Report to the Legislature

INFANT TODDLER EARLY INTERVENTION PROGRAM

2008 Legislative Proviso Report

Chapter 522, Laws of 2007, Section 205(1)(k) RCW Uncodified

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ACKNOWLEDGEMENTS

The Division of Developmental Disabilities wishes to thank the following groups for their contributions to this report.

- State Interagency Coordinating Council members
- Parents/Family Representatives
- Local Lead Agencies
- County and Regional Health Districts
- County Human Service Agencies
- School Districts
- Education Service Districts
- Early Intervention Service Providers
- Developmental Disabilities Centers
- Neurodevelopmental Centers
- Non-profit Agencies
- Parent-to-Parent Organizations / Coalitions
- State Agency Representatives

EXECUTIVE SUMMARY

The purpose of this Infant Toddler Early Intervention Program (ITEIP) report is to recommend a consistent funding approach per child for early intervention services for the 2009-11 Biennium.

Overview: The federal Individuals with Disabilities Education Improvement Act (IDEA), Part C, provides that infants and toddlers, birth to three, who have disabilities and/or developmental delays, and their families are entitled to individualized, quality early intervention services. The goal of early intervention is to enable all infants and toddlers to the extent possible, to meet developmental goals and be successful participants in their homes, schools, and community.

Washington began the Infant Toddler Early Intervention Program delivery of statewide Part C early intervention service October 1, 1994. As state lead agency, the Department of Social and Health Services (DSHS) works in collaboration with other state agencies, school districts and government programs to implement a statewide system of early intervention services for infants and toddlers and their families across education, health and social services systems and agencies. If a state agrees to deliver services under Part C, these services are available to all eligible children.

Data, evidence-based practice, and research indicate comprehensive early intervention services make a lifelong difference. The skills obtained during these years are critical for future growth and development. Benefits and savings are ongoing as current ITEIP data show 26 percent of all children exiting ITEIP by their third birthday are <u>not</u> eligible for special education services by age three, and in most cases, these children will not be eligible for DDD services by their fourth birthday. By providing early intervention services as soon as possible, many children improve their skills and catch up with their peers. This success results in many children not needing additional services.

Funding: Children and their families receive individualized services based on needs determined through evaluation and assessments and identified in the Individualized Family Service Plan (IFSP). Funding for these early intervention services is provided through a network of partnerships. There are six major funding sources that cover the costs of implementing a child's IFSP:

1. <u>School district funding for birth to three</u> - School funding is the largest funding source for early intervention services. Approximately two-thirds of 295 school districts in Washington participated in early intervention for the 2007-08 school year. Per state statute, all districts must participate by 2009. On average, approximately $5,000 ($4,500 x 1.15) per year is allocated on a per child count. Some of these funds can be used to pay school district administrative costs. This report and recommendations assume full statewide participation by September 2009 in calculating a consistent funding approach.
2. <u>Part C</u> - IDEA, Part C funds are federal dollars provided to enhance the statewide system. This funding brings with it extensive rules, regulations, and compliance requirements. Many states use their entire Part C allotment for infrastructure and other administrative requirements. Because of funding

shortages in Washington, approximately 90 percent of ITEIP Part C funds are used for direct services as the payer of last resort.

3. Medicaid - Early intervention services meeting medical and health care definitions (excludes services by Family Resources Coordinators and certified teachers) are reimbursed by Medicaid for Medicaid enrolled children.
4. DSHS/DDD/Child Development Services (CDS) contracted through counties - DSHS/county funding is part of the overall effort to fully fund an individual child's IFSP; however, one-third of the counties do not allocate funding to child development services (CDS) early intervention. In counties that allocate funding to child development services, resources are not always available to every child.
5. Department of Health - Health districts offer limited services throughout the state to which some families have access. The Department of Health (DOH) does not directly fund the implementation of IFSP services. However, DOH is a source of funding for Neurodevelopmental Centers and the Children with Special Health Care Needs Program. DOH funding is part of the federally mandated maintenance of effort.
6. Health Care Plans/Private Health Care Coverage - Health care plans, or private health care coverage, are billed by the early intervention providers whenever available. Parents pay premiums, deductibles, co-pays and co-insurance. When insurance benefit limits are reached, providers are expected to continue services per Part C regulations. (This amount is not tracked at the state level as it is individualized by family/child and billed at local level.)

The state must assure an annual maintenance of effort as defined by 34 CFR 303.124.

Funding Issues: Part C regulations require states to provide a coordinated and equitable program of early intervention services across the state. Where a child and family lives should not influence the services a child and their family can receive.

Until September 2009, the only guaranteed source of funding for early intervention services is Part C. By 2009, there will be two guaranteed sources of funding when all school districts, by state law, will participate in providing early intervention services. Currently there are 13 counties that do not participate in funding early intervention/child development services. Participating counties report they are underfunded for adult services and cannot shift any more dollars to child development services/early intervention.

There are inconsistencies in the ability of early intervention providers to bill insurance, reimbursement rates vary significantly, and do not always support services in the home and community settings. Each health care plan has multiple plan benefit packages coverage and limits. Limitations are often related to the setting in which the service occurs, or provider type, even when the provider is licensed by the state of Washington. Denials of claims can place a significant burden on early intervention providers and families. Reimbursement of early intervention services also impacts insurance caps which can result in lifetime benefits being used up while the child is still a toddler.

ITEIP and Local Lead Agencies are experiencing a severe funding shortfall as the numbers of referrals increase. Funding has not kept up with growth in early intervention numbers and service needs of eligible infants, toddlers, and their families. The increase in numbers of children and families identified as needing early intervention services continues at an annual average increase of 8 percent, as figured over the past five years.

Recommendations: The Department of Social and Health Services proposes the following consistent funding approach for IDEA, Part C services:

1. Add sufficient DSHS funding to provide early intervention in every county in partnership with ITEIP Local Lead Agencies to ensure equitable access for infants, toddlers, and their families, regardless of where they live.
   a. Fund the growing population of eligible children/families;
   b. Increase the per capita amount to $2600 for early intervention/child development services to meet the increased costs of meeting intensive individual child's needs.
2. Ensure consistent school district funding per child and an equitable method for computing administrative/indirect overhead.
3. Review public health, health care/insurance and neurodevelopmental laws to ensure health, Medicaid and insurance funding for early intervention services is maximized and consistently implemented.
4. Ensure qualified early intervention providers are billing Medicaid as appropriate; Provide technical assistance to early intervention providers/agencies to ensure awareness and knowledge of Medicaid rules and regulations.
5. Advocate at the federal level to eliminate the erosion of federal Part C funds.

<u>Budget Neutral Option</u>
The only budget neutral option that meets the timeframe for implementation in the 2009-11 budget is to make early intervention services a state priority and reallocate current county funding to children at a level of $2600 per child.

Conclusion: Early intervention reduces future costs for education, health and social services. Providing a stable, consistent funding approach for early intervention will ensure continued statewide early intervention services for all eligible infants, toddlers and families.

Goal of early intervention:

To enable all infants and toddlers to the extent possible, to meet developmental goals and to be successful participants in their homes, schools, and community.

PURPOSE OF REPORT

The 2008 Supplemental Budget requires the Department of Social and Health Services to propose to legislative committees and legislators, a "consistent funding approach per child for the 2009-11 Biennium." 2008 Supplemental Budget Language[1] states:

> "Within the amount appropriated in this section, the department shall review current infant-toddler early intervention services statewide and report to the office of financial management by November 1, 2008, and the appropriate committees of the legislature on a recommended consistent funding approach per child for the 2009-11 biennium, recognizing the new level of funding anticipated by school district participation. The recommendations must also include a budget neutral option for the current level of clients served."

The purpose of this report is to address the request of the Legislature by recommending a consistent funding approach per child for the 2009-11 Biennium. This report recognizes the new level of funding to be provided by the school districts, discusses a budget-neutral option for the current level of infants and toddlers served by the program, and offers background and information in support of the recommendation.

This report was developed with the participation of stakeholders and partners. Please refer to Appendix A for a summary of their meetings.

[1] Full text available at of the 2008 Supplemental Budget is available at http://leap.leg.wa.gov/leap/budget/detail/2008/co2008p.asp Section 205, page 103.

WHAT IS EARLY INTERVENTION?

According to Federal Requirements: December 2004 Reauthorization of Individuals with Disabilities Education Improvement Act, Part C (IDEA, Part C),[2] early intervention services must be provided by qualified professionals and are to assist the parents/family in enhancing the development of infants and toddlers with disabilities.

In 1986, Congress passed IDEA, Part C (then H). The law developed guidelines for states to follow in providing services to families with infants and toddlers with developmental delays and/or disabilities (see Appendix B). The law states the early intervention program must assure services in order to:

- Minimize their potential for developmental delay, and
- Recognize the significant brain development that occurs during a child's first three (3) years of life.
- Reduce the educational cost to society, including schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age;
- Enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities;
- To enhance the capacity of state and local agencies and service providers to identify, evaluate, and meet the needs of all children, particularly minority, low-income, inner city, and rural children, and infants and toddlers in foster care; and
- Maximize the potential for individuals with disabilities to live independently in society.

Infants and toddlers, birth to three, who have disabilities and/or developmental delays, and their families are entitled by federal law to receive 17 early intervention services depending on individual need. See Appendix C for list of authorized services.

HOW ARE EARLY INTERVENTION SERVICES DELIVERED?

Part C rules and regulations call for the Governor of a participating state to designate a Statewide Lead Agency for the delivery of comprehensive, coordinated early intervention services. The Washington State Department of Social and Health Services (DSHS) is the designated lead agency. As the lead agency, DSHS coordinates with multiple other state agencies, including but not limited to, Departments of Early Learning, Health, and Services for the Blind; the Office of the Insurance Commissioner; and the Office of the Superintendent of Public Instruction (see Figure 1).

Washington began participating in IDEA in 1987, as soon as federal grants were released, after the 1986 law was enacted. Initial years' activities were conduced

[2] http://idea.ed.gov/explore/view/p/%2Croot%2Cstatute%2Cl%2CC%2C

under the program name Birth to Six State Planning Project. In October 1994, the State began statewide full services and implementation of IDEA, Part C and the program name was changed to the Infant Toddler Early Intervention Program (ITEIP). If a state agrees to deliver services under Part C, these services must be available to all eligible children.

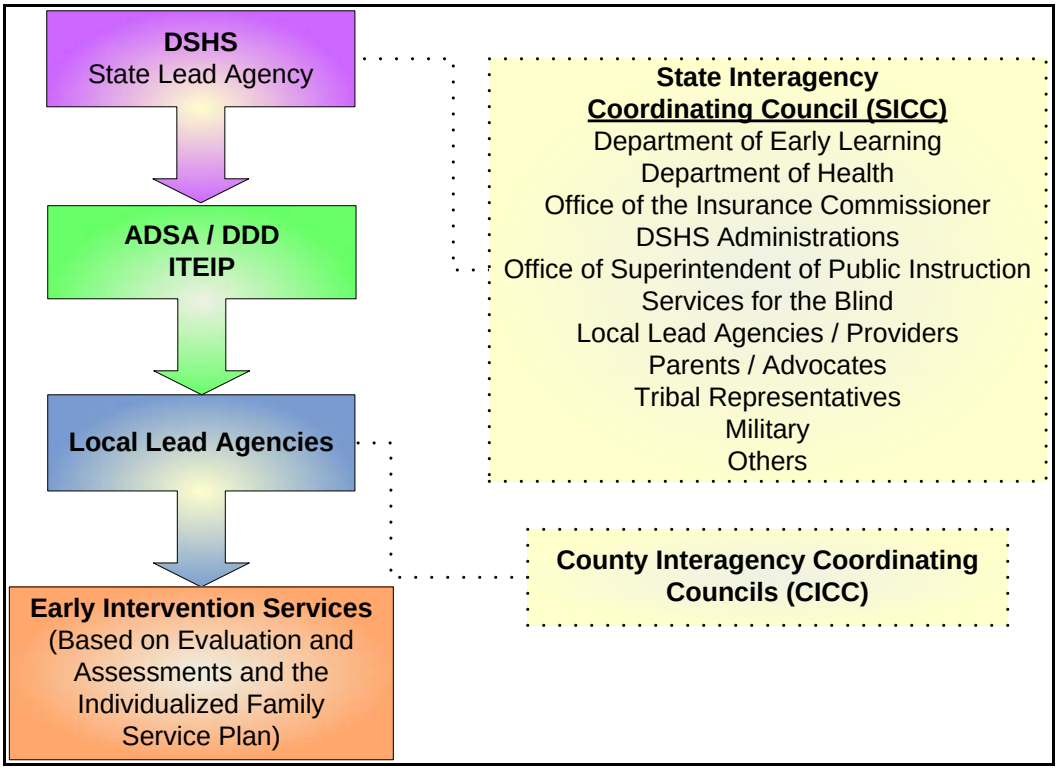

Figure 1: Statewide Organization of Intervention Services

By federal IDEA Part C and state law (RCW 70.195.005 - .030), DSHS/ITEIP must maintain a Governor appointed State Interagency Coordinating Council (SICC), as well as local County Interagency Coordinating Councils. The SICC is comprised of members who are parents/family representatives, services providers of multiple types, state agencies designees, Tribal Programs, County Programs, and others. The purpose of the council is to advise and assist DSHS and the other participating state agencies on policy, coordination issues, and funding related to implementation of a comprehensive coordinated system of services for infants, toddlers, and their families.

A complete list of Local Lead Agency contacts is available on the ITEIP Internet site: http://www1.dshs.wa.gov/iteip/Contacts.html. The full Washington State ITEIP Plan is available at http://www1.dshs.wa.gov/iteip/FedAppPolicies.html.

WHAT ARE THE FUNDING SOURCES FOR EARLY INTERVENTION?

Funding for early intervention services is provided through a network of partnerships that result in the child and their families receiving an array of services based on needs determined through evaluation and assessments and defined in the Individualized Family Service Plan (IFSP).

There are six major funding sources that cover the costs of implementing a child's IFSP: 1) school funding for birth to three; 2) ITEIP Part C, payor of last resort; 3) Medicaid; 4) DSHS/Division of Developmental Disabilities "Child Development Services" (contracted through counties); 5) Department of Health, and 6) health care plans/private healthcare or insurance coverage.

The table below estimates the amount of funding for State Fiscal Year 2007:

Table 1: Early Intervention Public Revenue Sources

Early Intervention: Public Revenue Sources (2007, 2008, 2009)				
Source	**Payer**	**2007**	**2008**	**2009**
State	OSPI/School Districts	$19,470,000	$23,927,000	$28,377,000
Federal	Part C	$7,775,000	$8,185,000	$8,185,000
State/Federal	Medicaid	$7,288,043		
State	DSHS/County DD	$5,276,416	$5,276,000	$5,276,000
State	Health	$1,772,000	$1,772,000	$1,772,000

Note: Much of the above funding is limited, may not be available in every area of the state, and each funding source has additional participation requirements specific to the funding sources.

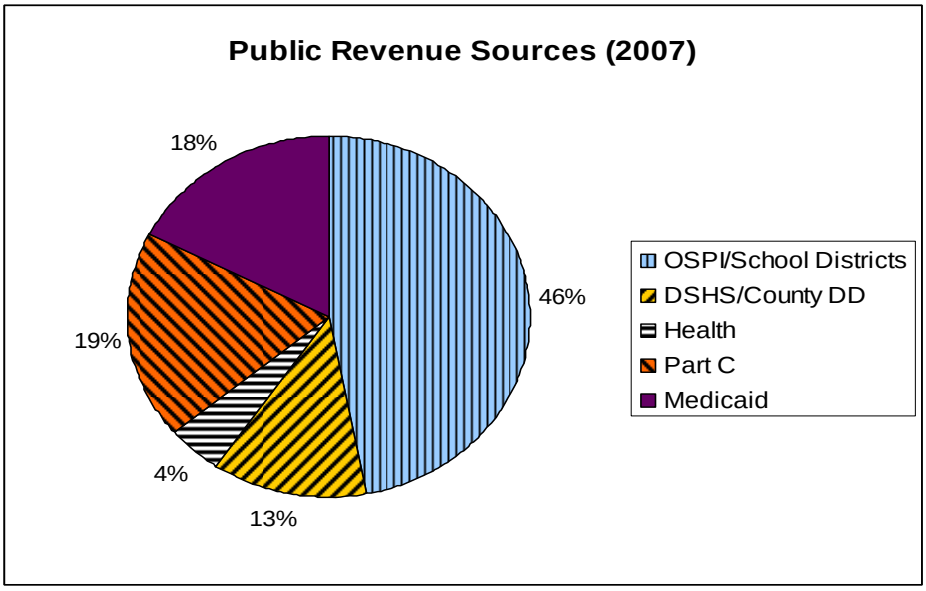

Figure 2: Public Revenue Sources

School Districts

School funding is a major source for early intervention services. The Legislature passed the school birth to three bill in 2006, mandating all school districts participate in partnership with Local Lead Agencies by September 2009. School districts may participate in a variety of ways: by providing services directly, by contracting with Local Lead Agencies or providers; or by a combination of the two.

Districts access state only special education funds for the provision of early intervention services. Annually, an average of $5,000 ($4500 x 1.15) per student was allocated by the Legislature for birth to three services (see Appendix D for description of the formula.) However, beyond direct service costs, administrative costs are deducted and the average amount spent annually within any given IFSP varies between $2,700 and $4,000. District administrative rates vary. There are no state requirements for administrative overhead and each district makes its own determination.

For the 2007-08 academic year, approximately two-thirds of Washington's 295 school districts were funding early intervention services (see Appendix E.) Beginning in September 2009, all 295 districts are legislatively required to partner in delivering local early intervention services. Districts that are not participating until 2009 report there are practical, organizational, and legal issues to be considered as they decide how to participate in delivering services in a way that is most beneficial to their particular community.

Part C, IDEA

IDEA, Part C funds are federal dollars provided to enhance the statewide system. This funding brings with it detailed rules and requirements. Many states use their full Part C allotment for infrastructure and other administrative requirements. Because of funding shortages in Washington, approximately 90 percent of ITEIP Part C funds are used for direct services as the payor of last resort. Beyond DSHS in-kind supports covering administrative costs, there are no state dollars for ITEIP program administration.

Medicaid

Medicaid is also a major funding source for early intervention services. DSHS directly reimburses medical providers and managed care plans across the state for medically necessary services for low-income children that meet eligibility criteria and are enrolled in Medicaid and SCHIP. The majority of Medicaid-eligible children are enrolled in Healthy Options (Medicaid's managed care plan).

Just over half (52 percent) (4,515 / 8,723) of children enrolled in ITEIP in FY2007 were also on Medicaid. Medicaid expenditures totaled $20 million for these 4,515 children, including acute care, such as hospitalization, medications, and doctors' visits. Of the $20 million, $7.3 million was for services meeting ITEIP's definitions of early intervention.

DSHS/DDD/County

Since the mid-seventies, DSHS has contracted with the county human services to deliver "day programs" for individuals with developmental disabilities. As part of day program services, DSHS funds early intervention services (provided as Child Development Services, or CDS) through contracts with county governments. Historically, DSHS has not required counties to provide CDS funding for early intervention services. Priorities and CDS funding amounts are currently determined locally on a county by county basis. Once a county participates, however, that funding source becomes a part of the statewide federally required "maintenance of effort" and cannot be withdrawn.

Of the state's 39 counties, one-third do not provide CDS funding for early intervention (see Appendix F). In addition, in the two-thirds of the counties that do provide services, funding is not always available to all eligible children/families. CDS funds are critically needed to meet the child's needs as identified in the Individualized Family Services Plan.

Department of Health

Health districts offer limited services and funding to which some families have access. The Department of Health (DOH) does not directly fund the implementation of early intervention services; however, DOH is a source of funding for Neurodevelopmental Centers and the Children with Special Health Care Needs Program. Both of these DOH funding sources support the infrastructure of some early intervention service providers and are designated as part of the federally mandated state "maintenance of effort".

Health Care Plans/Private Health Care Coverage

Health care plans, or private insurance, are billed by the agencies/early intervention providers whenever available. Parents pay premiums, deductibles, co-pays, and co-insurance. When private health care coverage exists, it must be used unless parents provide information and documentation of a financial hardship. The revenue into the system from private insurance and health care plans is difficult to estimate. A comprehensive service provider study would be required to determine the extent to which public health care plans and insurance contributes to the overall system of funding. Families and providers report that reductions in covered services and additional limits on authorized hours of services continue.

According to the National Early Childhood Technical Assistance Center (NECTAC), several states have enacted legislation related to the use of private insurance for Part C services.[3] These states include Massachusetts, Connecticut, Virginia, New Hampshire, New Mexico, New York, Indiana, and Rhode Island. More states are following this trend to assure private insurance/health care plan coverage of early intervention services up to a designated annual benefit amount, exempting these costs from counting against

[3] NECTAC State Insurance Legislation, http://www.nectac.org/topics/finance/statelegis.asp retrieved 8/12/08.

annual or lifetime caps in a family's policy, and tying service delivery to Part C and state early intervention requirements.

Washington State has a neurodevelopmental law RCW 48.44.450; however, it needs to be amended and should include direction for current service needs. Currently it is limited to Washington group health plans that are subject to state insurance law.

Maintenance of Effort

Participating states must assure an annual maintenance of effort as defined by 34 CFR 303.124: the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available.

WHAT IS THE RETURN ON INVESTMENT?

Data and research documents indicate comprehensive early intervention services make a lifelong difference for all participating families and their children. The skills obtained during these years are critical for future growth and development. Benefits and savings are ongoing, as current ITEIP data show 26 percent of all children exiting ITEIP by their third birthday are not eligible for special education services by age three (see Figure 3).

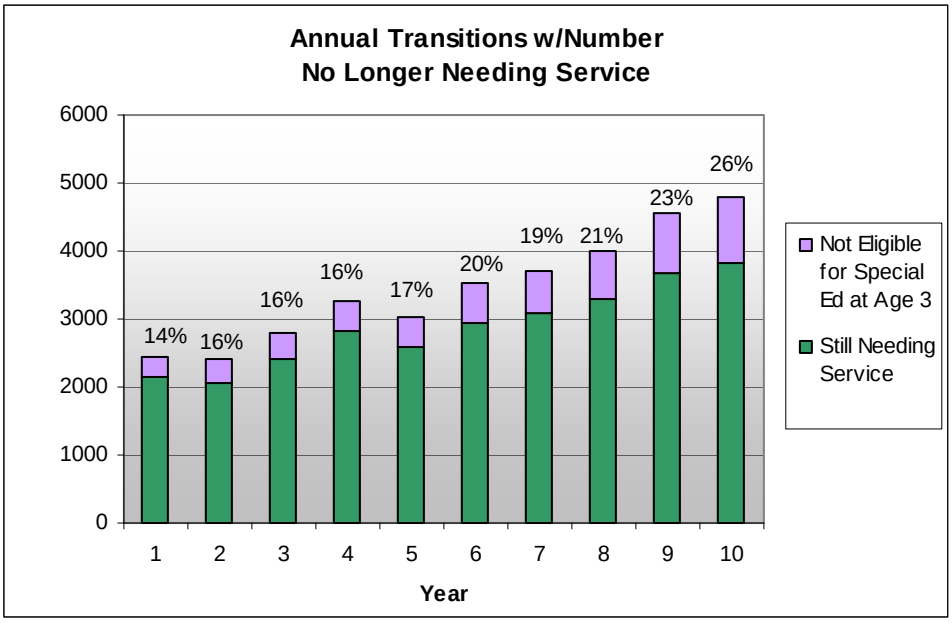

Figure 3: Annual Transition Percentages

For example, young children with speech and language delays may quickly develop new skills with practice and coaching. Without intervention,

developmental issues compound and create communication skill delays. Intervention also yields positive results in other areas of development as well, including social and emotional, cognitive, physical, vision, hearing, and adaptive skills.

Eliminating the need for special education reduces future costs. This number is based on savings of $5,000 *per year* for every child not needing services by their third birthday, and not re-entering special education. For every 1,000 children who are not special education eligible by age three, the return on investment is $5 million. This amount compounds each year that the children are not in special education.

If the children who have exited ITEIP since 1997/1998 do not require special education over the course of 10 years, the return on investment exceeds $125 million (see Table 2). This amount is then not needed from the state general fund for special education. A long-term study would assist the state in determining more details and costs relating to early intervention and special education. Currently, ITEIP and OSPI are pursuing methods for long-term tracking to determine if children served by ITEIP who were not eligible for preschool special education, reenter special education at an older age.

Table 2: Children Not Needing Service by Age 3 and Accumulative Value

Year	Total Number of Child Transitions	Number Not Needing Service by Age 3	%	Annual $ Value	Accumulative Value w/No System Re-entry 1-10 Years
'97 - '98	2143	309	14%	$ 1,545,000	$ 1,545,000
'98 - '99	2064	340	16%	$ 1,700,000	$ 3,245,000
'98 - '00	2402	380	16%	$ 1,900,000	$ 5,145,000
'00 - '01	2813	454	16%	$ 2,270,000	$ 7,415,000
'01 - '02	2578	441	17%	$ 2,205,000	$ 9,620,000
'02 - '03	2944	579	20%	$ 2,895,000	$ 12,515,000
'03 - '04	3100	602	19%	$ 3,010,000	$ 15,525,000
'04 - '05	3302	690	21%	$ 3,450,000	$ 18,975,000
'05 - '06	3689	858	23%	$ 4,290,000	$ 23,265,000
'06 - '07	3829	977	26%	$ 4,885,000	$ 28,150,000
Totals	**28864**	**5630**	**20%**	**$ 28,150,000**	**$ 125,400,000**

There is additional return on investment for health, Division of Developmental Disabilities, and social services which are not figured into these amounts. It is also important to note that there is a differing eligibility for special education preschool at age three and for DDD by age four.

WHAT ARE THE ISSUES?

Inconsistent and Unstable Funding

IDEA Part C is a health, social services, and education program that relies on collaboration (policy and funding) among health, social services, and education agencies. No one funding source covers all needs for any child and their family. No one entity manages the entire funding provided for early intervention services. Federal law requires funding to be coordinated at the local/individual level.

IDEA, Part C regulations require states to provide a coordinated and equitable program of early intervention services across the state. Services must be based on the child's developmental needs within the family's culture and daily routine. Where a child and family live should not influence the services a child and their family can receive.

The source(s) of funding for each service is identified when the Individualized Family Services Plan (IFSP) is developed. Given individual circumstances, each child's IFSP will look different, and so will the sources of funding for that plan. Within existing funding sources, a few examples of how funding might look are illustrated the Figure 4 below:

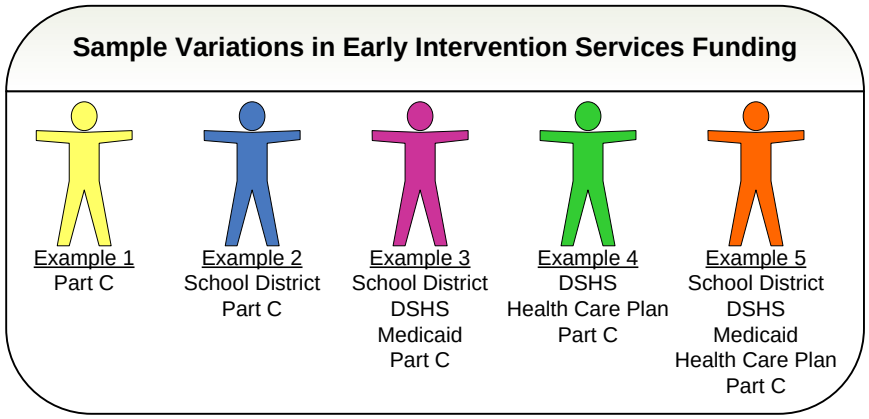

Figure 4: Sample Variations in Early Intervention Services Funding

- Until September 2009, the single guaranteed source of funding is Part C. As of September 2008, 83 percent of schools are participating. By 2009, there will be two guaranteed sources of funding when all school districts participate in providing early intervention services in partnership with the Local Lead Agencies.

- At present, 13 (1/3) of the 39 counties do not participate in funding early intervention/child development services.

- Of the two-thirds of the counties that fund early intervention/child development services, the amounts have not kept up with increasing numbers of children. County funding is limited and is not based on a forecasted count. Funding per child varies from county to county. Past

practice of moving money from adult services to early intervention/CDS cannot continue due to adult needs. Participating counties report they are under funded for adult services and cannot shift any more dollars to help with child development or early intervention services.

- Currently, 31 non-participating school districts are located within 13 counties that are not funding early intervention/child development services. If Medicaid or private insurance is not available or does not cover the service, then Part C, as the payor of last resort, must be used in these counties.

- Inconsistent health care/insurance benefit packages affect the ability of families and early intervention providers to bill or receive insurance coverage. Reimbursement rates vary significantly and do not always support services in home and community settings. Denials of claims can place a significant burden on early intervention providers and families and may result in delayed services. Reimbursement of early intervention services also impacts insurance caps that can result in lifetime benefits being used up while the child is still a toddler.

Funding Not Keeping Up With Growth

Limited state funding, no growth in federal funding, and the unreliable nature of grant and other soft funding have resulted in the current funding situation. The funding per child has gone down as the number of eligible children goes up.

ITEIP and Local Lead Agencies are experiencing a severe shortfall as the numbers of eligible children and families continue to increase. The increase in numbers of children and families identified as needing early intervention services continues at an annual average increase of 8 percent, as figured over the past five years (see Figure 5). At the same time the incidence and identification of children, birth to three, with autism has increased from 1 in 10,000 to 1 in 150.

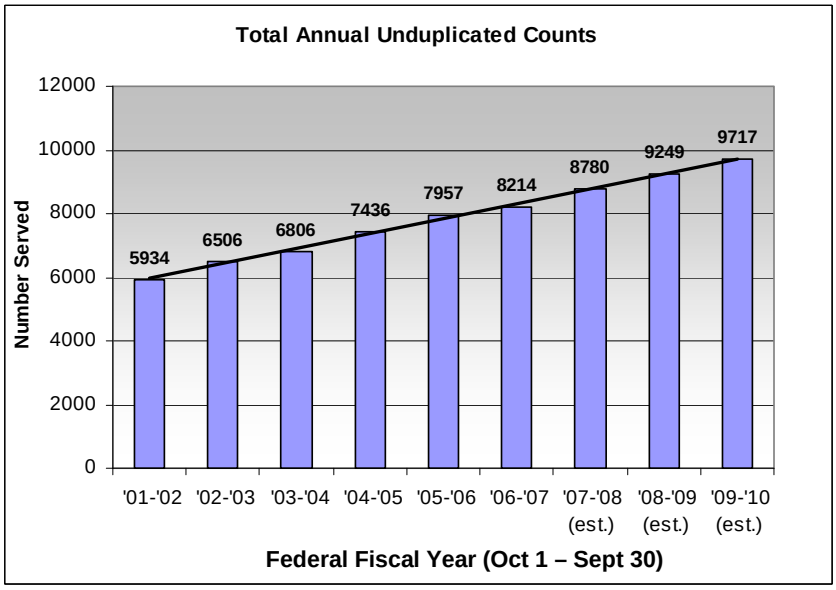

Figure 5: Annual Unduplicated Cumulative Counts

Despite national growth in numbers of children participating, federal shortages have reduced the IDEA, Part C funding and federal funding remains well below levels originally promised to states by Congress.

Forecasting: The majority of funding sources for ITEIP are not included within the state forecasting process. Currently, there is not a cost index provided to allow increased rates as service costs rise. The overall number of dollars per child has gone down as the number of children in the program and costs to provide services continue to increase.

Unserved Population: Part C requires delivery of 17 services based on assessed need and requires an active 'child-find' process. ITEIP is currently serving 1.8 percent of the state birth to three population. The national average is 2.4 percent of the population.

Washington is well below state targets and national average for identifying and serving infants, birth to one year of age. Average entry age into ITEIP is approximately 17 months. The figure below illustrates the gap in the number of children identified currently against federal averages and the state's population.

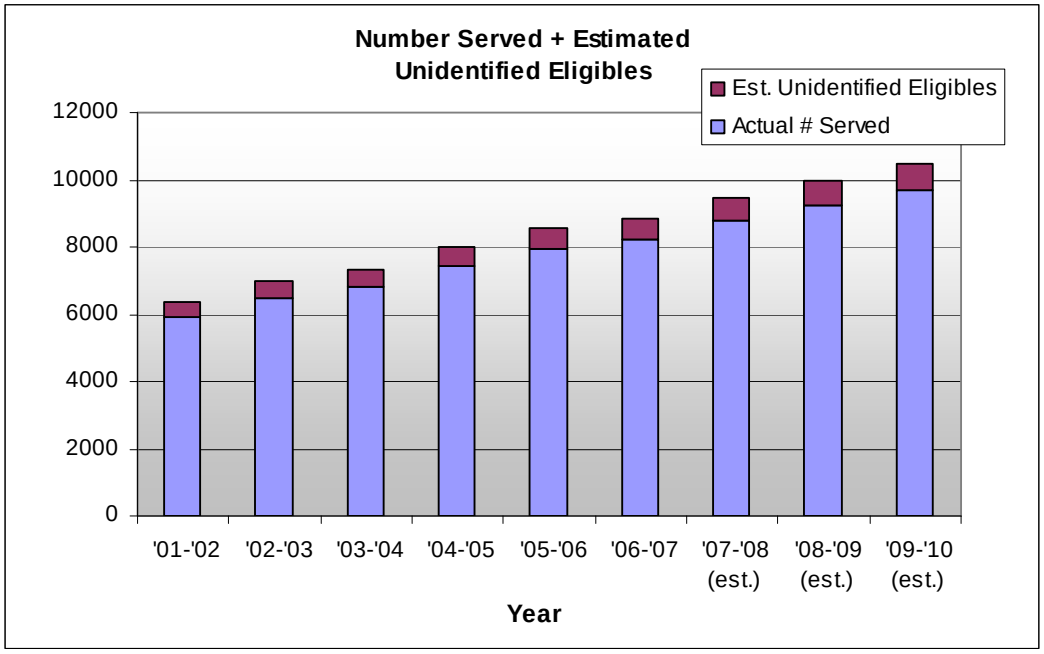

Figure 6: Number Served with Estimated Unidentified Eligible Children

Not All Funding Sources Fully Utilized

A relatively small proportion (approx 68 / 150 or 45 percent) of providers known to ITEIP as "early intervention" providers billed Medicaid for services for children enrolled in ITEIP and Medicaid in 2007. ITEIP providers that bill Medicaid tend to be medical providers (hospitals, medical centers, etc.) that are Medicaid providers in addition to their role as providers of early intervention services. The DSHS Health and Recovery Services Administration (HRSA) has implemented a

new initiative to enroll more eligible children in Medicaid programs by increasing the income eligibility and streamlining the application process (see www.applehealthforkids.wa.gov).

In order for additional early intervention providers to bill Medicaid, the provider would have to apply to HRSA and be approved as a Medicaid provider and the child would have to be Medicaid eligible. Currently State Medicaid reimbursement is not consistent for early intervention provider types. The same licensed and qualified professionals may be able to bill for one child if serviced through a neurodevelopmental center or clinic, but not if providing those same services in the families' home or community setting.

DOH home health licensing laws add further limits on providing early intervention services in the families' home. The home licensing requirements are not written or appropriately worded for infants and toddlers. This results in additional barriers to serving infants and toddlers and their families in their homes at a time when we have been put on notice by the federal program manager that Washington must correct current practice and assure that families have access to in-home services.

FUNDING DISCUSSION

In preparing this report, surveys were conducted (see Appendix G) regarding cost of service and the various sources of revenue to meet those costs. There was insufficient time to complete a formal cost study. The information gathered indicates that, because of increasing number of children and increase in cost of services, there is insufficient revenue available to meet our responsibility to individual children/families who are eligible to participate in this entitlement program.

In earlier legislative discussions around mandating school participation, information from the National Infant Toddler Coordinators Association was used to establish a base per child rate for early intervention of $9,000. This rate was set in 2005 and is no longer recommended because it has not been updated to reflect 2008 dollars.

The only formal national study to date for determining a base rate for early intervention is the National Early Intervention Longitudinal Study (NEILS) which estimated an average cost of over $12,000 per child per year. The study was conducted more than 10 years ago using a very small sample. Therefore, it is difficult to use the results as a state average at this time. Consequently, other sources were reviewed. Two examples of other funding sources of programs for infants and toddlers report the following information:

- **State Center Child Care rates** for infants is $802 monthly x 12 months = $9,624 annual per child
- **Early Head Start rates** per child annually: 2007 State average of $11,721 based on total funding divided by total children

Based on current experience, Washington must reach a base funding amount of at least $10,000 per child to meet current need. With the following assumptions, the amount that DSHS/counties would contribute to early intervention/child development services is $2600 annually per child. Therefore, base funding for this program would be as follows:

Table 3: Estimated Funding Amount for IFSP Funding Sources

Item	Amount	Individualized Family Service Plan Funding Source
A	$ 5,000	School funding
B	$ 2,600	Recommended DSHS/DDD/County contracted funding.[4]
C	$ 946	Part C
D	$ 1,454	Other--includes Department of Health, Medicaid, private health plans/health insurance, other miscellaneous funding sources, fund raising & donations
Total	**$10,000**	Recommended base funding rate

To make up the "Other" portion of the base rate, providers and families must use their private health care plans/private insurance when available and pay for co-pays, deductibles, and co-insurance; Medicaid must be pursued for all eligible children, and providers/agencies will need to continue to pursue fundraising, grant writing, etc.

The fiscal impact of this recommendation is calculated as follows:
4744 infants & toddlers x $2600 = $12,334,400 - $5,276,416 current DSHS/DDD/CDS maintenance of effort level =$7,057,984 needed for one year. (4744 is the number of infants and toddlers/families with active Individualized Family Service Plans served the last day of May 2008.)

Because there is not enough funding for the federal Part C and state ITEIP entitlement, some providers/agencies report they:

- Are limiting child find activities
- May not always provide timely evaluations and assessments
- May delay eligibility determinations and starting services
- May provide less service then the child needs by reducing frequency, intensity and/or duration of services needed
- May limit family training and counseling

These findings are confirmed by the DSHS ITEIP Annual Performance Report that demonstrates statewide concerns consistent with the above areas.

[4] Currently $5,276,416 (MOE) is funded for DSHS/CDS funding. If this is averaged over each eligible child based on the day in time count in 2007, the average per child would have been $1,100 per child ($5,276,416 Divided by 4753 December 1, day count).

For this same time, if $2,600 multiplied by the December 1, 2007 day in time count of 4,753 is $12,357,800; Minus the MOE would have been new money of $7,081,384. The total count of children participating in the program in FFY 2007 was 8,214.

Establishing equitable county funding formula to a per capita amount of $2600 along with maximizing use of school special education birth to three funds, Medicaid, and health care plans/private assuring base health care/insurance coverage would go a long way to creating a stable funding base.

Budget Neutral Option

If the state continues to participate in IDEA Part C, continuing increases in birth to three population and the federal mandate for services to be delivered combine to make a long-term budget neutral option unlikely.

The only budget neutral option that meets the timeframe for implementation in the 2009-11 budget is to make early intervention services a state priority and reallocate current county funding to children at a level of $2600 per child. This step would create a serious hardship for adults with developmental disabilities and their families and may have implications for state participation in waivers.

An additional consideration may be to examine the affordability of participating in IDEA Part C.

RECOMMENDATIONS TO THE LEGISLATURE FOR A CONSISTENT FUNDING APPROACH

Consistent Funding Approach

1. Add sufficient DSHS funding to provide early intervention in every county in partnership with ITEIP Local Lead Agencies to ensure equitable access for infants, toddlers, and their families, regardless of where they live.
   a. Fund the growing population of eligible children/families;
   b. Increase the per capita amount to $2600 for early intervention/child development services to meet the increased costs of meeting intensive individual child's needs.
2. Ensure consistent school district funding per child and an equitable method for computing administrative/indirect overhead.
3. Review public health, health care/insurance and neurodevelopmental laws to ensure health, Medicaid and insurance funding for early intervention services is maximized and consistently implemented.
4. Ensure qualified early intervention providers are billing Medicaid as appropriate; Provide technical assistance to early intervention providers/agencies to ensure awareness and knowledge of Medicaid rules and regulations.
5. Advocate at the federal level to eliminate the erosion of federal Part C funds.

Budget Neutral Option

The only budget neutral option that meets the timeframe for implementation in the 2009-11 budget is to make early intervention services a state priority and reallocate current county state-only funding to children at a level of $2600 per child.

CONCLUSION

Ensuring a stable, consistent funding approach for early intervention will ensure continued statewide early intervention services for all eligible infants, toddlers and families. Requiring county participation, in addition to school district funding, will bring a more consistent funding approach per child for the 2009-11 biennium.

In the future, Washington may need to address health care funding for equitable services that are not addressed in this report.

Washington State data show 26% of children exiting ITEIP by their third birthday are not eligible for special education services. Early intervention reduces future costs for education, health and social services.

APPENDICES

Appendix A: Summary of Statewide Stakeholder Meetings

During the month of July, ITEIP conducted four stakeholder meetings to gather input for this report. Meetings were held in Seattle, Spokane, Vancouver, and Yakima. More than 80 individuals attended. Each session had a cross-section of stakeholders present, including Local Lead Agencies, parents, county human services, non-profit agencies, school districts, neurodevelopmental and developmental centers, and individual providers.

Participants at each meeting reviewed local information collected prior to meetings. They then provided additional detail and made recommendations for Survey A and B, which were used to collect state average per child costs and average IFSP funding needed.

Below is a sample of comments stakeholders asked be conveyed to policy makers. These comments were received during the four stakeholder meetings and from written surveys from across the state.

- The age birth to three time period is the most critical intervention period for child development.
- The State needs to invest in early intervention so that children can reach their highest developmental potential, family stability is supported, and that public funding is used in the most cost effective way.
- A stable funding base is needed to support community service providers, attract and retain qualified staff, and assure that needed services are available.
- Private fund-raising by providers is relied upon to fill gaps in public funding, which adds to the variability in services and unpredictability of service funding.
- Best practice shows early intervention meets its goal of providing support to children and families. This occurs two ways: 1) lessening the need for some children for future specialized services in the schools, and 2) transitioning more children into specialized services who are better prepared to learn.

Appendix B: Washington ITEIP/Part C Eligibility

A child is eligible if he or she demonstrates a delay of 1.5 standard deviation or 25 percent of chronological age delay in one or more developmental areas:

- Physical, including vision, hearing, fine or gross motor;
- Cognitive;
- Communication;
- Social or emotional;
- Adaptive; or

Has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

- If a high probability is the case, the team of professionals must document facts as to why the child needs services, and
- How not serving will result in delays of disabilities at a further time.

Many states' eligibility includes services for all children at risk (children who have multiple risk factors that could result in later learning or coping issues). However, Washington's eligibility does not include infants and toddlers described as "at-risk" due to lack of funding and resources.

- Because resources differ, each state is required to determine their own eligibility rules, taking into account the number of children they can reasonably serve;
- Washington is more inclusive than some states and less so than others.

Appendix C: Early Intervention Services

Once determined eligible,[5] ITEIP Part C early intervention services are defined as the following provided major areas:

1. Early identification, evaluation and assessment services
2. Assistive technology
3. Audiology
4. Family resources coordination
5. Family training, counseling, and home visits
6. Health services to enable the child to benefit from other early intervention services
7. Medical Services only for diagnostic or evaluation purposes (Does not cover surgical, etc.)
8. Nursing services to enable the child to benefit from other early intervention services
9. Nutrition services
10. Occupational services
11. Physical therapy
12. Psychological services
13. Social work services
14. Special instruction
15. Speech language pathology
16. Transportation
17. Vision services

[5] Program eligibility can be located on the ITEIP website at: http://www1.dshs.wa.gov/iteip/FedAppPolicies.html (see Definition of Developmental Delay, Section IV, and pages 1 through 3.)

Appendix D: OSPI Clarification of the Funding Formula

The basic education funding formula currently operating in Washington generates an allocation amount for each full time equivalent (FTE) student in each district. The value of each district's FTE is unique to each district. To calculate the state special education funding formula for children ages birth through two, one must multiply the average annual head count (October through May) of eligible children in that age group times 1.15 the value of each district's FTE student. For example, if the value of the allocation amount for each FTE in the district is $4500 and the average annual head count of children aged birth through two is 10, the total allocation to the district would equal $51,750 ($4500 x 1.15 x 10).

Since the state special education funding formula for children age birth through two is a component of the state special education funding formula for students aged 3 – 21, the two sums are combined in an overall allocation to the district. The overall allocation is used to provide services to eligible students age birth to 21. While the individual head count of children age birth through two is an element in the formula, there is no individual per student entitlement amount of funding available.

Appendix E: School District Participation Status

Includes each district's participation status as of September 1, 2008.

County & School Districts	Not Serving Birth to Three	Serving Birth to Three	Would Serve if Children Identified
Adams County			
Benge	X		
Lind	X		
Othello		X	
Ritzville		X	
Washtucna			X
Asotin County			
Asotin-Anatone		X	
Clarkston		X	
Benton County			
Finley		X	
Kennewick		X	
Kiona-Benton City		X	
Paterson	X		
Prosser		X	
Richland		X	
Chelan County			
Cascade		X	
Cashmere		X	
Entiat		X	
Lake Chelan		X	
Manson		X	
Stehekin	X		
Wenatchee		X	
Clallam County			
Cape Flattery		X	
Crescent			X
Port Angeles		X	
Quillayute Valley		X	
Sequim		X	
Clark County			
Battleground		X	
Camas		X	
Evergreen		X	
Green Mountain		X	
Hockinson		X	
La Center		X	
Ridgefield		X	
Vancouver		X	
Washougal		X	

County & School Districts	Not Serving Birth to Three	Serving Birth to Three	Would Serve if Children Identified
Columbia County			
Dayton		X	
Starbuck			X
Cowlitz County			
Castle Rock		X	
Kalama		X	
Kelso		X	
Longview		X	
Toutle Lake		X	
Woodland		X	
Douglas County			
Bridgeport		X	
Eastmont		X	
Mansfield	X		
Orondo		X	
Palisades	X		
Waterville		X	
Ferry County			
Curlew	X		
Inchelium			X
Keller	X		
Orient	X		
Republic	X		
Franklin County			
Kahlotus			X
North Franklin		X	
Pasco		X	
Star		X	
Garfield County			
Pomeroy		X	
Grant County			
Coulee-Hartline			X
Ephrata		X	
Moses Lake		X	
Quincy	X		
Royal	X		
Soap Lake			X
Wahluke	X		
Warden		X	
Wilson Creek	X		
Grays Harbor County			
Aberdeen		X	
Cosmopolis		X	
Elma	X		
Hoquiam		X	
McCleary		X	

County & School Districts	Not Serving Birth to Three	Serving Birth to Three	Would Serve if Children Identified
Montesano		X	
North Beach	X		
Oakville	X		
Ocosta	X		
Quinault	X		
Satsop	X		
Taholah	X		
Wishkah	X		
Island County			
Coupeville		X	
Oak Harbor		X	
South Whidbey		X	
Stanwood		X	
Jefferson County			
Brinnon	X		
Chimacum	X		
Port Townsend		X	
Queets-Clearwater			X
Quilcene	X		
King County			
Auburn		X	
Bellevue		X	
Enumclaw		X	
Federal Way		X	
Highline		X	
Issaquah		X	
Kent		X	
Lake Washington		X	
Mercer Island		X	
Northshore		X	
Renton	X		
Riverview		X	
Seattle		X	
Shoreline		X	
Skykomish			X
Snoqualmie Valley		X	
Tahoma		X	
Tukwila		X	
Vashon Island		X	
Kitsap County			
Bainbridge Island		X	
Bremerton		X	
Central Kitsap		X	
North Kitsap		X	
South Kitsap		X	

County & School Districts	Not Serving Birth to Three	Serving Birth to Three	Would Serve if Children Identified
Kittitas County			
Cle Elum-Roslyn		X	
Damman	X		
Easton			X
Ellensburg		X	
Kittitas		X	
Thorp		X	
Klickitat County			
Bickleton		X	
Centerville		X	
Glenwood		X	
Goldendale		X	
Klickitat		X	
Lyle		X	
Roosevelt		X	
Trout Lake		X	
White Salmon		X	
Wishram		X	
Lewis County			
Adna		X	
Boistfort		X	
Centralia		X	
Chehalis		X	
Evaline		X	
Morton		X	
Mossyrock		X	
Napavine		X	
Onalaska		X	
Pe Ell		X	
Toledo		X	
Vader		X	
White Pass		X	
Winlock		X	
Lincoln County			
Almira			X
Creston	X		
Davenport		X	
Harrington	X		
Odessa	X		
Reardan-Edwall	X		
Sprague	X		
Wilbur			X
Mason County			
Grapeview	X		
Hood Canal	X		
Mary Knight	X		

County & School Districts	Not Serving Birth to Three	Serving Birth to Three	Would Serve if Children Identified
North Mason		X	
Pioneer	X		
Shelton		X	
Southside		X	
Okanogan County			
Brewster		X	
Grand Coulee Dam		X	
Methow Valley		X	
Nespelem		X	
Okanogan		X	
Omak		X	
Oroville		X	
Pateros		X	
Tonasket		X	
Pacific County			
Naselle-Grays River		X	
North River	X		
Ocean Beach		X	
Raymond		X	
South Bend		X	
Willapa Valley		X	
Pend Oreille County			
Cusick			X
Newport	X		
Selkirk	X		
Pierce County			
Bethel		X	
Carbonado			X
Clover Park		X	
Dieringer	X		
Eatonville	X		
Fife		X	
Franklin Pierce		X	
Orting	X		
Peninsula		X	
Puyallup		X	
Steilacoom		X	
Sumner		X	
Tacoma		X	
University Place		X	
White River		X	
San Juan County			
Lopez Island	X		
Orcas Island	X		
San Juan Island	X		
Shaw Island	X		

County & School Districts	Not Serving Birth to Three	Serving Birth to Three	Would Serve if Children Identified
Skagit County			
Anacortes		X	
Burlington-Edison		X	
Concrete		X	
Conway		X	
La Conner		X	
Mount Vernon		X	
Sedro Woolley		X	
Skamania County			
Mt. Pleasant		X	
Skamania		X	
Stevenson Carson		X	
Mill A		X	
Snohomish County			
Arlington		X	
Darrington	X		
Edmonds		X	
Everett		X	
Granite Falls		X	
Index			X
Lake Stevens		X	
Lakewood	X		
Marysville		X	
Monroe		X	
Mukilteo		X	
Snohomish		X	
Stanwood		X	
Sultan		X	
Spokane County			
Central Valley		X	
Cheney		X	
Deer Park		X	
East Valley		X	
Freeman	X		
Liberty	X		
Great Northern	X		
Mead		X	
Medical Lake	X		
Nine Miles Falls	X		
Orchard Prairie		X	
Riverside		X	
Spokane		X	
West Valley		X	
Stevens County			
Chewelah	X		
Columbia-Stevens	X		

County & School Districts	Not Serving Birth to Three	Serving Birth to Three	Would Serve if Children Identified
Colville		X	
Evergreen	X		
Kettle Falls	X		
Loon Lake	X		
Mary Walker	X		
Nine Mile Falls	X		
Northport			X
Onion Creek			X
Summit Valley			X
Valley	X		
Wellpinit	X		
Thurston County			
Griffin		X	
North Thurston		X	
Olympia		X	
Rainier	X		
Rochester	X		
Tenino		X (only 2 year olds)	
Tumwater		X	
Yelm		X	
Wahkiakum County			
Wahkiakum		X	
Walla Walla County			
College Place		X	
Columbia/Burbank		X	
Dixie	X		
Prescott	X		
Touchet	X		
Waitsburg	X		
Walla Walla		X	
Whatcom County			
Bellingham	X		
Blaine		X	
Ferndale		X	
Lynden		X	
Meridian		X	
Mount Baker		X	
Nooksack Valley		X	
Whitman County			
Colfax	X		
Colton	X		
Endicott	X		
Garfield	X		
Lacrosse	X		
Lamont	X		
Oakesdale	X		

County & School Districts	Not Serving Birth to Three	Serving Birth to Three	Would Serve if Children Identified
Palouse	X		
Pullman	X		
Rosalia	X		
St. John	X		
Steptoe	X		
Tekoa	X		
Yakima County			
East Valley		X	
Grandview		X	
Granger		X	
Highland		X	
Mabton		X	
Mt Adams		X	
Naches Valley		X	
Selah		X	
Sunnyside		X	
Toppenish		X	
Union Gap		X	
West Valley		X	
Yakima		X	
Zillah		X	

Appendix F: County Early Intervention Participation

The following chart outlines each county's participation in Child Development Services (CDS), according to the County CSD DDD Expenditure Report for State Fiscal Year 2007.

County	Offering CDS	Not Offering CDS
Adams		X
Asotin	X	
Benton	X	
Chelan	X	
Clallam		X
Clark	X	
Columbia		X
Cowlitz	X	
Douglas	X	
Ferry		X
Franklin	X	
Garfield		X
Grant	X	
Grays Harbor		X
Island	X	
Jefferson	X	
King	X	
Kitsap	X	
Kittitas	X	
Klickitat	X	
Lewis	X	
Lincoln		X
Mason		X
Okanogan		X
Pacific		X
Pend Oreille		X
Pierce	X	
San Juan	X	
Skagit	X	
Skamania	X	
Snohomish	X	
Spokane	X	
Stevens		X
Thurston		X
Wahkiakum	X	
Walla Walla	X	
Whitman	X	
Yakima	X	

Appendix G: Survey A & B Findings

Funding for the Washington Infant Toddler Early Intervention Program (ITEIP) is generated through multiple funding sources within multiple agencies. However, current funding sources are no longer meeting the need based on growth in the number of children entitled to early intervention services.

DSHS/ITEIP Local Lead Agencies, service providers, and stakeholders provided funding information for this report by meeting with DDD and ITEIP staff and completing surveys. The details and collaboration is best summarized by looking at the situations from two different survey perspectives. However, the surveys and details are exploratory. Below are the summary results.

Survey A was conducted with ITEIP Local Lead Agencies and service providers asking them to report their total direct services costs in 2007. Respondents were also asked to break down percentages of funding sources and provide the number they served.

- The total amount spent by survey participants was $18,401,724.
- Total annual count of infants and toddlers and their families for all areas that completed Survey A was 3,551.
- This survey represented 43 percent of the 8,214 infants, toddlers and families who received service statewide from October 1, 2006 through September 30, 2007.
- The survey represented a sample of Local Lead Agencies and provider types.
- Based on agency/provider budget, the average cost per child was $5,348. Note: This figure is an average and not specific to Individualized Family Service Plan (IFSP) costs.
- A summary of the public and private categories/sources used for direct service funding in Survey A are:

Current Public Revenue (tracked at state level)	**State/Local Health Care Revenue (tracked/available at the local)**	**Other Sources (tracked/available at the local level)**
Public School Districts	Health care plans (average factored was 9.9%)	Local fund raising
DSHS/DDD/CDS	Medicaid (average factored was 11.4%)	Foundation donations
Public Health / DOH	County Health Districts	Grant moneys
IDEA Part C	County Millage/local tax funding	
	Total = 21.3	Total = 20.1%
Percentage of sources available at state level = 58.6%	*Combined percentage for sources not available at the state level = 41.4%*	

Survey B was conducted to look at actual costs paid for direct services as defined on Individualized Family Service Plans (IFSPs). ITEIP Local Lead Agencies and local service providers completed this survey as an IFSP team. They reviewed specific IFSP records to select those that represented average service delivery levels. They were asked to be careful in selection of examples and ensure they did not use extreme high or low cost plans.

- The ***average*** annual IFSP cost using all sources from public and private funds was $15,665.
- This figure factored in IFSP team member costs per service based on the required early intervention service definition and list of potential services.
- This survey represented IFSP costs examples for 10 of the 34 geographic service areas including metropolitan, urban, and rural areas and was a good cross-section of the state and population served.
- The survey included multidisciplinary, trans-disciplinary,[6] and coaching service delivery models.
- It asked for other details (frequency, intensity, and duration of services) to document that the surveys were a good cross section of individualized service needs expected by the statewide requirements.
- The survey listed the funding sources along with specific amounts per services, consistent with funding sources listed above for Survey A.

Analysis and Discussion of Differences of Survey Results:

- Survey A reflects the reimbursement and rates paid to the Local Lead Agencies and service providers, while Survey B reflects the average costs paid for salaries/FTEs/direct service contracts for hourly costs to the agencies/providers.
- The surveys demonstrated there is a difference in costs between service models.
- Some areas have private foundations and other private resources not available statewide to assist in making up for state revenue shortages. This factor appears to increase inequitable service levels depending on where the child and family reside.
- Factors such as the need to pay higher rates to recruit and retain therapists in some areas, also affect IFSP service costs, frequency, intensity, and duration of services and services that are locally available and individually provided.
- The difference noted across service areas reflect that current funding levels are not allowing a full array of services to be provided for each eligible infant, toddler, and their family. Services look very different depending on locale of residence and available state and local resources. Providers and families are doing the best they can with what is available, but the state is not in compliance with overall comprehensive services.

[6] **Trans-disciplinary model** = an integrated means of delivering services that allows a primary provider to work with the family and integrate other disciplines and perspectives into the service as needed.

ITEIP IFSP
Individual Child Per Capita/Cost Data Survey – A

What is the cost of early intervention service per child, as defined by their IFSP? DSHS/ITEIP has been asked by the Legislature to propose a consistent funding approach for early intervention services. What are your IFSP Team/Provider costs for early intervention services and the corresponding percentages of revenue sources? Using the form below, please complete by filling in the shaded box.

EXPENDITURES FOR EARLY INTERVENTION:

What were your total costs for early intervention services in 2007? _____

What was your total aggregate count of eligible children served annually in 2007?

_____

What was your day in time child count on December 1, 2007? _____

What was your day in time child count number plus 50 percent of the difference between the two counts?
(Example: 8000 aggregate less 4600 day in time is 3400 divided by 2. Add 1700 to 4600 for an adjusted child count of 6300.) _____

What percent of the children served in 2007 were on Medicaid? _____

What percent of the children served in 2007 had private insurance or a health plan? _____

REVENUE FOR EARLY INTERVENTION:

What percent of your revenue is from the following public sources?

Private Insurance/Health Plans: _____

Medicaid: _____

Schools: _____

DSHS/DD County Child Development Services: _____

County Health District: _____

CSHCN: _____

Neurodevelopmental Centers (DOH): _____

County/Millage/Local Tax Funding: _____

ITEIP, Part C: _____

Other (Please specify): _____

ITEIP IFSP

Individual Child Cost Data Survey B

What is the cost of early intervention service per child as defined by their IFSP? DSHS/ITEIP has been asked by the Legislature to propose a consistent funding approach for early intervention services.

		Funding Source										
		Please indicate how much each funding source paid for this particular service.										
EI Services Per Child	**Cost per Service**	Private Ins	Co-Pay Deductibles	Medicaid	Schools	County Human Services	County Health	CSHCN	ITEIP	Fundraising	Other	
Early identification, screening, assessment services	0											
Assistive Technology	0											
Audiology	0											
Family Resources Coordination	0											
Family Training, counseling, and home visits	0											
Health services to enable the child to benefit from other EI services	0											
Medical services only for diagnostic or evaluation purposes (does not cover surgical)	0											
Nursing services to enable the child to benefit from other EI services	0											
Nutrition services	0											
Occupational services	0											
Physical therapy	0											
Psychological services	0											
Social Work services	0											
Special instruction	0											
Speech Language Pathology	0											
Transportation												
Parent Costs	0											
Provider Costs	0											
Vision services	0											
Total Annual IFSP Service Cost	0	0	0	0	0	0	0	0	0	0	0	0

Other FTE costs: include administrative/supports costs to maintain service professionals.						**Frequency:**		____				
Total Cost Per Child	0					(The number of days or sessions that a service will be provided.)						
Primary Service Setting: (Please indicate your answer with an 'x')						**Intensity:**		____				
Natural Environment						(The length of time the EI service is provided, during each session, and whether the service is provided on an individual or group basis.)						
Other Setting												
Model: (Please indicate your answer with an 'x')						**Duration:**		____				
Multidisciplinary Team						(Period of time the service is provided.)						
Transdisciplinary Team												
Coaching												
Other: Define												

Appendix H: List of Other Resources

In limited situations, other funding sources may include:

- Basic Health
- Early Head Start
- Elks Therapy Program
- Federal Impact Aid
- Tribal Funds
- Women, Infants and Children (WIC)
- Children's Health Insurance Program
- MCH Block Grant
- TANF Child Care Block Grant
- Title IV-E (Child Protective Services)
- TRIWEST (formerly known as TRICARE)

For additional detail a comprehensive, funded study would be necessary.

Appendix I: Glossary of Terms & Acronyms

ADSA: Aging and Disability Services Administration; an administration within the Department of Social and Health Services

CDS: Child Development Services

CSHCN: Children's Special Health Care Needs

DDD: Division of Developmental Disabilities, a division of ADSA

DOH: Washington State Department of Health

DSHS: Washington State Department of Social and Health Services

FRC: Family Resources Coordinator

IDEA: Individuals with Disabilities Education Improvement Act

IFSP: Individualized Family Services Plan

ITEIP: Infant Toddler Early Intervention Program

LLA: Local Lead Agency

NECTAC: National Early Childhood Technical Assistance Center

OSPI: Office of the Superintendent of Public Instruction