

Chapter 1: Missouri Infrastructure

First Steps, Missouri's early intervention program, is an interagency system of services for children under the age of three who have either a diagnosed condition known to contribute or cause developmental disabilities, or who have developmental delay(s). The purpose of First Steps is to build the family's capacity to manage the needs of the family related to enhancing the child's development, as well as meeting the developmental needs of the infant/toddler with a disability or developmental delay. First Steps makes a distinction between a medical model (wherein the various therapies form the focal point of the program) and a family oriented/family capacity model (wherein the focus is on meeting the developmental needs of each child and the needs of the family related to enhancing the child's development).



First Steps involves a variety of federal, state, and regional initiatives and activities. The multiple components that support the statewide system are described below in detail.



Federal

The Individuals with Disabilities Education Act (IDEA) is the nation's special education law. First enacted in 1986, IDEA provides federal funding to assist states and local communities in providing educational opportunities to children from birth to age 21.

Part C of IDEA provides early intervention and other services for infants and toddlers with disabilities, from birth to age 3, and their families. Part C also provides grants that assist states in operating a comprehensive statewide program of early intervention services. In order for a state to participate in Part C it must assure that early intervention will be available to every eligible child and its family. Annual grant funding to each state is based upon census figures of the number of children, birth through age 2, in the general population.

The general purpose statement of Part C of the Individuals with Disabilities Education Act (IDEA) is:

- a) to ensure that a variety of interagency coordination structures are in place at the state and federal level to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers and their families;
- b) to facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);
- c) to enhance the States' capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and
- d) to enhance the capacity of the State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations.

According to IDEA, the minimum components of a state's Early Intervention System include the following:

- a) A state definition of developmental delay
- b) A central directory of information relating to early intervention services, resources, experts and research and demonstration projects available in the state
- c) Timetables for serving eligible infants and toddlers and their families
- d) A public awareness program
- e) A comprehensive child find system
- f) Evaluation and assessment procedures
- g) Development, review and evaluation of the Individualized Family Service Plan (IFSP) and service coordination including policies to ensure

that services are provided in natural environments to the maximum extent appropriate.

- h) A comprehensive system of personnel development
- i) Development and implementation of personnel standards
- j) Development and implementation of procedural safeguards
- k) General administration, supervision, and monitoring of the early intervention system
- l) Procedures for resolving complaints
- m) Policies and procedures related to financial matters, including the following:
 - a. the identification and coordination of all resources in the state available for early intervention services
 - b. the timely reimbursement of funds provided by the United States
 - c. the assignment of financial responsibility among the participating agencies
- n) Interagency agreements for resolution of disputes
- o) Policies for contracting or otherwise arranging for services
- p) Data collection on the numbers of infants and toddlers with disabilities and their families in the state

State

I. Lead Agency

Federal regulations require that each state's governor designate or establish a lead agency to be responsible for the following:

- General administration, supervision and monitoring of Part C programs and activities
- Identification and coordination of all available resources
- Assignment of financial responsibility to appropriate agencies

- Development of procedures to ensure services are provided in a timely manner pending resolution of disputes among agencies
- Resolution of intra- and interagency disputes
- Entry into formal interagency agreements that define the financial responsibility of each agency for paying for early intervention service (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination

In Missouri, the Department of Elementary and Secondary Education (DESE) is the designated lead agency. As lead agency, DESE is responsible for ensuring that the minimum components of a statewide system of early intervention services for eligible infants and toddlers and their families, as required by the United States Department of Education are established and maintained in the state.

The Early Intervention section within the Division of Special Education (DSE) at DESE is assigned the responsibility for overseeing the Missouri First Steps program. This section consists of a Coordinator and five (5) regional Area Directors who provide technical assistance to System Point Of Entry (SPOE) offices in the areas of child find, provider recruitment, marketing, operations and best practice.



II. State Interagency Coordinating Council

Federal regulations require that each state establish a State Interagency Coordinating Council (SICC) to advise and assist the lead agency in the provision of early intervention services to children under Part C of IDEA.

The SICC must be composed of members (not more than 30) who have sufficient authority to engage in policy planning and implementation on behalf of the agencies or entities that they represent. Members include, but are not

limited to, parents of children with disabilities, public or private providers of early intervention services, Head Start, state legislators, and representatives from the lead agency as well as other state agency partners.

The Council may include other members selected by the Governor. Other members may include entities involved in early intervention or early childhood services.

The Governor makes all appointments to the SICC. In making an appointment to the Council, the Governor must ensure that the membership of the Council, as defined in federal regulations, reasonably represents the population of the state in terms of its diversity and geography and meets the required membership set forth in federal statute and federal and state regulations.

To comply with Missouri's Open Meetings Law, all meetings are announced at least one week in advance and at a minimum of 24 hours in advance at the location of the meeting, as well as at DESE. SICC meeting dates are announced on the DESE website. These procedures ensure that meetings are announced sufficiently in advance to ensure attendance and that they are open and accessible to the public. Part C funds are used to pay for all meeting costs and supports for participating members.

The functions of the SICC are to:

- a) Advise and assist DESE in the development and implementation of policies that constitute the statewide system;
- b) Assist DESE in achieving full participation, coordination, and cooperation of all appropriate public agencies;
- c) Assist DESE in the implementation of the statewide system by establishing a process that includes:
 - seeking information from service providers, service coordinators, parents, and others about any federal, state, or local policies that impede timely service delivery; and

- taking steps to ensure those policy problems identified under 3a above are resolved; and,
- d) Assist DESE to the extent appropriate, in the resolution of disputes; and
- e) Strengthen service integration for both infants and toddlers with disabilities and at-risk infants and their families, regardless of eligibility status.

The SICC advises and assists the lead agency in the:

- a) Provision of appropriate services for children ages 0-5 inclusive, including transitional services to preschool and other appropriate services;
- b) Identification of sources of money and other supports for services for early intervention services;
- c) Assignment of fiscal responsibilities to the appropriate agency;
- d) Promotion of interagency agreements;
- e) The preparation of applications and amendments to applications under Part C; and
- f) Transition of toddlers with disabilities to appropriate services under Part B of IDEA to the extent that those services are appropriate.

The SICC reviews and submits an annual report to the Governor and to the Secretary of the US Department of Education on the status of the early intervention system operated in the State. Each annual report contains information required by the Secretary for the reporting year.

III. The Central Finance Office

The State of Missouri contracts with a Central Finance Office (CFO) to perform responsibilities listed below for the First Steps program:

- 1) First Steps Provider Enrollment System – The CFO enrolls First Steps early intervention service providers who meet the criteria identified in the Missouri State Regulations for Implementing Part C of IDEA. The CFO

develops and maintains a list of all early intervention service providers authorized to provide the various First Steps activities and services. This list of authorized First Steps early intervention service providers is referred to as the *provider matrix*.

2) Fiscal Management – The CFO issues authorizations for services to First Step early intervention service providers based upon eligibility determination activities or the IFSP, processes claims and pays the providers utilizing a fee for service reimbursement approach, seeks reimbursement for services from applicable funding sources on an individual child basis, and processes family cost participation and private insurance billing and payments. Families receive a regular explanation of benefits paid on their behalf by First Steps.

3) Child Data System Design and Management – The CFO maintains the child data software, known as WebSPOE, ensuring that specific child data is available to local and state planners for compliance monitoring, financial forecasting, and budgeting purposes. The child data software is fully HIPAA compliant.

4) Mileage Reimbursement – The CFO also receives mileage reimbursement requests from families, issues mileage reimbursements to enrolled providers, and conducts audits and verifications of mileage logs for reimbursement requests.

Regional

I. System Points of Entry

First Steps is operated through contractual agreements in ten (10) regions across the state. The ten regional offices are known as System Points of Entry (SPOEs) and they provide service coordination, intake and eligibility determination, as well as all local administrative activities for the program. The state contracts with a single entity in each region to fulfill the SPOE function.



The SPOE uses a web-based child data system, known as WebSPOE, to maintain the child's electronic record. WebSPOE is the official early intervention record and contains all referral, eligibility, and IFSP information. In addition to entering and maintaining the child's electronic record, the SPOE shall maintain a hard copy file for each child which includes, but is not limited to:

- An access log
- Referral forms or letters received as paper copies
- All medical, developmental, and evaluation reports
- Notices of Action and Consent forms
- Release of Information forms
- Meeting notifications and other correspondence received or sent regarding the child
- Any form requiring original signatures
- Other paper documents received by the SPOE

The SPOE shall establish and maintain both an electronic record and a hard copy file as described above for each child referred or transferred to the SPOE, regardless of child's status (e.g., ineligible, accept or decline services, etc.). Accurate, complete and timely records are essential for the operation an efficient early intervention program.

SPOE contractual responsibilities include, but are not limited to:

- 1) Receiving referrals (by phone, fax, letter, electronically or in person)
 - a) Establish the child's electronic record in the WebSPOE;
 - b) Determine if the contact is an inquiry or a referral;
 - c) Send acknowledgement letter to referral source;

- d) Assign a Service Coordinator within 2 working days of referral to complete the intake and eligibility process;
 - e) Service Coordinator makes initial contact with family to schedule intake meeting;
 - f) Determine if the child requires an educational surrogate.
- 2) Conducting and completing the intake process
- a) Share information about First Steps;
 - b) Provide the family with information regarding Parental Rights in the family's native language;
 - c) Provide Notice of Action/Consent to conduct an initial evaluation of the child and obtain informed written parental consent to proceed;
 - d) Request existing child information with informed, written parental consent on a Release of Information (ROI);
 - e) Update the child's electronic record.
- 3) Ensuring that Eligibility Determination is completed according to regulations
- a) Send signed Release of Information (ROI) to request existing information about the child;
 - b) Review existing information to determine if eligibility can be established at this point;
 - c) If eligibility cannot be determined with existing information, arrange for an evaluation to determine eligibility. First Steps requires administration of the Developmental Assessment of Young Children (DAYC) to be used in conjunction with other information about the child to determine eligibility;
 - d) Enter authorizations in WebSPOE;
 - e) Determine eligibility;
 - f) If the child is not eligible, provide Notice of Action for Ineligibility with a copy of Parental Rights; and
 - g) Update the child's electronic record.

4) Arranging for and ensuring the completion of necessary activities for Individualized Family Service Plan (IFSP) planning

- a) Arrange for assessments, if needed, to develop an IFSP including the family assessment;
- b) Enter authorizations in WebSPOE;
- c) Work with the family to decide initial IFSP team members;
- d) Assign the family a Service Coordinator if different from the Service Coordinator who facilitated the intake process;
- e) Complete applicable sections of the IFSP with the family prior to the meeting;
- f) Update the child's electronic record;
- g) Provide written notification of the IFSP meeting to the family and other participants; and
- h) Enter meeting authorizations in WebSPOE.

5) Facilitating the IFSP team meeting, and completing the Initial IFSP

- a) Develop an initial IFSP for each eligible child within 45 calendar days of the date of referral;
- b) Assign service provider(s) for identified IFSP services through geographically-based Early Intervention Teams (EIT) and/or a review of the Service Provider Matrix;
- c) Enter authorizations for WebSPOE;
- d) Update the child's electronic record;
- e) Provide a paper copy of the IFSP to the family, if requested.

6) Continual Services

- a) The service coordinator shall facilitate, monitor, and supervise all future IFSP team meetings for the family;
- b) Provide written notification of all future IFSP meetings;
- c) Enter and keep current all necessary data and records;

- d) Review progress notes being entered into the system by service providers;
- e) The Service Coordinator must maintain regular contact with families on his/her caseload;
- f) The Service Coordinator shall arrange for a transition meeting for each child prior to age 3.

The SPOE carries out these contractual functions by ensuring qualified staff will function in the service coordination role. Service coordination is defined by Missouri State Regulations for Implementing Part C of IDEA as, "...the activities carried out by a service coordinator to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the State's early intervention program."

Service Coordinators provide the vital link between families, service providers and the SPOE as well as overseeing the provision of direct services. Service coordination is provided by SPOE employed Service Coordinators.

The SPOE is responsible for ensuring that early intervention services are available and accessible throughout the region and if not, to either employ or otherwise contract for the needed services. SPOEs are responsible for oversight and training of service providers.

II. Regional Interagency Coordinating Councils

Regional Interagency Coordinating Councils (RICCs) have been organized throughout the state to assist DESE and the SPOE with the evaluation of the effectiveness of the First Steps system within the region.

RICC membership includes family members of children with disabilities, service providers, community partners, and representatives of programs serving children and families. While RICCs are not required by federal

regulations, Missouri has determined that support in the development of local councils will help ensure collaboration and coordination and strengthen the First Steps system statewide through local leadership and participation.

The RICC, through its diverse membership, will advise the SPOE. They meet quarterly to discuss relevant issues concerning the Regional SPOE operation. These meetings are intended to provide helpful input into the operation of the SPOE in all areas, but primarily in the areas of:

- Child find,
- Provider identification and recruitment, and
- Promotion of First Steps across the SPOE region.

The RICC will work with the SPOE to build child find and provider recruitment systems that are visible and known throughout the SPOE region. The RICC will work with the SPOE to develop and implement a program to provide basic First Steps information and other public awareness activities such as brochures, public service announcements, etc., to a targeted audience (Parents as Teachers, physicians, public health organizations/facilities, child health organizations, hospitals, local school districts, early intervention service providers and other social service and health care agencies as appropriate).

RICC's may share information, issues, concerns and successes relating to early intervention issues, child and provider find through inter-RICC contact, annual meetings, email/web processes, etc. Each RICC will develop by-laws that reflect the rules of operating, including a description of the membership, method of appointment, appointment duration, and functions, duties, rules, structure, and election of officers for the RICC.

Local Interagency Coordinating Councils (LICC) also exist in some regions, and may continue to exist if desired by the LICC to address county level issues associated with early intervention services.

Funding the First Steps System

First Steps early intervention services are supported through the following funding sources:

- 1) Family Participation Fees
- 2) Public and Private Health Insurance
- 3) State funds for First Steps
- 4) Federal IDEA Part C funds (as payer of last resort)

DESE's responsibility as lead agency includes identification and coordination of all available public and private resources, to support the First Steps system. Federal Part C permits states to implement family cost participation mechanisms that would include the use of private insurance and/or sliding fee scales. Missouri legislature has made the decision, with Senate Bill 500, that families contribute a nominal monthly amount in order to participate in the program. Therefore, both family cost participation and mandated private health insurance coverage are utilized to defray the cost of First Steps services.

I. Family Cost Participation

Some families who participate in First Steps are required to make a monthly payment to the First Steps system. This monthly fee is based on the family's income and household size, and is not tied to a particular service or amount of services. A family must have an annual adjusted gross income at or above 200% of the federally established poverty level before the obligation to pay a monthly fee is triggered. A single monthly fee will be calculated for "family participation" in First Steps regardless of the number of children actually receiving services. The fee amount will vary between \$5 and \$100 per month based on a family's adjusted income and the number of family members in the household. Families

eligible and enrolled in MO Health Net (formerly Medicaid) **are not** required to pay this monthly fee.

If a family encounters “financial hardship”, their monthly fee may be reduced. Financial hardship in First Steps is defined as:

- Loss of home
- Loss of job (one or more income earners)
- Extensive medical costs incurred/documented in the current year

II. Private Insurance

Missouri statute 376.1218 requires certain private insurance carriers to provide insurance coverage for occupational therapy, physical therapy, speech and language therapy, and assistive technology in the First Steps system. This coverage of up to \$3,000 per year (\$9,000 over three years) automatically becomes a part of the family’s existing insurance policy unless the family’s insurance policy is specifically exempted from the increased coverage mandates found in the statutes. The family must give written consent to accept or decline access to their private insurance information prior to the initiation of these services. This insurance mandate provides additional revenue to help operate the First Steps system. Co-payments or deductibles associated with these First Steps services will be paid by the First Steps system.

Data Collection, Reporting and Utilization

Missouri’s child data system, known as WebSPOE, records virtually all aspects of the First Steps program at a child level and has system checks to ensure that valid data are entered. This results in reliable data that is available to the state in a timely manner. Data is entered in real-time and can be accessed by the state at any time.

I. Federal Reporting

Each state Part C system must collect and provide data as required by the U.S. Department of Education. In

December 2005, Missouri was required to submit a Part C State Performance Plan (SPP) that evaluates the State's efforts to implement the requirements and purposes of IDEA and describes how the State will improve implementation. The SPP includes:

- a) baseline data that reflect the State's efforts to implement Part C of the IDEA;
- b) measurable and rigorous targets for the next six (6) years for each of the indicators established by the Secretary of Education in the priority areas under section 616(b) of the IDEA; and
- c) activities the State will undertake to improve implementation of Part C.

The State must make its SPP available through public means, including posting on the State lead agency's website, distribution to the media, and distribution through public agencies.

The State also must annually report to OSEP on its performance under the SPP through an Annual Performance Report (APR). This report of the State's progress in meeting its targets is due to OSEP in February of each year.

II. State and Regional Reporting

In addition to the annual reporting of the APR, DESE reports annually to the regional SPOE offices and the SICC on progress/slippage made across the state during the previous year on meeting the state's targets as addressed in the SPP. During these discussions, indicators are examined and evaluated related to the improvement activities described in the SPP. Data are tracked and reviewed periodically during the year to identify current trends that may require immediate technical assistance to individual regions within the state.

The majority of the data collection requirements for the local early intervention systems are incorporated into the CFO and SPOE functions. Routine data summaries that

compare activities across the state are posted monthly by DESE on the First Steps website. This information is commonly used at the state and local level by Area Directors, SPOE Directors, and RICCs to determine trends, training needs, child find targets and for a variety of other program purposes.