



**MICHIGAN ASSOCIATION OF ADMINISTRATORS OF SPECIAL EDUCATION (MAASE)
EARLY ON® MICHIGAN SERVICE IMPLICATIONS AND
FISCAL IMPACT OF A SINGLE TIERED MODEL**

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MICHIGAN ASSOCIATION OF ADMINISTRATORS OF SPECIAL EDUCATION (MAASE) *EARLY ON*® MICHIGAN SERVICE IMPLICATIONS AND FISCAL IMPACT OF A SINGLE TIERED MODEL

ABSTRACT – EXECUTIVE SUMMARY

The evaluation of a single tiered model for early intervention services in Michigan was undertaken by the Michigan Association of Administrators of Special Education (MAASE) in response to the MAASE Project, “*Comparing Early Childhood Systems: IDEA Early Intervention Systems in Birth Mandate States*”. Specifically, this project aims to provide data and determine the discrepancies within Michigan’s bifurcated early intervention system, for *Early On* Part C and Michigan Mandatory Special Education (MMSE). Findings indicate that there are significant discrepancies in staff training, frequency of home visits, and financial resources to operate programs between *Early On* Part C and MMSE. The aforementioned differences in programming and services also cause differences in services between intermediate school districts as well; ultimately, impacting the quality, frequency, and access to high-quality intervention services.

INTRODUCTION

The purpose of this project is to evaluate the potential impact of a single tiered model for *Early On* Part C and MMSE, including eligibility, service, and fiscal implications. The activities of this project encompassed several months with a cross sector group of stakeholders, who provided input, feedback and guidance for the direction of this project. The stakeholder group, with support from the MAASE Executive Board, determined the baseline data was needed to evaluate the implications of a single cohort system. This was accomplished through a survey to all ISD’s to obtain current, accurate data. To encourage honest and accurate survey results, respondents were assured of confidentiality. This paper provides a summary of the data from the survey which indicates the current level of service and cost to operate *Early On* Part C only and MMSE for children birth to three.

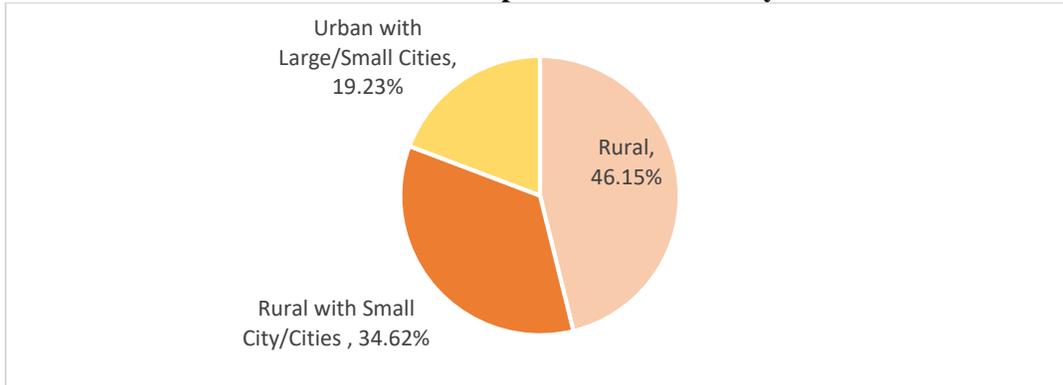
BACKGROUND/PROBLEM STATEMENT

IDEA Part C was created in 1986 to enhance the development of infants and toddlers with disabilities, minimize potential developmental delay, and reduce educational costs to society by minimizing the need for special education services as children with delays and disabilities reach school age. Currently, Michigan is the only birth mandate state that has maintained a bifurcated system for *Early On* Part C eligibility and state special education eligibility, requiring one set of eligibility criteria for *Early On* Part C and additional criteria for MMSE. In other states, Part C eligibility criteria and special education criteria mirror each other, creating a single cohort of children eligible for early intervention services. In November 2013, the Michigan Office of the Auditor General conducted a performance audit of *Early On*. The report cited multiple findings, one of which focused on access to high-quality services. The Michigan Department of Education (MDE) response to the audit indicates a need to explore a single cohort system, as well as examine eligibility criteria for children birth to three under a single definition of eligibility (Michigan Office of the Auditor General, 2013). This was also highlighted in the Michigan Association of Administrators of Special Education (MAASE) paper, “*Comparing Early Childhood Systems: IDEA Early Intervention Systems in the Birth Mandate States* (2014),” which recommended an evaluation of the service and financial implications of a single cohort system. Furthermore, the paper recommends revising the eligibility criteria from the 13 special education criteria to a single criterion of developmental delay for children birth to three.

SURVEY COMPLETION

The survey was completed by 26 of the 56 ISDs/ESAs in the state of Michigan which represents a 46.4% completion rate. Respondents identified themselves as urban with large/small Cities (19.23%), rural with small cities (34.62%) or rural (46.15%) (Chart 1). Overall the percentages and data align with the statewide numbers and percentages of children served in *Early On Part C* and MMSE.

Chart 1: ISDs represented in the survey



ELIGIBILITY DATA

Michigan is one of five birth mandate states, and the only state that has separate eligibility categories for *Early On Part C* and MMSE. In all other birth mandate states, there is a single cohort of children who qualify for early intervention services. Eligibility criteria range from 25% delay in one or more developmental domains to 2 standard deviations below the mean in one area, 1.3 standard deviations below the mean in two or more areas. All birth mandate states have a developmental delay eligibility, two of the states recommend the use of developmental delay but allow reference to the 13 eligibility categories. For instance, a child is recommended to receive early intervention services, under a developmental delay due to a visual impairment. The other two states do not allow reference to the other 13 eligibility categories. All states have eligibility criteria for children with established conditions.

The definition of eligibility for *Early On Part C* includes two categories: developmental delay and established condition. The State of Michigan definition for developmental delay outlines that a child must have a delay of 20 percent, or one standard deviation below the mean, in one or more developmental domains. Under established condition, the child must have a medical condition that is likely to result in developmental delay. Based on the survey, the average number of children in *Early On Part C* among all ISD respondents was 62.32% (n=193.35). This closely correlates with the data from the statewide *Early On* October 2015 count which indicated 59.2% of children who qualified for *Early On* qualified for only Part C services, not MMSE (Chart 2).

Infants and toddlers, birth to three, may also qualify for special education services in one of the thirteen areas of eligibility under the Michigan Administrative Rules for Special Education. Based on the survey, the average number of children birth to three eligible and receiving programs/service under MMSE was 37.68% (n=118.12); this closely correlates with the data from the Statewide *Early On* October 2015 count which indicated 40.8% of children that qualified for *Early On Part C* also qualified for MMSE (Chart 2). Of the children birth to three who qualified for special education under the 13 MMSE categories of eligibility, 88%, qualified under the three categories of Speech Language Impairment (39%), Early Childhood Developmental Delay (27%), or Other Health Impairment (22%) (Chart 3). The remaining ten eligibility categories are used 12% of the time in birth to three MMSE.

MAASE recommends that Michigan adopts a development of a separate eligibility criteria for infants and toddlers under three years of age. Infant and toddlers would be eligible for early intervention services under an established condition or a developmental delay of 25% in any one developmental domain.

Chart 2: Percentage of children eligible for *Early On Part C* and MMSE from the ISDs surveyed

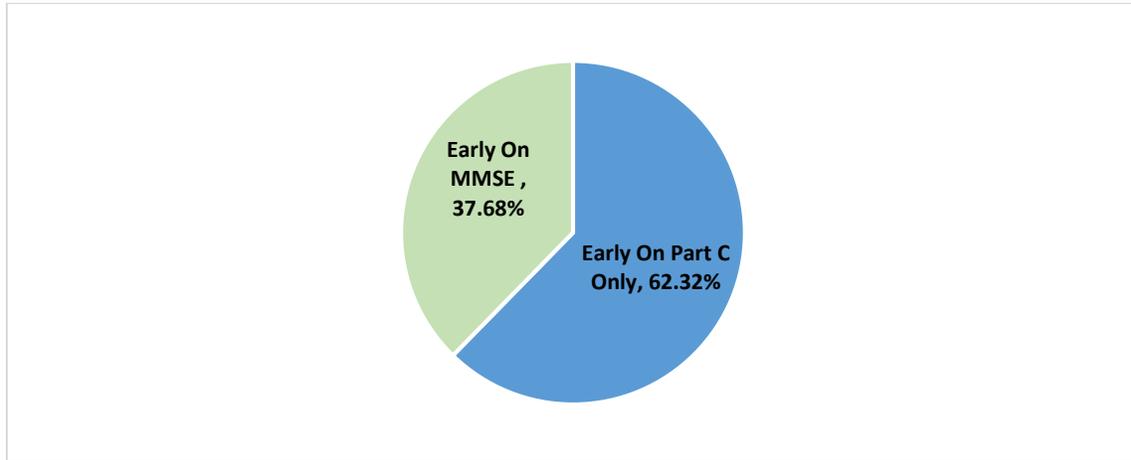
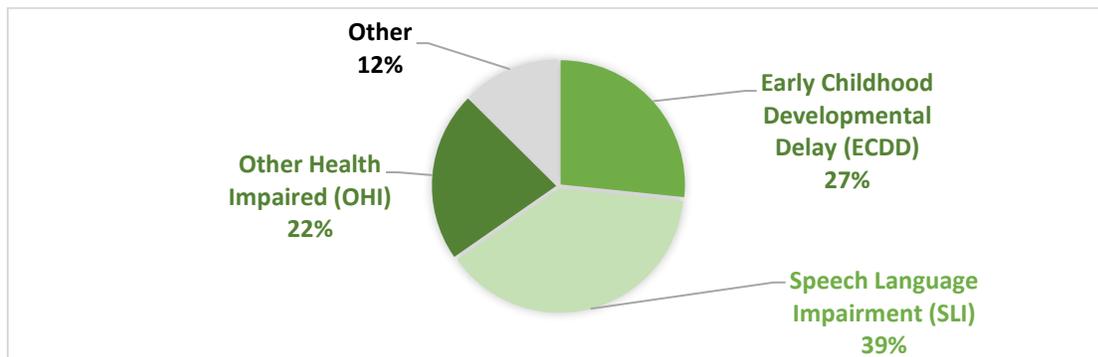


Chart 3: *Early On* MMSE Eligibility Category Percentages from the ISDs surveyed



EARLY INTERVENTION SERVICE DATA

The survey indicated a significant discrepancy in the children to staff ratio and frequency of contacts for children served under *Early On* Part C and MMSE. The average child to staff ratio for children eligible under *Early On* Part C was 35.25 children per staff member. The average ratio for MMSE was 7.68 children per staff member (Chart 4). The frequency of contacts for children and families under *Early On* Part C receive service at least weekly is 13.58%; 65.35% of children eligible for *Early On* Part C receive early intervention services once a month or less. Conversely, 81.31% of children eligible for MMSE receive at least weekly early intervention services, if not twice a week early intervention services (Chart 5).

Best practice research in early intervention supports the premise of developing secure attachments with children, families and providers by providing appropriate, credentialed providers, while at the same time limiting the frequency of provider changes to develop secure, meaningful attachments and relationships, which enhance child outcomes (Dunst, Hamby, & Brookfield, 2007). The current practice in much of the state, from an evaluation perspective does not align with the best practice research. Survey results indicated that 37.93% of evaluation teams for *Early On* Part C and MMSE are the same providers (Chart 6). Again, this practice is not supported by the research conducted by Dunst, Hamby, & Brookfield (2007) which concluded fewer professionals working with families has direct positive impact on “. . . positive parent and family functioning.” (p. 281).

The data from the survey indicates there are substantial differences in staff to children ratios as well as access to services. This is problematic because in order to have an effective early intervention system as intended by IDEA Part C all children, *Early On* and MMSE, should have equal access to early intervention services and personnel. **MAASE recommendations that Michigan move to a single cohort of eligible children to ensure access to early intervention services such that frequency of services and intervention are matched to child and family need.** In order to achieve this, state level funding mechanisms will need to be evaluated, which is further explained in a subsequent section.

Chart 4: Average Children to Staff Ratio

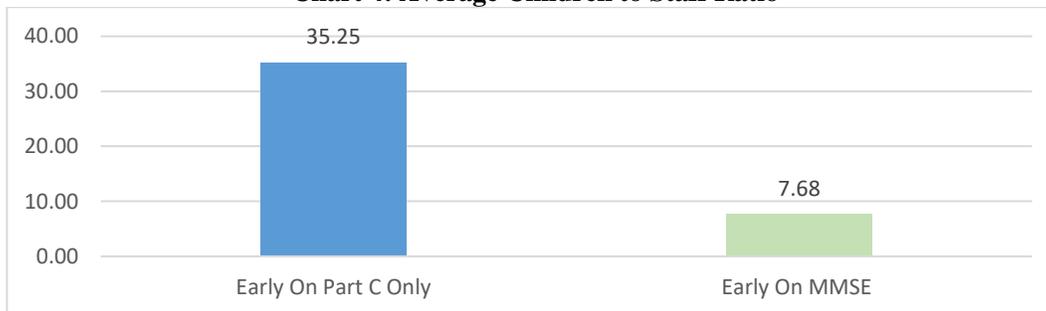


Chart 5: Frequency of Contacts for Children and Families in Part C and MMSE

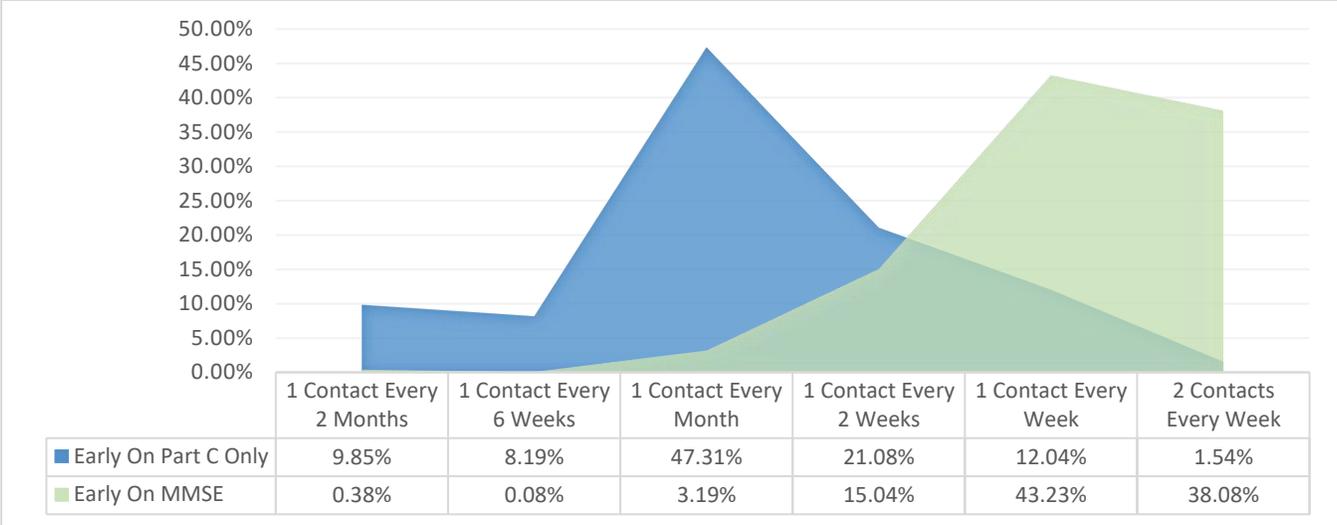
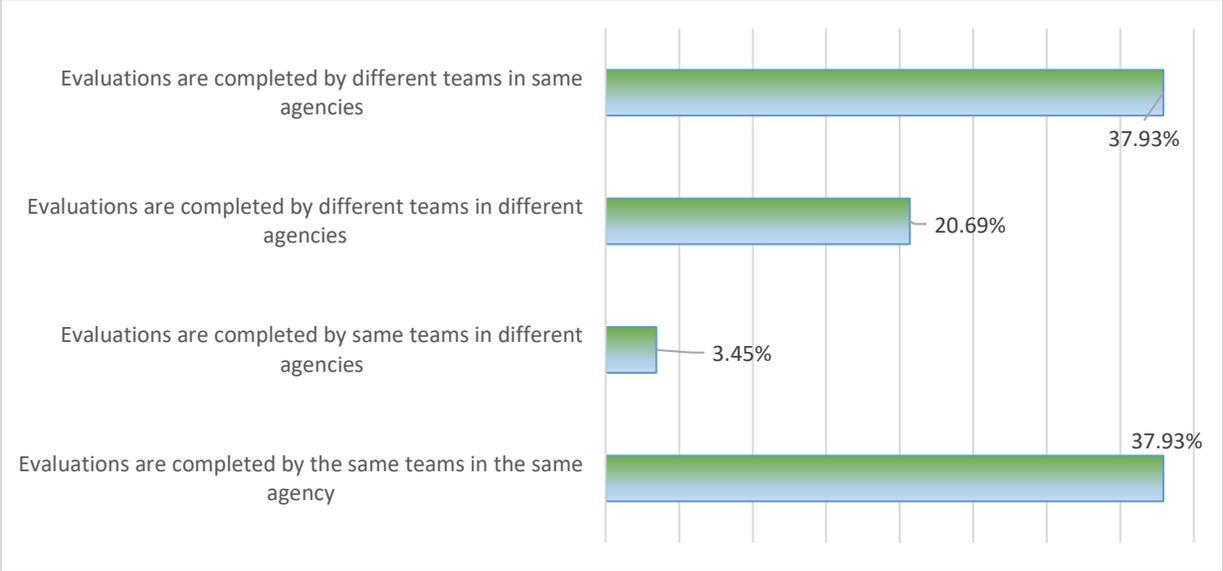


Chart 6: Evaluation Teams



STAFF TRAINING

Part C of the Individuals with Disabilities Education Act (IDEA) (Rule 303.13 early Intervention services) and the Michigan Department of Education *Early On*® Personnel Standards (February 4, 2015) supports the following definition of qualified staff.

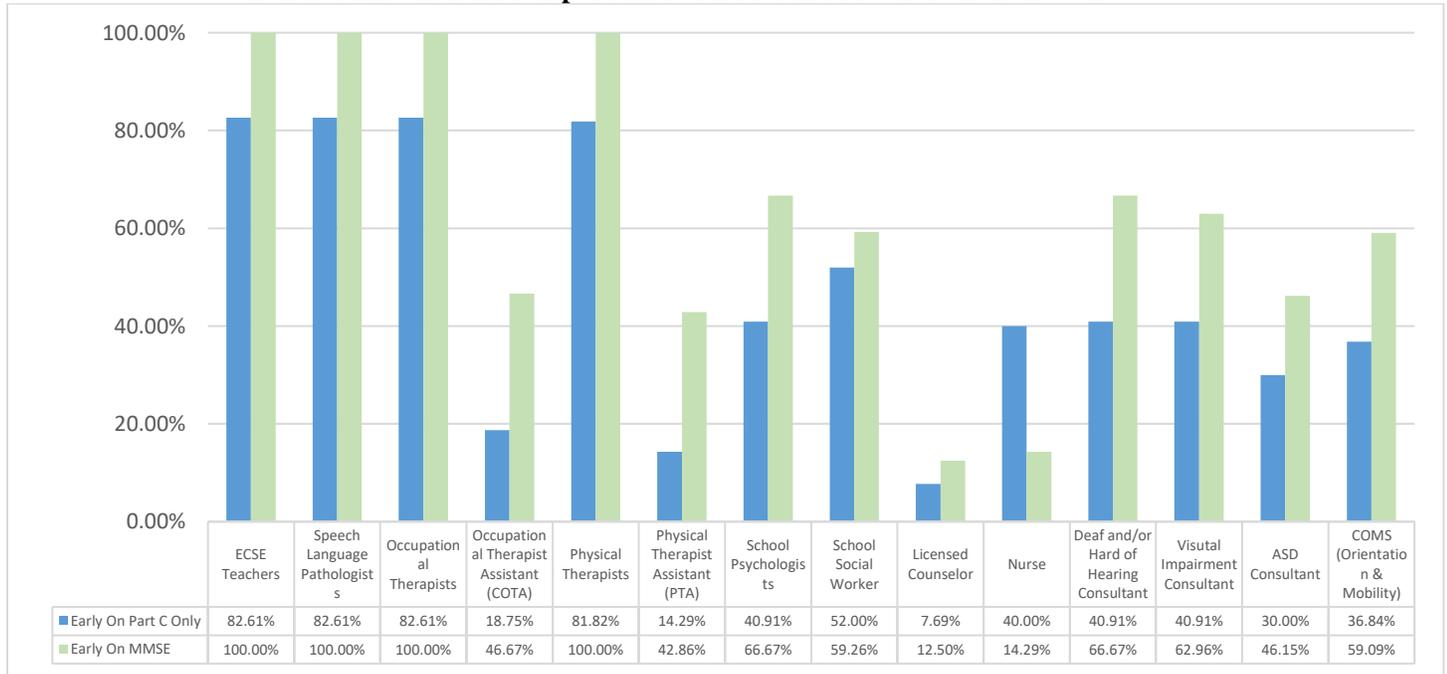
§ 303.13 Early intervention services.

(c) Qualified personnel. The following are the types of qualified personnel who provide early intervention services under this part: (1) Audiologists. (2) Family therapists. (3) Nurses. (4) Occupational therapists. (5) Orientation and mobility specialists. (6) Pediatricians and other physicians or diagnostic and evaluation purposes. (7) Physical therapists. (8) Psychologists. (9) Registered dietitians. (10) Social workers. (11) Special educators, including teachers of children with hearing impairments (including deafness) and teachers of children with visual impairments (including blindness). (12) Speech and language pathologists. (13) Vision specialists, including ophthalmologists and optometrists.

Based on the data (Chart 7) below, children who qualify for *Early On* Part C consistently have less access to qualified personnel than children who qualify for MMSE. This is problematic, as infants, toddlers and their families who qualify for *Early On* should have equal access to qualified personnel according to IDEA Part C. To further exacerbate the gap, children who are in *Early On* have significantly fewer contacts (i.e. direct early intervention services) than children in MMSE (Chart 5). Sixty-five percent of infants and toddlers in *Early On* receive early intervention services less than once a month. However, 81% infants and toddlers in MMSE receive weekly or twice a week early intervention services. In conclusion, infants and toddlers in *Early On* have less access to qualified personnel but also have significantly less early intervention services. This is not a new finding, as this was also cited in the Office of the Auditor General’s performance audit as well.

MAASE recommends that Michigan adopt a single cohort of children, mirroring all other birth mandate states. This systems level change would equalize the playing field of all children eligible for early intervention services. It would also allow children with developmental delays to have access to qualified personnel with individualized services to meet the family need.

Chart 7: Staff available to provide direct service to children and families



FUNDING

IDEA Part C federal funding is intended to assist states with identifying eligible children and to support service coordination for services addressing health, education, human services, and developmental disabilities, and is not intended to fund service delivery. As a result, with the passage of IDEA Part C, most states began investing state funds supplementing their federal appropriation for service provision and coordination. This state level investment in Part C was to ensure that infants and toddlers could receive the early intervention services they need to reach their optimal development and lay a foundation for education success. Michigan has not made such investment.

According to the Infant Toddler Coordinator’s Association’s 2014 Finance Survey of States, the number one source of funding for Part C early intervention services in states throughout the nation is “State Part C Appropriations”, followed by Medicaid, and then “State General Funds” as third before the federal Part C allocation as fourth.

The federal IDEA Part C allocation to Michigan for 2015-16 is \$11,871,739. Michigan’s number of eligible children is 18,462 (February 2016 period count), resulting in a funding level of \$643 per child. Based on survey results, the cost to operate *Early On* is \$3,782 per child, which leaves a potential funding discrepancy of \$3,139 per child.

The cost of services for infants and toddlers in MMSE on average is \$13,439. Special education programs and services are funded differently throughout, accessing multiple funding sources depending on each ISD service area. The funding sources for each ISD could include: per pupil funding, state level special education reimbursement at 28% of the allowable program costs, general fund dollars, Medicaid reimbursement. Additionally, some ISD’s are able to utilize local millage dollars to offset costs for providing services to children birth to three who are eligible for special education; however, this happens inconsistently across districts due largely to lack of state reimbursement for *Early On* only services resulting in discrepancies in funding statewide.

Additionally, survey participants indicated that 19.23% of ISDs billed for Medicaid funds for *Early On* and 62.96% of ISDs billed for Medicaid funds for MMSE. The results of this survey indicated that there is 1/4th the funding for *Early On* as there is for MMSE (Chart 8). Rationale is found through the data from the frequency of contacts (chart 5) and the qualifications/cost of staff to operate the two tiers (chart 7).

The data in this report and early childhood research generally, highlights the value of investment in high-quality early intervention system. Adequate funding, supports service levels and interventions matched to family need. Infants and toddlers with more needs require more resources. However, even children those with less intensive needs, require access to highly skilled personnel and services designed to meet the family needs. **MAASE recommends that Michigan provide a state appropriation in *Early On*. Ultimately, MAASE recommends the system of early intervention in Michigan be created based on research and best practice and that it be adequately funded with federal and state funds.**

Chart 8: Average cost per child Part C Only vs. MMSE

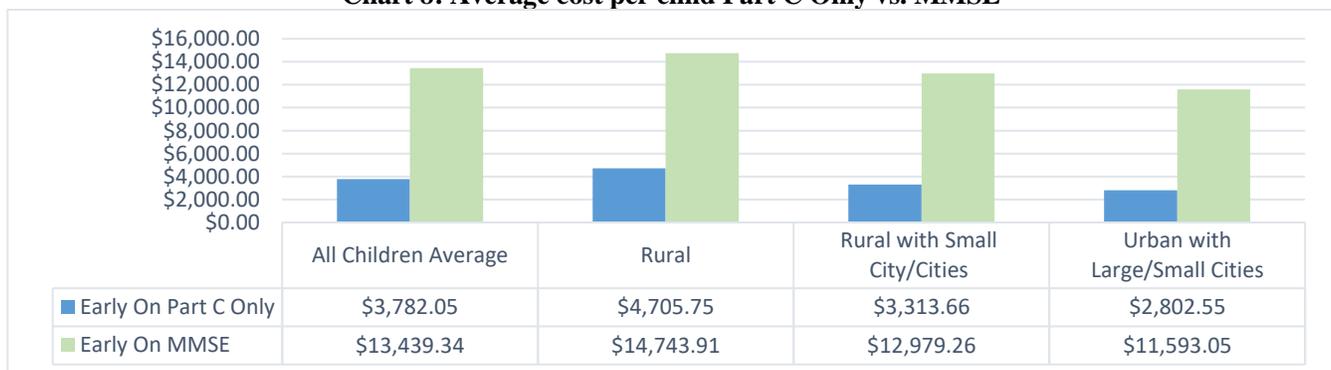


Chart 9: MMSE average cost of providing 2 contacts per week versus 1 contact per week

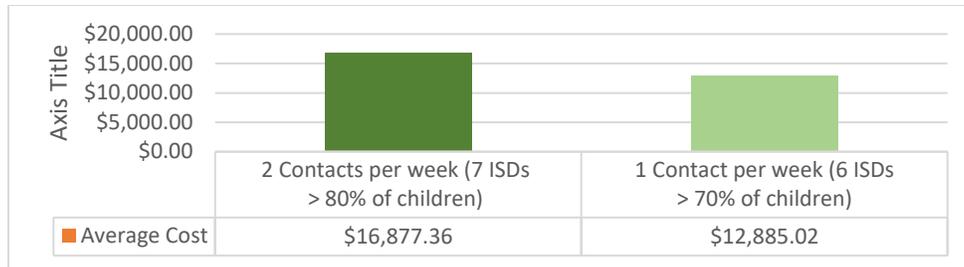
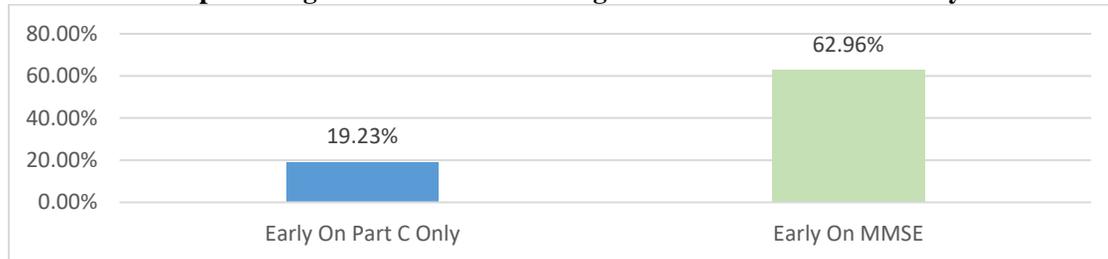


Chart 10: The percentage of ISDs that are billing for Medicaid for Part C Only and MMSE



MAASE RECOMMENDATIONS SUMMARY

1. Develop a single cohort system

Create a single tier of eligibility within the State of Michigan that all children eligible under Part C of IDEA, *Early On*, are also eligible for Michigan Mandatory Special Education

Rationale: Currently, within the State of Michigan if a child is eligible for *Early On* but not MMSE, the early intervention services vary greatly in terms of qualified personnel delivering the early intervention service, access to qualified personnel to meet child and family needs, and frequency of services. This is problematic because federal IDEA Part C requires all eligible children have equal access to early intervention services and qualified personnel, not just children eligible for MMSE

2. Eligibility Criteria

Utilize eligibility categories of developmental delay as determined by a 25% delay in any one developmental area or an established conditions for all children to receive services under IDEA Part C.

Rationale: Survey results indicate 88% of children eligible for MMSE are eligible under speech and language impairment, early childhood developmental delay, and otherwise health impaired, leaving the 10 other categories only being utilized 12% of the time. The MAASE “*Comparing Early Childhood Systems: IDEA Early Intervention Systems in the Birth Mandate States*” highlights that waiting for evidence of educational need is contrary to the intent of Part C. Instead, the eligibility should uphold the intent of Part C and acknowledge the natural developmental progression children have under the age of five

3. Funds to support *Early On*

Provide a state investment in *Early On*.

Rationale: Michigan is one of a small number of states that does not have a state appropriation for IDEA Part C services (Michigan’s Children, January 2016). According to the 2014 Infant Toddler Coordinators Association Finance Survey, “Forty-four of the forty-seven respondents (93.6%) reported state funding. Twelve specific state fund sources were reported by survey respondents. The largest source of state funding was State Part C Appropriations. These are funds that are a specific line item in the state budget directly appropriated to Part C.” The lack of investment by the State of Michigan creates systemic challenges as each grantee is required to offer early intervention services that are underfunded, creating implementation challenges and ultimately children and families are impacted.

REFERENCES

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SURVEY QUESTIONS

The survey was created with Survey Monkey Pro and disseminated to every ISD/ESA in the state of Michigan. Along with the survey the ISD/ESA received a guidance document that contained potential data sources and suggested personnel to answer each question. Based on question and information needed, the survey contained either a multiple choice, short answer or a matrix response. Below is an outline of the survey questions.

1. Is your ISD/ESA considered Rural or Urban (based on population density)?
 - a. Rural
 - b. Rural with Small City/Cities
 - c. Urban with Large/Small Cities
2. Early On Part C Only Total Children in your ISD/ESA
 - a. Total Children - Please indicate FALL COUNT Numbers
3. Early On Part C Only - Actual Total Staff for 2015-2016 in your ISD/ESA
 - a. Total Staff Dedicated to Service Part C Children (FTE)
4. Early On MMSE Total Children in your ISD/ESA
 - a. Total Children - Please indicate FALL COUNT Numbers
 - b. Percentage – SLI, ECDD, OHI
5. Early On MMSE - Actual Total Staff for 2015-2016 in your ISD/ESA
 - a. Total Staff Dedicated to Service MMSE Children (FTE)
6. Early On Part C Only and MMSE * Evaluation Team(s)
 - a. Part C and MMSE Evaluations are completed by the same teams in the same agency
 - b. Part C and MMSE Evaluations are completed by same teams in different agencies
 - c. Part C and MMSE Evaluations are completed by different teams in different agencies
 - d. Part C and MMSE Evaluations are completed by different teams in same agencies
7. Early On Part C Only - Who Provides Service?
 - a. ISD/ESA
 - b. Local District
 - c. Outside Agency (contracted)
8. If you indicated in question #7 that Early On Part C Only services are provided by an Outside Agency (contracted), please indicate the type of agency.
9. Early On MMSE - Who Provides Service?
 - a. ISD/ESA
 - b. Local District
 - c. Outside Agency (contracted)
10. If you indicated in question #9 that Early On MMSE services are provided by an Outside Agency (contracted), please indicate the type of agency.
11. Early On Part C Only - Staff Members dedicated and available to meet infant/toddler needs
 - a. *Matrix of certified Early On personnel and the agency that provides the service*

12. Early On MMSE- Staff Members dedicated and available to meet infant/toddler needs
 - a. *Matrix of certified Early On personnel and the agency that provides the service*
13. Early On Part C Only - Frequency of Service/Contacts for the Child (Percentage)
 - a. 1 Contact Every 2 Months
 - b. 1 Contact Every 6 Weeks
 - c. 1 Contact Every Month
 - d. 1 Contact Every 2 Weeks
 - e. 1 Contact Every Week
 - f. 2 Contacts Every Week
14. Early On MMSE - Frequency of Service/Contacts for the Child (Percentage)
 - a. 1 Contact Every 2 Months
 - b. 1 Contact Every 6 Weeks
 - c. 1 Contact Every Month
 - d. 1 Contact Every 2 Weeks
 - e. 1 Contact Every Week
 - f. 2 Contacts Every Week
15. Early On Part C Only - Estimate Total Staff Cost (Salary and Benefits)
16. Early On MMSE - Estimate Total Staff Cost (Salary and Benefits)
17. Early On Part C Only - Do you bill for Medicaid?
18. Early On MMSE - Do you bill for Medicaid?
19. Early On MMSE - How do you provide service? (Percentage)
 - a. [R340.1862] – Early Childhood Special Education Service
 - b. Special Education Related Services
20. Early On MMSE - Do you calculate and submit Special Education FTE?
21. Other funding sources (Act 18, Grants, etc.)
22. Comments/Questions/Concerns/Input