Responding to COVID-19: Ongoing Considerations for Part C Data

July 13, 2020
Today's Presenters

Kathy Hebbeler, DaSy
Sharon Walsh, DaSy
Beth Scully, Data Manager, CO
Robin Nelson, DaSy
Gary Harmon, DaSy
Susan Evans, Acting Coordinator, NJ
Learning Objectives

As a result of the webinar, participants will be able to:

- Understand data system considerations to support Part C systems during COVID-19;
- Identify additional data and different approaches to collecting and reporting Part C data during the COVID-19 pandemic;
- Identify uses of data collected during COVID-19 to answer critical Part C system, policy, and practice questions; and
- Learn about other states’ data collection, analysis, and use activities to support the statewide Part C system during COVID-19.
## Webinar Agenda

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Key Part C Data Considerations During COVID-19

- Significant impact on state Part C systems policies, procedures, practices and data collection, analysis and reporting continues
- Data are essential to answering questions to inform decisions
- Identifying, sharing and responding to evolving data considerations can assist states in meeting child/family needs and making decisions
- Data on contextual variables (e.g. start/end dates for virtual services, beginning in-person services) are necessary to ensure high-quality data to guide decisions throughout COVID-19.
Challenges: Changes are the Norm and are Complex
Part C Data Considerations

- Section 1: State/System-level Considerations
- Section 2: Family- and Child-level Considerations
- Section 3: Considerations for Data Collection, Analysis, and Reporting
Section 1: State/System-level Considerations

Categories include:

- "Closure"
- Referrals/Evaluation
- IFSP/Services
- Outcomes
- Transition
- Data Collection
- Other: Policies and Procedures, Technology, Reimbursement
Section 1: State/System-level Considerations

※ IFSP/Service Delivery
- Start and end dates for pause and/or change in the development of initial (or interim IFSPs)
- Start and end dates for pause and/or change in providing IFSP services
- Date when virtual services were first made available to families
- Date when in-person visits resumed

※ Outcomes
- Start and end dates for pause and/or change in collecting child outcomes data, e.g., changes in assessment tools, determining entry and/or exit ratings
Section 2: Family- and Child-level Considerations

* Evaluations and Eligibility Determination
  - Reason for eligibility, change in reason e.g., from informed clinical opinion to developmental delay, pending evaluation) and date
  - Method of evaluation, e.g., virtual; date of evaluation
  - Reason family declined eligibility evaluation, e.g., not interested/not the right time, etc., no access to technology—initial vs. later (with tech assist)
Section 3: Considerations for Data Collection, Analysis, and Reporting

-* Help users understand
  - the content, context and implications of the reports
  - by using data visualization and
  - accompanying the data with one or two key take-away messages.
Johns Hopkins Coronavirus Resource Center

🌟 Confirmed New Cases (example for Massachusetts): background color highlights whether 14-day trend of new cases is increasing or decreasing
https://coronavirus.jhu.edu/data/new-cases-50-states/massachusetts

🌟 Timeline of Policy Events (example for Florida):
https://coronavirus.jhu.edu/data/state-timeline/new-confirmed-cases/florida
The Florida Division of Emergency Management under direction of the Governor deployed three field hospitals across the state to help combat the spread of COVID-19.

The Governor ordered bars and nightclubs in Florida to close for 30 days and directed restaurants to operate at 50% of their maximum capacity to allow for social distancing.

Florida state school officials closed K-12 public schools until April 15 and announced the suspension of mass campus gatherings, including sports events.

Florida received federal approval for a Section 1125 waiver to provide more flexibility for the health care delivery system to respond to increased cases of COVID-19. The waiver allows Florida to provide flexibilities in Medicaid provider screening, forgo certain pre-admission screening and annual resident review assessments, lift prior authorization requirements, allow the provision of facility services in alternative settings, and extend fair hearing timelines.
Part C Data Example

Referrals During COVID-19 (Example State)
El Colorado’s Data Response to COVID 19

What we learned &
What we are missing
Twenty Local EI Agencies
Data System

- El Colorado has a statewide data system run on a Salesforce platform.
- Data System includes all data related to local program details, child and family demographics, indicators, IFSP document, services and billing data for Federal and State funds.
  - Can also be used for Contact Notes and as EI Record if local program chooses.
In March added late reason “System – Natural Disaster/Pandemic”

- Added to all drop-downs that capture late reason
- Provided additional TA on when to select a family vs. system late reason
Inaccurate Assumptions

• Service Use Data is only collected via billing which is often months behind real time (ex. May services where billed July 3rd)

• We anticipated that services and provider travel would decrease significantly and offset the $10 Telehealth incentive
  – We were wrong, Telehealth fees in April comprised 20% of all billed amounts
Questions People Want Answered

• How do we contain costs with a state budget reduction of 5% for EI Colorado?
  – Change Eligibility Criteria
  – Graduate children when all skills are age expected when compared to same age peers
  – Eliminate Telehealth Incentive
  – How much does EI spend on OT, PT, Speech service for children with Medicaid?
New Jersey C and Covid-19 Data

SUSAN EVANS, ED.D
ACTING PART C COORDINATOR
Overview of NJ Part C state structure

Lead agency is Health Department

Point in time child count is 15,500 cumulative 28,000

NJ has a family cost share for families with a central pay and chase method for reimbursing providers

All practitioners are employed by an agency, NJ does not contract with individual practitioners

Average number of planned services per week is 40,000 with monthly average service of 9.1 per child
During Covid-19

NJEIS transitioned to all telehealth service delivery, a first for NJ

NJEIS uses a statewide data system that holds all case-management data and is the fiscal portal for all billing and claiming (EIMS)

Updates to the programming of the EIMS were limited to updating provider rates.

No additional changes to programming were made on the case management side
Weekly tracking of family decisions: reported to DOH by service coordinators.

<table>
<thead>
<tr>
<th>Date</th>
<th>Telehealth</th>
<th>No Contact/family</th>
<th>&quot;Standby&quot;</th>
<th>Initial IFSP</th>
<th>Closed</th>
<th>Public Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Apr</td>
<td>42.00%</td>
<td>8%</td>
<td>19.40%</td>
<td>3.66%</td>
<td>3.90%</td>
<td>15.20%</td>
</tr>
<tr>
<td>24-Apr</td>
<td>53.42%</td>
<td>7%</td>
<td>12%</td>
<td>3.37%</td>
<td>4.90%</td>
<td>0.85%</td>
</tr>
<tr>
<td>1-May</td>
<td>54.39%</td>
<td>5.40%</td>
<td>18%</td>
<td>3%</td>
<td>4.32%</td>
<td>13.11%</td>
</tr>
<tr>
<td>6-May</td>
<td>54.55%</td>
<td>4.70%</td>
<td>21%</td>
<td>3.40%</td>
<td>4.50%</td>
<td>10.90%</td>
</tr>
<tr>
<td>13-May</td>
<td>57.02%</td>
<td>4.00%</td>
<td>14.55%</td>
<td>3.40%</td>
<td>4.00%</td>
<td>10.72%</td>
</tr>
<tr>
<td>19-May</td>
<td>58.20%</td>
<td>3.36%</td>
<td>16.64%</td>
<td>2.90%</td>
<td>4.10%</td>
<td>10.54%</td>
</tr>
<tr>
<td>27-May</td>
<td>58.75%</td>
<td>2.95%</td>
<td>18.65%</td>
<td>2.76%</td>
<td>3.77%</td>
<td>10.23%</td>
</tr>
<tr>
<td>5-Jun</td>
<td>60.06%</td>
<td>3.11%</td>
<td>19.19%</td>
<td>2.86%</td>
<td>3.24%</td>
<td>9.97%</td>
</tr>
</tbody>
</table>
Weekly tracking of service provider location/method – available through EIMS

Orange line is Telehealth, Blue line is In-home
Referral trends generated by EIMS
### Weekly tracking of planned vs actual

#### Service Hours - Planned versus Delivered

Week Ending 5/29 vs Week Ending 6/5

<table>
<thead>
<tr>
<th>Service</th>
<th>Planned</th>
<th>Delivered</th>
<th>Pctg %</th>
<th>Planned</th>
<th>Delivered</th>
<th>Pctg %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Developmental Intervention</strong></td>
<td>19,555</td>
<td>4,695</td>
<td>24%</td>
<td>19,580</td>
<td>4,662</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Foreign Language Interpreter</strong></td>
<td>3,958</td>
<td>697</td>
<td>18%</td>
<td>3,859</td>
<td>706</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Occupational Therapy</strong></td>
<td>5,261</td>
<td>1,412</td>
<td>27%</td>
<td>5,305</td>
<td>1,350</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Physical Therapy</strong></td>
<td>4,560</td>
<td>1,076</td>
<td>24%</td>
<td>4,541</td>
<td>1,107</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Social Work</strong></td>
<td>975</td>
<td>66</td>
<td>7%</td>
<td>963</td>
<td>79</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Speech Therapy</strong></td>
<td>7,315</td>
<td>2,216</td>
<td>30%</td>
<td>7,256</td>
<td>2,192</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>25</td>
<td>3</td>
<td>12%</td>
<td>21</td>
<td>2</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41,649</td>
<td>10,166</td>
<td>24%</td>
<td>41,525</td>
<td>10,099</td>
<td>24%</td>
</tr>
</tbody>
</table>
What will NJ do with this data?

Requesting the addition of a Research Scientist to the State EI team to study the effects of telehealth, COVID etc. on child and family outcomes.

Entry of family decision and changes to IFSP is being entered in standard format/language – for APR indicators that will need explanation of slippage such as:

- Indicator 2
- Indicators 7
- Indicator 1
- Indicators 3 and 4.
Discussion

🔹 Is there anything discussed so far that surprises you?
🔹 Are you doing similar things in your State?
🔹 What are future data considerations we should be thinking about?
🔹 Do you have any other questions for each other?
Continuing the Discussion...

- Data Manager Community Calls (2x/month)
  - Topic-focused
  - Member-driven
- Future drafts of *Key Part C Data Considerations During COVID-19* document
- Future topic-focused webinars
Accessing DaSy Technical Assistance

Visit us at https://dasy.center.org

Don’t know where to start?

Ask your TA Liaison!
Relevant COVID-19 Resources

🌟 **ECTA**: COVID-19 Resources and Information
https://ectacenter.org/topics/disaster/coronavirus.asp

🌟 **U.S. Department of Education (OSEP)**: COVID-19 ("Coronavirus") Information and Resources for Schools and School Personnel
https://www.ed.gov/coronavirus
  - IDEA Part C Evaluation and Assessment Timelines in the COVID-19 Environment (July 6, 2020)
  - IDEA Part C Procedural Safeguards in the COVID-19 environment (June 30, 2020)
  - IDEA Part C Use of Funds in COVID-19 Environment Q&A Documents (June 26, 2020)
Contact Us

🌟 Visit the DaSy website at:
http://dasycenter.org/

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Thank You

The contents of this presentation were developed under a grant from the U.S. Department of Education, #H373Z190002. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government. Project Officers, Meredith Miceli and Amy Bae.