

Kansas Department of

# **Social and Rehabilitation Services**

Don Jordan, Acting Secretary

**Interagency Coordinating Committee**

January 5, 2007



**Follow-up  
to SRS  
Proposal  
for Infant  
Toddler  
Services**

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**QUESTIONS FROM THOSE WHO TESTIFIED**

**1. Will you comment on the federal requirement that there be no waiting lists for Part C?**

IDEA requires that there be no waiting list. SRS agrees with this requirement. SRS views Part C as a primary prevention program which can only be effective if children are assessed as quickly as possible after referrals are received with necessary services identified and provided without delay. Birth through three years of age is a critical developmental period for children. Intervention provided during this time period is imperative for maximum development and may prevent the need for additional services at a later date. Waiting lists do not ensure that children will receive services in a timely manner, if at all and do not comply with the SRS vision of prevention focused service delivery.

**2. Can you provide us with any plans to maintain/improve hospital-to-home transitions?**

Ideally, SRS would like to see a Part C Coordinator involved in hospital-to-home transitions for every child identified as needing early intervention services while still in the hospital. SRS does recognize that securing additional funding for Part C services would be necessary for this to occur statewide. SRS would carefully examine how hospital-to-home transitions are occurring across the state at the current time, consult with the State ICC, local networks/ICC's and parents before designing a plan to either maintain or improve/change current practice.

**3. Will transitions at age three years be any different?**

SRS has heard concerns from parents and providers about the difficulty in obtaining Part B services during the summer months in some areas of the state for transitioning children. SRS believes that transition planning should occur for all children with IFSP/IEP's in place that identify specific services needed by children and that these services be available throughout the year unless parents after being fully informed of their rights to access these services, voluntarily decline. SRS is concerned that progress may be hindered or delayed for children if services are not available throughout the summer

months. SRS would consider the possibility of continuing services under the Part C program beyond three years of age to allow seamless transitioning to occur for these children. SRS is aware that additional funding would be required to provide these extended services. Before any changes would be considered, SRS would carefully examine how transitions are occurring across the state at the current time, consult with the State ICC, local networks/ ICC's and parents.

SRS has worked on a similar issue with the KEHS Program as children in that program transition to Head Start at three years of age. Kansas was the first state in the nation to extend eligibility for EHS through four years of age to facilitate transitioning without a lapse of services for families.

**4. How will you maintain/improve data collection from local networks and families?**

SRS would carefully examine how data from local networks and families is currently being collected, consult with the State ICC, local networks/ICC's, parents, and Part C administrative staff who manage data before designing a plan to either maintain or improve/change current practice.

**5. Where would you stand on a sliding scale fee for families?**

SRS would prefer that fees be waived for all families to ensure equal access to services for all children in the same way elementary education is available to all children free of cost.

**6. Under what conditions could you imagine making a proposal to make any changes in Part C eligibility criteria?**

After careful consideration and input from Part C staff, parents and State and local networks/ICC's, SRS might propose changes in Part C eligibility if a currently unserved population of developmentally delayed children was identified, if overlapping of age groups (4 -5 year old children) allowed more seamless transition from Part C to Part B services, especially in areas of the state where Part B services are not accessible during the summer months, or if other situations arose that made it beneficial to children and families to do so. SRS is aware that additional funding would be required to provide these extended services.

SRS has worked on a similar issue with the KEHS Program as children in that program transition to Head Start at three years of age. Kansas was the first state in the nation to extend eligibility for EHS through four years of age to facilitate transitioning without a lapse of services for families.

**7. How would additional funding for services be obtained? For State infrastructure?**  
SRS would use the same two-fold approach for enhancing funding for Part C services and infrastructure as was used for Early Head Start (EHS) and Child Care Assistance funding enhancements. First, the request for additional funding would be made in the form of a budget enhancement request in the SRS budget submitted to the Governor's office. Second, SRS would engage both early childhood stakeholders/advocates and those for persons with disabilities to carry the message to both federal and state legislators. SRS works with several stakeholder groups including, Kansas Works Interagency Coordinating Council, Kansas Action for Children, Kansas Early Education Partners and the Child Care Advisory Committee who have been successful in advocating for enhancements for SRS Programs in the past. SRS would also be receptive and engage in the recommendations and legislative requests made by the State ICC.

**8. What are your experiences and expectations around the State Performance Plan?**  
As a stakeholder and member of the State ICC, SRS staff had the opportunity to review, provide input and participate in the State ICC discussion regarding the current State Performance Plan before it was submitted to OSEP. SRS would continue to use the KDHE developed methods of obtaining broad input from stakeholders and disseminating the SPP to the public. SRS would also continue the work originated by KDHE for #1, 2 and 4-14 of the SPP.

SRS has several years of experience in tracking child outcomes for the KEHS program. Outcomes tracked include social-emotional skills and early language/communication development. In collaboration with Juniper Gardens Children's research project, KU, SRS has developed a method of reporting outcomes that are used by service providers to improve outcomes for children. Juniper Gardens is in the process of crosswalking these Indicators of Individual Growth and Development for Infants and Toddlers (IGDI's) with the OSEP state reporting requirements for Part C. Once completed, these can be used to meet the requirements of State Performance Plan #3 - "Percent of infants and toddlers with IFSPs who demonstrate improved a) positive social-emotional skills, (b) acquisition and use of knowledge and skills, (c) use of appropriate behaviors to meet their needs. SRS already has a contract with Juniper Gardens for use of the IGDI's which would be expanded to include access for *tiny-k* networks.

**9. Describe your agency's interaction with the 36 local *tiny-k* networks now.**  
SRS and Early Head Start (EHS -SRS grantees) staff are currently members of the 36 local *tiny-k* networks. They attend local ICC meetings and participate in *tiny-k* events and activities. In addition, Part C/*tiny-k* providers are currently co-located with EHS Programs and/or Child Care Resource and Referral Agencies (SRS grantees) in several locations in Kansas. The Head Start Collaboration Office housed at SRS sponsors and collaborates with both the State ICC and local *tiny-k* networks to hold an annual parent advocacy training event for Head Start and *tiny-k* parents.

**10. How will you, the new lead agency introduce yourself to families, staff, and collaborative partners of tiny-k Networks? What information do you plan to disseminate with the announcement, starting with families of children eligible for Part C services?**

A change in the lead agency for Part C should not directly affect families of children eligible for Part C services as the transition should be transparent to families. Families would continue receiving services without interruption from the same providers they currently use. Only the funding source would change. SRS questions if many of the families receiving Part C services are currently aware of the lead agency requirement and designation. Their interaction with the program generally focuses on the local provider network.

SRS would handle the service provision to families in the same manner it handles the same situation in other programs. For example, Kansas Early Head Start (KEHS) is also a voluntary service that families access through local Head Start Programs funded primarily through the Office of Head Start. SRS funds some of the Early Head Start slots in these programs and is the lead agency for the KEHS program. Families do not know which funding source pays for their services. While they may be aware that SRS provides some of the funding for their local agency's programs, they do not see themselves as SRS clients, but rather as clients of the local providers. Having SRS as a funding source has not diminished the desire of families to participate in KEHS. KEHS programs currently have waiting lists in locations statewide.

Blending of funds from several funding sources as illustrated in the KEHS example allows local provider agencies the flexibility to maximize resources and service delivery. The practice currently exists in agencies that provide a mix of Part C, Parents As Teachers (PAT), EHS and other services to their communities. A change in lead agency should not interfere with this local practice. As a result, however parents are not usually aware of which lead agency funds their services and in some instances may not understand the differences between the programs serving them. What is most important to families is that their needs are being met by their local providers.

SRS would be the agency receiving responses to parent surveys regarding satisfaction with services provided and would conduct parent focus groups for policy input as is done for other programs. The SRS website would also be updated to include information about the Part C program, so information about lead agency transition would be available to parents and the general public.

SRS would definitely plan to notify local provider networks and stakeholders of a change in Part C lead agency and engage these partners in ongoing program discussions and participation. Since SRS staff statewide currently attend local ICC meetings and

activities, there is already a venue for information sharing and discussion. SRS also has community capacity and collaboration staff in each of the SRS regions to assist in facilitating the transition.

- 11. The Governor was told that upcoming federal changes should be factored into our recommendations. Help us to understand the origin of this concern. (The ICC is pursuing answers directly from the US Department of Education. We invite you to join us if and when a telephone call is arranged.)**

SRS is unaware of the origin of this concern. Given the current federal regulation that allows the Governor to designate the lead agency and the variety of state agencies designated as lead agency for Part C across the nation, SRS does not believe that a change in this federal regulation would occur without significant input from states and legislative debate.

- 12. Would there be any difference in how providers access any potential Medicaid waiver regardless of who is the designated state lead agency? Do you anticipate waiting lists for these waiver services?**

SRS does not anticipate any changes in the way that waiver services are accessed by children regardless of who is the designated state lead agency. Access to waiver services are regulated through an approved federal waiver and access is uniform across the state. Waiting lists for waiver services are controlled through the approved waiver process and policy and procedures. These are not effected by who is the designated state lead agency

## **QUESTIONS GENERATED FROM A REVIEW OF THE LEAD AGENCY REQUIREMENTS IN THE IDEA**

- 1. What is your agency's current support and future plans for supporting:**

- a) **The Make-A-Difference Information Network?**

Since SRS provides many services to children and adults with disabilities, much of the information provided by this network references SRS programs. SRS is one of the partners identified with this network. SRS is committed to providing outreach, information and services to all persons with disabilities, regardless of age so the purpose of this network fits with the SRS mission of improving lives for all. SRS is committed to providing staffing, technological and financial resources for continued maintenance and enhancement for this network.

- a) **Public Awareness?**

SRS plans to house the SICC in the Division of Public and Governmental Services located within the SRS Executive Offices for the purpose of increasing visibility and public awareness for the *tiny k*

program. The Deputy Director over this division is committed to enhancing early childhood programs, including those serving children with disabilities. His intense work with key stakeholders and the state legislature will allow him to assist the SICC lead staff in promoting public awareness for this program.

SRS will also strengthen the public awareness program focusing on early identification of infants and toddlers with disabilities by:

- 1) using the partnership established between KACCRRRA, SRS and KU Medical Center Pediatricians Peacock and Foster to develop an initiative for enhancing outreach to medical providers statewide; work is already being conducted on educating medical providers about the importance of early child development and use of quality child care; this would be expanded to include early intervention services
- 2) training SRS/Economic Employment Support (EES) eligibility determination staff, foster care contractors and Kansas Health Policy Authority (KHPA) Healthwave Clearinghouse staff on early intervention, *tiny k*, referrals, etc. as a large percentage of Kansas families have some type of interaction with these staff members.
- 3) ensuring that child care providers statewide have early intervention training available in their communities, as well as information about *tiny k* services.

**c) Child Find Activities?**

SRS currently participates in child find activities. Children and Family Service (CFS) refers children identified as possible victims of abuse or neglect. EES staff encourage families to have timely Kansas Be Healthy (KBH) screenings completed for all children so early assessment and referral for services needed may occur. EES staff also make direct referrals for potentially eligible children. KEHS programs complete screenings and assessments and make referrals to *tiny-k* as needs are identified. Future plans include consideration of adding questions to the combined application for services to assist in identifying children and including information about *tiny-k* at SRS access points statewide.

**d) The State ICC?**

SRS currently provides funding to the S ICC from EES and Health Care Policy (HCP) funds, as well as contributions from the Head Start Collaboration Office. As lead agency, SRS would locate the SICC in the Public and Governmental Services Division housed in the SRS Executive Offices which would increase

visibility and support for Council's staff and the work they want to accomplish.

**e) A Comprehensive System of Personnel Development?**

SRS currently ensures that KEHS staff are trained on early intervention services available, complete preliminary screenings to identify children appropriate for referral, make referrals to *tiny k* and coordinate services for children receiving *tiny k* services.

SRS will also plan to:

- 1) use the partnership established between KACCRRRA, SRS And KU Medical Center Pediatricians Peacock and Foster to develop an initiative for enhancing outreach to medical providers statewide; work is already being conducted on educating medical providers about the importance of early child development and use of quality child care; this would be expanded to include early intervention services
- 2) train SRS/EES eligibility determination staff, foster care contractors and KHPA HealthWave Clearinghouse staff on early intervention, *tiny k*, referrals, etc. as a large percentage of Kansas families have some type of interaction with these staff members.
- 3) ensure that child care providers statewide have early intervention training available in their communities, as well as information about *tiny k* services; require all SRS providers to attend this training

SRS/ Part C administrative staff will review existing training/technical assistance plans with input from the SICC, KITS and local providers/ICC networks to enhance recruitment, retention and preparation of early intervention providers qualified to provide *tiny k* services.

**f) Training and Technical Support?**

KDHE has identified staff who currently provide these functions. SRS will consult with these program staff members and assign appropriate resources to ensure seamless transition of services. SRS will also evaluate the need for a revised training/technical assistance plan and resources needed. SRS currently provides training and technical assistance to local community groups, statewide programs and providers, so there is considerable staff expertise in this area.

**g) Direct services to families under Part C of IDEA**

SRS currently administers programs that blend funding with *tiny k* programs (KEHS, R&R, etc.) in some local communities. SRS

supports continuing this practice for maximization of resources, to prevent duplication of services and to consolidate case management for families. SRS is not planning any immediate changes to service provision to families. Input and recommendations from Part C parents, the State and local networks/ICC's would be requested before any changes were considered.

SRS understands the challenges facing *tiny-k* networks as a result of the funding shortage for local networks and will rigorously pursue enhanced funding for this program as we have for other early childhood programs and programs for persons with disabilities.

**2. What is your agency's experience with data management systems?**

SRS has extensive experience with data management systems and well established policies and procedures. SRS recently completed a risk assessment process which validated the efficiency of the processes used. The Economic Employment Support (EES) Division where the *tiny-k* program would be housed within SRS has a Support Services Section that maintains data systems for many complex federal programs, responds to data requests in a timely manner and collaborates with program managers on system updates and enhancements needed to ensure efficient program operation.

**3. What is the agency's experience with dispute resolution and/or mediation?**

SRS has experience with dispute resolution and/or mediation by working with various contractors, providers and stakeholder groups. One example is the dispute resolution process that is in place through SRS's contract with the Community Developmental Disability Organizations which outlines a dispute resolution process for consumers of services as well as community providers.

**4. What is the agency's experience in implementing federal regulations?**

SRS has extensive experience in implementing federal regulations. SRS is currently the lead agency for many federal programs including but not limited to, Food Stamps, Temporary Assistance to Needy Families (TANF), Child Care Development Fund (CCDF), Head Start Collaboration Office, Low Income Energy Assistance Program (LIEAP), Social Services Block Grant (SSBG) for foster care, family preservation and adoption services and Child Support (CSE). SRS maintains an extensive website which houses information about programs, program policies and contains links to stakeholder websites. SRS also facilitates numerous stakeholder committees and workgroups to assist with public awareness and policy development. SRS program staff and administrators are active at the national level and are often presenters at national conferences and leaders of specific program associations and workgroups. SRS has been recently recognized by federal agencies for its program enhancements in Food Stamps, TANF, Foster Care and Child Care.

**5. What is your agency's experience in participating in the development of Individual Family Service Plans?**

SRS staff currently participate in development of IFSP's in some regions for the TANF children being served, sometimes as advocates for the families. Contracted providers, Foster Care, Work Programs and Early Head Start staff also participate in the development of IFSP's for children and participate in the coordination of services to meet the plan requirements.

**6. How would the agency ensure that children exposed to family violence and substance abuse be referred to Part C?**

SRS serves many families whose children have been exposed to family violence and substance abuse either directly or through contracted providers.

Families applying for TANF are all screened for domestic violence and substance abuse and referred to programs to assist them with these problems, so these families are identified early in the SRS intake process. Solutions case managers work with families with substance abuse issues. OARS advocates, contracted to SRS through KCSDV work with families experiencing domestic violence or who have had past incidents of domestic violence. Foster care and family preservation contractors work with families whose children are in SRS custody or are in danger of being removed from the home. All of these staff members will receive refresher training on early intervention services and the requirement to refer young children in the families they are serving to *tiny k*.

SRS also sponsors several training and technical assistance initiatives for child abuse and neglect prevention. Additional early intervention and *tiny k* referral information will be added to these programs. Stakeholder groups are convened regularly to discuss early childhood issues. Early intervention and *tiny k* referrals will become a topic of discussion for these groups for input for ongoing improvement. The Kansas Children's Cabinet is working on a statewide child abuse prevention plan. SRS will ensure that early intervention services are a part of this statewide plan.

**7. How would the agency inform parents of their rights, and then ensure that they understand them?**

The state lead agency generally does not provide services directly. Local provider networks are the direct service providers and are responsible to explain parent's rights and ensure that they are understood and questions answered. SRS would ensure that local providers were well trained, materials were available for families to access and acknowledge understanding of their rights, and provide oversight for compliance to be monitored. Program information available online would also contain this information.

**8. How will the proposed changes in lead agency designation impact the personnel and staff who deliver Part C services at the local level?**

SRS does not anticipate any immediate impact to personnel and staff who deliver Part C services as the result of a change in the lead agency designation. Input and recommendations from Part C parents, the State, and local networks/ICC's would be requested before any changes were considered.

**9. Do you anticipate the need for any additional resources to administer this program? If so, where will you obtain these?**

SRS does not see any immediate need for additional resources to administer this program. If this should change, SRS would use established procedures to assess the need and allocate additional resources from existing FTE/funding or request additional resources via a budget enhancement request to the Governor's Office during the annual budget cycle.

**10. Do you expect any changes in the current monitoring process?**

SRS would carefully examine the current monitoring process, consult with the S ICC, local networks/ICC's and parents before designing a plan to either maintain or improve/change the current process.

**11. Describe your knowledge and experience with Early Childhood Outcomes?**

SRS has significant knowledge and experience with Early Childhood Outcomes as a result of administering several early childhood programs. The Kansas Early Head Start (KEHS) Outcomes have been in place for several years and have served as a model to be replicated by other states early childhood programs.

There are four KEHS outcomes:

1. pregnant women and newborns thrive
2. infants and children thrive
3. children live in stable and supported families
4. children enter school ready to learn

Outcomes are tracked for all children in the program. Data collected include percentages of women receiving prenatal care per trimester of pregnancy, birth weights of newborns, education level of partnering child care providers, environmental scale ratings of child care providers, immunization records for enrolled children, parent's employment, school or training participation, assessment of home learning environment, percentages of children reported and substantiated for child abuse and neglect, percentage of children in out of home placement, children's progress in intellectual, social/emotional development and motor skills development and age appropriate language development. Data is reported by programs and compiled at the state level for program reporting purposes.

**12. What is your experience with EDGAR language and reports?**

EDGAR refers to the Education department General Administrative Regulation found in Title 34 Code of federal regulations (CFR) , Parts 74-86 and 97-99. While SRS has not used this section of the CFR, it is very similar to CFR sections that govern other SRS administered programs. SRS has extensive experience with language and reports in other sections of CFR which mirror those in EDGAR.

**QUESTIONS ADDRESSED ON 12/15, BUT MIGHT NEED RE-VISITING**

**1. What are your plans for the current Part C staff?**

SRS would locate five positions within the Economic Employment Support Division section which already houses the other SRS early childhood initiatives (EHS, HS Collaboration Office, Child Care Quality Initiatives) to administer the Part C Program. One position would be linked to the SRS Health Care Policy Division as a liaison to ensure coordination and collaboration between Medicaid funded services for children and Part C services. The two SICC positions would be aligned with the SRS Public and Governmental Services Division so they may continue to function in the manner the ICC intends.

**2. What changes (if any) do you see in current revenue streams? Medicaid? Cat aid? Federal funds? State Appropriations? Private Insurance payments?**

SRS would look to enhance funding streams through its existing expertise in collaborating with the Federal Centers for Medicaid and Medicare Services (CMS) and other federal agencies. Several examples could be given. One is the possibility for a waiver for early intervention for children with autism. SRS could look at the number of kids with an autism diagnosis who are served by Part C and use the State General Fund and Children Initiatives Fund to draw down additional federal funding. This would help free up funds to serve children with other disabilities. The issue of categorical aid is defined by statute. If requested, SRS would review the operational and practical use of this funding in the same manner that we would review other concerns that were brought to our attention. SRS believes strongly in being responsible stewards of public dollars and will work for accountability while ensuring that resources are available to serve every child at adequate levels in the Part C Program.

**3. Discuss the other early childhood and disability related programs in your agency?**

SRS has several early childhood and disability related programs. SRS is the lead agency for the Child Care Development Fund which funds the Child Care Assistance Program and provides funding to other early childhood programs. Child Care Assistance provides a subsidy to eligible families needing child care with enhanced rates for children with special needs.

SRS funds the fifteen Child Care Resource and Referral Agencies through a contract with

the Kansas Association of Child Care Resource and Referral Agencies (KACCRRRA). These agencies provide assistance to families in locating child care for their children and information about early education and quality care. They also provide extensive training and technical assistance to child care providers, both to meet licensing requirements and to enhance professional development. SRS provides funding and infrastructure for the T.E.A.C.H. scholarship program for child care providers, the Early Childhood Associate Apprenticeship program which offers 400 hours of on-the-job-training, 20 college level courses and a CDA for child care providers. SRS funds the Infant-Toddler project which houses infant toddler specialists at all fifteen resource and referral agencies to provide extensive technical assistance to child care providers caring for children birth through age three. The Infant-Toddler Project also has an ongoing initiative with two pediatricians at KU Medical center which SRS funds. The initiative is designed to engage the medical community statewide in understanding child development and the need for quality child care. SRS uses CCDF dollars to assist in funding Child Care Licensing via a transfer of funds to KDHE. As a part of this interest in ensuring high quality licensing services, SRS paid for translation of licensing documents into Spanish for access by Spanish speaking providers as SRS has a translation contract and a staff member devoted to researching language needs and ensuring services are available to non-English speaking populations.

CCDF and state general funds are used for fourteen Kansas Early Head Start Programs (KEHS) serving 1017 pregnant women and children ages, 0-4 with comprehensive social services, home visitation, parent education, child development activities, health and mental health screening and services, child development assessment and referral services and child care. A minimum of 10% of these children are children with disabilities. KEHS programs collaborate with tiny-k to ensure maximization of resources and collaborative case management.

The Head Start Collaboration Office sponsors many early childhood initiatives. Current projects include Parent Advocacy Training in collaboration with the SICC, the Parent Health Institute designed to assist parents in understanding childhood illnesses and how to treat them, thereby reducing unnecessary emergency room visits, and training Foster Care Contractors on use of a Social Emotional Screening Tool for young children.

KSDE and SRS jointly facilitated work on the Kansas Early Learning Guidelines which will soon be published. These were designed to be used by adults who care for children ages birth through five years of age, including children with disabilities.

- 4. Do you anticipate any changes in the relationship between the state lead agency and the 36 local *tiny-k* networks? Will local communities still have the right and responsibility to determine their boundaries, select a local lead agency, and determine the method of providing services (all within the parameters of the law?)**

SRS does not anticipate any immediate changes in the relationship between the state lead agency and the 36 local *tiny-k* networks. Input and recommendations from Part C parents, the State and local networks/ICC's would be requested before any changes were considered.

**5. How will you work to engage the other state-level partners in a meaningful collaboration?**

SRS has a long history of collaboration with the other state-level partners and already works with KDHE, KSDE and other state agencies on many projects and initiatives. Discussions and involvement of state-level partners will continue regarding Part C/*tiny-k* regardless of which agency is designated as lead agency for Part C. SRS will remain committed to collaboration with state agency partners.