

Kansas Department of

Social and Rehabilitation Services

Gary Daniels, Secretary

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**SRS Proposal for Infant Toddler Services
Part C of IDEA Lead Agency Status**

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Interagency Coordinating Committee
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SRS Proposal for Infant Toddler Services - Part C of IDEA Lead Agency Status

STATEMENT OF INTENT

SRS is a human services agency with a consumer focused philosophy that provides delivery of high quality services for children and families using a family-centered model. The SRS family preservation and family support, Early Head Start (EHS), child care assistance and quality initiatives and programs for children with disabilities are family oriented and strive to provide coordinated services at both state and local levels. SRS administers several early childhood programs serving children with a wide range of disabilities. As a result, SRS staff have established expertise regarding children with disabilities. Many of the children who are served by SRS programs also receive Infant Toddler Services. Locating Infant Toddler Services, *tiny-K*, within SRS would capitalize on this expertise, allow maximization of resources, clarify service provision between Medicaid and Part C, enhance coordination and prevent duplication of services across programs.

The Infant Toddler Program provides services that focus on needs outside of education. The program provides services year round to families by assisting them in learning how to care for their child with special needs. Comprehensive services include family training, counseling, service coordination, social work services, transportation and home visits. This method of providing services follows the SRS philosophy of family centered services.

The Infant Toddler Program is based on a strong working relationship with the local networks. SRS does not see the relationship with the local networks changing . SRS has a strong local presence in communities across the state. A key thrust of our local service centers has involved community capacity building. More actively engaging communities and key stakeholders bridges the unique services provided by multiple organizations. SRS's leadership with current local Infant Toddler network will add to this community capacity building effort.

SRS is very committed to enhancing, expanding and enriching services for children with disabilities. This includes a commitment to work with our federal congressional delegation to ensure the program's re-authorization in the future. We assure our stakeholders that they will be informed regarding re-authorization activities as well as changes that may occur as a result of re-authorization. Equally important is their partnership in building consensus about preferred futures and our shared effort can help to influence congressional action about this program as we have done with other federal programs.

Over 80 percent of states locate the Part C Services Network within either Health or Human Services agencies. And the current federal rules allow the Governor to designate the lead agency. But, no matter where the program resides we are committed to seamless services for the consumers.

For SFY 2008, SRS has requested a budget enhancement to develop a program that will meet the needs of children with autism and autism spectrum disorders. We view this as a first step in the development of a program to address the needs of children and their families related to early intervention services. Early intervention has been proven to decrease the individual's need for services later in life, thereby allowing them greater independence which leads to becoming a self-sufficient adult.

Over the past two years, SRS has gained additional state funding for the Early Head Start and Child Care Assistance Programs, as well as the home and community based services programs that serve children as the result of successful collaboration with stakeholder and advocacy groups. At the local level, co-location of programs such as EHS, Infant Toddler Services, child care resource and referral already exists which creates a common stakeholder group with established partnerships that may be used to promote visibility and funding.

SRS understands the challenges facing Infant Toddler Services as a result of the funding shortage for local networks and will rigorously pursue enhanced funding for this program as it has for other SRS early childhood and prevention programs. As a champion of prevention strategies, SRS promotes providing optimum services, like the Infant Toddler Services, at an early age to reduce dependency later in life.

TRANSITION PLAN

The most important aspect of the initial transition would be to insure continuity of services. In this respect, the transfer of the program should be transparent to both the children and families served and the providers who provide those vital services as well as transition from Part C to Part B services. In addition, the program will still retain its identity as the Infant Toddler Services Network, *tiny-K*. The transition plan would be two-fold.

First, it would concentrate on transfer without disruption of services to children and their families, provider payments, technical assistance, data collection and monitoring of performance. In addition, the coordination and cooperation with the local Network and Department of Education (KSDE) would continue. This would encompass the current state fiscal year.

Second, the focus would shift to enhancing program services and coordination as well as maximization of funding streams and potential federal match and exploring additional funding sources. Input from stakeholders, providers, consumers and partner agencies

like KDHE and KSDE would be obtained in order to implement the desired changes in concert with the start of the next state fiscal year.

Preliminary aspects of these transition phases are outlined by state fiscal year below.

SFY 2007 TRANSITION PLANNING

Staff Relocation

We value the staff who currently support *tiny-K* and will continue to use their skills and expertise to further enhance the program.

- Co-locate eight KDHE people or positions in SRS (since actual FTE transfer must be done through appropriations process or by Finance Council in the current year)
- Connect five people or positions with our Economic and Employment Support Division and the other early childhood programs (EHS, Head Start Collaboration, Child Care Resource & Referral grants, Infant Toddler Project grant, child care provider professional development grants, etc.) to administer the Part C Program.
- Link one person or position to our Health Care Policy Division as a liaison to ensure coordination and collaboration between Medicaid funded services for children with disabilities and Part C services.
- Align two ICC people or positions (lead and support) with our Public and Governmental Services Division so they may continue to function in the manner the council intends.
- Ready the designated space within those areas immediately so the necessary equipment and information technology services would be functional when they moved into the new location.

Operations

- Establish an MOU with KDHE to address the following aspects:
 - Reason the program is being transferred and authority for the transfer;
 - Mutual cooperation between KDHE and SRS in performing duties;
 - Continued cooperation with KSDE for transition to Part B;
 - Transfer of staff and responsibilities, how evaluations will be done and how payroll will be handled for those staff;
 - Transfer of equipment coming with staff;
 - Records location and records storage for files related to this program;
 - Access to data systems used by transferring staff;
 - Technical support issues for data systems related to this program;
 - Budget issues for remainder of current fiscal year;

- KDHE will have responsibility for current contracts and provider agreements associated with this program;
 - KDHE is responsible for payment under those contracts and agreements for the remainder of current fiscal year;
 - Amendments to contracts and/or provider agreements for this program must be approved by SRS;
 - Confidentiality issues and how information, including Personal Health Information (PHI) is to be shared between agencies; and
 - Technical assistance needs in preparation of any Request for Proposals (RFP) related to this program.
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- Maintain budget, expenditures and federal claiming within KDHE (since budget can only be transferred through appropriations process or Finance Council in the current year).

Program Planning, Integration and Coordination

- Communicate *tiny-K* priorities, goals and objectives in SRS/EES strategic, prevention and business plans to convey importance and future vision.
- Provide coordinated services for children with disabilities. SRS handles a large portion of these services and will maximize resources including:
 - Early Head Start (EHS);
 - Specialized programs for children with disabilities;
 - Child care resource and referral (CCR&R); and
 - Child care for children with special needs.
- Include Part C in discussions at advocacy and stakeholder's meetings to highlight needs and champion services as a priority:
 - Child Care Advisory Committee;
 - Community Developmental Disability Organizations (CDDO) and Community Mental Health Centers (CMHC);
 - Community Service Providers, Governor's Council on Autism;
 - Kansas Works Interagency Coordinating Committee;
 - Head Start Advisory Council; and
 - Early Head Start Directors Workgroup.
- Include Part C staff and Health Care Policy liaison in work on early intervention programs that would include autism and autism spectrum disorders either through a Medicaid waiver effective SFY 2008 or other available funding streams.
- Explore using SGF and CIF dollars received by SRS through Part C to increase federal match and draw down additional federal funds with the use of existing

medicaid expertise at SRS and our continued partnership with the Kansas Health Policy Authority.

SFY 2008 TRANSITION IMPLEMENTATION

Operations

- Designate SRS as Part C lead agency in statute and state plan
- Transfer eight KDHE positions to SRS in appropriations bill with staff located as described above
- Transfer budget to SRS in appropriations bill
- Complete MOU's with state agencies such as KSDE that contribute to ICC

Program Planning, Enhancement , Integration and Coordination

- Utilize the voice and expertise of ICC in the Public and Governmental Services Division to provide valuable public policy guidance and advice for programs relating to children with disabilities and their families.
- Include Part C staff as members of and planners for the stakeholder and advocacy groups SRS convenes to work on children's issues to assist with visibility and advocacy for the Part C program (as SRS is aware of the need for increased funding this program has). These groups include:
 - Child Care Advisory Committee
 - CDDO's and CMHC's
 - Community Service Providers, governor's Council on Autism
 - Kansas Works Interagency Coordinating Committee
 - Head Start Advisory Council
 - Early Head Start Directors Workgroup
- Prioritize ICC and Part C program goals, objectives, state plan and performance reporting in our SRS strategic planning and prevention initiative to state the following:
 - promote the goals identified by the ICC and local networks; and
 - champion Part C as a true prevention program.
- Build on the specific autism waiver to continue to develop and implement a broader early intervention waiver (0-5) for services delivered in out years, possibly as soon as SFY 2009.
- Explore other service needs identified by parents and other stakeholders to enhance services in future.

CONCLUSION

SRS desires to enhance, expand and enrich services to the children who are in need and their families where possible. SRS is enthusiastically committed to making Kansas the best state in the country to raise a child. Our presence in the lives of children with disabilities and their families' lives as well, throughout their lives, make us a natural fit for this valuable program.