



State Structures for Part C Service Provision and Implications for Accountability

Anne Lucas

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State Structures

States have various infrastructures for providing early intervention services and ensuring accountability of service providers

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Considerations

Regardless of the infrastructure used, states must ensure the following:

- Sufficient service providers are available
- All sources of revenue are maximized
- All public and private service providers have competencies and the necessary T & TA supports to provide quality service
- Accountability, oversight and monitoring for compliance and quality practices is conducted for all providers

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State Structures

There are two main provider structures:

- **Unitary Provider Structure**
- **Public-Private Provider Structure** (including 3 different approaches)

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Unitary Provider Structure

- Used by only a few states and territories with very small numbers of potentially eligible children (e.g., DC, VI, American Samoa, Guam, CMNI)
- Operates like one early intervention program/agency in a larger states

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Unitary Provider Structure

Benefits

- Administrative / supervisory support (communication / TA)
- Resolve disputes or issues quickly
- Teaming
- Implementing quality practices

Challenges

- Monitoring (usually monitor themselves)
- Insufficient personnel, especially with staff turnover
- Limited family choice

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Public Private Partnership Structures

- Most states have developed public-private partnerships in the provision of EI Services
- Each state's structure has its own unique characteristics but fall within 3 main approaches
 - Individual Provider Approach
 - Provider Agency (Program) Approach
 - Regional (District/Local) Administrative Approach

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Individual Provider Approach

- The state establishes individual provider contracts/agreements with independent providers (or provider groups) including:
 - Setting criteria for minimum qualifications of service providers
 - Requiring providers to participate in required state training
 - Maintaining current listing of approved providers for use by parents and service coordinators in arranging services

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Individual Provider Approach

- Usually includes regional or local agencies (SPOE) in specified areas of the state that:
 - Serve as a single point of entry (SPOE)
 - Conduct initial evaluation/assessment
 - Provide service coordination
 - Authorize services
 - Oversee implementation of the IFSP by state approved independent individual service providers

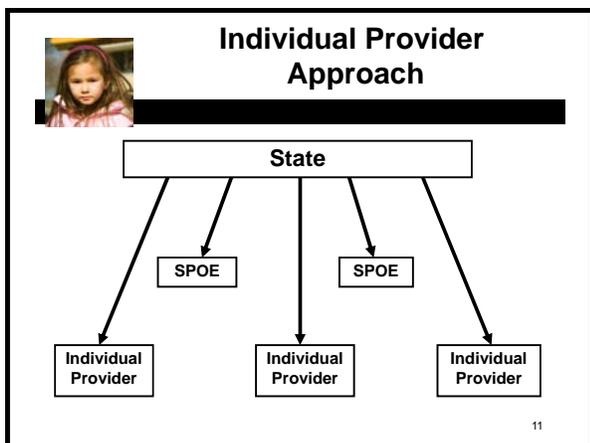
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Individual Provider Approach

- Funding arrangements:
 - Generally includes fees-for-services
 - Providers are usually reimbursed following authorization and provision of services
 - Some states require providers to bill for services but in other states a centralized billing office pays the providers and then bills the appropriate funding source

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Individual Provider Approach

Benefits	Challenges
<ul style="list-style-type: none"> • Provider availability • Family choice of providers • Providing services in natural environments • Central billing/data on services provided • Fee revenue 	<ul style="list-style-type: none"> • Accountability/oversight • Provision of quality services • Teaming • Controlling costs • Resources needed for strong TA/Training system

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Individual Provider Approach

- State examples:
 - Indiana
 - Illinois
 - Missouri
 - West Virginia
 - Georgia

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Provider Agency (Program) Approach

- The state selects and approves agencies/programs, usually through a competitive bid or application process that outlines standards or requirements that must be met (multiple agencies/programs within a region may apply)

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Provider Agency (Program) Approach

- Approved agencies/programs:
 - Are responsible for service provision in a specific region/area of the state
 - Hire and/or contract with personnel to ensure that all services for children and families are available in their designated coverage area

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Provider Agency (Program) Approach

- Provider agency (program) funding arrangements
 - Funding provided up front
 - OR
 - Reimbursed on a fee for service basis
 - OR
 - Some funding up front and reimbursed

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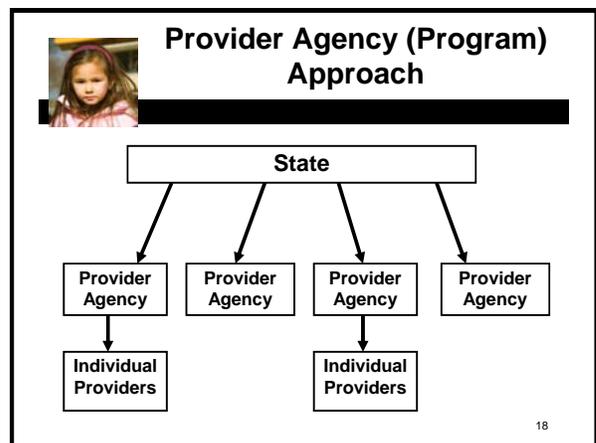


Provider Agency (Program) Approach

- Several states (RI, MA) have a program certification process, including a set of standards that programs must meet in order to be an approved EI provider agency

Note: The standards usually mirror or are the state's Part C procedures

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Provider Agency (Program) Approach

Benefits	Challenges
<ul style="list-style-type: none"> • Management / oversight • Administrative / supervisory support • Teaming • Implementing quality practices • Provider time for professional development • Limited confusion for families about providers 	<ul style="list-style-type: none"> • Less incentive to maximize resources (if funded up front) • Insufficient personnel, especially with staff turnover • Limited family choice

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Provider Agency (Program) Approach

- State examples:
 - Texas
 - Connecticut
 - Rhode Island
 - Massachusetts
 - Wyoming

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Regional (District/Local) Administrative Approach

- Combination of Individual Provider and Provider Agency (Program) Approaches
- Typically, the state contracts with regional or local agencies (e.g., local lead agency) to coordinate services in a specified area of the state (in some states the regional or local agencies are counterparts to the state lead agency)

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Regional (District/Local) Administrative Approach

- The regional or local agencies usually do the following:
 - Contract with individual service providers or service provider agencies to provide EI services in their catchment area
 - Hire personnel to carry out some of the service delivery responsibilities including:
 - Evaluation and assessment
 - Service coordination
 - Service Provision (this varies across states)

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Regional (District/Local) Administrative Approach

- Regional funding arrangements:
 - Up front funding or funding provided on a monthly or quarterly basis

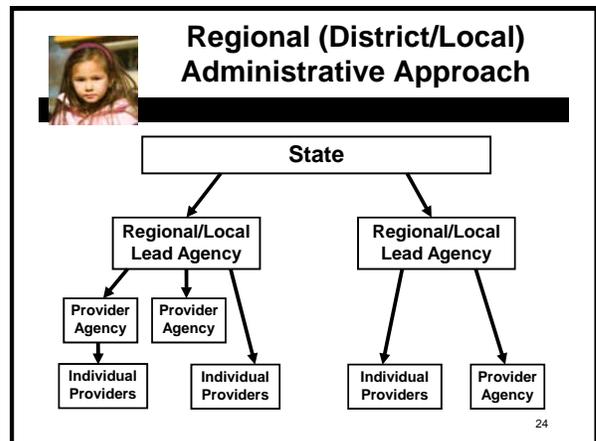
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- Reimbursement of services based on a fee for service (e.g., centralized billing)

OR

- Combination of these methods

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Regional (District/Local) Administrative Approach

Benefits

- Administrative / supervisory support
- Oversight and monitoring
- Pool of available providers in region
- Providing services in natural environments
- Flexibility to meet diverse needs (rural vs. urban)
- Family choice of provider

Challenges

- Two levels of management (state & region)
- Determining payment methods

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Regional (District/Local) Administrative Approach

- State examples:
 - North Carolina
 - Virginia
 - Nevada

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Resources & Contact Information

<http://www.nectac.org/topcis/quality/statestruct.asp>

Anne Lucas – Anne_Lucas@unc.edu

Joicey Hurth – Joicey_Hurth@unc.edu

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