

**Connecticut Office of Early Childhood Birth to Three System
Comprehensive Early Intervention Service Program
or Hearing Specialty Support Provider
Request for Proposals Number OEC-B23-2019
Legislative Authority
IDEA Part C
Connecticut General Statutes Sections 17a-248, 17b-3, 38a-490a**

Program Information

A) Background and Office of Early Childhood Overview

Office of Early Childhood

The Office of Early Childhood (OEC) is the state agency charged with fostering cross-systems integration, coordination, and collaboration at the state and local level in order to enhance the health and well-being of young children, families and communities. The OEC brings together leadership and expertise, and a wide range of early childhood and family support services that were formerly at five agencies. The goal of this office is to build an integrated early childhood system that includes family support and home visiting services, early intervention services, early care and education programming, quality improvement, and childcare licensing for the state of Connecticut.

The OEC is organized into four divisions: Early Care and Education, Child Care and Camp Licensing, Quality Improvement and Family Support. The OEC is the State's lead agency for the prevention of child abuse and neglect, the Birth to Three program, state funded home visiting programs and the Maternal Infant Early Childhood Home Visiting (MIECHV) grant. In addition, OEC is the state affiliate of the national Help Me Grow program.

Established in 2013, the OEC provides funding standards, regulations, training and oversight to ensure compliance with Part C of the Individuals with Disabilities Education Act (IDEA) as well results for infants and toddlers and their families.

The Office of Early Childhood is committed to a policy of equal opportunity/ affirmative action for all qualified persons. The Office of Early Childhood does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Office of Early Childhood does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction. Inquiries regarding the Office of Early Childhood's nondiscrimination policies should be directed to:

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State of Connecticut Department of Education, Suite 607
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Hartford, CT 06103
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Connecticut Birth to Three System

Supporting families to enhance their child's development and connect to their communities.

The mission of the Connecticut Birth to Three System is to strengthen the capacity of families to meet the developmental and health-related needs of their infants and toddlers who have developmental delays or disabilities. The system is designed to ensure that all families have equal access to a coordinated program of comprehensive services and supports that foster collaborative partnerships, are family centered, occur in natural environments, recognize current best practices in early intervention, and are built upon mutual respect and choice.

The Connecticut Birth to Three System serves approximately 11,000 eligible children each year and 6,000 eligible children at any given point in time throughout the year.

B) Scope of Services

NOTE: All the Birth to Three policies, procedures and guidance documents that govern the system are posted on www.Birth23.org under the "For Providers" menu. **Applicants should be very familiar with these procedures before notifying the lead agency of their intent to apply.**

Review Part I of the Birth to Three contracts and amendments posted on the OEC website at ct.gov/oec (Search for Contracts) or at the following link for the scope of services.
<https://www.ct.gov/oec/cwp/view.asp?A=4547&Q=581074>

Both Comprehensive EIS Programs and DHH Support Programs are required to have a high speed internet connection and computers that have the version of Microsoft Windows and Microsoft Office required by the OEC (currently Windows 7 or above, Office 2016 or above and Internet Explorer 11), and Google Chrome. The comfortable use of the following web-based data systems will be required;

- the Birth to Three data system (currently named SPIDER, soon to be RAIN),
- the EI Billing Portal managed by Public Consulting Group as the third party billing contractor for the OEC, and
- the Connecticut Medical Assistance Program web site, provided by DXC Technology on behalf of the Connecticut Department of Social Services.

Comprehensive Early Intervention Service (EIS) Program

A comprehensive Early Intervention Service (EIS) program provides all the required services defined in Part C of the Individuals with Disabilities Education Act (IDEA) once children are referred to them.

All referrals to the Birth to Three System come into a single point of entry at the United Way of Connecticut - Child Development Infoline (CDI). Families who provide verbal consent to an evaluation are then referred to comprehensive EIS program. The program appoints an initial service coordinator to arrange the evaluation to determine eligibility for Part C supports.

Eligibility is determined based on standardized norm-referenced tests or diagnosed conditions that have a high likelihood of resulting in a developmental delay. The team evaluates five areas of development;

- Adaptive Skills

- Communication Skills
- Cognitive Skills
- Social Emotional Skills, and
- Physical Development which includes fine and gross motor skills, hearing vision and nutrition.

To be in compliance with the IDEA and state law, the applicant must be able to complete a multidisciplinary evaluation within 45 calendar days from the referral to CDI for every child (100%). Persistent non-compliance is a reason for contract cancellation.

If the child is eligible the program must also complete an assessment in all five areas to assist with planning services and a family assessment, which is voluntary on the part of the family.

To be in compliance with IDEA the EIS program must hold an initial Individualized Family Service Plan (IFSP) meeting with a family within 45 calendar days from referral to CDI or document that extraordinary family circumstances resulted in the delay. Supports are provided as authorized in the plan. To be in compliance with IDEA every IFSP is reviewed at least every six months and evaluated/rewritten no more than every 12 months.

Families stay enrolled in Birth to Three receiving the supports identified on their Individualized Family Service Plan (IFSP) until the child is functioning at age level in all areas, the family elects not to continue or the child turn age 3. The majority of children in Birth to Three who exit on their third birthday are eligible for Early Childhood Special Education through their local school district. The service coordinator helps the family with transition planning by convening an IDEA required transition conference. In order to be in compliance with the IDEA and state law, as early as nine months before the child's third birthday but no later than 90 calendar days before age three the service coordinator is required to convene a transition conference.

Because transition at age three is frequently stressful for families applicants are encouraged to partner with local school districts. Extra points will be given to municipalities that apply directly on behalf of a their local school district.

EIS programs bill Medicaid, commercial insurance and the lead agency through the lead agency database. Claims are then submitted to Medicaid and commercial payers through a third-party billing vendor. The third-party billing vendor notifies the lead agency about any early intervention services not covered by a third-party payer. This is referred to as escrow payments.

The EIS and rates paid by the Office of Early Childhood and Medicaid are listed here:

<https://www.birth23.org/providers/provider-resources/state-rates-dss-information/>

In addition to the state rates, comprehensive EIS programs are paid a general administrative payment monthly for each child with an IFSP on the first of the month who received a visit during the month when the IFSP calls for fewer than 9 hours per month. Please refer to the payment procedure located here: <https://www.birth23.org/wp-content/uploads/procedures/payment.doc> for more detail.

Comprehensive EIS programs are also required to explain the System of Payments in Connecticut including Family Cost Participation fees. The program collects and enters data so that accurate invoices for families with an adjusted gross income of more than \$45,000 per year who are not insured by Medicaid can be mailed in a timely manner.

Proposers will be required to submit a list of the towns they want to cover including how many families they will support in each town. The most recent count of annual referrals in a year, evaluations completed and children with IFSPs are available at online at CTData.org or at <https://www.birth23.org/how-are-we-doing/data/>.

When a referral of a child for evaluation is received at Child Development Infoline, the information is gathered and sent electronically to the program that was either chosen by the parent or guardian, or if no selection is made by the parent, the referral is sent to the next program in rotation for that particular town.

The OEC as the lead agency for Part C monitors all programs on a regular basis using a complex array of results-based accountability processes including record reviews, fiscal audits, desk audits, data verification requests, complaint and due process tracking as well as publicly reporting performance on annual indicators through a State Performance Plan and Annual Performance Report.

Comprehensive EIS programs are encouraged to indicate whether or not they specialize in supporting families with children who have autism, or who are deaf or hard-of-hearing. Specific designation forms are posted here and in the online submission tool.

NOTE: Applicants that only wants to provide hearing services (audiology, assistive technology, teacher of the deaf / hard of hearing) to support families enrolled in comprehensive EIS programs they should not apply for the Comprehensive Early intervention program but should instead indicate they are applying to be a Deaf / Hard-of-Hearing Support Provider. Deaf hard-of-hearing support providers do not provide service coordination and are not paid general administrative payments by the Office of Early Childhood.

Deaf / Hard of Hearing (DHH) Support Provider

DHH Support Providers support Comprehensive EIS Programs and the families they have enrolled when a child is deaf or hard-of-hearing.

The contracts for DHH support providers will be unique and developed as a result of determining which supports the successful proposer can provide. Of those contracts listed on <https://www.ct.gov/oec/cwp/view.asp?A=4547&Q=581074> only 3 are Hearing Specialty Programs. Proposers should review Part I of those contracts for more detail. The three programs are listed on the Birth23.org website under "Our Programs".

DHH Support Providers bill Medicaid, commercial insurance and the lead agency through the lead agency database. Claims are then submitted to Medicaid and commercial payers through a third-party billing vendor. The third-party billing vendor notifies the lead agency about any early intervention services not covered by a third-party payer. This is referred to as escrow payments.

The rates paid by the Office of Early Childhood and Medicaid are the same and are listed here: <https://www.birth23.org/providers/provider-resources/state-rates-dss-information/>

Proposers will be required to submit a list of the towns they want to cover including how many families they will support in each town. The most recent count of annual referrals in a year, evaluations completed and children with IFSPs are available at online at CTData.org or at <https://www.birth23.org/how-are-we-doing/data/>.

When a DHH support provider covers the whole state, the OEC pays a “distance” payment for visits made outside of a negotiated list of towns. The amount of this payment is currently equal to one hour of EIS by a professional. Proposers willing and able to visit families in the SW, NW and NE corners of the state without a distant fee are encouraged to apply and will be awarded extra points for serving all the towns listed in the questions about the corners.

The primary supports sought from a DHH Support Provider are audiological testing, purchasing, fitting, monitoring and repairing hearing technology, developmental therapy for early communication and language skills, and speech therapy as needed.

Service coordination are the activities performed by staff in a comprehensive EIS program. DHH Support providers are not expected to be service coordinators and are not paid a General Administrative Payment (GAP). A comprehensive EIS program that does not also specialize in DHH Supports may receive a referral and determine that the only area of concern is early communication and language skills due to the child being DHH. In that case, a comprehensive EIS program may sub-contract out with a DHH Support Provider to provide service coordination and all required supports.

DHH Support Providers will be included in the general supervision system for the supports they provide as part of the Birth to Three system. Some supports may be provided before the child is referred to Birth to Three such as a fully covered audiological evaluations and hearing aid purchasing, however, for families without good insurance coverage, with parent consent referrals must be made to Birth to Three to assure that families receive the IDEA Part C services of Evaluation, Assessment, IFSP development and review and Service Coordination (including transition planning) at no cost.

All communication approaches have value. DHH support providers must assist families with connecting to other families to help them explore their options. Frequently this will be supported by having a Comprehensive EIS program as the service coordinator but in those cases when a family knows early on how they want to proceed, the OEC will support the DHH support provider in working with the EIS program as seamlessly as possible.

It is the goal of this procurement to open the provision of DHH Supports widely in order to assure that all families in Connecticut with children who are DHH have equitable access to high quality, family-centered, community-based early intervention services and supports regardless of where they live or the approach they choose.