

State Example



Goal

Support the financial stability of EI programs so that:

- Families with infants and toddlers with special needs have access to timely and quality services
- Further EI program closures are prevented.
- Programs can competitively recruit and retain high-qualified front-line staff.
- Programs can maintain a staffing pattern that optimizes family engagement and ensures timeliness and consistency of EI services.
- Programs can expand to meet the continued increase in referrals and enrollment.
- Programs meet federal indicators and state requirements while maintaining high standards, program quality, and positive outcomes for children and families.

EI WORKFORCE compensation

Discipline	State EI Average hourly wage*	State Average hourly wage**	Difference	Neighbor state 1	Neighbor state 2
Occupational Therapist	\$31.07	\$42.80	(\$11.73)	\$ 41.64	\$44.60
Physical Therapist	\$37.60	\$41.13	(\$3.53)	\$ 43.68	\$47.49
Preschool Special Educator (M.Ed.)	\$23.62	\$34.61	(\$10.99)	\$ 30.57	\$33.84
Speech therapist	\$35.21	\$41.21	(\$6.00)	\$ 41.45	\$48.75
Licensed Social Worker	\$26.27	\$36.85	(\$10.58)	\$ 35.76	\$33.79
Early Interventionist I (BS/BA)	\$18.02	\$29.22	(\$11.20)	\$ 21.98	\$28.21

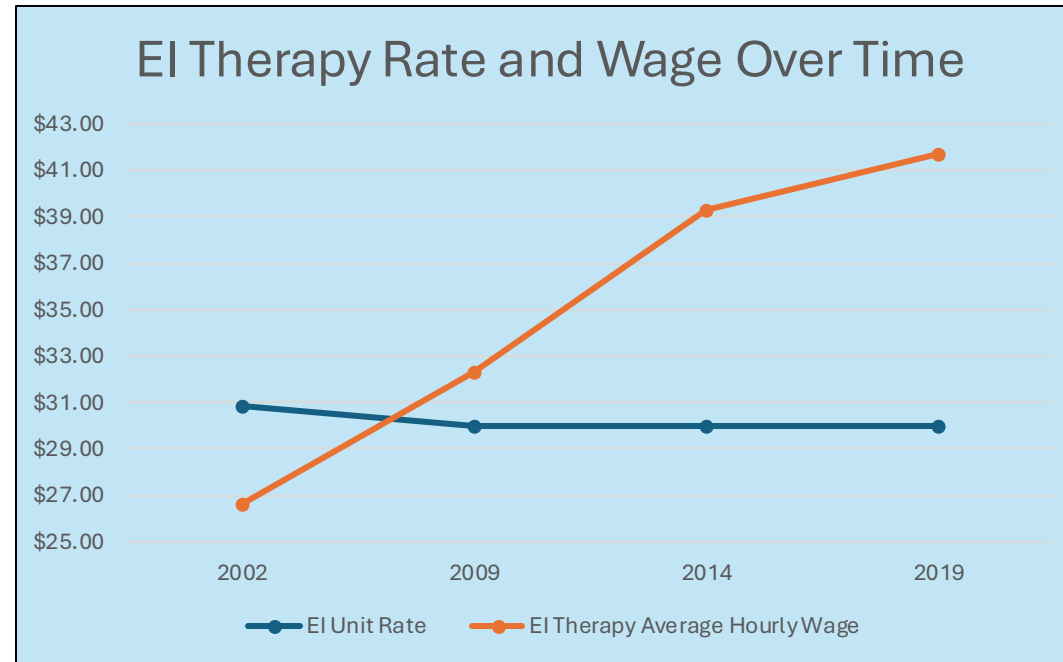
Sources:

*Early Intervention Fiscal Analysis Project. (2019).

**Bureau of Labor Statistics. (2019). May 2019 state occupational employment wage estimates. Retrieved December 28, 2020 from www.bls.gov.

Kaufman, J. 2025

- **EI rates were reduced by 3%** in 2009 as part of a state-wide Medicaid cut and rates have since remained the same.
- **Cost of Living has increased by 19.03%** since 2009*.



Sources:

*Early Intervention Fiscal Analysis Project. (2019).

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IMPACT of financial issues: **WORKFORCE**

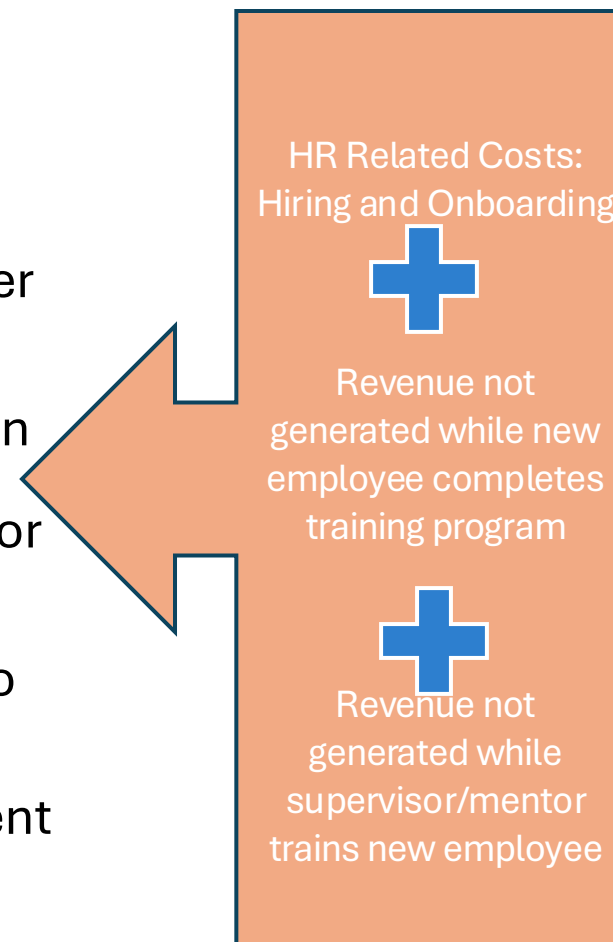
Through the recent **Early Childhood Workforce Needs Assessment***, Early Intervention staff reported the following:

- 82% will seek a higher paid position outside of the EI system if the salary does not improve.
- 54% have looked for other employment in the past 6 months despite also reporting high levels of satisfaction with their work

IMPACT of financial issues: **PROGRAM LEVEL**

Early Intervention provider agencies report the following:

- Staff are mostly leaving EI to work in either a school district (including state-funded PreK) or DCYF
- Onboarding a new staff member results in a loss of revenue of ~\$15-20K
- High staff turnover is often a root cause for non-compliance with quality and compliance State and Federal indicators
- An inability to accept new referrals due to the volume of staff vacancies
 - 5 in past year have closed for at least a month or more
- Eliminating staff professional development opportunities as a cost savings measure



IMPACT of financial issues: **STATE SYSTEM LEVEL**

The EI state system has experienced the following:

- Two EI providers discontinued their contracts with EOHHS: Maher Center in August 2015 and Hasbro in December 2015. *(Hasbro specifically cited financial instability as the main reason for closure.)*
- In the 2018 Early Intervention Family Survey, many families commented that they felt they had to wait too long for discipline-specific EI services to begin.
- In fact, 31% disenrolled before completing services which can be attributed in part to staff turnover and unfilled vacancies (Reported by Providers).
- Despite efforts and the fiscal activities to date, the deficit reported by programs continues to increase over time.

Overall Rate Increase of 45% (EOHHS) - 70% (CPNRI), (COLA for subsequent years) this is based on the following:



- Analysis of EI provider budgets with “mock” competitive salaries and other costs related to providing EI services BOTH showed a need of a 47% increase.
- Kids Count calculation of COLA since 2002 (when rates were initiated) resulted in a need of a 45% increase.
- Jenn/Jason calculating utilizing original methodology based on salaries and costs associated with providing EI services resulted in approximately a 44% increase.

Performance Payments for the potential following measures:

- Increase % of Medicaid recipients that engage in EI services measured by national data on expected enrollment rates (definite)
- Increase % of Medicaid recipients that discharge when goals are met OR child turns 3 measured by National data on expected completion rates (definite)
- Increase % of Medicaid recipients that make significant progress toward 3 National Child Outcomes measured by National EI data (??)
- Increase staff retention (??)
- Increase service completion rate – For every child 100% of services were delivered – payment?

- Overall Rate Increase of 45%, (COLA for subsequent years)
- Admin payment, x\$\$/child/month for children who had at least 1 service/month
 - CT pays 100/child, but rate is equivalent to current rate (\$120/hr)
 - TX pays 25/child, but rate is higher than proposed (\$200/hr)
- Performance Payments (see previous slide)
- Questions – what is the balance of rate increase and admin payment?
- Benefits?
 - Steady income for providers
 - More incentive to outreach and ensure engagement
- Barriers?
 - Would need to set up new system of tracking and payment for Admin

Estimated State Funds to Support COLA Increase over time	45% Increase + 5% Perf Incentive	50% Increase + 5% Perf Incentive	55% Increase + 5% Perf Incentive	60% Increase + 5% Perf Incentive	65% Increase + 5% Perf Incentive	70% Increase + 5% Perf Incentive
SFY 23 State Funds Required for Initial Increase	\$ 11,219,191.74	\$ 11,599,046.15	\$ 11,978,900.55	\$ 12,358,754.96	\$ 12,738,609.36	\$ 12,738,609.36
SFY 24 State Funds Required to Support 3% COLA	\$ 168,287.88	\$ 173,985.69	\$ 179,683.51	\$ 185,381.32	\$ 191,079.14	\$ 191,079.14
SFY 25 State Funds Required to Support 3% COLA	\$ 173,336.51	\$ 179,205.26	\$ 185,074.01	\$ 190,942.76	\$ 196,811.51	\$ 196,811.51

Total Medicaid EI Services Budget		Estimated Total Cost for SFY 23	Minimum Increase	CPNRI 70% Rate Increase ONLY	Difference
		Scenario 1: Rate Increase (45%) + Performance	\$ 11,015,777.75	\$ 12,300,047.00	\$ 1,284,269.25
		Scenario 2: Rate Increase (40%) + Performance + Admin	\$ 11,219,191.74	\$ 12,300,047.00	\$ 1,080,855.26
		Scenario 3: PMPM @ 45% Increase + Performance	\$ 11,346,260.64	\$ 12,300,047.00	\$ 953,786.36
State Medicaid Funding Required to support Increase					
		Estimated Additional State Funds required for SFY 23	Minimum Increase	CPNRI 70% Rate Increase ONLY	Difference
		Scenario 1: Rate Increase (45%) + Performance	\$ 1,890,227.88	\$ 2,532,362.50	\$ 642,134.63
		Scenario 2: Rate Increase (40%) + Performance + Admin	\$ 1,991,934.87	\$ 2,532,362.50	\$ 540,427.63
		Scenario 3: PMPM @ 45% Increase + Performance	\$ 2,055,469.32	\$ 2,532,362.50	\$ 476,893.18

Plan to use the data to evaluate success, or help to make adjustments

El Direct Provider: Caseload Issue

- I completed the spreadsheet I created on a weekly basis to show when I needed cases to meet productivity

El program director: Need to hire Issue

- I created a monthly tracking form to show that productivity was supporting the budget
- Created dashboard to track services in IFSP vs delivered

Part C Coordinator: Funding Staffing Issue

- Added retention data points to staffing reports
- New Dashboard to track elements related to showing progress as a result of the increase



**KEEP
CALM
AND
GET IT
DONE**