

1. I am a private contractor - can I join EIPA?

Yes! As long as you contract directly with the county to provide EI services.

OR

If you contract with an Early Intervention provider agency, encourage them to join EIPA, then you can participate in Regional meetings, receive information through the EIPA Listserv, attend the Annual Retreat, and be an active participant & leader in the initiatives we prioritize each year.

2. I work for service coordination entity. I have civil service status and am a county employee. Can I join EIPA?

EIPA membership is open to providers who hold contracts with counties for service delivery. Individuals and agencies providing Service Coordination are not eligible for EIPA Membership. However, we encourage service coordinators to get in touch with EIPA members in their county//counties to share and present information about initiatives and projects that are underway.

3. Where can I get more info on the retreat?

If you or the agency with whom you work/contract, is a member of EIPA, you can register to attend the annual retreat. The 2024 Annual Retreat will be held at The Graduate in State College on April 17-18. Registration information will be forthcoming. Please check the EIPA Facebook page and website for more information.

4. Where's the biggest bang for my buck from a time/investment perspective to get involved?

Join EIPA! Use the #IAmEarlyIntervention hashtag to raise awareness. Get involved in your local LICC to play a part in more child-find activities.

5. What are ways we can do to increase child find? Many parents are reporting they tried to discuss concerns with their pediatricians but have been told not to worry, to wait and see, etc. They are frustrated that EI is recommended late as a last resort and they have missed out on months to years of support.

Pediatricians and primary care practices are a significant referral source for EI. However, we must do a better job with outreach and education for this audience (see #15 & #16). Additionally, it's an "old school" answer, but we also need to engage in grassroots community outreach - in early childhood education settings, places of worship, community centers, libraries. This can be done through LICC activities, in collaboration with other child/family serving provider agencies, with planning & help with execution from counties and SC offices, and at the EI provider level. As providers, we're out in the community a lot, visiting families, having sessions, and intersecting with other providers/programs. Let's leverage this!

6. You mentioned offering screenings at local libraries and day cares. Do we need to receive permission from our county? Is there a specific screening that would be used?

Definitely communicate with your county leadership. Offer to partner with them. The Battelle Screener or the Ages and Stages Questionnaires can be good options because they are easy to share, explain, and administer. Screening activities/events are also good opportunities for family engagement.

7. Are all pediatricians fully aware of EI and how to refer parents? If not, what can we do locally to get the information out?

We need to do a better job with pediatricians and primary care practices. EIPA is planning another webinar specifically for this audience. Additionally, we would also like to explore ways to do more localized outreach so that families who rely primarily on pediatricians for knowledge about developmental concerns, can be confident that their doctors are as well informed as possible about the services in EI, how to access them, and what a benefit EI can be to families and young children.

8. Question/Feedback: We are also experiencing a shortage of Service coordinators and are desperately trying to provide quality care to over 100 families on each caseload. It is a crisis situation that is reality in Delaware County

We are hearing this across multiple counties. The workforce crisis is impacting virtually every sector in our economy. What we don't want to see happen, though, is that child find and outreach efforts slow down or stop. Families need us and the services we provide. We need to tackle both issues - workforce and child find - simultaneously.

9. If there is an increase in the number of families served through EI how will this campaign address the lack of enough therapists to support the increase?

The number of children served in Early Intervention annually has grown every year (with the exception of 2020). (Visit the SICC page of the pattan.net site to review Pennsylvania's Annual Reports showing this growth year over year). Even though we see this growth annually across the state, national data indicate that only a fraction of the children who are eligible for EI, actually receive services. The campaign has many goals, one of which is to promote EI across the state so that every family who may need EI, knows what it is and how to access it. Another goal of the campaign is to promote EI as a professional field in which teachers and licensed therapists can work. Too often we hear from early childhood professionals that they did not learn about the EI sector during their training and/or graduate programs. We are working on a professionally-focused aspect to the campaign to build capacity of future graduates, young professionals, and others who may be interested in Early Intervention but have no or limited familiarity with our sector.

10. Are there plans to develop an internal EMR type system that all providers can access- and then partners can access (ie like a patient portal) for continuity of care and ensuring that quality services are consistently provided no matter where in the state the child ends up?

There are no plans currently, but this would be a great idea! Pennsylvania will be rolling out the Enterprise Case Management System in the next couple of years, which will have more functionality than the current HCSIS system.

11. Can you explain more about why getting families enrolled in MA helps the EI system?

Federal funding of Part C Early Intervention is allocated to PA as a supplement to, not a replacement for, state funding. Pennsylvania, like most states, accesses a variety of funding streams beyond the federal Part C allocation. Accessing more funding streams allows our state to serve more children, reducing the financial burden for the Department of Human Services. The Federal allocation has declined over the years and, as a result, state funding is increasingly relied upon to deliver services. Pennsylvania does not supplement its budget by billing families' private insurance or collecting family co-pays/fees. For most states, one of the most important funding sources for EI services is Medicaid. Pennsylvania is no exception. States vary in the extent to which they take advantage of Medicaid funding to supplement their Early Intervention budgeting; but research shows us that states that have fostered closer partnerships between their Medicaid agencies and Part C programs have been able to maximize federal Medicaid matching dollars and increase the number of children they serve.

12. Families are confused about CHIP vs MA. Is there an easy resource to share?

Yes! Please see the attached. This information is also posted on the EIPA Facebook page and EIPA website

13. Some service coordinators tell parents that must apply for MA in order to receive their services.

Families are not required to apply for MA in order to receive services. But, MA is an important funding source for the Early Intervention SYSTEM. MA also benefits families by providing them with access to additional coverage and benefits for their child/children who are enrolled.

14. Is there a particular timeframe that the EI campaign will be taking place?

The kick-off is underway! More information will be shared throughout the Spring. Please visit the EIPA Facebook page and website. There will also be information & activities about the campaign shared at the EIPA Annual Retreat.

15. As an EI Evaluator, I feel like I complete evaluations with a wide array of children of all races, ethnicities and socioeconomic levels. Am I not paying enough attention or has there been improvement recently in outreach that I'm seeing now?

If we understand your question correctly, you're asking if there has been an improvement in outreach to and referrals for children/families who have historically been underrepresented in Early Intervention. Anecdotally, different counties and partnerships within counties (LICCs, collaborations with ELCRs, etc.) have embarked on initiatives aimed at improving equitable access to EI. These local initiatives are important because as we know, there are unique needs and solutions that must be addressed in a hyper-local way. From a larger perspective, we're looking at continued efforts statewide to make sure that under-represented families whose needs tend to be more complex, are also reached, planned for, and sustained.

16. Why are they conducting the data collection for funding now? I have been doing early intervention for 13+ years and they have not completed one that I am aware of

This is the first time in years that the state is conducting a full-blown rate study. The funding structure changed to state-set rates about 14 years ago. Prior to that, agencies negotiated rates with their counties based on cost reports.

17. One of the agencies that I work through as an independent contractor has not increase the hourly rate that I receive for nearly two decades, even if Medicaid does get involved, will therapists benefit from the increase of funding?

There is not a one-size-fits-all or even a one-size-fits-most answer here. Early Intervention provider agencies are configured in numerous ways, from the small business model where the owner is also a therapist and the billing department to large non-profit organizations to mid-sized for-profit LLCs, and everything in between. Many of these agencies, regardless of their size, configuration, or operational footprint, have been operating at a deficit for years, so even when there has been an increase within the state budget, it may not have been possible to pass it on to the workforce. The goal of better leveraging Medicaid funding will be to improve rates but also to free up state resources that are dedicated to serving more children & reallocate those funds to other priority areas within the field (consistent use of interpretation/translation services across the Commonwealth, time for collaboration with Early Childhood Education partners to better support inclusive practices, and other activities/tasks that are not currently supported by the rates/reimbursement model).

18. This may be off agenda here- since it is more related to part B. But related to IECMH, I see a large gap when it comes to children who are turning age 3 and do not qualify for part B services if their needs are not related to an 'educational'

need. Is any work being done to work with Part B when it comes to social-emotional / mental health needs or preschool age kids?

Early Learning PA (ELPA) is hoping to focus on Part B in the future. It is on the priority list because we know Part B struggles with many of the same (or similar) issues with which Part C struggles. This is a good example as we also see a gap for children under 3 years old who do not qualify for Part C services but who still struggle with social-emotional & behavioral needs at home and in their Early Childhood Education programs.