rates for providers and service coordinators and provide COLA annually.** Conduct a market salary analysis and time study in FY 25 across the four regions of the state (Chicago, Suburban and Collar Counties, Central, and Southern) to calculate recommended payment rates for the services.

a. For every profession, utilizing the data provided by the Bureau of Labor Statistics (BLS) is essential to ensure that the compensation rate is competitive and fair. In Utah, BLS data and a fringe benefit modifier are used to ensure that the cost of living adjustment is considered while determining the rate for ongoing compensation.
b. Ensure costs like taxes and fringe benefits are added to the rate calculation
c. Use data from the time study to determine a billable percentage proportion of direct personnel costs to other expenses. Different states use different criteria to determine the billable factor. Arizona, as an example, utilizes travel time, recordkeeping, continuous education, and employer coordination to reduce missed appointments and improve team training.

An illustrative table showing an estimated future rate based on the BLS's provider base rates is presented below.

Profession	Illinois BLS Hourly Rate	Fringe (32%)	Salary + Fringe	Sample Proposed Base Rate for Services Provided in Natural Environment Settings (Salary + Fringe Divided by a billable factor of 50%)	Current IL rate	Percent Increase of Sample Rate Proposed
SLP	$39.05	$12.50	$51.55	$103.10	$84.64	22%
OT	$42.95	$13.74	$56.69	$113.38	$84.64	34%
PT	$47.80	$15.30	$63.10	$126.20	$84.64	49%
DT	$31.98	$10.23	$42.21	$84.42	$66.80	26%

The illustrative table below compares Illinois' current rate, sample proposed rate, and select rates from comparable state EI systems. Note that the MIT Living Wage estimate is presented to provide a reference. This estimate highlights that even with a significant increase, such as the one proposed in Illinois, the state's rates would still align with, and in many cases below, the rates provided by other states with a comparable living wage estimate. As the sample illustrates, Illinois must significantly increase rates to offer rates comparable to states with similar MIT Living Wage estimates.

Profession	IL (Current)	IL (Sample Proposed Base Rate)	AZ	IN	VA	UT	MO	CT	KY	NJ
SLP	$ 84.64	$103.10	$133-$199	$117.52	$150.00	$103-$108	$ 85.00	$120.00	$ 89.00	$ 111.52
OT	$ 84.64	$113.38	$133-$199	$132.52	$150.00	$127-$130	$ 85.00	$120.00	$ 89.00	$ 111.52
PT	$ 84.64	$126.20	$133-$199	$140.00	$150.00	$127-$130	$100.00	$120.00	$ 89.00	$ 111.52
DT/educator	$ 66.80	$84.42	$96-$144	$ 85.52	$110.00	$74-$78	$ 75.00	$120.00	$ 89.00	$ 94.76
MIT Living Wage Estimate for a single indvidual supporting one child-	$ 74,893	$ 74,893	$ 72,530	$66,248	$79,289	$ 74,506	$67,954	$78,478	$67,308	$ 82,472

d. Establish salary floors for CFC staff to help address the inconsistencies currently experienced across the state. Develop language in the CFC contracts that establishes these salary floors for CFC fiscal agents.

2. **Pilot grow your own apprenticeship programs for service coordination and developmental therapists in targeted CFCs and regions of the state** that are experiencing delays in services to families due to shortages in staff and high service coordinator caseloads**:**
    a. Over the past few years, there have been frequent discussions of internship and apprenticeship programs to support CFC Offices struggling with staff shortages and large caseloads leading to delays in services for families. These include ideas of higher education institutions providing CFCs with interns, EITP developing an outline for SC interns/apprentices, and a Chicago-based university seeking philanthropic funding to support early childhood apprenticeships (including service coordination) modeled after the Early Care & Education Pathways to Success (ECEPTS) Apprenticeship Model.
    b. The following SC apprenticeship program is guided by strategies identified by EITP and Connecticut's Part C Mentor Coaching Model:
        i. Address the service coordination workforce shortage by recruiting diverse individuals to the position who possess some, but not yet all, knowledge and skills that service coordinators require;
        ii. Serve as a path to gaining a full SC credential if their educational background doesn't match current service coordination credential requirements;
        iii. Offer a tiered system with varied leveled service coordination responsibilities, including SC mentorship and opportunity for advancement (pay adjusted accordingly);

iv. Support day-to-day service coordination tasks and responsibilities so service coordinators can provide high-quality services to children and families in early intervention within required timelines;
v. Reduce the workload and stress among fully credentialed service coordinators to increase retention.

c. Types of SC Apprentices:
   i. Level 1 (SC Pre-Apprentice)- Entry-level position for individuals who may or may not want to further their career to become a fully credentialed service coordinator. Level 1 SC Pre-Apprentices are task-oriented and must possess good communication, time management, and organizational skills. SC Pre-Apprentices may be assigned to several SCs to offer "just in time" support as needs arise.
   ii. Level 2 (SC Apprentice) - Individuals on a path to becoming fully credentialed service coordinators may not possess the minimum educational requirements to obtain the credential. Level 2 SC Interns must be proficient in all the tasks and activities that Level 1 SC Interns perform and desire to learn all the *Knowledge and Skills of Service Coordinators*. SC Apprentices will be assigned an SC Mentor to support and guide them.
   iii. Level 3 (Advanced SC Apprentice) - Individuals who have demonstrated proficiency in *Knowledge and Skills for Service Coordinators* and are working through steps to obtain a full-service coordinator credential. Level 3 SC Apprentices must be proficient in all the tasks and activities that Level 1 and Level 2 SC Apprentices perform and demonstrate proficiency on the *Knowledge and Skills for Service Coordinators Quality Indicator Assessment*. Apprentices will be assigned an SC Mentor to support and guide them.

d. SC Mentors:
   i. Meet prerequisites for becoming SC mentors, including demonstrated proficiency in the Knowledge and Skills for Service Coordinators Quality Indicator Assessment.

e. Agree to allow Level 2 SC Apprentices to shadow their daily activities, teaching and delegating tasks/activities they may assist with as they learn the position and coaching them as they practice applying knowledge and skills.
   i. Participate in SC Mentor Learning Community sessions monthly to connect with other SC mentors and enhance mentors' knowledge and skills to support SC apprentices
   ii. Evaluate fidelity of mentoring activities using electronic mentoring logs and mentor coach assessment
   iii. Are compensated for their SC mentor activities in the form of increased salary or SC stipend;

iv. Receive flex time and adjustment of workload to ensure they can mentor SC Apprentices

f. Creating a pathway for Illinois to increase developmental therapists in the system could also be accomplished by developing a DT Associate or Apprentice credential. Illinois previously had this position, but it was phased out over twenty years ago.
   1. Connecticut is currently using a model for DTAs that could be a blueprint to follow.
   2. Following the Initial Practice-Based Professional Standards for Early Interventionists/Early Childhood Special Educators (EI/ECSE Initial Preparation Standards; Division for Early Childhood of the Council for Exceptional Children, 2020), they use the national competencies expected of beginning special instructors to prepare DTAs.
   3. DTAs seeking to become developmental therapy specialists and DTs with special education must follow specific requirements, meet set benchmarks, and demonstrate competence in all aspects of the special instruction discipline to move along this career path.

g. Similar *grow your own* programs can be developed for other early intervention professions as needs and resources are identified. Two examples from other states include the use of Office of Special Education Programs Personnel Preparation Grants to support the early intervention workforce.
   i. Hawaii Pacific University received $1.1 million over five years to enhance the capacity of the EI physical therapy workforce in Hawaii. Their aim is to train 23 DPT racially and ethnically diverse and multilingual student scholars who will receive 16 weeks of clinical education in early intervention settings in Hawaii.
   ii. Georgia State University provides specialized training to graduate students in SLP, PT, and OT programs. Scholars gain interdisciplinary knowledge and skills in early intervention services for infants and young children and their families. The program seeks to alleviate the statewide shortage of highly qualified personnel in occupational therapy, physical therapy, and speech-language pathology who are able and willing to work collaboratively in early intervention and schools.

3. **Pilot blended SC model in targeted CFCs-** With the shortage of qualified service coordinators at a crisis level, piloting a blended service coordination model in areas with the greatest need could help address this shortage. When Early Intervention first created the Child and Family Connections model, Illinois had intake and ongoing service coordinators working in a blended model. Unfortunately, the model was not sustained

as there was little training, support, or supervision for the service coordinators whom the CFC did not employ. For this model to be successful, it is recommended that it is modeled after Connecticut's Service Coordination Credential and include extensive training, an assigned SC mentor, and reflective supervision by an assigned mentor or supervisor (preferably employed by the CFC). Connecticut's Service Coordination EIS Credential Requirements include:

a. Observation must occur during an IFSP meeting where the EIS Credential candidate is the family's identified service coordinator.
b. The EIS Credential candidate must be sufficiently familiar with the family so that all effectiveness markers, including those focused on service coordination tasks in between IFSP meetings, can be evaluated.
c. Pre-Observation Discussion: This discussion should focus on what the EIS Credential reviewer needs to know to observe and assess the implementation of the Service Coordination effectiveness markers within the context of the particular family and their EI services. The following are sample questions. The EIS Credential reviewer uses their discretion in selecting and creating their own questions.
d. DEI Requirement: The EIS Credential requires the Service Coordination component to be implemented with a family whose diverse characteristics differ from yours. How are your identity characteristics different from the family's identity characteristics? How did you come to understand these identity characteristics differ from yours? How will your interactions during the IFSP reflect this understanding?

4. Implement functional, secure, accessible data systems

a. An accessible communication system for all early intervention stakeholders through better use of technology and a secure web-based system will allow them to adopt efficient practices for documentation, communication, information/resource sharing, monitoring, team collaboration, and training.
b. It is recommended that Illinois develop a technology plan that would include a secure data system to be utilized by Child and Family Connections (CFC) offices, service coordinators (SC), service providers, families, the Department of Human Services (DHS), the Central Billing Office (CBO), Provider Connections, the Illinois Early Intervention Monitoring Program, Early Intervention Clearinghouse, and the Illinois Early Intervention Training Program.

5. **State/CBO take over the process of billing private insurance**
    a. In many states, private insurance billing follows the pay-and-chase model. This model involves providers billing the state or its Central Billing Office directly. The provider receives payment at the state rate after the claim is approved based on the state's criteria.
    b. At the state level, how providers access private insurance varies greatly.
    c. One example of an innovative approach to providing Employment Insurance (EI) services is the state of Colorado's EI Insurance Trust. In this model, insurance companies pay a predetermined amount to the state annually, which is then pooled into the trust. The funds collected from the insurance companies are utilized to pay for EI services.
        i. Connecticut is a state where the Central Billing Office (CBO) is responsible for generating claims on behalf of EIS Programs. These claims are electronically submitted to payers like Medicaid and commercial insurance plans. The payments resulting from these claims are directly credited to EIS Programs. The lead agency pays EIS Programs monthly for any outstanding balances on non-withstanding claims and some additional EI services and activities.
    d. A committee that includes representatives from the Illinois Department of Insurance should be formed to examine alternatives to ensure Illinois chooses an option that will maximize funding for the EI system and ensure that providers will have minimal delays in receiving payment for services provided.

6. **Develop a new provider mentor program-** Texas offers stipends for EI providers who mentor interns or new staff. Illinois once had a Mentor Program for new early intervention providers. It assigned experienced providers to new providers. Mentors received training as mentors and participated in reflective supervision training. The program had some successes in small numbers but ultimately was not sustained because of a lack of funding and resources.
    a. Recommend a mentor program for new providers be reinstated with support from Provider Connections, EITP, EITAM, and CBO with an emphasis on supporting providers' use of the DEC recommended practices, principles of EI, EI/ECSE standards, business, administrative, and procedural practices.
    b. Identify mentors throughout every region of the state to be trained in best practices on coaching, mentoring, and reflective supervision.
    c. Create communities of practice for new providers and mentors to support them in their work and create opportunities for learning and connections.

Workforce Infrastructure Support

These complementary recommendations provide a backbone for stabilizing, strengthening, and sustaining recommendations and focus on supporting EI workforce policies. These complementary activities span all the other recommendations and address the need for infrastructure, legislation, regulations, revenue raising, and other policies required to implement the recommendations presented in this document.

1. **Hire a marketing firm to conduct a public awareness campaign focused on recruiting and attracting new providers and service coordinators to Illinois' Early Intervention System. –** State and national initiatives are beginning to focus on increasing the implementation of multimedia public service campaigns that promote early intervention and early childhood careers.
    a. Vermont recently allocated $540,000 to launch a marketing campaign that includes presentations at schools and universities to build a knowledge base for emerging grads to join the EI system, creation of a "one-stop shop" digital hub to post open positions across their EI System, connect with universities for intern development and connect with job seekers. Creation of an *Early Childhood Education Career Viewer-Observe, Connect, Consider a* program essentially a "guided tour" of the Early Care and Education field. Participants attend an orientation and make three short observations in various age groups to assist those interested in the field in understanding if the field is appropriate for them. Participants receive a $250.00 stipend regardless of career choice.
    b. Possible efforts that EITP stakeholders suggested include
        i. Create marketing recruitment materials- (PSAs, flyers, posters, targeted emails/outreach)
            1. Utilize the new DEC "Be a Part of EI" video for general workforce recruitment materials to target high schools, job fairs, junior colleges, current EI providers, and families
            2. EI provider workforce recruitment materials target colleges/universities, early childhood programs, PT, OT, SLP, etc., for provider recruitment.
            3. Specifically target SC workforce recruitment materials within college/university departments such as social work, psychology, early childhood, family and consumer sciences, etc. (ITCA 2019 Service Coordination Study)
            4. Create a team of EI Ambassadors, made up of EI families and EI providers (IOTA, ISHA, APTA, IDTA, etc..), to participate in career fairs across the state and speak to high schools and colleges/universities about career paths in EI.

5. Create a social media presence to help brand Illinois' EI System as a place people want to work. Create posts/templates for a presence on jobs/career electronic platforms (e.g., LinkedIn, Career Builder, google searches, etc.)

2. **Implement efficiency strategies for new providers entering EI-** To address concerns about the process for becoming an EI provider, including support, timeliness, and paperwork burden.
    a. Provider Connections reviews its current procedures for reviewing credential applications and looks at solutions that will support providers through the process.
    b. This could include but is not limited to staffing support needed, technology solutions, holding regular virtual events for providers trying to become credentialed, and connecting with colleges and universities to help them better understand the credentialing process for their new graduates.

3. **Expand regional support of CFCs**- To address concerns shared by families and providers of inconsistent practices across CFCs, it is recommended that supports be expanded to CFCs to help address these inconsistencies and that these supports be regionalized. Four regions (Chicago, Suburbs/Collar, Central, and South) would be identified, and state-level technical assistance and guidance tailored to the regional needs would be provided.
    a. Formalize the regional support for CFCs that are currently being supported by EITP and expand to all the EI partners (Provider Connections, EITAM, EI Clearinghouse, CBO)
    b. Begin to look at all of the EI system components and see how they can be more supported on a regional level and help each region determine its priorities and areas of need for support. Following EITP's model, work with local leaders to problem-solve challenges, share strategies, and collaborate with one another across regions as appropriate.

4. **Develop an Illinois Comprehensive System of Personnel Development (CSPD)-** A CSPD is a framework to improve the quantity, quality, and effectiveness of the early childhood intervention workforce that provides services and interventions to facilitate the development and learning of infants and young children with disabilities and their families. The framework includes six key components: *Leadership, Standards, Preservice, Inservice, Evaluation, and Recruitment and Retention.*
    a. Ten states currently have a CSPD that addresses the challenges faced in the Early Childhood (EC) workforce in their states, including:
        i. Shortages of personnel

ii. Need for additional training at both the pre-service and in-service levels
iii. Inconsistent alignment of state and national competencies and standards
iv. Challenges faced by EC personnel due to the diverse needs of young children and their families
v. Inequities of preparation and compensation among those providing services

b. CSPD States include Arizona, Georgia, Hawaii, Iowa, Kansas, Minnesota, Mississippi, Oregon, Pennsylvania, and Vermont. These CSPD States are guided by the *Early Childhood Systems Framework* for Part C and Part B Section 619 Coordinators to evaluate their current systems, identify potential areas for improvement, and develop more effective and efficient systems that support the implementation of evidence-based practices in each of the six key component areas.
    i. Illinois leadership should address the state's readiness to address the personnel challenges it is currently facing by ensuring:
        1. A comprehensive self-assessment of the current situation is completed and identifies areas in need of improvement;
        2. State leadership with decision-making power (policy/resources) is committed to developing a CSPD;
        3. State leadership and sufficient state staff are available to support the work;
        4. The time commitment of all team members is well-defined and sufficient to accomplish the work to develop a CSPD
        5. Commitment of resources by leadership and team members to other statewide initiatives complements and supports the work of developing a CSPD.
    ii. It is recommended that Illinois contact national TA centers (ECPC, ECTA, etc.) for technical assistance to begin the process of creating a CSPD in Illinois that could sustain personnel recruitment and retention efforts into the future.

Conclusion

The recommendations presented in this report were created with the help of various stakeholders and experts in the field of early intervention. These included Illinois families, providers, service coordinators, EI leadership from other states, and experts from national early intervention organizations. The report is based on a combination of quantitative and qualitative information, including new data collection and prior research literature from various sources such as the Bureau of Labor Statistics (BLS), Infant Toddler Coordinator Association (ITCA), Division for Early Childhood (DEC), Early Childhood Technical Assistance Center (ECTA), Early Childhood Personnel Center (ECPC), Office of Special Education Programs (OSEP), national professional organizations (e.g. AOTA, APTA, ASHA), Illinois Early Intervention Training Program (EITP), and the Illinois EI Grassroots Alliance.

Throughout this process, the Illinois Bureau of Early Intervention leadership team and identified stakeholders provided valuable guidance and feedback and participated in a review of draft recommendations. I would like to express my gratitude to the advisory committee who provided their support throughout the process of developing this report. The committee members included Esther Beard, Lead and Policy Organizer at Community Organizing and Family Issues (COFI), Karen Berman, Senior Director of Illinois Policy at Start Early, Benjamin

Delgado, Bureau Chief/Part C Coordinator at Bureau of Early Intervention, Illinois Department of Human Services, Zareen Kamal, Policy Specialist at Illinois Policy, Start Early, and Gail Nourse, Consultant at BUILD Initiative.

It should be noted that the study had some limitations. The focus groups that were conducted included only a small number of families, service coordinators, and providers representing the Illinois Early Intervention system. Moreover, not all ten states provided complete answers to all the interview questions as requested. Consequently, data on the states that did not answer all of the questions was limited to the information collected through other methods, such as reviewing materials available through Part C program websites, Annual Performance Reports, and State Performance Plans.

Creating a process for developing a more detailed implementation plan is essential to put the recommendations into practice. The first step in this process is defining how to refine and implement the plan. It is recommended that an implementation workgroup be formed to bring together relevant stakeholders to plan for the process that will take the recommendations forward. The key roles in this process should be defined, and relevant individuals or organizations among the public and private sector's stakeholders, including members of the EI workforce, should be assigned those roles.

Another critical step is to learn from the experiences of other states and benefit from their best practices. Illinois can use the work done by other states and localities to improve policies and strategies related to the EI workforce. As mentioned in the report, various approaches have been implemented nationwide and evaluated to ensure their effectiveness. Furthermore, more evaluation work is being undertaken through national TA centers to enhance these strategies further.

As the implementation plan unfolds, it is essential for stakeholders to consider opportunities to pilot initiatives, especially in cases where there is limited evidence about how to implement a policy and whether there may be any unintended consequences. Evaluations should be conducted alongside the pilot efforts and continued as the initiatives are scaled up. This approach allows for process improvements and an evidence-based approach to ensuring that new investments achieve their intended outcomes.

Appendix A Focus Group and Interview Questions

Parent Focus Group Questions

1. How long have you been receiving/did you receive EI services? Are/were the services provided in person, via telehealth, or both?
2. In what setting did you receive EI services? Did you receive virtual services? How was your experience with the services received?
3. What is your overall impression of the EI system?
4. How do you believe the EI system is/not addressing the needs of your family equitably (everyone has access to the EI supports they need)? Explain?
5. Do you feel like providers understand and value your cultural background? How has that impacted your quality of services?
6. What is working well, and what are the existing strengths of the system that can be enhanced?
7. What challenges did you experience?
8. Do you ever have to cancel or miss appointments? If so, why? What would make it easier to keep appointments?
9. What services are needed that aren't currently available? What should they look like?
10. Are there any critical issues that you think need immediate attention?
11. If the EI system was working great, what would it look/feel like? Characteristics?
12. How can the EI System better support you?
13. What is the best part of being a parent of a young child?
14. What are the benefits you have experienced as a family for your child?

EI Provider Focus Group Questions

1. How long have you been providing EI services?

2. Remembering back to when you started in EI:
    a. What additional information would have been helpful in guiding you as you began your career in early intervention?
    b. How can the early intervention system better support professionals considering a career in the early intervention system?
    c. What, if any, barriers were there in your efforts to becoming an early interventionist in the Illinois EI System?

3. What is your overall impression of the EI system?

4. What are the top factors that motivate you to continue your career in early intervention?

5. Have you ever considered leaving EI? Why?

6. What is the best part of being an EI provider?

7. Do you believe the EI system is addressing the needs of all families equitably (everyone has fair access to the EI supports they need)? Explain?

8. What is working well and what are the existing strengths of the system that can be enhanced?

9. What challenges have you experienced? Are there any critical issues that you think need immediate attention?

10. If you had the power to change one thing that would improve your satisfaction as an early interventionist in Illinois, what would it be and how might it be accomplished?

11. How can the EI System better support you?

12. In a typical week what percentage of your time do you spend providing services, driving to appointments, paperwork/billing?

13. Do you bill insurance for EI services provided?
    a. What are the benefits/challenges?
    b. Some states bill insurance directly and incorporate the funds received into an increased state rate. What would you think of this as a provider who can currently bill insurance directly?
    c. What would you think of the state billing insurance for you?

14. Which of these would have the most impact on you remaining as a provider in the Illinois EI System and why?
    a. Rate increases
    b. Payment for missed appointments
    c. Payment for transportation
    d. Provision of health benefits
    e. Timeliness of payments

15. Is there anything I didn't ask that you would like to share with me?

Directed Interview Questions for State Part C Coordinators

1. What are the biggest challenges you are facing in your EI system right now and what are you doing to address them?
2. What, if any, challenges does your state have with delays in service delivery that are creating barriers for children and families to access services? What strategies are you utilizing to address these barriers? (e.g., telehealth, differentiated rates for certain services, service areas…)
3. How does your state address the challenges of providing EI services to families with complex needs including those experiencing homelessness or involvement with the child welfare system?
4. Are there any racial and/or geographic disparities in children and families represented in the services provided in your state? (e.g., delays in service, limited choice of provider, quality of services provided, equitable use of telehealth…) How do you track this?
5. What do the service coordinators in your state carry the average caseload? Do you have a ratio-based funding model for SCs? What challenges are SCs facing in your state? What strategies are you utilizing to address these challenges?
6. What are the challenges faced by providers in your state? What strategies are you utilizing to address these challenges?
7. Have you been able to provide competitive compensation for your SCs? For providers? If yes, what successful strategies and funding mechanisms have you utilized?
8. What percentage of your providers are full-time?
9. What are the compensation rates for each of the EI services? If there is a different rate for different disciplines, why is that? What is your process for setting/revising rates?
10. Does your state offer differential compensation for equitable service delivery of families experiencing high risks? Do you offer differentiated compensation for providers who have to travel more, missed appointments, court involvement?
11. Are health insurance or other benefits provided to service providers?

12. Is there provision of reflective supervision and how is it compensated? How do you pay the people who provide the reflective supervision, and if providers aren't salaried, how do you compensate providers for engaging in reflective supervision/ embedded coaching?
13. Is compensation for professional development offered?
14. Is there, and if yes, what is the reimbursement for transportation costs, canceled appointments, time for collaboration, etc...? How are these costs covered?
15. What strategies are you using to attract, prepare, and retain EI personnel?
16. What specific service delivery models do you use to provide EI services?
17. Do you require providers to obtain any unique credentials or certifications beyond state licensure?
18. Who provides training and technical assistance to EI providers in your state? How is it funded?
19. What is the best thing about the EI system in your state?
20. Is there anything I didn't ask about that you would like to share with me?

Appendix B- Table of Targeted States

State	Do state demographics match that of Illinois (mix of urban/rural)?	Lead Agency	Areas of coordinator responsibility (e.g., Part C only, Part C and Part B 619, etc.)	Number of lead agency staff	OSEP Determination	Basis of authority/structure for implementing IDEA requirements.
Illinois	Yes	Health and Human Services	C	11	Needs Assistance 2 or more year	State Statute Provider Contract Language Policy Guidance Payee Agreements for direct service provision
Arizona	Yes	Economic Security	C	16	Meets requirements	State Statute Provider Contract Language Policy Guidance Interagency Governmental Agreements
Colorado	yes	Department of Early Childhood	C	27	Needs Assistance 1 year	State Statute State Rules Provider Contract Language Policy Guidance
Connecticut	yes	Department of Early Childhood	C	6	Meets requirements	State Statute State Regulations Program Standards Provider Contract Language Policy Guidance
Indiana	yes	Developmental Disabilities/Rehabilitation	C	6	Needs Intervention	State Statute State Regulations Program Standards Provider Contract Language Policy Guidance
Kentucky	Yes	Health	Part C and MIECHV, State Home Visiting, Early Childhood Mental Health, Child Care	12	Needs Assistance 1 year	State Statute State Regulations Program Standards Provider

			Health Consultation			Contract Language
Minnesota	yes	Education	C	9	Needs Assistance 1 year	State Statute State Rules
Nevada	yes	Health & Human Servicer	C	9	Needs Assistance 1 year	State Regulations Program Standards Policy Guidance
New Jersey	yes	health	C	19	Meets requirements	Executive Order, State regulations, Policy Guidance, Provider Contract Language
New Mexico	yes	Early Childhood	C	8	Meets requirements	State Regulations, Program Standards
Texas	yes	Health and Human Services	C	35	Meets requirements	State Statute, State regulations, Policy Guidance, Provider Contract Language

State	Eligibility criteria and Eligibility tools used	Child count	% of All Children < 3 Receiving EI Point in time	Federal Part C allocation amount	Living Wage (Single Adult with one child)- MIT Living wage calculator	Top three fund sources	Primary funding source (e.g., federal,

							state, or local)
Illinois	30% of one or more domain	15,921	3.9%	$ 17,474,154	$ 75,483	State GRF, Medicaid, Family Fees	State
Arizona	50% of one or more domain	5,281	2.3%	$ 10,163,304	$ 72,530	• State General Funds • Medicaid/Public Insurance • Private Insurance	State
Colorado	33% of one or more domain	6,961	3.8%	Part C $7,190,828 Part C SIG $1,089,780	$ 83,636	State General funds, Medicaid, Private Insurance (EI Services Trust)	State
Connecticut	Two standard deviations below the mean in one area or 1.5 standard deviations below the mean in two or more areas	6,034	5.8%	$ 4,317,594	$ 78,478	Medicaid, State Part C, Commercial Insurance	State
Indiana	Developmental Delay • 25% or 2 SD in one area • 20% or 1.5 SD in 2 or more areas	11,346	4.7%	$ 10,054,869	$ 66,248	TANF, Medicaid, State, Part C	State
Kentucky	Developmental Delay • -2 SDs in one area, -1.5 SDs in two	4,228	2.1%	$ 6,558,767	$ 67,308	Medicaid, Private Insurance	State
Minnesota		5,596	2.8%	$ 8,286,607	$ 74,069	Federal, Local	State
Nevada	Developmental Delay • 25% delay in two areas or 50% in one area	3,181	3.1%	$ 4,432,167	$ 74,485	State Allocation, Medicaid, Private Insurance	State

State	Eligibility criteria and Eligibility tools used	Child count	% of All Children < 3 Receiving EI Point in time	Federal Part C allocation amount	Living Wage (Single Adult with one child)- MIT Living wage calculator	Top three fund sources	Primary funding source (e.g., federal, state, or local)
New Jersey	Developmental Delay • -2 SDs in one area, -1.5 SDs in two	15,188	5.0%	$ 12,450,668	$ 82,472	State Appropriation, Medicaid, Family Co-pay	State
New Mexico	Developmental Delay 25%; At risk	5,280	7.9%	$ 2,839,482	$ 68,619	State GRF, private insurance, Medicaid	State
Texas	25% delay in one or more areas of development; 33% delay if expressive communication only	29,625	2.7%	$ 47,038,071	$ 70,553	State GRF, Medicaid. State Foundation School funds	Federal

State	Medicaid structure (e.g., managed care, fee for service)	System of payment structure (e.g., private insurance, family fees)	Service coordination model (e.g., blended, dedicated)	Evidence-based practice models being implemented	Service delivery system organization	Provider structure	Funding flow
Illinois	Fee for service	Private Insurance, Family Fees	dedicated	RPs- EI, FI, INS4 and INS73, TC2	State System	Independent Payee Agreements generally with single providers, but some with over 100 Providers	System Points of Entry are under contracts. Direct Service Providers are under payee agreements.
Arizona	Managed Care, Fee for Service, Home, and Community-based waivers	Private Insurance	Blended Service Coordination, Dedicated Service Coordination, Independent Service Coordination	Team-Based Early Intervention, Coaching, Natural Learning Environment Practices, DEC Recommended Practices	Provider agencies	Non-profit agencies, For-profit agencies, State/Local governmental employees, Tribal government employees	Contracts, Grants, Fee for Service, Interagency Governmental Services
Colorado	Fee for service	Private Insurance	dedicated	Telehealth	Local/county system	Non-Profit Agencies, Independent contract providers	Contracts, Fee for service
Connecticut	Fee for service	Private Insurance	Intake Service Coordination, Blended Service Coordination	PSP, Coaching, NLEP, ABA, Denver Early Start Each discipline has its own (e.g., prompt)	State system, Provider agencies	Non-profit agencies, For-profit agencies, State/Local governmental employees	Contracts, Fee for Service, Central Finance
Indiana	Fee for Service, Administrative	Private Insurance Family Fees	Independent Service Coordination	Working toward FGRBI	Regional System, Provider Agencies	Non-Profit agencies, For-Profit agencies, Independent contract providers	Contracts, Fee for Service Central, Finance
State	**Medicaid structure (e.g., managed care, fee for service)**	**System of payment structure (e.g., private insurance, family fees)**	**Service coordination model (e.g., blended, dedicated)**	**Evidence-based practice models being implemented**	**Service delivery system organization**	**Provider structure**	**Funding flow**

Minnesota			Blended Service Coordination	State-supported innovation: Evidence-based Quality Intervention Practices (EQIP}- based on FGRBI	County System	Local School District Staff	Grants, central finance
Nevada	managed care	private insurance	Blended Service Coordination, dedicated service coordination, Intake Service Coordination	Screening and assessment, home visiting, inclusion, DEC RPs, Social Emotional pyramid model	Regional system, state system, private providers	State employees, independent contractors, for-profit agencies	Capitation, contracts
New Jersey		Family fees	Independent Service Coordination, Intake Service Coordination	DEC RPs, PIWI, Keeping Babies in Mind (IMH)	Provider agencies	Non-profit agencies, For-profit agencies	Contracts, grants, fee for service, central finance
New Mexico	fee for service	private insurance	Blended, Dedicated	Coaching, FGRBI	Provider agencies by county	Non-profit agencies, For-profit agencies	Provider Agreements
Texas	Managed Care, Fee For Service, Administrative	Private Insurance, Family fees	Blended, Dedicated	Coaching, Routines-Based Assessment and Intervention	Provider Agencies	Non Profit Agencies	Contracts

State	**Comment…Highlights**
Arizona	A lead agency collaborates with the university system to develop a specialized EI certificate. A universal curriculum is implemented to introduce new providers. The rates are determined based on the county served and are differentiated. The system uses four tiers, each being assigned a rate by discipline or group of disciplines and service setting. First Things First (FTF) Early Childhood Incentives Programs This loan repayment and stipend program aims to reduce related service provider shortages in specified regions by offering incentives of up to $25,000 for speech-language pathologists, occupational and physical therapists, and child psychologists who provide early childhood development services.
Colorado	An Early Intervention Services Insurance Trust has been created to manage reimbursement for early intervention services. It uses a pool model instead of fee-for-service with insurance companies. Under this model, insurance companies pay an annual amount per child per benefit year. The state general fund has already approved a 3% across-the-board rate increase for both service coordinators and direct service providers employed by local EI programs under contract with CDEC and subcontracted direct service providers. Additionally, there is an extra 3% increase funded by Workforce Investment for service coordinators and direct service providers employed by local EI programs under contract with CDEC. Independent contractors who bill Medicaid for a speech and/or language session will get a $30 per session stipend to support the monitoring of IFSP outcomes. The Committee has identified administrative barriers, and CDEC/EI Colorado is reviewing processes to improve the experience for direct service providers and service coordinators. It has also recommended that the Department use the remaining $1 million to develop and implement strategies that will have a long-term impact on recruitment, retention, and overall capacity of the EI Workforce. They suggest focusing on a primary provider and transdisciplinary teaming service delivery model. EI Colorado has formed a workgroup of diverse early intervention professionals, including service coordinators and employed and subcontracted providers. The goal is to inform and assist in developing and implementing a Colorado approach to align and standardize service delivery across the state. This will support and facilitate parent capacity to meet their child's unique and individualized needs. CDEC has committed to a 2023 distribution of $4 million through retention bonuses. As of June 30, 2023, 925 bonuses were paid (out of 1,070 applicants) in the amount of approximately $3.5 million. An additional $1 million will be distributed in the fall of 2023 to 279 direct service providers and service coordinators. Colorado has an Outstanding SC and EI Provider Award at the end of the fiscal year. Anyone nominated is notified that they were nominated. Criteria include examples of how the Service Coordinator empowers families and supports self-advocacy,

	how they are creative in finding resources and family support, and how they mentor or support others within their Local Program and/or community.
Connecticut	The Central Billing Office (CBO) will electronically create and submit claims, such as Medicaid and commercial insurance plans, to payers on behalf of EIS Programs. EIS Programs will receive payments directly from Medicaid and commercial insurance plans. In case of unpaid balances of non-workable insurance claims and certain additional EI services and activities, the lead agency will pay EIS programs monthly. DTA Services are included in a recently revised "Infant Toddler Family Specialist" credential that can potentially move a paraprofessional in our system to a professional and allowed to conduct evaluations. Additionally, a blended SC model will enable providers to earn an SC credential through specific SC training and mentoring for new providers. This program is funded through the OSEP personnel prep retention grant.
Kentucky	Some Point of Entry offices in Kentucky employ Service Coordinators using a dedicated service delivery model. On the first Friday of every month, a listserv is sent out with program updates called First Friday Focus. They recognize the Service Coordinators for their work and their impact on the families they serve. At the end of the year, a celebration is held to recognize the staff, including Service Coordinators. One winner from each department is chosen. When analyzing family surveys, if a Service Coordinator is named in the comments, they are awarded. Kentucky has Service Coordinator Interns within some system point-of-entry areas. The assigned tasks often depend on the type of intern. Some interns work 25-30 hours per week with the Point of Entry, while others work only 10 hours a week. Full-time interns are provided with TOTS access (an online data management system) and must take Record Keeping and Confidentiality Trainings. They must also get written parental consent to participate in certain activities. Some interns are hired after graduation when the Point of Entry office has vacant positions. During the internship, interns shadow meetings such as intake, family assessment, IFSP, and ARC. They also shadow evaluations. After shadowing several visits, they can help with some TOTS entry. The child's service coordinator reviews the TOTS entry for accuracy. Interns can also partially assist with some intakes and family assessments by taking notes and asking some questions. This gives them practice working with families. They also assist with taking referrals and filing. Interns are often required to complete a project in addition to their internship. Some interns have helped create resource lists for Service Coordinators.
Minnesota	EI and 619 services are both out of the Department of Education; Active CSPD
Nevada	Six regional offices; program-based payments on capitated rate; Nevada Loan Forgiveness Guidance Nevada's Coalition to Address Personnel Shortages in Special Education and Related Services created this page to assist special educators and related service providers seeking loan forgiveness programs and resources.
New Jersey	Missed appts reimbursed at 50%; 52 active provider agencies; new agencies are only added when the state identifies a need.

	Providers' primary concern in reimbursement rate - They were provided a rate increase on July 1, 2023. This was well received. In a fee-for-service system, when families cancel, or there is an emergency, there is no reimbursement paid. Providers continue to ask for a "no-show" rate of some sort to assist with the cost of missed appointments. Increase in referrals and eligible children combined with workforce shortages. The state provided increased reimbursement rates, provided professional development opportunities, and used ARP funds to provide stipends to direct service providers. The SC official caseload that is supported by state funds is 60-70 to 1. However, the rapid increase in referrals meant that some have caseloads at or above 100. The lead agency increased funding to hire additional service coordinators to meet the needs. Hiring continues as an ongoing process to get the caseloads where they should be.
New Mexico	State legislation has been put in place to mandate private third-party insurance coverage for early intervention services. The payment model adopted is the pay-and-chase approach. Early intervention services are funded through the FIT Program and are provided to families at no cost. Under this program, Medicaid and private insurance are billed with the parent's consent. It is important to note that a law passed in 2005 requires all health insurance plans to cover up to $3,500 per year in FIT services. The FIT Program does not require any copays or deductibles.
Texas	UTEP offers an online graduate certificate program in Early Intervention Studies that can help aspiring professionals meet the requirements for working with children with disabilities and their families in various settings. The certificate is suitable for individuals new to the field and current educators, advocates, and leaders. It can serve as a supplementary certification for educators with a master's degree in Special Education or as a pathway to a new master's degree in Early Intervention Studies. Early Childhood Specialist Micro-Credentials The CLI Engage initiative at the University of Texas implements a system for early childhood specialists to earn micro-credentials as part of an early childhood competency framework. Within this program, CLI Engage identifies a cohesive set of skills for each role to demonstrate to earn these micro-credentials in the form of digital badges. Our biggest challenges are adequate staffing at local early intervention programs and providing services to all eligible children when funding does not increase at the same rate as enrollment increases. We have received grant funding to provide stipends for qualified service providers and to provide technical assistance on evidence-based staff recruitment and retention strategies. We have also accessed grant funding for service delivery and continue to work within our state-lead agency to identify opportunities to increase general revenue funding. We do not set per-service compensation rates. Contractor agencies bill Medicaid, CHIP, and private insurance for covered children. For services that are not covered,

or when coverage isn't adequate to reimburse the cost of the service, the local program bills the state office through a cost-reimbursement contract.

Nothing else is required for licensed therapists and other providers who are licensed or credentialed by a state board. Early Intervention Specialists (those who provide Specialized Instruction) are not licensed. The Part C state office credentials these providers after completing the training offered by the state office and the staff's local program.

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