



## **FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL, INC.**

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### **Support Early Steps, Florida's Part C/Early Steps Program**

**The Council supports increased funding for the Early Steps Program for increased services for more children and for more service coordinators.**

**The Council supports ensuring that Medicaid providers recognize Part C's Individual Family Support Plan (IFSP) as an authorizing document for Medicaid reimbursement.**

Early Steps is administered by Children's Medical Services (CMS) in accordance with the Individuals with Disabilities Education Act (IDEA), Part C. The Early Steps Program provides Florida's infants and toddlers, from birth to 36 months, who have a developmental delay, or a condition that places them at risk for developmental delay, with early intervention services and supports that improve a child's chances to develop to their full potential by achieving their developmental milestones. Research shows that achieving these milestones is essential to developing a child's ability to learn, speak, and move at optimal levels later in life. Early intervention is designed to support families and caregivers in developing the competence and confidence to help their child learn and develop. Families and professionals work together to develop an Individualized Family Support Plan (IFSP) that is based on the unique needs of the child and the child's family.

**In 2013, Florida's Early Steps enrollment increased 5% to over 43,000 infants and toddlers, resulting in a significant decline in the amount of available dollars spent per child.** The Council is asking legislators to authorize more funding to increase the available dollars per child to at least half of the national average of \$1500 per child. In addition, Florida's Early Steps program currently has a caseload ratio of about 1:68. Nationally, the average caseload ratio is about 1:38. More service coordinators are needed to ensure that each child that applies for assistance has access to all the services they are eligible to receive and referrals to other services if they are not eligible. Early Steps is pushed to the limit in terms of capacity and financing, and desperately needs these changes to allow for continued and appropriate service to Florida's youngest residents.

Another issue that impacts funding is the programs reliance, on being the payer of last resort while ensuring that services are provided in a timely manner. For children covered by private insurance companies or Medicaid, this coverage should pay for infant therapy services that are frequently included in a child's Individualized Family Support Plan, first. Federal regulations for Part C of the IDEA require that Early Steps initiate the services identified on the IFSP in a timely manner (defined in Florida as within 30 days of the documented need). Services cannot be delayed due to payment disputes. IDEA grant funds are intended to pay for services for children who are uninsured, underinsured, or for IFSP authorized services that are not covered by insurance or Medicaid. Sometimes Early Steps pays for services that were Medicaid eligible to avoid the interruption of services, thus reducing the funds available for infants and toddlers without Medicaid or private insurance and reducing the availability of funds for the full scope of services needed by all the children in the program. With about 70% of the children in Early Steps on Medicaid, this can result in a substantial amount of Part C funds being used to pay for Medicaid services. This situation is further exacerbated by many new Medicaid providers in the system as a result of the states roll out, of managed care for Medicaid services. **Requiring the IFSP as the authorizing document could streamline the Medicaid approval process and make it easier for new Medicaid providers to comply with federal and state guidelines for this program.**

As part of a recent study, RAND researchers synthesized what is known from the scientifically sound research literature about the short- and long-term benefits from early intervention programs, the features that are associated with more effective programs, and the economic gains that accrue from investing additional resources in early childhood. **Their cost-benefit analyses show that investing in early intervention services has measureable positive outcomes, with a rate of return as high as a seventeen dollars for every dollar spent!** For example, if school outcomes improve, fewer resources may be spent on grade repetition or special education classes. Improvements in school performance can lead to subsequent economic success in adulthood and the government will benefit from higher tax revenues and reduced outlays for social welfare programs.