

2022 -- H 7628

LC005099

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

A N A C T

RELATING TO HEALTH AND SAFETY -- MATERNAL AND CHILD HEALTH SERVICES
FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Introduced By: Representatives Giraldo, Williams, Morales, Alzate, Felix, Barros,
Amore, and Biah

Date Introduced: March 02, 2022

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. The General Assembly hereby finds and declares the following:

2 (1) The Rhode Island early intervention program, overseen and managed by the executive
3 office of health and human services, is a core component of the state's commitment to ensuring
4 that families with infants and toddlers with or at substantial risk for developmental delays and
5 disabilities receive high-quality services as early as possible so children can develop to their fullest
6 potential and succeed in school and life.

7 (2) According to the Center on the Developing Child at Harvard University, healthy
8 development in the early years (particularly birth to age three (3)) provides the building blocks for
9 educational achievement, economic productivity, responsible citizenship, and lifelong health.
10 Effective early intervention services help infants and toddlers make developmental progress and
11 can help them catch up with their peers. Research has shown that about one-third (1/3) of children
12 who receive early intervention services no longer had a developmental delay or special education
13 need in kindergarten.

14 (3) The Medicaid rates paid early intervention services have not been increased since 2002,
15 and, in fact, were cut in 2009. Inadequate funding has caused significant operating deficits for
16 Rhode Island's certified early intervention providers and low wages and high turnover for early
17 intervention specialists.

18 (4) Once a state participates in the early intervention program, it must assure that early

1 intervention will be available to every eligible child and its family.

2 (5) Early intervention financing and staffing challenges have grown over time, and, as of
3 November 2021, the state established a waiting list for early intervention services, a public
4 education right established under Part C of the federal Individuals with Disabilities Education Act.

5 (6) The Rhode Island first connections family home visiting program, overseen and
6 managed by the department of health, is a program designed to connect families with infants and
7 toddlers to services to address health and developmental challenges. First connections is Rhode
8 Island's comprehensive system to identify, locate, and evaluate all infants and toddlers with
9 disabilities, required under the "child find" mandate in Part C of the federal Individuals with
10 Disabilities Education Act.

11 (7) The Medicaid rates paid for first connections services have not increased since 2000.
12 Inadequate funding has resulted in an average operating loss for first connections programs of one
13 hundred thirty-six dollars and seventy cents (\$136.70) per visit. Several agencies that operate first
14 connections programs have notified the state that they will not be able to continue providing
15 services in FY 2023 without a significant rate increase.

16 (8) Each year, approximately sixty percent (60%) of babies born in Rhode Island are
17 referred to first connections and approximately thirty-seven percent (37%) receive first connections
18 services (at least one visit). Each year, over four thousand (4,000) infants and toddlers in Rhode
19 Island receive early intervention services, with approximately seven percent (7%) of the population
20 enrolled at any point in time.

21 SECTION 2. Section 23-13-22 of the General Laws in Chapter 23-13 entitled "Maternal
22 and Child Health Services for Children with Special Health Care Needs" is hereby amended to read
23 as follows:

24 ~~**23-13-22. Early intervention program for developmentally disabled infants. Early**~~
25 **intervention program for infants and toddlers with developmental delays and disabilities.**

26 (a) The director of the department of human services shall ensure that all developmentally
27 disabled infants from birth to three (3) years of age shall be enrolled in the early intervention
28 program. Regulations governing the delivery of services under this program, including eligibility
29 criteria, shall be promulgated by the department of human services, with the advice of the
30 interagency coordinating council; provided, however, that all regulations promulgated by the
31 department of health shall remain in full force and effect until the time they are replaced by
32 regulations promulgated by the department of human services. The regulations shall stipulate, at a
33 minimum, the following provisions that are consistent with the intent of this chapter:

34 (1) The director shall develop and maintain a procedure for the earliest possible

1 identification and efficient referral of all developmentally disabled infants;

2 (2) The director shall ensure that every infant identified and referred to this program is
3 enrolled as soon as possible after birth; and further, that for infants placed on a waiting list for
4 facility based group programming, an early intervention program shall be made available within a
5 thirty (30) day period from the time a need is identified in the individual program plan;

6 (3) Unless parents refuse the service, the home visiting component of the program shall
7 commence as soon as the infant has been identified as having a possible developmental disability;

8 (4) Any parent(s) who is/are dissatisfied with decisions or termination of service or with
9 practices and procedures of a particular agency or the department of human services shall notify
10 the director of the department of human services in writing within thirty (30) calendar days and the
11 complaint shall be reviewed in accordance with department of health policy and procedures, as
12 amended, and the Administrative Procedures Act, chapter 35 of title 42.

13 (5) An early intervention program for purposes of this section shall mean a comprehensive
14 array of educational, developmental, health, and social services provided on a calendar year basis
15 to eligible infants, children, and their families as specified in program regulations.

16 (b) Within ninety (90) days after October 1, 2004, an evaluation plan describing outcome
17 measures that document the program's successes and shortcomings from the previous fiscal year
18 shall be submitted to the speaker of the house of representatives, the president of the senate and the
19 house oversight committee and the governor and the interagency coordinating council.
20 Development of the plan shall be made in consultation with the entities with expertise in this area
21 and the interagency coordinating council. The plan shall include a memorandum of understanding
22 between the department of health, department of human services and the department of elementary
23 and secondary education that demonstrates coordination and continuity of early intervention
24 services among these departments.

25 (c) Within six (6) months after January 1, 2005 where prescribed outcomes documented in
26 the evaluation plan have not been accomplished the responsible agencies shall submit written
27 explanations for the shortfalls, together with their proposed remedies. The report shall also include
28 evaluation of the progress of the coordination efforts between the department of health and the
29 department of human services and the department of elementary and secondary education and the
30 interagency coordinating council and shall include any recommendations regarding modifications
31 of the reimbursement mechanisms of this chapter.

32 (d) Within twelve (12) months after August 1, 2005 a final report shall include the progress
33 of the coordination efforts between the department of health and the department of human services
34 and department of elementary and secondary education, interagency coordinating council and shall

1 include any recommendations regarding modifications to the comprehensive array of educational,
2 developmental, health and social services provided on a calendar year basis to eligible infants,
3 children and their families as specified in an early intervention system.

4 (e) All reports or documents required to be produced pursuant to 20 U.S.C. § 1471 et seq.,
5 shall be submitted to the speaker of the house, president of the senate and the chairpersons of the
6 appropriate house of representatives and senate oversight committees and the governor and the
7 interagency coordinating council. Adherence to such plans and reporting requirements, and budgets
8 and the timely achievement of goals contained therein shall be considered by the oversight
9 committees of the house of representatives and senate, among other relevant factors, in determining
10 appropriations or other systemic changes.

11 (f) The executive office of health and human services shall:

12 (1) Pursue a Medicaid state plan amendment and allocate sufficient state general revenue
13 (estimated at four million dollars (\$4,000,000)) to increase Medicaid payment rates for early
14 intervention services by seventy percent (70%) on or before October 1, 2022 to ensure rates enable
15 early intervention service providers to cover the costs of adequately staffing the program with
16 qualified service coordinators, early educators, and licensed professionals to deliver all services
17 required under Part C of the Individuals with Disabilities Education Act. Staffing costs shall include
18 competitive wages that are at or above the median wage for the profession based on the most recent
19 occupational wage estimates for Rhode Island from the U.S. Bureau of Labor Statistics.

20 (2) Pursue a Medicaid state plan amendment and allocate sufficient state general revenue
21 (estimated at five hundred twenty thousand dollars (\$520,000)) to increase Medicaid payment rates
22 for the first connections program by one hundred twenty-three percent (123%) on or before October
23 1, 2022 to ensure rates enable first connections service providers to cover the costs of adequately
24 staffing the program with qualified nurses, social workers and community health workers to
25 identify, locate, and connect families who have infants and toddlers facing developmental
26 challenges to the early intervention program and other services. Staffing costs shall include
27 competitive wages that are at or above the median wage for the profession based on the most recent
28 occupational wage estimates for Rhode Island from the U.S. Bureau of Labor Statistics.

29 (3) Annually, on or before July 1 of each year beginning July 1, 2023, the Medicaid
30 payment rates for early intervention and first connections services shall be adjusted to reflect
31 increases in program operating costs, based on the Consumer Price Index calculated by the U.S.
32 Bureau of Labor Statistics.

1 SECTION 3. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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RELATING TO HEALTH AND SAFETY -- MATERNAL AND CHILD HEALTH SERVICES
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1 This act would direct the executive office of health and human services to increase
2 Medicaid rates for the early intervention and first connections programs allowing for payment of
3 competitive wages for qualified professionals. This act would further change the title of the section
4 from early intervention program for developmentally disabled infants to early intervention program
5 for infants and toddlers with developmental delays and disabilities.

6 This act would take effect upon passage.

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