



Early Intervention Provider Relief and Recovery Program 2022 Guidance

Program Overview

Rhode Island Medicaid offers an Early Intervention (“EI”) program that serves over four thousand (4,000) 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. Our 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	~4300

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 only 78% staffing capacity (54 open positions throughout the state) and providers are currently unable to take on new referrals. Providers report losses associated with recruitment activities that have resulted in many

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/>

potential candidates accepting other positions (such as at school districts and private practices) that offer \$10-20K more than what the EI provider can offer.

It is a priority of EOHHS to ensure that children receiving EI continue to do so, that access is restored, and that EI providers 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, stabilization payments will be made to EI provider agencies to provide immediate cashflow to support the retention of current staff and recruitment of new staff. By doing so, this will enable EI providers to effectively recruit and retain staff in effort to return to the staffing census needed to fill service plan requirements, improve outreach and engagement of families, especially those of underserved populations, and meet the current demand for families seeking EI services for their infant or toddler. To maintain the improvement of efforts in these areas, state targets have been set in the areas of family access and engagement to EI services and staffing capacity. Distribution of pay for performance funds will be tied to expectations that EI providers will in good faith work toward and/or meet these targets over three fiscal quarters. In addition, providers will be required to begin a transition to process their own referrals in-house as of October 1, 2022 to receive the final FY23Q2 payment.

Program Need

These funds will be distributed for EI providers to help increase enrollment, family engagement, and staffing to pre-COVID numbers. With a stable workforce, who are competitively compensated, Early Intervention 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 services.

Despite innovative efforts by provider agencies to recruit new EI professionals and retain the current staff, the EI agencies cannot fill the 54 open positions needed to adequately serve the families in need of EI services. In addition, EI providers have reported financial losses directly related to costs associated with recruitment activities that have unfortunately not resulted in onboarding new hires. 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 70-80% (depending on the month) of Pre-COVID rates while operating with a 22% (54) reduction in staff as compared to Jan 2019. In addition, it is estimated that over 1,200 infants and toddlers who may have been eligible for EI services were never referred, which is especially true for children enrolled in Medicaid and children of color. Also as a direct result of the staffing crisis, the 2,267 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 stabilization payment grant to each (9) EI providers and an additional three (3) pay for performance payments through FY23Q2.
2. **Workforce Stabilization:** These payments will help EI providers offer 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 January 1, 2021;
2. Have submitted at least one (1) claim for service to RI Medicaid in calendar year 2021.
3. Provide an attestation that (1) all information reported is accurate to the best of knowledge, and (2) the EI provider will adhere to the acceptable use of funds and provide EOHHS with record of the use of funds on a quarterly basis.

Eligible Uses of Funds

As a condition of this grant, to receive funding from this program, EI providers must attest that funds will be applied toward eligible uses. Eligible uses of these funds may include, but are not limited to the following:

- Enhanced outreach activities to ensure equitable access and family engagement EI services;
- Retention bonuses to maintain current staff;
- Workforce costs due to increased current labor market conditions;
- Professional development activities; and,
- Costs required to increase in-person visiting to deliver quality services that might include:
 - Technology to support virtual services for families who choose this option
 - Protective barriers to reduce airborne transmission (i.e., sneeze guards, partition shields)
 - Cleaning and sanitization of supplies in adherence with CDC guidelines
 - Expanding or reconfiguring space (i.e., equipment, materials and furnishings needed to reduce the risk of cross-contamination due to shared equipment use during therapy, care services, evaluations.)

Funds may not be used for administrative indirect costs as reflected in section 4.b of the RI Pandemic Recovery Office's SFRF INDIRECT ADMINISTRATIVE COSTS policy. This policy states, "Subrecipients may not charge Indirect Administrative Costs to SFRF Awards or Subawards. However, subrecipients may request that the Pandemic Recovery Office allow Indirect Administrative Costs to be charged to SFRF projects. Such costs can only be charged with prior written approval of the Pandemic Recovery Office."

Distribution Methodology: Stabilization

The \$2.6m in One-time Stabilization funds will be distributed utilizing the following formula:

One-time Stabilization payment = (EI Provider Agency Child Count Census)/(State Total Child Count Census) X \$2,600,000

*Example: Provider A's Child Count Census = 1,000
 State Total Child Count Census = 10,000*

One-time stabilization payment = 1000/1000\$2,600,000 = \$260,000*

Distribution Methodology: Pay for Performance

The \$2.9m in Pay for Performance funds will be distributed over three (3) quarters through SFY23Q2 utilizing the following formula:

Total Pay for Performance payment = (EI Provider Agency Child Count Census)/(State Total Child Count Census) X \$2,900,000

Payment Schedule:

FY22Q4 = (EI Provider Agency Child Count Census)/(State Total Child Count Census) x \$1,450,000

FY23Q1 = (EI Provider Agency Child Count Census)/(State Total Child Count Census) x \$1,015,000

FY23Q2 = (EI Provider Agency Child Count Census)/(State Total Child Count Census) x \$435,000

Terms and Conditions

To receive grant awards under this program, provider agencies must:

- 1) Provide an attestation that the EI provider will adhere to the acceptable use of funds and provide a quarterly spending report.
- 2) Agree to provide a quarterly staffing report for workforce data. (Note: All other data for the pay for performance targets will be extracted from the RI EI state data system).
- 3) Agree to meet targets or show good faith effort toward pay for performance targets reported quarterly.
- 4) Agree to begin the transition to return to an in-house referral process by October 1, 2022 to receive the FY23Q2 final payment.

Applications are due no later than **4:30 p.m. EST on March 11, 2022**, for EI provider to be eligible for all funding. Late applications or applications that do not have required information will be rejected and not eligible to receive funding. Please see application for submission requirements and additional details.