

Early Intervention Provider Relief Program 2021 Guidance

Program Overview

The Rhode Island Executive Office of Health and Human Services (EOHHS) Medicaid Program offers an Early Intervention (“EI”) program that serves over four thousand (4000) Rhode Island children on annual basis. Early Intervention is a program designed to help families support the growth and development of eligible children from birth until their third birthday who have moderate to severe special health care and developmental delays. These are often a result of a diagnosed chronic developmental, cognitive, physical, medical, neurological, behavioral and/or emotional condition, many of which are long-term disabilities or include complex medical needs. Developmental delays or disabilities can affect a child’s speech, physical ability, or social skills. EI providers are trained to assess and help in each of these areas providing a range of developmental interventions, clinical treatments, and parent education all designed to improve the developmental outcomes for Rhode Island children.

Early Intervention Provider Profile		
Service Type	Number of Providers	Children Served Annually
Early Intervention	9	4100

Delivering EI at an early age can make a distinct difference in the outcomes for children who are diagnosed with a developmental disability or delay. Research spanning thirty years has shown the benefits of early intervention for both children and families.¹ Early detection and intervention at key developmental stages support a child’s ability to gain essential skills to respond appropriately, and independently, in society.²

As evidenced above, EI is vital to many families in Rhode Island. However, as the COVID-19 Public Health Emergency unfolded, many families had to suspend services based on public health guidance and resulted in a significant business interruption for EI providers. During this public health emergency, access to EI has been and may continue to be restricted, causing a negative second order effect of compromising the healthy developmental trajectory of many children. Unsafe conditions, negative interactions and lack of educational opportunities during the early years can lead to irreversible outcomes, which can affect a child’s potential for the remainder of his or her life.³ Further, delay in receiving these services for children could generate significant deleterious effects on childhood development as a second-order impact of the pandemic.

The nine (9) EI provider agencies experienced significant financial losses during the pandemic that only exasperated an ongoing issue of underfunding. As a result, the system is operating at

¹ Conroy, Dunlap, Clarke & Alter, 2005

² UNC Autism Research Center: <https://autism.unc.edu/resources/early-intervention>

³ <https://data.unicef.org/topic/early-childhood-development/covid-19/>

only 78% staffing capacity (62 open positions throughout the state) and providers are currently unable to take on new referrals.

It is a priority of EOHHS to ensure that children receiving EI continue to do so, that access is restored, and that EI have the staffing and financial capacity to provide in-person services whenever possible in accordance with Rhode Island public health guidance on home-based programs. Given these priorities, grant payments will be made to EI provider agencies to provide immediate cashflow to recover losses due to business interruptions during the COVID-19 Public Health Emergency (PHE) and exceptional costs resulting from the impact of the PHE. By doing so, providers will have the financial stability necessary to effectively recruit and retain staff as part of the effort to return to a staffing census that will implement service plan requirements, outreach and engage families of underserved populations, and meet the current demand for families seeking EI services. Distribution of these funds will be tied to the below qualifications, including the requirement that that EI providers submit documentation and attest to specified losses, not otherwise recovered by other relief funds, incurred between July 1, 2020 – present due to business interruption as a result of the PHE.

Program Need

These funds will be distributed to EI providers to help recover from losses so the Providers can focus on workforce stabilization. With a competitively compensated stable workforce, EI providers can rapidly re-engage families and once again manage direct referrals by enhancing outreach, re-hiring and retaining staff, and expanding in-person delivery of EI services.

Despite innovative efforts by provider agencies to recruit new EI professionals and retain the current staff, the EI agencies cannot fill the sixty-two (62) open positions needed to adequately serve the families in need of EI services and have incurred exceptional costs related to filling these open positions. COVID-19 has caused a significant disturbance to families who depend on these critical Medicaid services.

Since the onset of the PHE, the EI system has seen a decline in referrals (now at 90% of Pre-COVID rates and only 83% of referral rate projections) while operating with a 27% (62 FTE) reduction in staff as compared to Jan 2019. In addition, it is estimated that over 1100 infants and toddlers who may have been eligible for EI services were never referred, which is particularly accurate for children enrolled in Medicaid and children of color. Also, as a direct result of the EI staffing crisis, the 2267 children who are currently receiving EI services are potentially missing out on an average of 1,100 hours of services each month. Children are currently receiving an average of 2.87 hours of service/month as compared to 3.31 hours in FY19 representing a 15% decrease in services provided.

EOHHS has identified three (3) key strategies critical to ensuring the stabilization of the EI system to serve all families with infants and toddlers who are eligible for EI services.

1. **Funding:** EOHHS will provide a one-time funding grant to each (9) EI providers to recover losses incurred due to business interruptions during the COVID-19 Public Health Emergency and exceptional costs related to the PHE.

2. **Workforce Stabilization:** Recovering from losses will enable EI providers to increase current staff salaries to be one that is competitive in effort to retain high-quality staff. In addition, providers will be able to hire new EI professionals to fill the current gap at competitive wages.
3. **Equity in Access to Services:** With full staffing, EI providers will have the ability to implement strategies that support equity with access and engagement in EI services.

Qualifying Providers

1. Have been enrolled as a Rhode Island Medicaid provider as of July 1, 2020:
2. Have submitted at least one (1) claim for service to RI Medicaid in calendar year 2021.
3. Demonstrate a pandemic caused financial loss between July 1, 2020 and October 31, 2021, including but not limited to:
 - a. loss of revenue due to business interruptions; and/or
 - b. direct costs in response to the public health emergency, including costs associated with providing safe in-person services.
4. Attest that identified losses and exceptional expenses are 100% above and beyond any and all received all COVID relief federal funding such as Paycheck Protection Program (PPP), Economic Injury Disaster Loans (EIDL), Health Resources & Services Administration (HRSA) Medicaid Relief Funds, Rhode Island Foundation Non-Profit Grant Program(s). EI Provider Relief will not exceed the revenue loss and exceptional costs incurred throughout the PHE.

Distribution Methodology

Given the critical nature of these services, one-time grant awards will be made to EI provider agencies, in one (1) installment, to recover losses incurred between July 1, 2020 – October 31, 2021 due to business interruptions due to the COVID-19 Public Health Emergency. Payment amounts will be subject to available funds. Amounts disbursed may not be contested.

The State will make disbursements of available funds to approved EI providers as a one-time grant award payment installment not to exceed \$3.64M in the aggregate.

One-time payments will be distributed to qualifying provider agencies based on:

1. Documented loss of revenue between July 1, 2020 – October 31, 2021.
2. COVID-related exceptional costs incurred between January 1 – October 31, 2021.
3. Minus the amount of federal assistance received between July 1, 2020 – Present.

Each approved provider will receive the amount calculated based on the above distribution methodology; provided, however, that in the event of insufficient funding, the amount calculated based on the above equation will then be factored as a percentage of the total of all providers that have been approved to receive funds from the Early Intervention Provider Relief fund. No EI provider shall receive funding in excess of total losses and exceptional costs minus federal relief funding received.



Application Timelines:

Monday, December 13, 2021:	Applications sent to providers
Thursday, December 16, 2021:	Applications must be submitted by Noon
Friday, December 17, 2021:	Decision/Award Letters to providers by Noon
No later than Friday, December 31, 2021:	Funds paid to bank account