COMMONWEALTH of VIRGINIA

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June 3, 2025

To: The Honorable Janet Howell, Co-Chair, Senate Finance and Appropriations Committee
The Honorable George Barker, Co-Chair, Senate Finance and Appropriations
The Honorable Berry Knight, Chair, House Appropriations Committee

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

Re: Item 313 H.2, 2022 Special Session I Appropriations Act

Item 313 H.2 of the 2022 Special Session I, Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to report on the Virginia Part C Early Intervention System. The language reads:

> 2. By *November 15 of each year, the department shall report to the Chairmen of the House Appropriations and Senate Finance Committees on the (a) total revenues used to support Part C services, (b) total expenses for all Part C services, (c) total number of infants, toddlers and families served using all Part C revenues, and (d) services provided to those infants, toddlers, and families.*

Please find enclosed the report in accordance with Item 313 H.2 DBHDS staff are available should you wish to discuss this request.

CC: Janet V. Kelly , Secretary of Health and Human Resources

DBHDS
Virginia Department of Behavioral Health and Developmental Services

Fiscal Year 2023
Virginia's Part C Early Intervention System Report

(Item 313 H.2. of the 2022 Appropriation Act)

November 15, 2023

DBHDS Vision: A Life of Possibilities for All Virginians

Preface

Item 313 H.2. of the 2022 Appropriation Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to report annually on the Virginia Part C Early Intervention System on November 15th of each year. The language reads:

> *2. By November 15 of each year, the department shall report to the Chairmen of the House Appropriations and Senate Finance Committees on the (a) total revenues used to support Part C services, (b) total expenses for all Part C services, (c) total number of infants, toddlers and families served using all Part C revenues, and (d) services provided to those infants, toddlers, and families.*

Item 313 H.2 Virginia's Part C Early Intervention Report

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Introduction

Congress enacted early intervention legislation in 1986 as an amendment to the Education of Handicapped Children's Act (1975) to ensure that all children with disabilities from birth to the age of three would receive appropriate early intervention services. This amendment formed Part H of the Act, which was re-authorized in 1991 and renamed the Individuals with Disabilities Education Act (IDEA). When the IDEA was re-authorized in 1998, Part H became Part C of the Act. IDEA was reauthorized most recently in December 2004. Virginia has participated in the federal early intervention program, under IDEA, since its inception.

In 1992, the Virginia General Assembly passed legislation that codified an infrastructure for the early intervention system that supports shared responsibility for the development and implementation of the system among various agencies at the state and local levels. The Department of Behavioral Health and Developmental Services (DBHDS) was designated and continues to serve as the State Lead Agency (SLA). The broad parameters for the Part C system are established at the state level to ensure implementation of federal Part C regulations. Within the context of these broad parameters, 40 local lead agencies (LLAs) manage services across Virginia.

In 2012, the General Assembly appropriated the state funds necessary to increase the Medicaid reimbursement rate for early intervention targeted case management from $120 per month to $132 per month for state fiscal year (SFY) 2013, beginning July 1, 2012. To address a looming $8.5 million deficit in funding for early intervention due to significant increases in the number of children served and static federal funding, the General Assembly provided critical support for Virginia's early intervention system in 2013 by allocating an additional $2.3 million in state general fund dollars for early intervention in SFY 2013 and another $6 million for SFY 2014.

In recognition of continued growth, annual increases have been allocated since SFY 2015, and the General Assembly allocated a total of just over $23.6 million for SFY 2022. An additional increase of $2.9 million was approved for SFY 2023 and maintained for SFY 2024.

In SFY 2023 reported expenses for the Part C early intervention system exceeded reported revenue. Looking ahead, significant revenue growth will be essential as indicated by the following trend

- Child count numbers have not only fully rebounded from the COVID-19 pandemic but also are increasing sharply beyond pre-COVID numbers. The one-day child count grew by over 10.4% between June 1, 2022, and June 1, 2023.

- The State budget for SFY 2024 includes a 12.5% Medicaid rate increase beginning January 1, 2024 for early intervention services other than service coordination. Although very helpful, this rate increase still does not cover the full cost of providing services nor does it completely close the gap in overall funding for early intervention. In addition to impacting the need for additional funds, the discrepancy in cost versus reimbursement is contributing to provider shortages.

- Local systems spent over $2.6 million of one-time funds from the American Rescue Plan Act (ARPA) for direct services in FY 2023 to address the continued increases in child count and service delivery costs. These funds end on September 30, 2023.

- Impacts of personnel shortages, which were lessened during the height of the pandemic, have become evident again and are impacting infants, toddlers, and their families. In SFY 2023, fourteen (14) LLAs were found to be out of compliance with federally mandated timelines because they lack the providers necessary to serve the number of children being referred and found eligible for early intervention services.

To the maximum extent possible, the following narrative, charts and other graphics respond to the legislative requirements as delineated in Item 313 H.2. The following data is based on revenue and expenditure reports received from the forty LLAs and includes data from private providers with whom the LLAs contract.

Total Revenues Used to Support Part C Services in SFY 2023

The table below describes the total revenue to support Part C Early Intervention Services in SFY 2023.

Revenue Source	SFY 2023 Revenue
Medicaid, Including Targeted Case Management	$30,366,309
State Part C Funds	$26,011,740
Local Funds	$13,916,575
Federal Part C Funds	$8,763,524
Private Insurance and TRICARE	$5,233,805
Family Fees	$1,901,351

In-Kind	$763,101
Other State General Funds	$424,556
Grants/Gifts/Donations	$36,820
Other	$2,157,902
Total	**$89,575,684**

Part C Funding Allocated by DBHDS to Each LLA[1] for SFY 2023

The following table presents the federal and state Part C funding allocated by DBHDS to the forty LLAs for SFY 2023

Infant & Toddler Connection of:	State Allocation	Federal Allocation
Alexandria	$501,461	$169,909
Alleghany-Highland	$64,425	$35,951
Arlington County	$639,233	$214,298
Augusta-Highland	$194,124	$74,462
Blue Ridge	$739,559	$241,199
Central Virginia	$818,893	$259,370
Chesapeake	$1,070,271	$345,761
Chesterfield	$1,267,442	$402,047
Crater District	$267,198	$94,668
Cumberland Mountain	$154,212	$60,385
Danville-Pittsylvania	$207,045	$77,315
DILENOWISCO	$175,336	$66,851
Eastern Shore	$115,008	$50,231

[1] See Appendix A for a listing of the counties and cities included in each local system.

Fairfax-Falls Church	$4,870,949	$1,520,010
Goochland-Powhatan	$150,951	$63,667
Hampton-Newport News	$744,101	$241,172
Hanover County	$413,217	$144,201
Harrisonburg-Rockingham	$450,171	$151,704
Heartland	$249,469	$89,513
Henrico, Charles City, New Kent	$988,815	$315,818
Highlands	$161,798	$63,136
Loudoun County	$1,754,186	$560,810
Middle Peninsula-Northern Neck	$424,019	$142,139
Mount Rogers	$194,959	$69,264
New River Valley	$471,471	$157,437
Norfolk	$882,400	$283,360
Piedmont	$181,862	$67,145
Portsmouth	$380,801	$129,813
Prince William, Manassas, Manassas Park	$1,344,263	$422,097
Rappahannock Area	$1,252,889	$397,407
Rappahannock-Rapidan	$293,968	$105,095
Richmond	$637,552	$204,121
Roanoke Valley	$469,794	$154,118
Rockbridge Area	$179,395	$70,555
Shenandoah Valley	$601,919	$194,545
Southside	$240,075	$85,708

Staunton-Waynesboro	$172,779	$67,199
Virginia Beach	$1,409,976	$447,207
Western Tidewater	$569,727	$187,813
Williamsburg, James City, York	$850,740	$281,285
TOTAL	**$26,556,453**	**$8,708,786**

Total Expenses for All Part C Services in SFY 2023

The table below presents the total expenditures for Part C early intervention services in SFY 2023.

Service	SFY 2023 Expenditures
Assessment for Service Planning	$5,278,530
Assistive Technology Devices	$21,931
Audiology	$5,839
Counseling	$86,303
Developmental Services	$5,049,931
Evaluation for Eligibility Determination	$2,140,290
Health	$151,381
Nursing	$4,000
Nutrition	$991
Occupational Therapy	$4,524,031
Physical Therapy	$4,993,710
Psychology	$0
Service Coordination	$23,666,486
Social Work	$332,038
Speech Language Pathology	$9,266,867
Transportation	$27,545
Vision	$102,210
Other Entitled Part C Services	$590,851
EI Services by Private Providers*	$20,757,016
TOTAL Direct Services**	**$76,999,951**

* The local expenditure reporting forms were revised in SFY2013 to eliminate duplicate reporting of expenses paid with Part C funds. It was not possible to eliminate the duplication by service category, so private provider expenses for all early intervention services are reported as a lump sum.

** The local lead agencies reported an additional $12,609,817 of expenses related to the system components (administration, system management, data collection and training) that are critical to implementation of direct services. **Therefore, total expenses are $89,609,768**.

Total Number of Infants, Toddlers and Families Served in SFY 2023

The table below shows the total number of infants and toddlers evaluated annually since 2004 and delineates between those who were found eligible and entered services as opposed to those who did not enter services.

Year	Total Number Served: Eligible and Entered Services	Total Number Evaluated Who Did Not Enter Services*
December 2, 2003 – December 1, 2004	8,540	0
December 2, 2004 – December 1, 2005	9,209	0
SFY2007 (July 1, 2006 – June 30, 2007)	10,330	0
SFY2008 (July 1, 2007 – June 30, 2008)	11,351	1,760
SFY2009 (July 1, 2008 – June 30, 2009)	11,766	1,671
SFY2010 (July 1, 2009 – June 30, 2010)	12,234	1,494
SFY2011 (July 1, 2010 – June 30, 2011)	14,069	1,829
SFY2012 (July 1, 2011 – June 30, 2012)	15,676	1,797
SFY2013 (July 1, 2012 – June 30, 2013)	15,523	1,745
SFY2014 (July 1, 2013 – June 30, 2014)	16,272	1,720
SFY2015 (July 1, 2014 – June 30, 2015)	17,022	1,815
SFY2016 (July 1, 2015 – June 30, 2016)	17,839	1,976
SFY2017 (July 1, 2016 – June 30, 2017)	19,085	2,078
SFY2018 (July 1, 2017 – June 30, 2018)	20,202	2,150
SFY2019 (July 1, 2018 – June 30, 2019)	21,061	2,186
SFY2020 (July 1, 2019 – June 30, 2020)	20,178	2,419
SFY2021 (July 1, 2020 – June 30, 2021)	20,182	2,057
SFY2022 (July 1, 2021 – June 16, 2022)**	21,048	--
SFY2023 (July 1, 2022 – June 30, 2023)	23,139	2,282

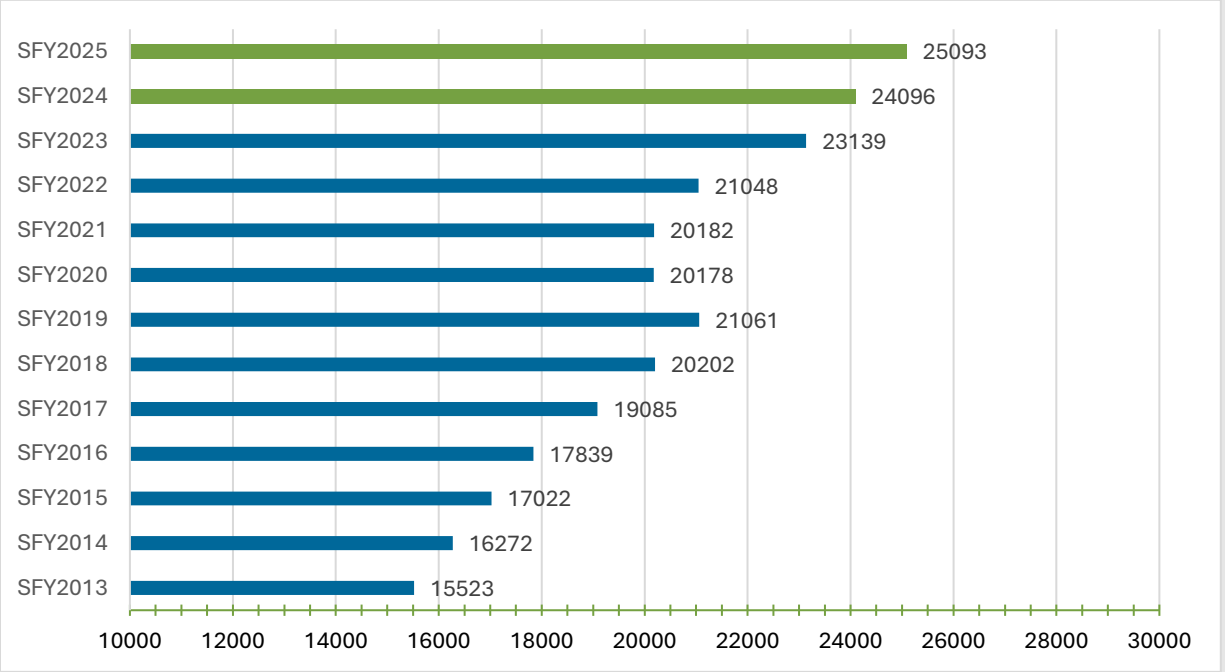
* These children received a multidisciplinary team evaluation to determine eligibility and, in some cases, an assessment for service planning, but did not enter services because they were either found ineligible for Part C, declined Part C early intervention services, or were lost to contact. Since evaluation and assessment, by federal law, must be provided at no cost to families, neither private insurance nor families can be billed for these services. Unless the child has Medicaid or TRICARE, federal and state Part C funds are generally used to pay for evaluation and assessment.

** On June 17, 2022, DBHDS archived the existing statewide early intervention data system (ITOTS). A new data system, TRAC-IT, launched on June 27, 2022. Since efforts to catch up

and clean up data entry in the new data system were still underway at the time, DBHDS reported the total number of children served based on archived data from ITOTS. For SFY 2022, DBHDS was unable to report on the total number evaluated who did not enter services, since the necessary report had not yet been launched for the new data system.

Using the total number of children served each year (annual child count), the chart below trends the projected number of eligible children to be served through SFY 2025.

Number of Infants, Toddlers and Families Served: Projected SFY 2024 and SFY 2025



Services Provided to Eligible Infants, Toddlers and Families in SFY 2023

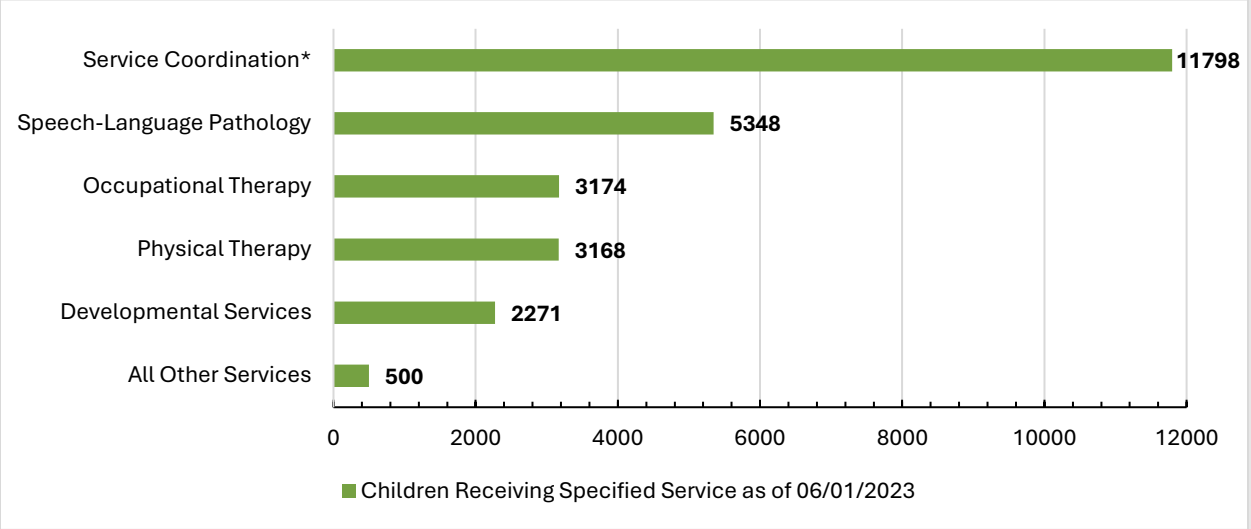
The table and chart below spotlight the types of services provided to eligible infants and toddlers, and the total number of children receiving each service as of June 1, 2023. Virginia's new statewide data system, TRAC-IT, allows reporting of services listed on each child's most current Individualized Family Service Plan (IFSP).

Total Number of Children Receiving Each Part C EI Service as of June 1, 2023

Early Intervention Service	Found on # IFSPs
Service Coordination*	11798
Speech-Language Pathology	5348
Occupational Therapy	3174
Physical Therapy	3168
Developmental Services	2271
Assistive Technology Services	184
Signed and Cued Language Services	97
Audiology	80
Social Work Services	66
Psychology Services	38
Vision Services	28
Counseling	4
Nursing Services	3
Health Services	0
Medical Services	0
Nutrition Services	0
Transportation	0

** All Part C eligible children and families receive service coordination.*

Most Frequently Planned EI Services



** All eligible children and families receive Part C service coordination.*

Data Limitations

On June 27, 2022, DBHDS introduced a new statewide early intervention data system, Tracking, Reporting and Coordinating for Infants and Toddlers (TRAC-IT). TRAC-IT replaced the Infant and Toddler Online Tracking System (ITOTS), the previous data system which was developed and implemented in 2001 primarily to meet annual federal reporting requirements related to child count data.

Full implementation of TRAC-IT began on December 11, 2023. A limited number of data fields were required in TRAC-IT prior to that date, and the system only allowed reporting of the planned services for each eligible child based on their most current service plan. Following the December 11, 2023 full implementation, TRAC-IT also provides data on how planned services change during the child's enrollment, on delivered services and on payment sources for those services.

DBHDS relies on a paper process for collecting and reporting data on the expenses associated with providing services and the revenue sources that are accessed in providing services until TRAC-IT can be enhanced to collect billing data. LLAs and private providers each maintain separate billing and accounting systems, so it is difficult to reliably ensure non-duplication of reporting of expenses and revenues. DBHDS provides written instructions, training and technical assistance to support accurate reporting, and expenditure and revenue reports are reviewed by DBHDS staff for internal consistency.

Overall Fiscal Climate for Part C for SFY 2024 and Beyond

Reported expenses for Part C early intervention services and the critical system components that support implementation of direct services exceeded reported revenue for FY 2023. Looking ahead, revenue growth will be essential as indicated by the following trends:

- Child count numbers have not only fully rebounded from the COVID-19 pandemic but also are increasing sharply beyond pre-COVID numbers. The annual SFY 2023 child count is 9.9% higher than in SFY 2022. More recent numbers further underscore the

- trend, since the one-day child count grew by over 10.4% between June 1, 2022, and June 1, 2023. Except for the pandemic period, year-to-year increases in the number of children served in Part C early intervention has been generally in the range of 4-7%. With the impacts of the pandemic still being seen in children and families, earlier diagnosis and increased prevalence of autism spectrum disorder and increased prevalence of substance-exposed infants and young children, child count increases are likely to remain on the higher end of that range over the next few years. Further supporting the likeliness of significant child count increases, estimates on the prevalence of developmental delay and disability among children in the United States range from 8.5% - 17%. Virginia is serving 3.87% of the birth-three population in early intervention.

- The American Rescue Plan Act (ARPA) included additional funds for all states specifically for Part C early intervention. Virginia received $5.1 million in one-time ARPA funding. These additional funds supported local early intervention systems in SFY 2022 and SFY 2023 as child count numbers rebounded and in meeting other one-time needs at the local and/or state level (e.g., PPE, equipment to support equitable access to telehealth, personnel recruitment and retention, special projects, etc.). Reflecting increases in child count and service delivery costs:

    - Local systems spent $2.6 million in one-time ARPA funds on direct services to children and families in SFY 2023. Given that these are one-time funds, this demonstrates a gap of over $2.6 million in funding for early intervention services.
    - Of the approximately $600,000 in remaining ARPA funds carried over into SFY 2024, 62% are budgeted for direct services. These funds must be spent by September 30, 2023.

- When submitting their SFY 2024 initial budgets, five local systems reported a projected deficit for this year. The total projected shortfall is just over $1.2 million. These projected deficits reinforce the need for continued revenue growth.

- DBHDS continues to work with DMAS to address several challenges related to Medicaid reimbursement for early intervention services.

    - The Medicaid Early Intervention Targeted Case Management program that began in October 2011 ensures eligible children and families receive service coordination that is appropriate to the needs of infants, toddlers and their families. While the Early Intervention Targeted Case Management reimbursement rate increased by 12.5% in SFY 2022 to $148.50 per month, this rate still does not cover the expenses of providing this service. Those expenses were estimated at $175 per month when a cost study was conducted by DMAS in 2008 and updated in 2009. Given the level of case management provided in early intervention, the DMAS Provider Reimbursement Division has been supportive of increasing the EI case management rate to the same level as the developmental disability case management rate of $242.73 per month if funding were made available.

- The Medicaid Early Intervention Services Program continues to reimburse providers the full early intervention rate for services (other than service coordination) for children with Medicaid. A 12.5% rate increase instituted in SFY 2022 with the Medicaid American Rescue Plan Act (ARPA) funds was allowed to expire on June 30, 2022. The State budget for SFY 2024 reinstitutes and makes permanent the 12.5% rate increase beginning January 1, 2024.
    - Although very helpful, this rate increase does not cover the full cost of providing services. Low reimbursement rates not only make it difficult to sustain the early intervention system financially but also make it challenging for early intervention programs to offer competitive salaries and contribute to workforce shortages.
    - The increased Medicaid reimbursement rate does not completely close the gap in overall funding for early intervention. Since reimbursement rates are consistent, regardless of payor source, state and federal funding must be used to pay any part of the increased rate that is not covered by private insurance or family fees and to pay the full fee for children who are uninsured.

- Under Medicaid managed care, local lead agencies and provider agencies are having to invest significantly more administrative time to get reimbursed than was required under the fee-for-service arrangement. The extra time and money required for Medicaid managed care organization (MCO) billing also decrease the personnel time and funding available for other early intervention functions, including service provision.

- DBHDS successfully worked with the Department of Medical Assistance Services (DMAS) in SFY 2021 to ensure permanent expansion of services delivered via telehealth to include early intervention services, even after the federal public health emergency ended. This is a critical accomplishment for maximizing the availability of providers and expanding access to services. Telehealth facilitates greater flexibility in scheduling and meaningful family engagement and aligns with evidence-based early intervention practices, like caregiver coaching and functional assessment. Only some private insurance companies continue covering early intervention services delivered via telehealth. When they do not, Part C funds must be used to pay for telehealth services for children covered by private insurance.

- Federal early intervention requirements necessitate aggressive outreach for public awareness and other efforts to identify all eligible children, meeting rigorous standards for timely and effective services, and ensuring there are no waiting lists. All states are also required by the U.S. Department of Education to implement strategies to improve outcomes for infants and toddlers. This worthwhile effort requires both human and fiscal resources. Anytime funding does not stay apace with growth, costs and the service needs of infants and toddlers in early intervention, Virginia runs the risk of noncompliance with federal requirements for the program. At the time of the SFY 2023 annual record review—during which Part C compliance indicators are measured for all forty LLAs—

fourteen (14) were found to be out of compliance with federally-mandated timelines. In SFY 2024, eight (8) were out of compliance. When eligibility determination, assessment, initial development of an Individualized Family Service Plan (IFSP) and/or initiation of early intervention services are not timely, infants and toddlers with disabilities and their families are left waiting to receive the critical supports and services to which they are entitled.

- Since SFY 2022, when COVID case numbers decreased and vaccinations increased, local systems have provided a hybrid of in-person and telehealth service delivery, with most families requesting fully in-person services. The impacts of personnel shortages, which were lessened by the predominant use of telehealth and a significant drop in referrals to early intervention during the height of the pandemic, have become evident again. Many of the local systems that have been out of compliance with federally required timelines over the last two years lack the providers necessary to serve the number of children being referred and found eligible for early intervention services.

Achieving a stable and sustainable fiscal structure for Virginia's early intervention system remains a top priority, as this is essential to ensuring an effective service system that leads to positive outcomes for infants and toddlers with disabilities and their families and maintaining the highest determination provided by the United States Department of Education (Meets Requirements). To this end, DBHDS is:

- Closely monitoring the fiscal situation across local systems and child count data as referrals continue to increase;
- Providing support to local system managers and local fiscal staff to ensure effective oversight of local budgets and spending as well as accurate reporting of revenues and expenditures;
- Working collaboratively with the Department of Medical Assistance Services (DMAS) and local systems to resolve reimbursement challenges under managed care;
- Continuing to request that DMAS conduct a rate study to determine the amount of a permanent rate increase needed to adequately cover the cost of providing early intervention services, including case management; and
- Exploring, with stakeholders, opportunities to expand the early intervention workforce and strategies to recruit and retain qualified providers.

Conclusion

Virginia and national data indicate that early intervention is leading to several positive outcomes for children and families. Research finds that early intervention reduces the need for special

education and grade retention and reduces future costs in welfare and criminal justice programs. Estimates on the cost savings vary, but the long-term study associated with the Perry Preschool Project indicates that every dollar invested in early education will lead to at least a seven-dollar return. As demonstrated by the data reported above, the funding provided by the General Assembly permitted local Part C early intervention systems to provide a wide variety of needed supports and services to more than 23,000 eligible infants, toddlers, and their families during SFY 2023. These funds also touched the lives of many more infants, toddlers and families who received evaluations for eligibility determination and assessments upon referral to the Part C early intervention system even though they did not proceed on to receiving other early intervention supports and services. As Virginia continues to experience significant increases in the numbers of children referred to and served in early intervention, state Part C funding is essential to ensure the Commonwealth can achieve a more fiscally stable and sustainable early intervention system for all eligible infants, toddlers, and their families.

Appendix A Local System Names and Included Localities

Local System	Localities
Alexandria	Alexandria
Alleghany Highlands	Alleghany County, Clifton Forge, Covington
Arlington	Arlington County
Augusta-Highland	Augusta County, Highland County
Blue Ridge	Albemarle County, Charlottesville, Fluvanna County, Greene County, Louisa County, Nelson County
Central Virginia	Amherst County, Appomattox County, Bedford, Bedford County, Campbell County, Lynchburg
Chesapeake	Chesapeake
Chesterfield	Chesterfield County
Crater District	Colonial Heights, Dinwiddie County, Emporia, Greensville County, Hopewell, Petersburg, Prince George County, Surry County, Sussex County
Cumberland Mountain	Buchanan County, Russell County, Tazewell County
Danville-Pittsylvania	Danville, Pittsylvania County
DILENOWISCO	Dickenson County, Lee County, Norton, Scott County, Wise County
Eastern Shore	Accomack County, Northampton County
Fairfax-Falls Church	Fairfax, Fairfax County, Falls Church
Goochland-Powhatan	Goochland County, Powhatan County
Hampton-Newport News	Hampton, Newport News
Hanover	Hanover County
Harrisonburg-Rockingham	Harrisonburg, Rockingham County
Heartland	Amelia County, Buckingham County, Charlotte County, Cumberland County, Lunenburg County, Nottoway County, Prince Edward County
Henrico, Charles City and New Kent	Charles City County, Henrico County, New Kent County
Highlands	Abingdon, Bristol, Washington County
Loudoun	Loudoun County
Middle Peninsula-Northern Neck	Colonial Beach, Essex County, Gloucester County, King and Queen County, King William County, Lancaster County, Mathews County, Middlesex County, Northumberland County, Richmond County, West Point, Westmoreland County
Mount Rogers	Bland County, Carroll County, Galax, Grayson County, Marion, Smyth County, Wythe County
New River Valley	Floyd County, Giles County, Montgomery County, Pulaski County, Radford
Norfolk	Norfolk

Local System	Localities
Piedmont	Franklin County, Henry County, Martinsville, Patrick County
Portsmouth	Portsmouth
Prince William, Manassas and Manassas Park	Manassas, Manassas Park, Prince William County, Quantico
Rappahannock Area	Caroline County, Fredericksburg, King George County, Spotsylvania County, Stafford County
Rappahannock-Rapidan	Culpeper County, Fauquier County, Madison County, Orange County, Rappahannock County
Richmond	Richmond
Roanoke Valley	Botetourt County, Craig County, Roanoke, Roanoke County, Salem
Rockbridge Area	Bath County, Buena Vista, Lexington, Rockbridge County
Shenandoah Valley	Clarke County, Frederick County, Page County, Shenandoah County, Warren County, Winchester
Southside	Brunswick County, Halifax County, Mecklenburg County, South Boston, South Hill
Staunton-Waynesboro	Staunton, Waynesboro
Virginia Beach	Virginia Beach
Western Tidewater	Franklin, Isle of Wight County, Southampton County, Suffolk
Williamsburg, James City and York	James City County, Poquoson, Williamsburg, York County