

Maine Early Childhood Special Education Implementation Plan

December 1, 2020

ACKNOWLEDGEMENTS

Public Consulting Group, Inc. (PCG) would like to acknowledge the collaboration and support from the many stakeholders (parents, providers, Child Development Services (CDS) staff, state agency department staff, advocates, and others) and project leadership in conducting this evaluation of Maine's Early Childhood Special Education system, CDS.

In particular, the project leadership from the Maine State Legislature, **Senator Rebecca Millett** and **Representative Dick Farnsworth** and **Hillary Risler, Esq.**, Legislative Analyst from the Office of Policy and Legal Analysis for the Maine State Legislature.

Erin Frazier, Roberta Lucas, Nicole Madore, Leeann Larson, Barbara McGowen, Tyler Backus, Department of Education.

Roy Fowler, Nancy Brown-Mooney, Jonathan Hachey, Child Development Services (CDS)

Dean Bugaj, Trista Collins MaineCare Services

Independent Advisory Review Committee Members:

Camelia Babson-Haley, *Representative of Child Care Programs*

Audrey Bartholomew, *Parent of a Child with a Disability between 3 and 5 years of age*

Nancy Cronin, *Maine Developmental Disabilities Council (Chair)*

Laura Doherty, *Teacher in Early Childhood Education Program*

Jane Durgin, *Special Education Director*

Kim A. Feeney, *Representing Statewide Association of Speech Language and Hearing Therapists*

Roy Fowler, *Designated by Commissioner Department of Education*

Ellen Halliday, *Superintendent of a Rural Administrative Unit*

Tiffany M. Karnes, *Principal of Public Elementary School*

Julian O'Brien, *Representing Statewide Association of Occupational Therapists*

Pete Plummer, *Contracted CDS Service Provider*

Sue Powers, *Representative of Head Start Programs*

Elissa Wynne, *Designated by Commissioner Department of Health and Human Services*

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	1
EXECUTIVE SUMMARY.....	4
GLOSSARY OF TERMS AND ACRONYMS	5
I. BACKGROUND AND APPROACH	6
Background - Independent Review of Early Childhood Special Education	6
Approach To Developing the Implementation Plan	6
Resources For Implementation of Recommendations (IDEA Part C and IDEA B-619).....	6
Staff Time for the Implementation.....	6
Funding for the Implementation	7
II. EARLY INTERVENTION (IDEA PART C)	8
Early Intervention (IDEA Part C) Implementation Plan Timelines	8
Early Intervention (IDEA Part C) Implementation Plan	9
Recommendation 1.1. State lead agency:	9
Recommendation 1.2. Administrative Office:	9
Recommendation 1.7. EI program regulations:.....	9
Recommendation 1.3. Consolidated regional office structure:.....	10
Recommendation 1.5. Service Coordination:.....	10
Recommendation 1.6. EI program brand name:	12
Recommendation 3.1. Branded campaign:.....	12
Recommendation 1.4. EI provider agency contracts:.....	14
Recommendation 1.8. Reconstitute the Interagency Coordinating Council (ICC):.....	15
Recommendation 2.1. MaineCare billing expansion:	16
Recommendation 2.2. MaineCare early intervention policies:	16
Recommendation 2.3. Early intervention rate study:.....	19
Recommendation 2.4. Early intervention private insurance statute:	20
Recommendation 2.5. Central Billing System:.....	21
Recommendation 3.2. Child Find Plan:.....	23
Recommendation 3.3. Eligibility Criteria:	25
Recommendation 3.4. Competencies, training & practice-based coaching:	26
III PRESCHOOL SPECIAL EDUCATION (IDEA PART B-619)	28
Preschool Special Education (IDEA Part B-619) Implementation Plan Timelines.....	28
Preschool Special Education (IDEA Part B-619) Implementation Plan.....	29
Recommendation 1.1. Designated state agency:	29
Recommendation 1.2. Administrative Office:	29

Recommendation 1.3. 619 state staff	29
Recommendation 1.10. 619 representation:	29
Recommendation 1.4. Designate SAUs to provide 619 services:	31
Recommendation 1.5. Revise state regulations	32
Recommendation 1.6. Transition Period:	33
Recommendation 1.7. State-level transition leadership team:	33
Recommendation 1.8. SAU Transition planning:	36
Recommendation 1.9. Inclusive early childhood education guidance document:	37
Recommendation 2.1. Central billing system:	39
Recommendation 2.2. MaineCare 'special education services' section:	40
Recommendation 2.3. Rate Study:	41
Recommendation 2.4. Funding of 619 services:	43
Recommendation 2.5. Review of current children with high costs:	46
Recommendation 2.6. Fiscal Toolkit:	48
Recommendation 3.1. Training and professional development:	49
Recommendation 3.3. Chapter 676 training:	49
Recommendation 3.4. Use of developmental delay eligibility category:	49
Recommendation 3.2 Pyramid Model:	51
IV. COMMUNICATION PLAN	54
Internal Communication Plan	54
External Communication Plan	55
IV APPENDICES	56
A. SAU Implementation Planning - Self-Assessment	56
B. SAU Implementation Planning - Fiscal Plan and Toolkit	59
C. Early Childhood Department	67
Governance approaches:	67
Learning from other states:	67
What it would take:	67
D. Project Timeline	69

EXECUTIVE SUMMARY

Public Consulting Group, Inc. (PCG) was contracted by the Maine State Legislative Council to conduct an independent evaluation and implementation plan for the Individuals with Disabilities Education Act (IDEA) Part C for children birth to age 3 and IDEA Part B-619 for children ages 3 to 5, both of which are currently administered by Child Development Services (CDS).

PCG's work builds upon previous studies that examined the state's Early Childhood Special Education (ECSE) services, as well as proposed state legislation (L.D. 1715), which required the analysis of program structure and governance. This body of work was considered throughout PCG's development of this, and companion reports created as part of this contract. PCG's review of the proposed legislation and comprehensive evaluation of the services provided under the current governance of CDS is fully described in the Phase I Report with detailed cost analysis included in the Maine Child Development Services Cost Study Report.

This Phase II Implementation Plan Report presents a detailed description and blueprint for implementing the recommendations detailed in the Phase I Report. Each implementation plan description is designed to present best practices, or a set of national approaches proven to work and meet the requirements of IDEA as implemented in other states and across regional or local systems. This Implementation Plan Report provides a blueprint for Maine to follow but will require the proposed state-level transition plan team to develop a detailed project plan that further specifies responsibilities and timelines to carry out the recommendations and actions.

The state of Maine, and its early intervention (Part C) and Preschool Special Education (Part B-619) provider systems, have demonstrated a commitment to the children and families they serve. With this report, the state has the opportunity to further demonstrate that commitment to young Mainers, and their families, by implementing system changes designed to promote high-quality, inclusive early education opportunities for young children with developmental delays and disabilities by developing the needed processes, fiscal supports, and effective governance needed to achieve positive outcomes for children and families across Maine.

GLOSSARY OF TERMS AND ACRONYMS

The following table includes terms and acronyms that are commonly used in this report.

TABLE 1. GLOSSARY OF TERMS AND ACRONYMS

Term or Acronym	Explanation
ACA	The Affordable Care Act
CCDBG	Child Care and Development Block Grant
CDS	Child Development Services (designated agency for administration of IDEA Part C and IDEA Part B-619)
Chapter 676	Maine Public Law Chapter 676, which allows a child who turns 5 years of age between Sept.1 to Oct.15 to remain CDS for an additional year before transitioning to Kindergarten
CINC	Child Information Network Connection (CDS data system)
DOE	Maine Department of Education
DAP	Developmentally Appropriate Practice
DHHS	Department of health and Human Services
EI	Early Intervention (under IDEA Part C)
ECSE	Early Childhood Special Education (under IDEA Part B-619)
EPS	Essential Programs & Services (Maine's education funding formula)
ESSA – Title 1	Every Student Succeeds Act – Title 1 Improving Basic Education Operated by State and Local Educational Agencies
FAPE	Free Appropriate Public Education
FMAP	Federal Medical Assistance Percentage
Head Start	Federal preschool program with direct funding to local grantees
IDEA	The Federal Individuals with Disabilities Education Act
IDEA Part B Section 619	Part B Section 619 of the Individuals with Disabilities Education Act (IDEA) for Early Childhood Special Education services of children ages 3 to 5 with developmental delays and disabilities
IDEA Part B Section 611	Part B Section of IDEA which provides grants to states for special education of school age children
IDEA Part C	Part C of the Federal Individuals with Disabilities Education Act (IDEA) for Early Intervention services to infants and toddler birth to age with developmental delays and disabilities and their families.
IEP	Individual Education Plan (for children under Part B-619)
IFSP	Individualized Family Service Plan (for children under IDEA Part C)
ITP	Individual Treatment Plan (required by MaineCare for some services)
MaineCare	Maine's state-level Medicaid agency
Pre-K	Pre-Kindergarten
QRIS	Quality Rating and Improvement System
SAU	School Administrative Unit (Local Education Agencies - LEAs or School Districts in Federal regulations and in other states)
SPP	Special Purpose Preschool

I. BACKGROUND AND APPROACH

BACKGROUND - INDEPENDENT REVIEW OF EARLY CHILDHOOD SPECIAL EDUCATION

The Public Law 2019, Chapter 343, Part VVV called for an impartial evaluation or study of the impact of transferring Maine's Child Development Services (CDS) agency to the Department of Education (for Part C) and local school districts (for Part B-619).

PCG conducted an independent review of early childhood special education services in the State of Maine (including early intervention, IDEA Part C and Preschool Special Education, IDEA Part B-619) that are currently provided by Child Development Services, a quasi-state agency connected to the Maine Department of Education.

PCG submitted the final Phase I Independent Review to the Advisory Committee and Joint Education and Cultural Affairs Committee on Oct 30, 2020.

APPROACH TO DEVELOPING THE IMPLEMENTATION PLAN

PCG took the recommendations provided in the Phase I Independent Review Report along with input from the Joint Education and Cultural Affairs Committee presented in the Direction for Phase II Report Memo to draft the following Implementation Plan Report and associated resources.

This Implementation Plan Report includes several sections which are either dependent upon or directly related to other key tasks of the Implementation Plan. To represent this relationship and to make the connection between tasks clear, PCG has merged related phases and tasks into shared Implementation Plan Tables or descriptions. These shared tables include more than one recommendation and will reference these dependencies or connections across tasks within the table narrative.

Additionally, an implementation timeline detailing key tasks and milestones has been provided to aid the state of Maine and any advisory or implementation team responsible for leading the work which results from this report. A snapshot of each timeline is included within the report with a larger version included as Appendix D.

RESOURCES FOR IMPLEMENTATION OF RECOMMENDATIONS (IDEA PART C AND IDEA B-619)

Staff Time for the Implementation

Throughout this Implementation Plan, PCG has proposed the following key staff roles to be formed / hired / assigned: 619 Coordinator, Preschool Special Education Specialists, project manager and Training Lead / Coordinator.

While many of the activities detailed in the sections above fall under these named roles or are the responsibility of staff within the state level team, named committees formed to support this work, or staff at the local level, effective implementation and project management oversight are recommended by a dedicated staff resource, which can be shared across Part C and Part B systems. PCG recommends an additional position of Project Manager be hired. This position

would be responsible for ensuring that all tasks, timelines, and project budgets are adhered to and that timely and effective communication occurs to each state agency, across stakeholder groups, and within and across the project initiative. PCG views this position as one that is similar to the state level position created by many states in management of their federal Race to the Top (RTT), Preschool Development Grant Birth through Five (PDG-B5), or the Child Care and Development Block Grants (CCDBG).

Funding for the Implementation

Each table throughout this Implementation Plan describes any required funding, known at the time of this report, related to the recommended strategies, approaches, and implementation needs. In some cases, such as ***Recommendation 2.5, Central Billing System***, making changes will result in cost savings to the system, though initial investment will be required up front.

EARLY INTERVENTION (IDEA PART C) IMPLEMENTATION PLAN

Recommendation 1.1. State lead agency: DOE be officially designated as the lead agency for the administration of Early Intervention (EI) Part C and that CDS administration for the program be moved within the DOE. The lead agency having responsibility to implement a statewide system of early intervention in accordance with the federal IDEA Part C regulations, including: child find and public awareness; a comprehensive system of personnel development; personnel standards; data collection; required general supervision system to monitor for compliance, correct noncompliance, and facilitate improvement; support practices that improve results and functional outcomes for children and families; as well as ensuring the provision and funding of all required early intervention services.

Recommendation 1.2. Administrative Office: EI Part C be administered within the early childhood education office, along with Head Start Collaboration and Pre-K.

Recommendation 1.7. EI program regulations: EI Part C to develop separate regulations for early intervention IDEA Part C that disentangle them from requirements for older children, making requirements clearer and easier to follow for staff, providers, collaborating partners and parents.

*Note: Please See **Appendix C** for exploration of creating and new early learning / early childhood department.*

Change:

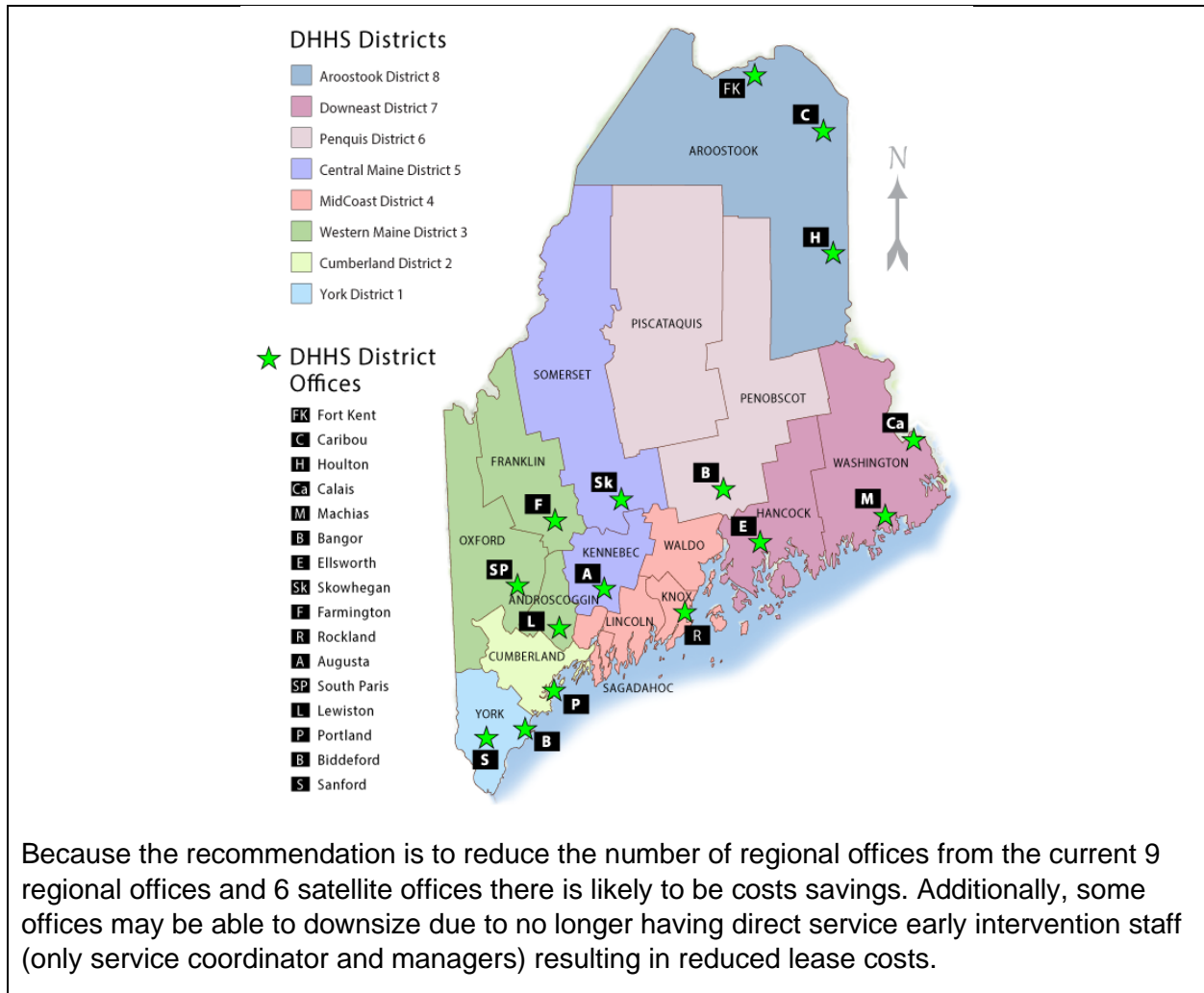
Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Introduce and pass a bill to designate the Maine DOE as the lead agency in statute for the administration of a statewide system of early intervention in accordance with the Individuals with Disabilities Education Act (Part C).	Joint Education and Cultural Affairs Committee Maine legislature	Jan. 2021 – June 2021	New early intervention statute
2. Develop early intervention regulations for the administration of IDEA Part C, separate from the Chapter 101 Maine Unified Special Education Regulation, utilizing Maine's rule making process.	Maine DOE Interagency Coordinating Council	Year 01 Month 1 - Year 02 Month 6	Early Intervention Regulation in place
3. Officially notify the US Office of Special Education	Maine DOE	Year 02 Month 4	Letter to OSEP

Programs (OSEP) of the plan to change lead agency.			
4. Plan to administratively locate Early Intervention (Part C) within Early Childhood Education) Office (ECEO) with clear and defined lines of authority.	Maine DOE	Year 01 Month 01 - Year 02 Month 12	Revised org chart
Resources needed / Dependencies:			
Staff time to develop regulations and planning within the ECEO to accommodate the EI program and staff.			
Supporting Information, Analysis, Costs:			
There should be minimal costs associated with the public hearing for the rule making process.			
There should be minimal costs associated in terms of space and equipment of moving CDS central office staff to Maine DOE.			

Recommendation 1.3. Consolidated regional office structure: EI Part C to establish a reduced number of regions with 1-3 counties (regions to be aligned to county boundaries). Regional offices to include managers and staff to provide 1) accountability and monitoring; 2) outreach and child find; 3) training and technical assistance. Service coordinators may also be located in satellite offices within the region or in-home offices to maintain proximity to families and providers throughout the region.			
Recommendation 1.5. Service Coordination: Service Coordination to continue to be provided by state employees through the regional offices, including intake, coordination of the evaluation and eligibility determination, development of the IFSP, coordination of services and supports and the transition to preschool at age 3.			
Change:			
<input type="checkbox"/> Statute <input type="checkbox"/> Regulation <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Other _____			
Action Steps	Responsibility	Timeline	Deliverable
1. Analyze staffing needs utilizing child count data and planning process to: 1.1 Determine the number of service coordinators needed based on case load of 50-60 by geographic area.	Maine DOE (with current CDS managers)	Year 2 Month 01 – Month 02	Staffing need list

1.2 Determine the number of regional office managers / administrators needed.			
2. Determine the number of regional office and sub-offices to provide regional management of EI contractors; child find and service coordination – aligned to county boundaries.	Maine DOE (with current CDS managers)	Year 2 Month 01 – Month 03	Regional office map
3. Determine if current CDS regional offices can be utilized or if new or reduced leases or shared state office space can be negotiated to accommodate the reduced number of staff.	Maine DOE (with current CDS managers)	Year 2 Month 04 – Month 06	Space plan
4. Develop state office agreements / leases for space.	Maine DOE (with current CDS managers)	Year 2 Month 07 – Month 12	Space agreements / leases
<p>Resources needed / Dependencies:</p> <p>CDS child count data by county</p>			
<p>Supporting Information, Analysis, Costs:</p> <p>While Maine DOE does not have regional offices, DHHS children’s behavioral health does have 8 districts aligned to counties that might serve as a model for early intervention office locations. DHHS has 16 district offices that could be explored for potential co-locating offices. https://www.maine.gov/dhhs/about/contact/offices</p>			



Recommendation 1.6. EI program brand name: EI Part C to develop a new brand name, reflecting the new governance.

Recommendation 3.1. Branded campaign: Using federal IDEA Part C grant funds to develop a branded campaign for early intervention (using the new program name see **Section 1.6** above) to include website, social media, materials (posters, brochure, developmental chart, promotional materials etc.) and have regional offices conduct outreach and child find to increase the number of infants and toddlers served, while promoting awareness and collaboration with local, potential referral sources.

Change:

Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Procure vender to develop logo and marketing materials.	DOE and CDS	Year 1 – Month 01 - 06	Marketing vendor contract in place

2. Brand “re-set”, creation of new program name and logo for EI Part C with input for the ICC.	DOE ICC	Year 1, Month 06 - 08	New program name and related program logo
3. Generate idea for marketing materials (posters, developmental wheels; calendars, etc.).	CDS Regional Offices	Year 1, Month 04 - 06	Submitted Child Find Plan from each regional office with all associated costs
4. Development of marketing materials reflecting new program name/ details. Materials created should be print as well as digital.	DOE Designee or Outsourced to marketing firm	Year 1, Months 7-12	Created marketing collateral including posters, brochures, developmental chart, promotional materials
5. Dissemination of new marketing materials to local community settings (restaurant placemats, shopping cart inserts, etc.) and referral sources (medical providers; early childhood providers, etc.).	Lead Agency and regional offices	Year 1, Months 10 – Year 2 Month 2	Delivery of new marketing materials
6. Regional offices should keep a record of what materials were distributed and where and provide an annual report of distribution back to the Lead Agency, as well as to the State ICC.	Regional Offices	Ongoing	Annual Report of Child Find and program outreach efforts
Resources needed / Dependencies: Outsourced marketing firm services.			
Supporting Information, Analysis, Costs: Funding available from federal IDEA Part C grant funds. Costs will vary based on submitted costs from potential vendors.			

Recommendation 1.4. EI provider agency contracts: EI Part C to contract with provider agencies through a Request for Proposal (RFP) process, aligned to state procurement rules. The EI Program should decide whether more than one provider agency can be awarded a contract for a county with a high service need or population. The contracted early intervention provider agencies would be responsible for conducting: child find (including screening); comprehensive developmental evaluations; ongoing assessments; and for ensuring the provision of all sixteen required early intervention services in accordance with IDEA Part C. Contracted EI agencies would utilize a mix of employees, sub-contracts and arrangements with other providers (e.g. health, medical, audiology) and would be monitored to ensure compliance with federal and state regulations, accurate data entry and performance measure achievement.

Change:

Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Conduct outreach forums statewide with potential provider agencies / organizations informing them of the plan to contract for EI services and provide an overview of requirements.	DOE	Year 2 month 01 - 6	Outreach forums completed
2. Develop Request For Proposals (RFP) for provider agencies / organizations to propose to provide the array of EI services to 1 or more counties.	DOE	Year 2 month 07 - 12	RFP released
3. Review and scoring/ award contracts to provider agencies / organizations to serve 1 or more counties.	DOE	Year 3 month 01 – month 02	EI contracts in place
4. Develop a process and assist all provider agencies to be enrolled in Medicaid and authorized to bill for EI services.	DOE MaineCare	Year 3 month 01 – month 09	All providers enrolled and authorized to bill MaineCare
5. Provide needed training and technical assistance to contracted provider agency staff – including billing and data submission requirements and Routines Based EI	DOE	Year 3 month 02 – month 11	Trainings conducted

evidenced-based practices to contract agencies.			
Resources needed / Dependencies:			
Rate study with revised rates should be completed prior to the RFP and the development of contracts.			
Supporting Information, Analysis, Costs:			
Potential provider agencies / organizations that should be targeted for outreach prior to the RFP include but are limited to: Current CDS providers; Head Start Programs; Maine Families (home visiting); developmental disability agencies; Community Action Programs; children’s behavioral health providers; healthcare organizations.			
There would be minimal travel costs associated with conducting the outreach forums with potential provider agencies / organizations across the state. There is little to no cost associated with publishing the RFP and reviewing and scoring proposals.			

Recommendation 1.8. Reconstitute the Interagency Coordinating Council (ICC): Ensure that required ICC members are appointed, meetings are held, and duties are carried out in accordance with IDEA Part C federal regulations. Support the effective functioning of the ICC using Federal IDEA Part C grant funds for meeting coordination, public notice, minutes and travel costs for members (especially parent members) to attend. Consider establishing the local ICCs at the regional level to advice on Part C issues and to feed information and recommendations up to the state-level ICC.			
Change:			
<input type="checkbox"/> Statute <input type="checkbox"/> Regulation <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Other _____			
Action Steps	Responsibility	Timeline	Deliverable
1. Review ICC Member list and confirm on-going availability of members to participate.	ICC Chair/ DOE Designee	Year 1, Month 1	Final listing of participating members
2. Conduct outreach to ensure all required representative seats are filled.	ICC Chair/ DOE Designee	Year 1, Month 2	Completed ICC roster of members
3. Convene a membership committee to create new member orientation as well as on-boarding supports.	ICC Chair and ICC Membership Committee	Year 1, Months 3 -4	Established Membership Committee and created new member orientation materials

4. Hold initial meeting as a “re-start” meeting to review and set the purpose, function, and priorities for the ICC. Include discussion of linkage with Local ICCs.	ICC Committee	Year 1, Month 5	Conducted Meeting with Meeting Minutes
5. Constitute voting for ICC positions, including ICC Committees and Committee Leads such as Child Find (See Section 3.2 below).	ICC Committee	Year 1, Month 5	Elected positions
6. Set calendar of meetings for remainder of year.	ICC Committee	Year 1, Month 5	Calendar of meetings
7. Plan Agenda items for meeting series, include invited speakers to keep attendance and engagement high.	ICC Committee	Year 1, Month 5	Planned Agenda and selected speakers

Resources needed / Dependencies:

For Action Step #3, refer to [SAP-SICC | OSEP Collaboration Spaces \(osepideasthatwork.org\)](http://osepideasthatwork.org) for recorded webinar that Maine can adapt content from for their own ICC Member onboarding.

Committee should review [PowerPoint Presentation \(osepideasthatwork.org\)](http://osepideasthatwork.org) relating to Action Step #4 above, creating a local version to lead the planning efforts.

Supporting Information, Analysis, Costs:

Federal IDEA Part C grant funds are available for meeting coordination, public notice, minutes and travel costs for members (especially parent members) to attend.

Recommendation 2.1. MaineCare billing expansion: EI Part C to renew billing to MaineCare for service coordination and special instruction (sometimes defined as ‘developmental instruction’/‘developmental therapy’ in state Medicaid policy). Under federal IDEA Part C regulations special instruction includes working with the infant or toddler with a disability to enhance the child’s development across domains including communication, gross and fine motor, adaptive, social and emotional. Service coordination may be funded under targeted case management. Both services were funded by MaineCare in the past and are consistently funded in other states.

Recommendation 2.2. MaineCare early intervention policies: Continue collaboration with MaineCare to develop specific ‘early intervention section’ (separate from a school-based section) of the MaineCare Benefits Manual that includes service definitions, billing codes, modifiers and rates for all reimbursable early intervention services. These can be used within the central billing system (see **Section 2.5**) to ensure that billing

documentation and claiming processes meet MaineCare requirements and prevent audit exceptions. This will also ensure clear and consistent use of modifiers which is necessary for the accurate calculation of the state match (seed) associated with IEP authorized education services. These new codes and billing processes should be clearly and effectively communicated to all providers.

Change:

Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Planning meetings to determine what changes to MaineCare Benefits Manual sections and potential system configurations, including creation of provider types and specialties, needed to bill service coordination and developmental instruction, as well as potential changes and state plan and revised MOU between DOE and MaineCare.	DOE and MaineCare	Year 1 Month 1 - 3	Plan for incorporating services
2. Make needed changes to the CINC database needed to bill these services.	DOE and CDS staff.	Year 1 month 3 - 9	CINC changes made
3. Meet to draft new early intervention MaineCare Benefits Manual section, including definitions, codes, modifiers.	DOE and MaineCare	Year 1 month 06 - 12 Note: the timeline would be extended if a State Plan Amendment is necessary.	Draft MaineCare Benefits Manual - EI section
4. Convene stakeholders (including CDS staff and contracted providers) to gather input, especially on the clarity of the document.	DOE and MaineCare Stakeholder group	Year 1 month 03 - 12	Stakeholder meeting
5. Proceed with putting the final MaineCare Benefits Manual EI section through the rule-making process.	MaineCare	Year 2 month 01 - 09	Final MaineCare Benefits Manual - EI section

<p>6. Develop budget to project the increased seed (state match) related to billing service coordination and developmental instruction.</p>	<p>DOE, CMS</p>	<p>Year 2 Month 01 - 12</p>	<p>Budget for Seed (state match)</p>
<p>7. Make needed changes to the MaineCare MIHMS system to process changed services codes, modifiers and units.</p>	<p>MaineCare</p>	<p>Year 2 month 9-12</p>	<p>Change made to Medicaid billing system (as needed)</p>
<p>8. Provide training webinar on the new EI billing codes, modifiers, and requirements to EI state and contracted providers, including start date. Post webinar and materials on the website.</p>	<p>DOE and MaineCare</p>	<p>Year 2 month 06 - 09</p>	<p>Training webinar conducted and posted.</p>
<p>Resources needed / Dependencies:</p> <p>The rate study completion in Year 1 will provide revised rates and potential rate structure (e.g., whether 15 mins or monthly rate) in order to include the recommended rates in new MaineCare Benefits Manual section for EI.</p> <p>Will require cross agency collaboration with MaineCare</p>			
<p>Supporting Information, Analysis, Costs:</p> <p>No costs are associated with implementing these recommendations, other than the staff time associated with meetings, planning and the rule making process. Significant cost savings to be realized with clearly defined billing procedures and followed by providers revenue enhancements through billing service coordination and developmental instruction, resulting from increased federal Medicaid dollars being realized for these services which are currently entirely state funded.</p> <p>Resources on the experience of other state early intervention programs can be found in the Infant Toddler Coordinators Association 2018 Finance Survey Report https://www.ideainfanttoddler.org/pdf/Finance-Survey-Report-Pt-2-public-private-insurance-family-fees.pdf.</p> <p>It may be helpful discuss the experience of billing Medicaid with peer states such as Connecticut and Massachusetts or other states that utilize Medicaid funding for early intervention that is carved out of managed care e.g., New Mexico.</p>			

<p>Recommendation 2.3. Early intervention rate study: Conduct a rate study to develop rates that address the costs of providing early intervention services, including preparation for services, travel and report writing. The development of rates for evaluation and assessment should also be included. If adopted, the EI program should engage with MaineCare in order to standardize rates of reimbursement for services provided to MaineCare eligible and non MaineCare eligible children.</p>			
<p>Change:</p> <p><input type="checkbox"/> Statute <input type="checkbox"/> Regulation <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Other _____</p>			
Action Steps	Responsibility	Timeline	Deliverable
1. Develop and publish a rate study Request For Proposals (RFP).	Maine DOE (with CDS)	Year 1 Month 1	RFP published
2. Score proposals received and award contract.	Maine DOE (with CDS)	Year 1 Month 2 - 3	Contract study vendor contract in place
3. Work with rate study vendor to provide needed data, revise tools and input from a stakeholder group, including providers and MaineCare.	Maine DOE (with CDS) Stakeholder group MaineCare.	Year 1 Month 4 - 10	Rate study report
4. Review rate recommendations and determine changes to be made to rates and billing methodology.	Maine DOE (with CDS) MaineCare	Year 1 Month 11 - 12	Rate change strategy developed
<p>Resources needed / Dependencies:</p> <p>DOE, CDS and MaineCare staff time to provide data and engage in the rate study process.</p>			
<p>Supporting Information, Analysis, Costs:</p> <p>MaineCare is currently conducting a 'Comprehensive Rate System Evaluation' by Myers and Stauffer and all services currently reimbursable by MaineCare are included in the study, including current school-based services. However, this rate review does not break out CDS specific services; nor does it include any potential new services as recommended by PCG through this process.</p> <p>Rate studies typically take 6 - 9 months to complete, although they can be expedited if necessary. The rate study process typically analyzes data over a 12-month period – often the most recent full fiscal year to allow alignment with financial statement / audits. A rate study typically includes an analysis of provider costs expenditures for salaries and benefits, administration operating, contracts, travel, etc., versus revenue received; a review of labor /</p>			

market salary rates. Rate studies sometimes also include a time study portion with staff recording their time in 15-minute increments throughout a 1-2-week period, which allows calculation of the ratio of billable to non-billable time (i.e., prep., travel, report writing). With any rate study it is critical to get stakeholder engagement from providers and entities like the state Medicaid program, both to get input on tools and processes and to create buy-in for the results.

Rate recommendations can often result in decisions to be made related to units and billing methodology (e.g., will service coordination be reimbursed on a 15 minute or monthly unit). Results of a comprehensive rate study can be used to set state early intervention and Medicaid (MaineCare) rates, as well as the amount billed to private health plans. Rate studies typically cost between \$100,000 - \$150,000.

Recommendation 2.4. Early intervention private insurance statute:

Amend private insurance legislation ‘Title 24-A Chapter 35 § 2847-S Coverage for children’s early intervention services’ to include 1) coverage of additional early intervention services (including special instruction by developmental specialists); 2) removing or raising the annual cap; and 3) changes “referral from the children’s primary care provider” to “for children who meet the State’s eligibility criteria for early intervention and services provided in accordance with their Individualized Family Service Plan (IFSP).”

Change:

Statute Regulation Administrative Other _____

Action Steps:	Responsibility	Timeline	Deliverable
1. Research and present the proposed revised cap or whether to remove the cap.	Maine DOE (with CDS)	Year 2 month 1 - 3	Plan regarding Cap / no cap
2. Draft bill to amend ‘Title 24-A Chapter 35 § 2847-S Coverage for children’s early intervention services.	DOE Bill sponsor	Year 2 Month 6 - 10	Bill passed to revise statute
3. Develop revised procedures and provide guidance and training regarding billing private insurance.	Maine DOE (with CDS)	Year 2 Month 11 - 12	Revised procedures Training provided

Resources needed / Dependencies:

Revise MaineCare Benefits Manual to include an early intervention section that includes developmental instruction and service coordination before adding these services to the ‘Title 24-A Chapter 35 § 2847-S Coverage for children’s early intervention services’ which enables the argument that these are covered by the public health insurance (i.e., MaineCare).

Supporting Information, Analysis, Costs:

No costs are associated with this change.

Currently, twenty-two states (85%) responded (N = 26) there was no cap on payment, while four states (15%) indicated there was a cap that ranged from \$3,000 to \$6,500 according to the Infant Toddler Coordinators Association - 2018 Finance Survey Report

<https://www.ideainfanttoddler.org/pdf/Finance-Survey-Report-Pt-2-public-private-insurance-family-fees.pdf>

Recommendation 2.5. Central Billing System: Develop a central billing system to process claims to MaineCare and private insurance that maximizes revenue through automation and efficiencies. Delivered services data (e.g., <number of minutes> of <service> provided on <date> to <child> at <location> by <therapist name> <therapist number>) from SAUs and contracted providers would be collected through a central web-based electronic data system. The data is then converted and processed into claims by either state employees or through a billing agent. A decision would be made regarding whether the payment would go directly from the private insurance plan and / or MaineCare directly to the contracted provider OR on pay-and-chase basis where the state reimburses the contracted provider and 'chases' the 3rd party reimbursement from the private insurance plan and / or MaineCare. Both options are utilized in other states.

Change:

Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Hold meeting to make initial decisions regarding a central billing system.	Maine DOE (with CDS)	Year 2 Month 1	Central Billing decision paper
2. Develop and publish a Request For Proposals (RFP) for a central billing system.	Maine DOE (with CDS)	Year 2 months 2 - 3	RFP
3. Review, score proposals and award a contract to the selected vendor.	Maine DOE (with CDS)	Year 2 Months 4 - 5	Contract with vendor
4. Work with the contracted vendor to implement any needed changes for data collection.	Maine DOE (with CDS)	Year 2 month 6 - 12	Central billing system operational

Resources needed / Dependencies:

Staff time will be needed for the planning and work with the chosen vendor for the implementation.

It is necessary for the MaineCare Billing Manual section for early intervention services to be completed so that the codes, modifiers and requirements can be built into the system. It is

also necessary that the rate study be completed, especially if it results in different units (e.g., 15 minutes verses per completed evaluation).

Supporting Information, Analysis, Costs:

A central billing system or central billing office is where data on delivered services is collected through an electronic (online) data base. Those data are processed into claims that are submitted to Medicaid (MaineCare) and private health plans for payment. The processing of the claims, including and following up on denied / pending claims can be done by state staff or through a contract billing agent.

Funding of a central billing system can be funded through 1) fixed annual fee – divided into 12 monthly payments, 2) Fixed fee plus incentive contingency e.g., % increase based on a certain revenue level collected) 3) Contingency e.g., 5% of revenue collected 4) per transaction / per claim amount. Upfront ‘design, development and Implementation’ (DDI) can often be built into the payment methodology meaning there are no upfront costs. Therefore, any costs or fees associated with the central billing system is funded as part of the enhanced revenue collected and the state does not need to appropriate additional funds. If using an existing database to collect the delivered services data – there may be modifications needed in order to collect the needed data for generating the claims.

Payments to rendering provider can be from the payor (MaineCare or private health plan) or on a pay and chase basis – where the state reimburses the provider in full and ‘chases’ the 3rd party reimbursement from the payor.

The advantages of collecting all service and billing data centrally is that the state program has real-time access to robust data for analysis and reporting that allows for planning and projections statewide. Centralized data also increases accountability and business rules can be built in that prevent erroneous claims - e.g., a service can only be billed if approved on the Individualized Family Service Plan (IFSP). If a subset of providers is allowed to bill outside of the centralized billing system, there are then gaps in the data – making projections and planning more difficult.

A central billing system reduces administrative burden on providers who would otherwise need their own billing specialists. In a centralized billing system, the central billing office (state staff or contracted billing agent staff) have the expertise and experience in processing and following up on claims in order maximize revenue. The claiming process would utilize codes and modifiers approved by MaineCare and guidance and training would be provided to providers regarding documentation required locally to justify the claim submitted thus minimizing the potential for audit repayments, should a provider be audited by MaineCare as the rendering provider.

<p>Recommendation 3.2. Child Find Plan: Establish a standing committee of the ICC (with partners from public health, Academy of Pediatrics; child care, home visiting, etc.) to develop and oversee implementation of statewide child find plan.</p>			
<p>Change:</p> <p><input type="checkbox"/> Statute <input type="checkbox"/> Regulation <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Other _____</p>			
Action Steps	Responsibility	Timeline	Deliverable
1. In conjunction with <i>Action Steps from Recommendation 1.8</i> above, designate a committee within the State ICC to develop a statewide child find plan.	Committee of State ICC	Year 1, Month 05	Selection of committee members
2. Committee meets to set statewide child find goals, plan outreach efforts and prepare data collection tool for gathering child find activities for reporting.	Committee of State ICC	Year 1, Month 05 - 09	Completed meeting and detailed outreach/ Child Find plans
3. Develop regional level / local ICC child find plans based on data (# of referrals from medical providers, EC providers, other) and targeting referral sources particular to that region (e.g., a particular birth hospital).	CDS Regions Local ICC	Year 1 Month 6 - 12	Regional child find plans
4. Committee member/ lead checks in with regional ICCs and at each State ICC meeting to hear report of / share child find activities conducted and data on referrals, number and % of children served.	State ICC Child Find Committee Lead	At each ICC Meeting	Agenda item added to meeting agenda and summary include in meeting minutes
5. Annual planning for designated statewide child find efforts, perhaps coordinated with NAEYC's Week of the Young Child or some other timeframe. Planning should include detailed and consistent child	State ICC Child Find Committee	Annually	Created Child Find Statewide Coordination Plan

<p>find efforts/ approaches to conducting screenings and referrals. Planning should include marketing materials from Action Steps #1-5 in Section 1.6. EI Branded Name and Section 3.1. Branded Campaign.</p>			
<p>6. Collection of child find efforts and development of Annual Child Find Outreach Report to be delivered to DOE.</p>	<p>Child Find Committee</p>	<p>Annually, set with state reporting for the APR.</p>	<p>Completed record of child find activities</p>
<p>7. A plan for sharing information back to the referral source is developed along with process for annual review of referral sources to identify any gaps or missing referral sources.</p>	<p>Child Find Committee</p>	<p>Annually</p>	<p>Completed Referral Source Plan</p>
<p>Resources needed / Dependencies: Renewal of State ICC and completed Action Steps #1-3 detailed in Section 1.8.</p>			
<p>Supporting Information, Analysis, Costs:</p> <p>Child find efforts should be comprehensive and include targeted outreach with referral sources and developmental screening done in collaboration with healthcare providers and other EC providers including Head Start / Early Head Start, in accordance with the requirements from IDEA.</p> <p>Child find efforts can also be conducted in collaboration with SAU partners using program or other community space. This outreach about child find efforts should be coordinated with SAUs, sharing information with parents of children enrolled at SAU as a means of additional outreach.</p> <p>SAU staff should collaborate with Part C providers locally to organize and conduct local child find “fairs” or events within their community. Other partners should be included in the outreach such as Head Start and MIECHV programs.</p> <p>Costs should be minimal, and child find outreach efforts are part of program and staff requirements under IDEA. Funding is available for child find efforts through IDEA Part C funds.</p>			

<p>Recommendation 3.3. Eligibility Criteria: Consider changing the state’s eligibility criteria to enable more children with less significant developmental delays to be served.</p>			
<p>Change:</p> <p><input type="checkbox"/> Statute <input checked="" type="checkbox"/> Regulation <input type="checkbox"/> Administrative <input type="checkbox"/> Other _____</p>			
Action Steps	Responsibility	Timeline	Deliverable
1. Form an ICC committee to review the eligibility criteria utilized by other states in the moderate and broad eligibility grouping and make recommendation for Maine’s early intervention system.	Maine DOE (with CDS) Interagency Coordinating Council (ICC)	Year 1 month 01 - 03	Eligibility criteria recommendation
2. Revise early intervention regulations to incorporate the new eligibility criteria.	Maine DOE (with CDS)	Year 1 Month 03 - 06	Bill passed to revise statute
3. Provide guidance and training to CDS staff and provides.	Maine DOE (with CDS)	Year 1 Month 07 - 12	Revised procedures Training provided
<p>Resources needed / Dependencies:</p> <p>This change should be made at the same time as Recommendation 1.7 so that the new eligibility criteria can be added to the revised early intervention regulations.</p>			
<p>Supporting Information, Analysis, Costs:</p> <p>A summary table with the eligibility criteria of other states was compiled in 2015 by the Early Childhood Technical Assistance Center https://ectacenter.org/~pdfs/topics/earlyid/partc_elig_table.pdf. The state eligibility criteria groupings of narrow, moderate and broad is collated by the Infant Toddler Coordinators Association https://www.ideainfanttoddler.org/pdf/2018-Child-Count-Data-Charts.pdf</p> <p>No costs are associated making this change other than staff time.</p> <p>There would be increased costs associated with of serving additional children through this recommendation to change the state’s eligibility criteria in combination with the enhanced child find plan (Recommendation 3.1 and 3.2). If Maine increases the percentage of eligible birth to age 3 population from the current 2.46% to the national average of 3.48% (one-day count) this would result in an additional 723 children served over a one-year period. This increase would cost approximately \$3.3 Million with increases to private health insurance billing – (Recommendation 2.4) and MaineCare (Recommendation 2.2) as well as enhanced claiming through central billing (Recommendation 2.5) would result in 40 -50% of these increased costs being funded through private insurance and MaineCare.</p>			

Recommendation 3.4. Competencies, training & practice-based

coaching: Develop competencies and the associated training for all early intervention providers that incorporates the evidence-based Routines-Based Early Intervention (FBEI) model and other Part C key principles and practices referenced earlier in this report. It is also recommended that this training make use of web-based learning along with classroom-based instruction and incorporated practice-based coaching. Continue to ensure fidelity in implementing FBEI under the State's federal State Systematic Improvement Plan (SSIP).

Change:

Statute Regulation Administrative Other: Training and Credentialing Supports

Action Steps	Responsibility	Timeline	Deliverable
1. Define the goals and outcomes of developed competencies and training. Sample state and national level competency frameworks are included in the Resources Section below.	DOE Designee or Outsourced	Year 1, Months 1-3	Developed goals and competency framework
2. Develop full competencies within the framework, aligning with Maine's vision for service delivery, with data and reporting from Maine's SSIP and in alignment with credentialing requirements for providers.	DOE Designee or Outsourced	Year 1, Months 4-6	Created Competency Framework
3. Present competency framework to stakeholder group for input. Merge stakeholder input into finalized competency framework.	DOE Designee or Outsourced	Year 1, Months 7-8	Hosted focus groups or facilitated feedback sessions Finalized competency framework
4. Create self-assessment and trainings to support the implementation and adoption of the competencies. Training should be created in hybrid format, allowing for e-learning/ online delivery.	DOE Designee or Outsourced	Year 1, Months 10-12; Year 2, Months 1-3	Created training resources

5. Conduct pilot training sessions, beginning with self-assessment and delivering training, collecting feedback and using input to finalize curriculum before statewide implementation.	DOE Designee or Outsourced	Year 2, Months 4-5	Completed Pilot Training Series
6. Conduct evaluation of pilot program and review of participant self-evaluation data before creation of statewide implementation approach.	DOE Designee or Outsourced	Year 2, Month 6	Evaluation Report
7. Design of statewide deployment and coaching supports to embed competencies into service delivery.	DOE Designee or Outsourced	Year 2, Beginning in Month 7 and ongoing	Ongoing coaching support embedded as part of program reflective supervision practices
<p>Resources needed / Dependencies:</p> <p>Family Guided Routines Based Intervention and Coaching EI Competencies.docx (temp.domains)</p> <p>Principles and Practices of Early Intervention Core Competencies (vcu.edu)</p> <p>Washington State Competencies for Early Interventionists</p>			
<p>Supporting Information, Analysis, Costs:</p> <p>While many of the resources listed above provide a framework that could be followed and adopted for Maine, time reviewing and aligning the competencies with specific goals and needs within Maine is needed. This could either be completed under the direction of the DOE, or their Designee, or could be outsourced through state procurement processes.</p> <p>Costs would be determined based on who is performing the work. If completed in-house by DOE, costs would be minimal, but if capacity is limited within DOE and the work is outsourced, Maine should follow similar state procurements to set the budget. Cost proposals will vary based on offeror's cost rates/ proposed approach to the work.</p>			

III PRESCHOOL SPECIAL EDUCATION (IDEA PART B-619)

PRESCHOOL SPECIAL EDUCATION (IDEA PART B-619) IMPLEMENTATION PLAN TIMELINES

The following timeline provides a high-level overview of all recommendations being made within this Implementation Plan for Part B- 619. The snapshot of the implementation timeline is provided below but a larger version is included as **Appendix D**, with the snapshot included below for quick reference alongside the recommendations.

The following timeline provides an overview of all recommendations being made within this Implementation Plan. As described in the narrative in the tables that follow, some of the tasks are dependent on other project tasks or phases. Those that are either dependent on or should be implemented alongside other tasks are grouped together in the following Implementation Timeline Snapshot.

It is also important to understand that this timeline represents the implementation of the tasks in the implementation plan. Many of the recommendations reflected as tasks within this timeline will continue into subsequent years.

TABLE 3. PART B-619 IMPLEMENTATION TIMELINE

Task	Year 1/ Months												Year 2/ Months												Year 3/ Months												
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
Part B- 619																																					
1.1. Designated State Agency																																					
1.2. Administrative Office																																					
1.3. 619 State Staff																																					
1.5. Revise State Regulations																																					
1.10. 619 Representation																																					
State-level administration from CDS - DOE complete																																					
1.6. Transition Period																																					
1.7. State-level Transition Leadership planning																																					
State-level transition planning																																					
1.4. Designate SAUs to provide 619 services																																					
1.8. SAU Transition Planning																																					
2.6. Fiscal Toolkit																																					
SAU transition planning complete																																					
2.1. Central Billing System																																					
2.2. MaineCare Special Education Services Section																																					
2.3. Rate Study																																					
2.4. Funding of 619 Services																																					
2.5. Review of Current Children with High Costs																																					
Initiate Billing Changes																																					
1.9. Inclusion Guidance Document and training																																					
3.1. Training and Professional Development																																					
3.2. Pyramid Model																																					
3.3. Chapter 676 Training																																					
3.4. Use of Developmental Delay Eligibility Category																																					
Complete guidance and training																																					
Key Tasks / Milestones																																					

Many of the recommendations reflected as tasks within this timeline will continue into subsequent years. The steps reflected in the timelines presented in this report indicate the implementation timeline only.

PRESCHOOL SPECIAL EDUCATION (IDEA PART B-619) IMPLEMENTATION PLAN

Recommendation 1.1. Designated state agency: Designate in state statute the Maine Department of Education (DoE) as the state agency for the administration of Part B-619 services for children with developmental delays and disabilities 3 through 5.

Recommendation 1.2. Administrative Office: Administration of Part B-619 services at the DOE to be within the Office of Special Services, along with K-12 special education services. Regular planning and coordination with staff from the Office of Early Childhood Education is also recommended.

Recommendation 1.3. 619 state staff: Administration of Part B-619 services at the DOE to include a 619 Coordinator and team of early childhood special education specialist staff to assist in the statewide implementation of Part B-619 services by SAUs, including: 1) accountability and monitoring; 2) inclusion support and community systems building; and 3) training and technical assistance.

Recommendation 1.10. 619 representation: Ensure IDEA Part B-619 representation on the state IDEA panel, Children’s Cabinet and other early childhood planning initiatives.

Change:

Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Introduce and pass a bill to designate the Maine DOE as the lead agency in statute for the administration of a statewide system of 619 preschool special education in accordance with the Individuals with Disabilities Education Act (Part B-619). Include Sections 1.4. SAU designation; 1.6 transition period; and 2.4 billing mechanism.	Joint Education and Cultural Affairs Committee Maine State Legislature	Jan. 2021 – June 2021	New early preschool special education statute
2. Revise MUSER (Maine Unified Special Education Regulations) reflecting these changes – see Recommendation 1.5 below.	DOE	Year 1 Month 01 – Year 2 Month 8	MUSER revised and published

3. Hire 619 Coordinator position within a revised organizational structure of the Office of Special Services.	DOE	Year 1 Month 01 – 02	619 Coordinator hired
4. Create job descriptions and responsibilities and hire 3-4 Preschool Special Education Specialists who will report to the 619 Coordinator.	DOE	Year 1 month 03 - 06	Preschool Special Education Specialists hired
5. Plan for space and equipment for these positions with DOE.	DOE	Year 1 month 01 - 06	Space and equipment
6. Develop operations manual for how the 619 team will support the statewide implementation of 619 service, including 1.) accountability and monitoring; 2.) inclusion support and community systems building; and 3.) training and technical assistance.	DOE	Year 1 Month 06 - 10	619 operations manual
7. Facilitate 619 Coordinator or 619 staff’s membership / participation in 1) current advisory groups (IDEA Panel, ICC, Children’s Cabinet, etc.) and 2) interagency initiatives (Quality for ME – QRIS) and 3) regularly scheduled meetings with the DOE Office of Early Childhood Education.	DOE	Year 1 Month 1 - 6	Membership of EC groups Schedule of meetings with OECE

Resources needed / Dependencies:
 Positions to be transferred from CDS. Getting these positions on board will allow the 619 Coordinator and team of Preschool Special Education Specialists to lead the implementation planning over the transition period.

Supporting Information, Analysis, Costs:
 The statute change would be within Title 20-A: Education, Part 4: Specific Education Programs Subpart 1: Special Education chapter 303 Children with Disabilities to add a ‘preschool special education services (IDEA Part B)’ section.
 The national Early Childhood Technical Assistance (ECTA) Center has many resources <https://ectacenter.org/sec619/sec619.asp> and can be engaged for technical assistance.

ECTA also provides ongoing support and learning communities <https://ectacenter.org/resources/communities.asp> for state 619 coordinators

DOE will have to determine whether to utilize the current CINC data system in CDS which includes functionality for measuring federal performance measures – ‘early child outcomes’, transition, etc., as well as delivered services data for billing. Data folks from CDS and DOE should meet in year one to determine whether it is best to keep CINC ongoing or through the transition until an alternative can be designed and built.

Little or no costs to implement these recommendations. Costs for personnel and benefits for the 619 staff could be moved from CDS.

Recommendation 1.4. Designate SAUs to provide 619 services: SAUs to be officially designated in state statute as responsible for the provision of Part B-619 services in accordance with federal and state regulations for all eligible children with developmental delays and disabilities ages 3 through 5 in their catchment area.

Change:
 Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Introduce and pass a bill to designate SAUs as responsible for the delivery of preschool special education services in accordance with the Individuals with Disabilities Education Act (Part B-619). Includes Recommendations 1.1 . DOE designation; 1.6 transition period; and 2.4 billing mechanism.	Joint Education and Cultural Affairs Committee Maine State Legislature	Jan. 2021 – June 2021	New early preschool special education statute
2. Hold initial virtual townhall with CDS and SAUs informing them of the statute changes, timelines and process for the 3-year transition planning process. Post recording.	DOE and CDS	Year 1 Month 1	Townhall meeting held
3. Assign someone to be the lead for communications (e.g., DOE Newsroom manager; 619 Coordinator).	DOE	Year 1 Month 01	Communication lead assigned

4. Create communication plan (see communication plan section of this report) for a variety of audiences.	DOE and CDS	Year 1 month 02	Communication plan
5. Implement communication plan (website, email newsletter, social media, etc.).	DOE and CDS	Year 1 Month 3 and ongoing	Variety of media to inform internal and external stakeholders
6. Host virtual regional meetings to provide information and provide opportunity for Q&A.	DOE and CDS	Quarterly	Virtual Regional meetings

Resources needed / Dependencies:

See communication plan section of this report for more information.

Supporting Information, Analysis, Costs:

SAUs, CDS, providers, families and stakeholders will need to be informed of changes to the system and involved in developing and refining plans for all areas of the transition.

SAUs will be responsible for child find, eligibility determination, development of the IEP and provision of all services on the IEP in accordance with IDEA Part B and Maine Unified Special Education Regulations (MUSER).

SAUs must inform families of their procedural safeguards, which includes parental rights and the process for dispute resolution. While the DOE is responsible for the process of formal complaints, mediation and due process, and providing trained hearing officers, the SAU must participate in any due process procedures and must comply with the writing decision of the hearing officer and any costs associated with legal representation. CDS has had just seven (7) due process hearings statewide related to IDEA Part B-619 services in the past four (4) years, however all of these hearings were either resolved in mediation between the parties or were withdrawn.

Costs would be minimal for developing the communication plan and providing regional meetings to communicate the transition plan. Staff time would be dedicated to implementing the communications plan.

Recommendation 1.5. Revise state regulations: Revising the current Maine Unified Special Education Regulation (MUSER) to include the new administrative structure, including the provision of Part B-619 services by SAUs.

Change:

Statute Regulation Administrative Other: _____

Action Steps	Responsibility	Timeline	Deliverable
--------------	----------------	----------	-------------

<p>1. Utilize the state-level transition leadership team to make recommendations regarding needed changes to Maine Unified Special Education Regulations (MUSER) – utilizing their self-assessment information and input from workgroups (see Section 1.7).</p>	<p>DOE State-level transition leadership team</p>	<p>Year 1, Month 01 - 02</p>	<p>State-level Transition Team recommendations</p>
<p>2. Revise MUSER as needed based on recommendations.</p>	<p>DOE</p>	<p>Year 1, Month 03</p>	<p>MUSER changes drafted</p>
<p>3. Facilitate revised MUSER through Maine’s rule making process (publishing, hearing, etc.) including required review and approval by the legislature.</p>	<p>DOE</p>	<p>Year 1, Month 04 - Year 2 Month 08</p>	<p>MUSER revised</p>

Resources needed / Dependencies:

Due to the time-consuming nature of revising state regulations, it will be important for the state-level transition team to review the current MUSER regulations to determine needed changes to effectively administer IDEA Part B-619 services at the state level and to support SAU to provide 619 services within their districts, as the state will not want to promulgate regulations only to have to do it again several months later.

Staff time will need to be dedicated to revising the regulations and facilitating it through the rule making process.

Supporting Information, Analysis, Costs:

Generally, IDEA rules and regulations apply to all children with disabilities ages 3-21, though there are some requirements specific to the age of the child – see ECTA website and resources <https://ectacenter.org/sec619/sec619.asp> ECTA technical assistance may also be available to support this process i.e., if specific questions arise e.g., should something be in regulations or in guidance.

Little or no costs associated with promulgated revised regulations other than staff time.

Recommendation 1.6. Transition Period: Establish a transition period of 3 full school/fiscal years (e.g., if legislation was passed in March 2021 – the transition period would be July 2021 – June 30, 2024), providing support and direct funding options for ‘early adopter’ SAUs to provide IDEA 619 services to children 3-5 after 2 years.

Recommendation 1.7. State-level transition leadership team: Establish a state-level transition leadership team to work during the transition period to address identified

state-level funding, facility, statute and policy changes, workforce and training and professional development, technical assistance. The state-level transition leadership team be assigned to complete 'ECTA Systems Framework' IDEA Part B 619 self-assessment, including the governance, accountability & quality improvement and finance sections and using the results during the transition period as part of the implementation planning.

Change:

Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Create a statewide 619 Transition Leadership Team to include: 1.) Special Ed Director; 2.) 619 Coordinator and staff; 3.) CDS managers, 4.) DOE and CDS finance; 5.) DOE and CDS data managers; 6.) SAU representatives; 7.) contracted providers; 8.) State Pre-K; 9.) Head Start Collaboration Office; 10.) DHHS Child Care representatives; 11.) Parent/family representatives; and 12.) Communications Director.	DOE	Year 1 Month 1	Transition
2. Assign / hire a project manager to coordinate state-level transition activities.	DOE	Year 1 Month 1	Project manager in place
3. Establish meeting schedule, communication protocols (minutes, access to shared docs, etc.).	DOE	Year 1 Month 1 - 2	Meeting schedule
4. Establish workgroups and schedule for: a) Training and TA (see 3.1) Training and professional development b) SAU self-assessment / Fiscal Toolkit refinement (see 1.8 SAU transition planning) c) LRE / Inclusion Interagency Taskforce	DOE and transition leadership team.	Year 1 Month 02	Work group membership and schedule established

(see 1.9 Inclusion Guidance document).			
5. Transition leadership team to complete the ECTA Systems Framework Self-assessment, that includes Governance; Finance; Personnel Workforce; Accountability & Quality Improvement; data system.	DOE and transition leadership team.	Year 1 Month 02	Completed Systems Framework Self-assessment
6. Develop state-level transition project plan based on results of the self-assessment and other identified needed areas. Project plan to include tasks, timelines, assignments and deliverables and track progress.	DOE Project manager	Year 1 Month 03 and ongoing	Transition project plan
7. Finalize SAU self-assessment and fiscal tool kit.	DOE SAU self-assessment / Fiscal Toolkit workgroup	Year 1 month 04 - 05	Final SAU self-assessment and fiscal tool
8. Provide training and technical assistance to SAUs on the self-assessment and fiscal toolkit.	DOE	Year 1 month 06 - 07	Training provided to SAUs
9. Transition leadership team to continue to meet and revise the transition plan as need though out the transition period.	DOE and transition leadership team.	Ongoing	Transition plan revised as necessary
Resources needed / Dependencies:			
Staff time and commitment to the state-level transition leadership meetings.			
The state-level transition planning needs to occur early in year one in order for the SAUs to have the information and materials in order to move forward with the planning at their level.			
Supporting Information, Analysis, Costs:			
The Early Child Technical Assistance (ECTA) center has a number of systems / state-level resources for the implementation of IDEA Part B-19 including the Systems Framework Self-assessment. ECTA is available to provide targeted support and technical assistance for the			

state-level transition. Should Maine be interested in more intensive support, they would need to contact the ECTA Director.

Costs for this state-level planning would be an FTE for project management – possibly someone that could be assigned from another role in DOE.

Recommendation 1.8. SAU Transition planning: Support all SAUs to develop a preschool special education transition plan in year 1 through a team process to include parents and community partners. Each transition plan to address: number of children 3-5 with disabilities projected to be served; their current placements; projected placements; community partner agreements with Head Start and child care; opportunities to expand Pre-K; any needed space / facility needs; personnel needed (hiring / contracts); identification of technical assistance needs for topics such as, recommended practices for serving young children, early childhood outcomes, reporting required data and the use of the fiscal toolkit to address opportunities to braid funding.

Change:

Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Each SAU to assign a Preschool special education (619) lead.	SAU	Year 1 Month 02 - 04	Preschool special education (619) lead assigned
2. Each SAU to form a transition team and establish a meeting schedule, including: 1) Preschool Special education lead, 2) special education director (may be the same as #1), 3) superintendent (or designee), 4) special education teacher, 5) related services provider, 6) parent or family representative, 7) fiscal staff, 8) Pre-K rep. (if SAU operates a Pre-K), 9) community EC provider(s) e.g. Head Start / child care.	SAU	Year 1 Month 03 - 06	SAU Preschool special education (619) transition team in place Meeting schedule
3. Complete SAU self-assessment and fiscal toolkit.	SAU Support from DOE	Year 1 month 07 - 12	SAU self-assessment and fiscal toolkit completed
4. SAUs to submit transition plans for review and approval.	SAUs	Year 1 Month 10	SAU Transition plans (including

DOE to provide TA if plans are not sufficient.	DOE		Fiscal toolkit) submitted
5. Participate in inclusion training, planning, and technical assistance from DOE.	SAU Preschool Special Education Leads	Ongoing	Training attendance
6. Implement transition plan and revise as necessary.	SAU	Ongoing	
7. SAUs submit brief quarterly reports including: highlighted achievements; barriers and challenges encountered; and work ahead in the next quarter.	SAU DOE	Ongoing	Quarterly progress reports
Resources needed / Dependencies: State level transition planning (see 1.7), including finalizing the self-assessment and fiscal toolkit, developing training modules and guidance documents need to be completed in order to support SAUs to be successful in their planning and implementation.			
Supporting Information, Analysis, Costs: Some costs to SAUs are associated with planning time and attending training and technical assistance opportunities.			

Recommendation 1.9. Inclusive early childhood education guidance document: Develop state guidance for SAUs and community early childhood providers regarding the implementation of inclusive early childhood services (drawing on national and other state documents).			
Change: <input type="checkbox"/> Statute <input checked="" type="checkbox"/> Regulation <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Other: Training and Technical Assistance			
Action Steps	Responsibility	Timeline	Deliverable
1. Development of a state Inclusion Interagency Task Force to lead planning for inclusion, see also 1.3 reference.	Department of Education (DOE)	Year 1- Month 01 - 03	Listing of Interagency Task Force Members
2. Facilitated completion and associated planning relating to the ECTA State Early	DOE and state Inclusion	Year 1- Month 04	Completed Self-Assessment and clearly stated goals related to

Childhood Inclusion Self-Assessment	Interagency Task Force		self-assessment findings
3. Review and use of resources available through ECTA on Indicators of High-Quality Inclusion to develop state indicators of quality inclusive settings and practices for young children; review guidance documents from other states; utilize data from self-assessment.	619 Coordinator Inclusion Interagency Task Force	Year 1 – Months 05 - 08	State inclusion plan with detailed indicator for service provision tied to indicators of quality and inclusive practices
4. Develop the final inclusion guidance document.	619 Coordinator and staff	Year 1 – Months 09 - 12	Inclusion tools and guidance available on the Maine DOE website
5. Incorporate guidance into training module and provide training to all SAU staff (training may be synchronous = live or asynchronous = available online 24/7).	DOE and training vendor	Year 2 Month 01 – Year 3 Month 12	All SAU staff trained
6. Development of monitoring and reporting processes to ensure implementation.	Maine DOE	Year 1 - Month 09	Created monitoring and reporting protocols
<p>Resources needed / Dependencies:</p> <p>ECTA Center Inclusion Resources</p> <p>ECTA Center: Indicators of High-Quality Inclusion</p> <p>Development of a State Interagency Task Force to include other early childhood programs Head Start, child care and Pre-K and other organizations and stakeholders.</p>			
<p>Supporting Information, Analysis, Costs:</p> <p>Many of the tools and resources referenced above are free through the ECTA Center.</p> <p>Facilitation and project management support to ensure completion of these critical planning activities is needed, which the state may either complete in-house, or contract out through state procurement processes. Public procurement would allow for innovations associated with this work and dedicated project management and oversight to ensure proper planning and implementation.</p>			

Costs would vary based on the approach taken for management of these activities.

Recommendation 2.1. Central billing system: Develop a central billing system to process claims to MaineCare that maximizes revenue through automation and reduction in administrative burden on SAUs. Delivered services data (e.g. <number of minutes> of <service> provided on <date> to <child> at <location> by <therapist name> <therapist number>) from SAUs and any contracted providers would be collected through a central web-based electronic data system. The data is then converted and processed into claims by either state employees or through a billing agent. SAUs and contracted providers would receive payment directly from MaineCare.

Change:
 Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Hold meeting to make initial decisions regarding a central billing system.	Maine DOE (with CDS)	Year 2 Month 01	Central Billing decision paper
2. Develop and publish a Request For Proposals (RFP) for a central billing system.	Maine DOE (with CDS)	Year 2 months 02 - 03	RFP published
3. Review and score proposals and award a contract to the selected vendor.	Maine DOE (with CDS)	Year 2 Months 04 - 05	Contract with vendor
4. Work with the contracted vendor to implement any needed changes in data collection.	Maine DOE (with CDS)	Year 2 month 06 - 12	Central billing system operational

Resources needed / Dependencies:

Staff time will be needed for the planning and work with the chosen vendor for the implementation.

It is necessary for the MaineCare Billing Manual section for 'preschool special education' to be completed so that the codes, modifiers and requirements can be built into the system. It is also necessary that the rate study be completed, especially if it results in different units e.g., '15 minutes' verses 'per completed evaluation'.

Supporting Information, Analysis, Costs:

A central billing system or central billing office is where data on delivered services in collected through an electronic (online) database. These data are processed into claims that are submitted to Medicaid (MaineCare) and private health plans for payment. The processing of the claims, including and following up on denied / pended claims can be done by state staff or through a contract billing agent.

Funding of a central billing system can be through 1.) fixed annual fee – divided into 12 monthly payments, 2.) Fixed fee plus incentive contingency e.g., % increase based on a certain revenue level collected) 3.) Contingency e.g., 5% of revenue collected 4.) per transaction / per claim amount. Upfront ‘design, development and Implementation’ (DDI) can often be built into the payment methodology meaning there is not upfront costs. If using an existing database to collect the delivered services data – there may be modifications needed in order to collect the needed data for generating the claims. DOE would be responsible for paying the fees to the contract billing agent that would be funded from the revenue collected, thus avoiding the need for an additional state appropriation.

Payments to rendering provider can be from the payor (MaineCare or private health plan) or on a pay and chase basis – where the state reimburses the provider in full and ‘chases’ the 3rd party reimbursement from the payor.

The advantages of collecting all service and billing data centrally is that the state program has real-time access to robust data for analysis and reporting that allows for planning and projections for the program statewide. Centralized data also increases accountability and business rules can be built in that prevents erroneous claims e.g., a service can only be billed if approved on the Individualized Education Program (IEP). If a subset of providers is allowed to bill outside of the centralized billing system, there are then gaps in the data – making projections and planning more difficult.

A central billing system reduces administrative burden on providers / SAUs who would otherwise need their own billing specialists. In a centralized billing system, the central billing office (state staff or contracted billing agent staff) have the expertise and experience in processing and following up on claims in order maximize revenue. The claiming process utilizes MaineCare approved codes and modifiers and guidance and training would be provided to providers regarding documentation required locally to justify the claim submitted thus minimizing the potential for audit repayments, should a provider be audited by MaineCare as the rendering provider.

Recommendation 2.2. MaineCare ‘special education services’ section:

Continue working with MaineCare to develop clear ‘special education services’ section of the MaineCare Benefits Manual that includes service definitions, billing codes, modifiers and rates for all special education and related services reimbursable services. These can be used within the central billing system to ensure that billing documentation and claiming processes meet MaineCare requirements and prevent audit exceptions. This will also ensure clear and consistent use of modifiers which is necessary for the accurate calculation of the state match (seed) associated with IEP authorized education services.

Change:

Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Meet to develop new MaineCare Benefits Manual	DOE and MaineCare	Year 1 month 01 - 04	New MaineCare special education

section for special education services.			and related services section
2. Convene stakeholders (including CDS staff and contracted providers) to gather input, especially on the clarity of the document.	DOE and MaineCare Stakeholder group	Year 1 month 05	Stakeholder meeting
3. Finalize the new MaineCare Benefits Manual section for special education services and submit it through the rulemaking process.	MaineCare	Year 1 month 05 Year 2 Month 08	Final MaineCare Benefits Manual section for special education services published
4. Provide training and technical assistance regarding the required use of codes, modifiers, and rates to state staff and providers.	DOE and MaineCare	Year 2 month 08 - 12	Training and TA provider
Resources needed / Dependencies: Conduct the rate study in order to include the recommended rates in new MaineCare Benefits Manual section for special education and related services (including therapies).			
Supporting Information, Analysis, Costs: No costs associated with these implementing these recommendations other than staff time. Including related services (occupational, physical and speech therapy, psychology, behavior intervention) with a school-based modifier will allow for accurate accounting of expenditures and assessment of seed (state match).			

Recommendation 2.3. Rate Study: Working with MaineCare to conduct a rate study to determine the costs of providing reimbursable special education and related services.			
Change: <input type="checkbox"/> Statute <input type="checkbox"/> Regulation <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Other _____			
Action Steps	Responsibility	Timeline	Deliverable
5. Develop and publish a rate study Request For Proposals (RFP).	Maine DOE (with CDS)	Year 1 Month 01	RFP published

6. Score proposals received and award contract.	Maine DOE (with CDS)	Year 1 Month 02 - 03	Contract rate study vendor contract in place
7. Work with rate study vendor to provided needed state-level data, revise tools and input from a stakeholder group, including providers and MaineCare.	Maine DOE (with CDS) MaineCare	Year 1 Month 04 - 06	Rate study report
8. Collect cost and personnel roster (and time study data, if included from providers).	Maine DOE (with CDS) Providers	Year 1 Month 07 - 11	Data from provider analyzed
9. Review rate recommendation and determine changes to be made.	Maine DOE (with CDS) MaineCare	Year 1 Month 11 - 12	Rate change strategy developed
Resources needed / Dependencies:			
DOE, CDS and MaineCare staff time to provide data and engage in the rate study process. Provider time to collect and submit data.			
Supporting Information, Analysis, Costs:			
<p>Rate studies typically take 6 - 9 months to complete, although they can be expedited if necessary. The rate study process typically analyses data over a 12-month period – often the most recent full fiscal year to allow alignment with financial statement / audits. A rate study typically includes an analysis of provider costs expenditures for salaries and benefits, administration operating, contracts, travel, etc., verses revenue received; a review of labor / market salary rates. Rate studies sometimes also include a time study portion where staff record their time in 15-minute increments throughout a 1-2-week period, which allows calculation of the ratio of billable to non-billable time.</p> <p>With any rate study it is critical to get stakeholder engagement including providers and entities like MaineCare, both to get input on tools and processes and to get buy-in to the results.</p> <p>Rate recommendations can often result in decisions to be made related to units and billing methodology e.g., will service coordination be reimbursed on a 15 minute or monthly unit?</p> <p>Rate studies typically cost between \$100,000 - \$150,000.</p>			

Recommendation 2.4. Funding of 619 services: Fund 619 preschool special education services through SAUs utilizing either:

- 2.4.1 EPS special education funding formula by SAUs – with use of the \$30 million state appropriation currently received by CDS to offset the local cost (minimum state percentage = 50% for special education). SAUs would also receive MaineCare; IDEA 611 and IDEA 619 funds and can utilize inclusive Pre-K, Head Start and child care placements.
- 2.4.2 Per child allocation to SAUs utilizing the current \$30 million state appropriation currently received by CDS. SAUs would also receive MaineCare; IDEA 611 and IDEA 619 funds and can utilize inclusive Pre-K, Head Start and child care placements.

Change:

Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Include in the revised statute (see Section 1.1) preschool special education services (IDEA Part B-619) funding mechanism i.e., through the EPS special education funding formula <u>or</u> on a per-child amount.	Joint Education and Cultural Affairs Committee ME legislature	Jan 2021 – June 2021	Preschool Special Education statute
2. Include any changes to funding mechanism in the Revised 05-071 Chapter 101 Maine Unified Special Education Regulations for preschool special education (IDEA Part B-619) (see Section 1.5).	DOE	Year 1 month 01 - 07	Included in draft MUSER
3. Develop guidelines, training and documents, forms, etc. for requesting and processing funding for preschool special education (IDEA Part B-619) services.	DOE	Year 2 month 01 - 10	Fiscal guidelines, Training modules and forms
4. Develop procedures for transportation costs (for children not already transported through their Pre-K or Head Start placement) to be funded through the EPS	DOE	Year 1 month 06 - Year 2 month 06	Transportation procedures for IDEA Part B-619

used to pay for placements when public placement options are not available, and a child's IEP requires a regular early childhood setting. These programs include:

- State Pre-K, Head Start, child care
- Title 1 funds – can be used to support SAU preschool classrooms

The following table shows the pros and cons of funding preschool special education services (IDEA Part B-619) through either the EPS funding formula or per child amount.

	EPS Funding Formula	Per child amount
Pros	<ul style="list-style-type: none"> • SAUs familiar with this for K-12 special education • Average EPS amount for special education service = \$12,320 	<ul style="list-style-type: none"> • Estimated per child amount of \$10,258 would be possible using the current state appropriation. • The per child cost functions as a base amount per child – providing incentives for SAUs to access and braid other funding (MaineCare, Pre-K, Head Start, Child Care) • Braiding funding provides increased likelihood for children to receive their special education and related services in inclusive and Least Restrictive Environments.
Cons	<ul style="list-style-type: none"> • Includes local share. The state determines the total allocation, and then the local required share based on their evaluation, whatever is not covered by the local share required is state share. DOE then does a number of calculations to determine if they should receive more state subsidy, one of which is a minimum special education allocation, which currently is based on 50% of the special education allocation. • EPS formula assumes classroom placement costs – however preschool setting may include Pre-K, Head Start and child care. 	<ul style="list-style-type: none"> • New funding procedures and forms would need to be developed. • Guidance and training would need to be developed and training provided.

PCG recommends using a child count taken as an average of two points in time (e.g., Oct 1st and May 1st) due to the significant growth in children identified, as eligible as well as transition from early intervention (IDEA Part C) over the year. The growth over the year in 2019 – 2020 was 51%. Using this process for 2019 – 2020 results in a child count of 2,827 (2,247 Oct 01 + 3,408 June 01 = 5,655 / 2) served in CDS for planning funding costs.

Note: CDS can generate child count reports by SAUs and by town for planning purposes.

The current school construction statute 'Title 20-A Part & School Finance Chapter 609 School Construction' includes a debt ceiling, which means there is a limit on the total amount of principal and interest payments that the state may use to subsidize approved school construction projects in any given year.

SAUs will include space / facility needs in their self-assessment / fiscal toolkit regarding the number of children with developmental delays and disabilities they need to plan to serve taking into account current and potential increased slots in Pre-K (school and community based), Head Start and Child care.

Recommendation 2.5. Review of current children with high costs:

Conduct a review of the current children with high annual cost to determine the appropriateness of the intensity of services they are receiving and determine whether they are being served in the least restrictive environment. Currently 785 children aged 3-5 eligible for IDEA Part B-619 have annual costs over \$20,000.

Note: Revised by Maine Joint Education and Cultural Affairs committee to be for children with annual costs over \$75,000

Change:

Statute Regulation Administrative Other _____

Action Steps	Responsibility	Timeline	Deliverable
1. Generate a list of children currently receiving services who received services exceeding \$75,000 in a recent 12-month period.	CDS MaineCare	Year 1 Month 01 - 03	Final fiscal toolkit
2. Determine the review team, with representatives for DOE, CDS and MaineCare and including an early childhood autism specialist.	DOE, CDS, MaineCare	Year 1 Month 01 - 03	Review team member list
3. Develop a process and tools for conducting the review, including review of each child's 1) evaluation, eligibility determination, diagnosis (if applicable) 2) IEP and ITP, including services and service amounts and decision-making process 3) observation of the services provided 4)	DOE, CDS, MaineCare	Year 1 Month 04 - 05	Monitoring process and tools

<p>interviews with the family 5) interviews with service providers and case manager 5) medical necessity for MaineCare.</p>			
<p>4. Conduct the review for each child, likely grouped by location.</p>	<p>DOE, CDS, MaineCare</p>	<p>Year 1 Month 05 - 11</p>	<p>Schedule of monitoring activities</p>
<p>5. Write up a report on the findings including the determination of whether children were served in the Least Restive Environment and recommendations for improvement in the IEP development process and determination of placement Note – report will maintain confidentiality of children in accordance with HIPAA and FERPA. Findings specific to each child will be provided to their IEP teams.</p>	<p>DOE, CDS, MaineCare</p>	<p>Year 1 Month 12</p>	<p>Report to: DOE, MaineCare and the Joint Education and Cultural Affairs Committee Feedback to each child’s IEP team</p>
<p>Resources needed / Dependencies:</p> <p>CDS and MaineCare will need to work together to generate the data needed, including determining if a data sharing agreement is needed or whether as covered entities this activity is included as ‘Treatment, Payment and Operations’. Having an independent specialist in early childhood autism services (e.g., from the Maine Autism Institute for Education and Research – University of Maine) can help the team examine evidence-based practices and whether their services are being provided in the Least Restrictive Environment for those young children with an Autism Spectrum Disorder (ASD) diagnosis.</p> <p>MaineCare to consider whether involvement by ‘Kepro’ (MaineCare’s Administrative Services Organization) that conducts prior authorization and utilization review for MaineCare behavioral health services, including school-based services, could be beneficial.</p>			
<p>Supporting Information, Analysis, Costs:</p> <p>In FY19 108 children who were eligible for Part B-619 under CDS had annual costs for services exceeding \$75,000 that likely include services on their IEP and services on their ITP (Individual Treatment Plan).</p> <p>There will be staff time cost and potentially travel costs involved in conducting these reviews, but the outcome could result in significant savings.</p>			

Recommendation 2.6. Fiscal Toolkit: Develop a fiscal toolkit for SAUs to look at how to braid funding streams and maximize partnerships with other early childhood providers (Head Start, child care, Pre-K) and contracted providers to effectively serve preschool children with disabilities under IDEA Part B-619.			
Change: <input type="checkbox"/> Statute <input type="checkbox"/> Regulation <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Other _____			
Action Steps	Responsibility	Timeline	Deliverable
1. Finalize fiscal toolkit (based on one provided in Appendix B) and develop guidance.	Maine DOE (with CDS)	Year 1 Month 01 - 03	Final fiscal toolkit
2. Distribute fiscal toolkit to SAUs and provide training and technical assistance	Maine DOE (with CDS)	Year 1 Month 04 - 05	Training module
3. SAUs to complete the fiscal toolkit as part of the Preschool Special Education self-assessment with input and data provided by CDS.	SAUs CDS	Year 1 Month 06 - 10	Fiscal toolkits completed and submitted
4. Utilize the fiscal toolkit throughout the transition planning period and update with the number of children from CDS data in order to plan to provide 619 services.	SAU CDS / DOE	Year 1 Month 11 – Year 3 Month 12	Revised Fiscal Toolkits
Resources needed / Dependencies: The fiscal toolkit to be completed by SAUs as part of the self-assessment (see Recommendation 1.8)			
Supporting Information, Analysis, Costs: See Appendix B SAU Implementation Plan – Fiscal Toolkit with instruction notes. <i>[An Excel version will be provided.]</i> The fiscal toolkit starts off with analyzing the number of children currently served by CDS within their catchment area and their current placements. The fiscal toolkit then has the SAU enter the number of children projected to be served in various settings, considering the requirement to serve children in the Least Restrictive Environment (LRE). This is done for planning projections only, knowing that actual placement decisions are made as part of each child's Individualized Education Program (IEP). The Fiscal Toolkit results allow the SAU to get a funding picture of what it will take to serve preschool children with developmental delays and disabilities and allows them to make			

changes to see how it changes the number i.e., what if 4 more children were served in a community Pre-K setting?

Recommendation 3.1. Training and professional development: Develop training and other professional development opportunities (webinars, online asynchronous course) on inclusion of children with disabilities in early childhood education for a variety of audiences, including school administrators and boards; teachers and other instructional staff; parents and community partners. Training and professional development to include development of IEPs including the special education and related services to address the individualized developmental needs of each child and the determination of the least restrictive environment/setting for the child.

Recommendation 3.3. Chapter 676 training: Include in training consideration of Chapter 676 (which currently allows children who turn 5 between July 01 – Oct 15 to remain in IDEA Part B-619 services and to transition to Kindergarten the following year) as it applies to the IEP Individualized Education Program (IEP) decisions made individually for each child. With IDEA Part B-619 services provided through SAUs it is likely that fewer IEP teams will determine the need for a child to continue to receive 619 preschool special education rather than transition to Kindergarten.

Recommendation 3.4. Use of developmental delay eligibility category: Consider using the eligibility category of developmental delay more widely. Train and encourage evaluation teams in the use of the developmental delay category of eligibility.

Change:

Statute Regulation Administrative Other: Training and Technical Assistance

Action Steps	Responsibility	Timeline	Deliverable
1. Convene the training and technical assistance transition workgroup (see recommendation 1.7) and determine: 1) Array of training modules needed; 2) internal capacity or need for external support/ contractors to create and deliver trainings 3) potential state resources for training and module development.	DOE / 619 Coordinator and staff Training and TA – transition workgroup	Year 1 month 02 - 04	List of training areas needed and identify internal or external subject matter experts. Matter Experts to deliver
1) Hire, designate, or contract for a Training Lead / Coordinator, with input from subgroups, to determine, plan, develop and	DOE/ 619 Coordinator	Year 1 month 02 - 04	Training lead determined

provide needed trainings and professional development.			
2) Create a Training Plan with topics prioritized for delivery and identification of mode of delivery (asynchronous, webinar, etc.).	619 Coordinator Training Lead / Coordinator	Year 1 Month 05 - 06	Training Plan
3) Create or secure training content based on identified topics.	619 Coordinator and Training Lead/ Coordinator	Year 1 Month 07 - 12	Training modules
4) Develop a database of designated SAU preschool 619 leads.	DOE/ 619 Coordinator, or Project Manager	Year 1 month 6	Database of preschool special education leads
5) Conduct messaging to training participants presenting the overview, goals, and timelines	DOE	Year 1 Month 10 - 12	Created messaging
6) Conduct trainings, following Project Implementation Plan. Make webinars and asynchronous learning modules posted and available for learners to access anytime.	DOE	Year 2 month 1 - 12	Trainings Scheduled and Completed Webinars and asynchronous learning modules posted
<p>Resources needed / Dependencies:</p> <p>Selection of critical training and technical assistance areas needed, possibly collected using a training needs assessment. Training areas should be developed following the completion of the created state inclusion plan with detailed standards for service provision tied to indicators of quality and inclusive practices (See Recommendation 1.9 above).</p> <p>Availability of staff / subject matter experts to deliver the trainings, or management of the training/ project plan will need to be addressed.</p> <p>Current CDS staff and others within the DOE and organizations such as the Cutler Institute and NADSEC have experience and expertise to support the work detailed above in Action Steps # 2-4.</p> <p>ECTA Center Inclusion Resources</p> <p>ECTA Center: Indicators of High-Quality Inclusion</p>			
<p>Supporting Information, Analysis, Costs:</p>			

Costs will vary based on the number of outsourced trainings. A number of trainings are available through national centers which can be reused for training needs.

The state may choose to put this work out for competitive bid. This process will provide project management of the work and will likely offer innovations from proposers for how this work can be delivered.

Recommendation 3.2 Pyramid Model: Develop a cross sector early childhood program (Head Start, Pre-K, child care, IDEA Part B-619) leadership team to develop a plan for implementation of the Pyramid Model in order to promote the use of evidence-based practices for promoting young children’s healthy social and emotional development and effectively addressing challenging behaviors through a tiered intervention approach.

Change:

Statute Regulation Administrative Other: Training and Technical Assistance

Action Steps	Responsibility	Timeline	Deliverable
1. Create an interagency Pyramid Model Implementation/ Leadership Team to plan for program development, including designating a lead agency.	DOE (Office of early childhood Education; Office of Special Services) DHHS (Office of Child & Family Services) Maine Association for Infant Mental Health	Year 2, Month 01 - 03	Selected Implementation/ Leadership Team
2. Ensure alignment with the DOE’s SEL4ME (social emotional Learning with Intention).	DOE and Pyramid Model Lead agency	Year 2, Month 01 - 03 and ongoing	
3. Utilize Colorado’s Pyramid Model Implementation Toolkit ¹ and the Pyramid Model Statewide Implementation Logic Model. ²	Lead Agency / Implementation Team	Year 2, Month 04 - 06	Toolkit distributed to leadership team

¹ <http://www.cde.state.co.us/early/early/pyramidmodelimplementationtoolkit-1>

² http://csefel.vanderbilt.edu/resources/states/logic_model.pdf

4. Complete <i>Exploration Phases</i> of the CO Toolkit. *	Lead Agency	Year 2, Month 06 - 08	Listing of Implementation Team and Initial Planning Meeting Scheduled
5. Use data from <i>Exploration Phase</i> to complete <i>Installation Phase Work</i> from CO Toolkit. *	Leadership Team	Year 1 - Year 2. Month 03 Use Timeline Tool from Toolkit	Detailed infrastructure as defined in Installation Phase and written training plans
6. Launch Initial <i>Implementation Tasks</i> and activities from CO Toolkit. *	Implementation Team and Pilot Programs	Year 2 Month 03 - 12 Use Timeline Tool from Toolkit	Detailed communication plans, system for coaching and reporting, and revision of implementation drivers
7. Move to <i>Full Implementation</i> activities, taking program to scale using the CO Toolkit. *	Implementation Team and System (programs)	Year 3 Month 01 - 12 Use Timeline Tool from Toolkit	Monitoring systems, feedback processes in place, plan for data use
<p>Resources needed / Dependencies:</p> <p>*http://www.cde.state.co.us/early/early/pyramidmodelimplementationtoolkit-2</p> <p>Colorado's State Example Pyramid Model Implementation Tool Kit</p> <p>The implementation of the Pyramid Model would not require a statute or regulation change but would involve working in partnership with other early childhood programs, including child care, Head Start, Pre-K and early intervention (Part C), in order to ensure that the social-emotional development and challenging behaviors of all young children are supported.</p>			
<p>Supporting Information, Analysis, Costs:</p> <p>Costs will vary based on how the state plans to implement this model. The state could put this work out for competitive bid or use existing state trainers within the state system.</p> <p>Most of the Pyramid Model materials are free and available here: http://csefel.vanderbilt.edu/resources/state_planning.html</p> <p>Implementing this evidenced based model for promoting social emotional development and addressing challenging behavior will ensure that teachers and other staff in SAUs have the training and supports to effectively serve young children through a tiered approach. This will</p>			

allow for more children to be served in the Least Restrictive Environment, alongside their same age peers without disabilities, rather than having to be served in an intensive segregated setting, which can sometimes require travel to another community.

DOE's SEL4ME (Social Emotional Learning with Intention) provides an opportunity for collaboration and alignment – but this initiative does not appear to address children with challenging behavior or the described learning and developmental needs currently preventing inclusive early childhood programming services.

IV. COMMUNICATION PLAN

As described in **Recommendation 1.4** there will need to be a detailed communications plan developed. PCG proposes that DOE utilizes the DOE Director of Communications and the DOE Newsroom team to help develop a plan with strategies and timelines. Our recommendation is to err on the side of over-communicating. It is important that both internal and external stakeholders view the transition process as being transparent and clear and that they have the information they need in a timely manner.

INTERNAL COMMUNICATION PLAN

Internal audience is defined as groups involved in administering and providing special education services and early childhood education who understand these services and are in a position or have a need for detailed transition information.

While families are included as internal stakeholders, the information provided to them will have to be specific to meet their needs. Planning for parents will need to be targeted to families in CDS whose children will be 3-4 at the time when SAUs begin at the end of the 3-year transition planning period.

The following table shows the internal audiences and the types of communication media that can be used to reach them on a planned regular and ongoing schedule.

TABLE 4. INTERNAL AUDIENCE OUTREACH

Audience	Website	Social media	Email updates	Newsletter	Press Releases	Forums / townhalls	Trainings / workshops	Newspaper articles	Interviews (radio / TV)
CDS staff	✓		✓			✓	✓		
State Staff	✓		✓						
SAUs (including school boards)	✓		✓			✓	✓		
Contracted Providers	✓	✓	✓	✓		✓	✓		✓
Early Childhood providers	✓	✓	✓	✓		✓	✓		✓
Families	✓	✓	✓	✓	✓	✓		✓	✓

EXTERNAL COMMUNICATION PLAN

External audience is defined as groups not involved in administering and providing special education services and early childhood education who need broader, more general information.

The following table show the external audiences and the types of communication media that can be used to reach them on a planned regular and ongoing schedule.

TABLE 5. EXTERNAL AUDIENCE OUTREACH

Audience	Website	Social media	Email updates	Newsletter	Press Releases	Forums / townhalls	Trainings / workshops	Newspaper articles	Interview (radio / TV)
Stakeholders (associations/ organizations)	✓	✓	✓	✓	✓	✓		✓	✓
Town Councils	✓		✓	✓	✓			✓	✓
General Public	✓	✓	✓	✓	✓			✓	✓

IV APPENDICES

A. SAU IMPLEMENTATION PLANNING - SELF-ASSESSMENT

PCG recommends that SAU Preschool Special Education (IDEA 619) transition teams complete the self-assessment after completing the **Fiscal Plan and Toolkit** – see **Appendix B**, as the **Fiscal Plan and Toolkit** will provide a picture of the number of children with developmental delays and disabilities currently served by CDS, their current placement and the team will develop a projection of the Least Restive Environments (LRE) where children are likely to receive preschool special education (IDEA Part B-619).

It is also recommended that SAU Preschool Special Education (IDEA 619) transition teams utilize the ‘*Local District Inclusion Self-Assessment*’ which “provides a framework for discussion to promote partnerships among schools and early care and education providers to promote the inclusion of young children with disabilities and their families in early childhood programs.”

<https://ectacenter.org/~pdfs/topics/inclusion/local-inclusion-self-assessment.pdf>

The state level transition leadership team will need to finalize this self-assessment based on decisions made and input from the transition team members (including SAU’s). This tool is provided as a template for implementation planning.

A. Personnel / Staffing			
	Analysis / data	Resources / Cost	Person Responsible / Timeline
A.1. Anticipated staff needed? i.) EC Special Education teachers ii.) Therapists (OT, PT SLPs) iii.) Other related service personnel			
A.2. Anticipated contracted staff? i.) expanding existing contracts ii.) new contracts iii.) provider agency			
B. Training / Professional Development			
	Analysis / data	Resources / Cost	Timeline
B.1. Preschool LRE / inclusion – including working with community			

<i>early childhood education partners</i>			
<i>B.2. Federal Early Childhood Outcomes measurement and reporting</i>			
<i>B.3. Transition requirements, timelines, and process (from Part C and to Kindergarten)</i>			
<i>B.4. Child find and eligibility determination (including use of developmental delay category)</i>			
<i>B.5. Developing functional IEPs for young children in diverse LRE settings</i>			
C. Creating Community Inclusive Options – Collaboration and Braiding Funds			
	Analysis / data	Resources / Cost	Timeline
<i>C.1. State Pre-K in District? Number of seat / slots: i.) School campus ii.) Community EC provider iii.) Expansion opportunity?</i>			
<i>C.2. Title 1 Preschool Current? i.) Potential?</i>			
<i>C.3. Community EC providers Number of seat / slots: i.) Head Start? ii.) Child care? iii.) Private preschools iv.) Other?</i>			
<i>C.4. Memorandums of Understanding MOUs with community EC</i>			

<p>providers i.) Currently in place through Pre-K? ii.) New MOUs needed?</p>			
D. Facility / Space needs			
	Analysis / data	Resources / Cost	Timeline
<p>D.1. Facility / space needs to create inclusive classrooms? i.) Classroom space needed? ii.) Playground adaptations? iii.) Other adaptations? Facility requirements to be based on Pre-K standards Chapter 124 Basic Approval standards – Public Preschool Programs 9. School Facilities</p>			
E. Transportation			
	Analysis / data	Resources / Cost	Timeline
<p>E.1. Estimated number of children needing transportation (not funded through Head Start or Pre-K) Transportation to be provided in accordance with Chapter 124 Basic Approval standards – Public Preschool Programs 14 Transportation</p>			
F. Other needs / issues			
	Analysis / data	Resources / Cost	Timeline

B. SAU IMPLEMENTATION PLANNING - FISCAL PLAN AND TOOLKIT

Figure 1 below shows the fiscal plan and toolkit to be used as part of the SUA transition planning process. The document will be made available in Excel format

FIGURE 1. SAU FISCAL PLAN AND TOOLKIT – TEMPLATE

Cost of Children Served Calculation							
Child Setting	Pre-k	Head Start	Special Purpose Preschool	Child Care	Other Preschool (i.e. Montessori, Educare, CDS preschool etc...)	SAU Preschool	TOTALS
Current number of children served							-
Planned number of children served							-
Average annual cost per child in setting	\$ 8,414.00	\$ 14,350.50	\$24,893.60	\$6,373.00	\$13,644.00	\$8,414.00	
Estimated cost to serve planned number of children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational placement funded by other funding source	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational placement funded by SAU special education funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated average annual itinerant cost to SAU per child	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00	\$5,133.00	\$ 5,133.00		
Total itinerant cost to SAU	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Estimated Transportation Cost per child							
Estimated Transportation Cost to SAU			\$ -	\$ -	\$ -	\$ -	\$ -
Total Cost to SAU	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding Sources							
Federal Funding Sources							
<i>MaineCare</i>							
MaineCare average revenue per child	\$ 5,184.00						
Planned number of children served x 54% MaineCare Eligibility	-						
MaineCare gross revenue	\$ -						
Less 36.33% MaineCare Seed	\$ -						
	\$ -	MaineCare revenue, net of Seed					
<i>IDEA 619</i>							
IDEA 619 average annual funding per child	\$ 919.70						
Planned number of children served	-						
	\$ -	IDEA 619 Estimated Funding					
<i>IDEA 611</i>							
IDEA 611 average annual funding per child	\$ 565.97						
Planned number of children served	-						
	\$ -	IDEA 611 Estimated Funding					
	\$ -	Sum of Total Federal Funding Sources					
State Funding Sources							
<i>Option 1</i>							
EPS Special Ed Funding Formula	\$12,320.00						
Planned number of children served	-						
	\$ -	EPS Special Ed Funding					
	\$ -	Projected revenue over expense					
<i>Option 2</i>							
State funded per child rate	\$10,258.00						
Planned number of children served	-						
	\$ -	State Funding					
	\$ -	Projected revenue over expense					

It is recommended that SAU transition teams complete the **Fiscal Plan and Toolkit** jointly and make changes over time as the planning progresses.

Figure 2 shows an example for a medium sized SAU.

FIGURE 2. SAU FISCAL PLAN AND TOOLKIT- EXAMPLE

Cost of Children Served Calculation							
Child Setting	Pre-K	Head Start	Special Purpose Preschool	Child Care	Other Preschool (i.e. Montessori, Educare, CDS preschool etc...)	SAU Preschool	TOTALS
Current number of children served	6	6	4	6	2	-	24
Planned number of children served	6	6	1	4	1	6	24
Average annual cost per child in setting	\$ 8,414.00	\$ 14,350.50	\$24,893.60	\$ 6,373.00	\$13,644.00	\$ 8,414.00	
Estimated cost to serve planned number of children	\$ 50,484.00	\$ 86,103.00	\$24,893.60	\$25,492.00	\$13,644.00	\$50,484.00	\$251,100.60
Educational placement funded by other funding source	\$ 50,484.00	\$ 86,103.00	\$ -	\$25,492.00	\$13,644.00	\$ -	\$175,723.00
Educational placement funded by SAU special education funds	\$ -	\$ -	\$24,893.60	\$ -	\$ -	\$50,484.00	\$ 75,377.60
Estimated average annual itinerant cost to SAU per child	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00		
Total itinerant cost to SAU	\$ 30,798.00	\$ 30,798.00	\$ 5,133.00	\$20,532.00	\$ 5,133.00		\$ 92,394.00
Estimated Transportation Cost per child			\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	
Estimated Transportation Cost to SAU			\$ 500.00	\$ 2,000.00	\$ 500.00	\$ 3,000.00	\$ 6,000.00
Total Cost to SAU	\$ 30,798.00	\$ 30,798.00	\$30,526.60	\$22,532.00	\$ 5,633.00	\$53,484.00	\$173,771.60
Funding Sources							
Federal Funding Sources							
<i>MaineCare</i>							
MaineCare average revenue per child	\$ 5,184.00						
Planned number of children served x 54% MaineCare Eligibility	12.96						
MaineCare gross revenue	\$ 67,184.64						
Less 36.33% MaineCare Seed	\$ (24,408.18)						
	\$ 42,776.46						MaineCare revenue, net of Seed
<i>IDEA 619</i>							
IDEA 619 average annual funding per child	\$ 919.70						
Planned number of children served	24.00						
	\$ 22,072.80						IDEA 619 Estimated Funding
<i>IDEA 611</i>							
IDEA 611 average annual funding per child	\$ 565.97						
Planned number of children served	24.00						
	\$ 13,583.28						IDEA 611 Estimated Funding
	\$ 78,432.54						Sum of Total Federal Funding Sources
State Funding Sources							
<i>Option 1</i>							
EPS Special Ed Funding Formula	\$ 12,320.00						
Planned number of children served	24.00						
	\$295,680.00						EPS Special Ed Funding
	\$200,340.94						Projected revenue over expense
<i>Option 2</i>							
State funded per child rate	\$ 10,258.00						
Planned number of children served	24.00						
	\$246,192.00						State Funding
	\$150,852.94						Projected revenue over expense

PCG has provided below the steps that each SAU transition team should use in completing the **Fiscal Plan and Toolkit**. The Excel template has been pre-populated with estimated costs, e.g., EPS average amount per child, which includes both the state contribution and local cost amount, however the SAU can enter their actual average EPS special education per student amount. Similarly, the estimated per-child amount has been entered – but the actual amount can be entered if the state decides to use that funding method.

The Excel template includes formula to calculate amount and some cells are auto populated.

Estimation of Cost of Children Served

Shown in **Figure 3** below is the section of the fiscal planning Excel template which guides SAUs to project an estimated cost for serving children. The cells shaded in yellow are those into which SAUs will input data specific to their unit. The remainder of the template will populate automatically.

In the narrative below, PCG will walk through the logic behind the cost estimation template in greater detail.

FIGURE 3. PCG TEMPLATE FOR SAU CALCULATION OF COST OF CHILDREN SERVED

Cost of Children Served Calculation							
Child Setting	Pre-k	Head Start	Special Purpose Preschool	Child Care	Other Preschool (i.e. Montessori, Educare, CDS preschool etc...)	SAU Preschool	TOTALS
Current number of children served							-
Planned number of children served							-
Average annual cost per child in setting	\$ 8,414.00	\$ 14,350.50	\$24,893.60	\$ 6,373.00	\$13,644.00	\$ 8,414.00	
Estimated cost to serve planned number of children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational placement funded by other funding source	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational placement funded by SAU special education funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated average annual itinerant cost to SAU per child	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00		
Total itinerant cost to SAU	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Estimated Transportation Cost per child							
Estimated Transportation Cost to SAU			\$ -	\$ -	\$ -	\$ -	\$ -
Total Cost to SAU	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

First, an SAU should list the current number of children served by setting, as pictured in **Figure 3**. The settings included in PCG’s analysis include Head Start, Special Purpose Preschool, Child care, Other Preschool (e.g., CDS preschool, Montessori, Educare, etc.), SAU Preschool, and Pre-K (for 4-year-olds).

FIGURE 4. CURRENT NUMBER OF CHILDREN SERVED

Cost of Children Served Calculation						
Child Setting	Pre-k	Head Start	Special Purpose Preschool	Child Care	Other Preschool (i.e. Montessori, Educare, CDS preschool etc...)	SAU Preschool
Current number of children served						

As an SAU evaluates the most effective way to serve children, it may consider whether their children are best served in their current settings, or whether some children should be transitioned to receive services in a different setting. As a result of this consideration, SAUs will then determine how many children they plan to serve within each setting.

FIGURE 5. PLANNED NUMBER OF CHILDREN SERVED

Cost of Children Served Calculation						
Child Setting	Pre-k	Head Start	Special Purpose Preschool	Child Care	Other Preschool (i.e. Montessori, Educare, CDS preschool etc...)	SAU Preschool
Current number of children served						
Planned number of children served						

Based on research performed for the Maine Independent Review of Early Childhood Special Education Services project scope, PCG has estimated an average annual cost per child within each setting type (highlighted in orange in **Figure 6** below). SAUs may utilize these average costs per child by setting to estimate their total cost of serving children by multiplying the average annual costs by the planned number of children served within each setting. SAUs are also able to adjust these average costs within the template if they feel their actual costs differ from the calculated averages.

FIGURE 6. AVERAGE ANNUAL COST PER CHILD IN SETTING

Cost of Children Served Calculation						
Child Setting	Pre-k	Head Start	Special Purpose Preschool	Child Care	Other Preschool (i.e. Montessori, Educare, CDS preschool etc...)	SAU Preschool
Current number of children served						
Planned number of children served						
Average annual cost per child in setting	\$ 8,414.00	\$ 14,350.50	\$24,893.60	\$ 6,373.00	\$13,644.00	\$ 8,414.00

Within this step, SAUs will also consider that they are not responsible to fund the placement of a child within every setting (e.g., Head Start funds child placements at their sites). As such, PCG

has included rows within the Excel worksheet to document which child placements the SAUs are responsible for funding with special education funds versus which child placements are funded elsewhere (as pictured in the orange shaded rows in **Figure 7** below).

FIGURE 7. EDUCATIONAL PLACEMENT FUNDING BREAKDOWN

Cost of Children Served Calculation						
Child Setting	Pre-k	Head Start	Special Purpose Preschool	Child Care	Other Preschool (i.e. Montessori, Educare, CDS preschool etc...)	SAU Preschool
Current number of children served						
Planned number of children served						
Average annual cost per child in setting	\$ 8,414.00	\$ 14,350.50	\$24,893.60	\$ 6,373.00	\$13,644.00	\$ 8,414.00
Estimated cost to serve planned number of children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational placement funded by other funding source	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational placement funded by SAU special education funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

This document also considers that SAUs may pay for itinerant services for children who are served in community early childhood settings that are funded elsewhere. PCG calculated an annual average of \$5,133.00 per child for itinerant services (based on current CDS costs). These itinerant costs to the SAUs are automatically calculated within the worksheet by multiplying the average above by the number of planned children for each setting.

FIGURE 8. ESTIMATION OF ITINERANT COSTS TO SAUS

Cost of Children Served Calculation						
Child Setting	Pre-k	Head Start	Special Purpose Preschool	Child Care	Other Preschool (i.e. Montessori, Educare, CDS preschool etc...)	SAU Preschool
Current number of children served						
Planned number of children served						
Average annual cost per child in setting	\$ 8,414.00	\$ 14,350.50	\$24,893.60	\$ 6,373.00	\$13,644.00	\$ 8,414.00
Estimated cost to serve planned number of children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational placement funded by other funding source	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational placement funded by SAU special education funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated average annual itinerant cost to SAU per child	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00	
Total itinerant cost to SAU	\$ -	\$ -	\$ -	\$ -	\$ -	

SAUs will also consider any costs incurred by the SAU for child transportation for each setting. To do so, SAUs will estimate their annual transportation cost per child basis each setting. They will input these estimates in the yellow shaded cells in **Figure 9** below. The spreadsheet will then automatically multiply that annual amount per child by the number of children served in each setting to calculate the total transportation costs the SAU expects to incur during the year.

Note that transportation expenses may be zero in some settings (e.g., transportation for children served in Head Start and Pre-K programs are not funded by SAUs).

FIGURE 9. ESTIMATION OF TRANSPORTATION COSTS

Cost of Children Served Calculation						
Child Setting	Pre-k	Head Start	Special Purpose Preschool	Child Care	Other Preschool (i.e. Montessori, Educare, CDS preschool etc...)	SAU Preschool
Current number of children served						
Planned number of children served						
Average annual cost per child in setting	\$ 8,414.00	\$ 14,350.50	\$24,893.60	\$ 6,373.00	\$13,644.00	\$ 8,414.00
Estimated cost to serve planned number of children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational placement funded by other funding source	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational placement funded by SAU special education funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated average annual itinerant cost to SAU per child	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00	\$ 5,133.00	
Total itinerant cost to SAU	\$ -	\$ -	\$ -	\$ -	\$ -	
Estimated Transportation Cost per child						
Estimated Transportation Cost to SAU			\$ -	\$ -	\$ -	\$ -

The spreadsheet will then automatically sum the total costs calculated in the steps above (including costs for child placement, itinerance services, and transportation).

Estimation of Federal and State Funding Sources

After evaluating the estimation of costs through the previous steps, the spreadsheet will auto populate estimations of funding sources which will mitigate the costs to SAUs. Federal funding sources include MaineCare, IDEA 611, and IDEA 619.

There are two options included in the spreadsheet for state funding sources. One option is the utilization of the EPS funding formula; the second option is through an annual per child dollar figure funded by the state. PCG included both options in the spreadsheet until Maine legislatures decide which option to pursue.

Federal Funding Sources

MaineCare

To calculate estimated MaineCare funding, the tool uses an average annual funding amount per child of \$5,184 (4hrs per week x 40 weeks x \$32.40 average MaineCare per hour rate = \$5,184), multiplied by the number of MaineCare eligible children the SAU plans to serve during the year. Approximately 54% of children were MaineCare eligible in FY19; therefore, PCG used a 54% eligibility metric in the template. (SAUs are free to adjust this metric if they feel more or less of the children, they serve are MaineCare eligible.) The template then considers MaineCare Seed, which is the amount states are required to match. In FY19, the Seed requirement was 36.66%. Therefore, the template deducts 36.33% from the gross MaineCare funding calculation

to arrive at a MaineCare funding estimate which is net of the seed requirement. The MaineCare funding estimate within the template is pictured in **Figure 10** below:

FIGURE 10. ESTIMATION OF MAINECARE FUNDING

Funding Sources				
Federal Funding Sources				
<i>MaineCare</i>				
MaineCare average revenue per child	\$	5,184.00		
Planned number of children served x 54% MaineCare Eligibility		-		
MaineCare gross revenue	\$	-		
Less 36.33% MaineCare Seed	\$	-		
	\$	-	MaineCare revenue, net of Seed	

IDEA 611 and 619 Funding

The template then populates an estimation of IDEA 611 and 619 funding based on PCG calculated average annual funding per child and the number of children the SAU plans to serve during the year by dividing the current amount received by CDS by the number of children served = 2,827 (average of child counts Oct 01 + 3,408 June 01 = 5,655 / 2)

FIGURE 11. ESTIMATION OF IDEA 611 AND 619 FUNDING

Funding Sources				
<i>IDEA 619</i>				
IDEA 619 average annual funding per child	\$	919.70		
Planned number of children served		-		
	\$	-	IDEA 619 Estimated Funding	
<i>IDEA 611</i>				
IDEA 611 average annual funding per child	\$	565.97		
Planned number of children served		-		
	\$	-	IDEA 611 Estimated Funding	
	\$	-	Sum of Total Federal Funding Sources	

State Funding Sources

As mentioned previously (**Recommendation 2.4**), PCG proposed two options for state funding of special education to the Maine legislature. One option is to receive funding through the EPS funding formula. PCG estimates annual funding per child through the EPS funding formula to be \$12,320.00 (average annual special education per student K-12 cost FY18 was \$12,320 (\$391.4 million / 31,768 children). The second option is for the state to pay an annual amount per child for special education purposes. PCG estimates the annual funding per child under this option to be \$10,258.00 (\$29 million CDS appropriation / 2,827 = \$10,258.00. The spreadsheet automatically calculates the estimated amount of funding for each of these options, based upon the planned number of children input by the SAUs.

FIGURE 12. ESTIMATION OF STATE FUNDING OPTIONS

Funding Sources			
State Funding Sources			
<i>Option 1</i>			
EPS Special Ed Funding Formula	\$ 12,320.00		
Planned number of children served	-		
	\$ -	EPS Special Ed Funding	
	\$ -	Projected revenue over expense	
<i>Option 2</i>			
State funded per child rate	\$ 10,258.00		
Planned number of children served	-		
	\$ -	State Funding	
	\$ -	Projected revenue over expense	

Figure 12 above shows the final “Projected Revenue Over Expense” for the SAU depending upon which state funding option the state of Maine allows.

C. EARLY CHILDHOOD DEPARTMENT

The Early Childhood Special Education Independent Review Advisory Committee and the Joint Education and Cultural Affairs Committee have expressed interest in exploring the potential of developing a cabinet-level early childhood / early learning department.

Governance approaches:

Approaches to the governance of early learning / early childhood services birth (prenatal) to age 5 often are categorized into:

1. **Coordinate** – early childhood programs and service functions are spread among multiple agencies, putting a premium on the need for coordination. This is the current model in most states.
2. **Consolidate** - core early childhood programs and service programmatic funding and administration is consolidated into a single existing state agency that is not solely devoted to early childhood.
3. **Create** - a new standalone agency solely focused on early childhood.

Learning from other states:

New Mexico (NM) is the most recent state to develop a cabinet-level early Childhood Education and Care Department (ECECD) that includes arguably the broadest array of early childhood programs, including: home visiting; early intervention (Part C); Head Start Collaboration Office; child care; Pre-K; and family nutrition. The NM legislature passed a statute, with executive branch (Governor's Office) support, which defined the scope of the new ECECD and included some funding for the one-year transition period to set up the new department, including space, information technology and positions (leadership, general counsel, communications, IT, etc.).

Other states that have consolidated governance combining a variety of early childhood programs include:

- Connecticut (CT) Office of Early Childhood
- Georgia (GA) Department of Early Care and Learning (DECAL)
- Alabama (AL) Department of Early Childhood Education.

Other states have consolidated early childhood programs within an existing state department, including Washington (WA Department of Children Youth & Families), Massachusetts (MA Public Health), and Colorado (CO Human Services). Pennsylvania (PA) created an Office of Child Development and Early Learning (OCDEL) which resides within both the Departments of Human Services and Education.

What it would take:

A recent report 'Early Childhood Governance: Getting There From Here'³ explores why early childhood governance matters stating, "*Truly changing the dynamic for children and families will require rethinking how the entire system works, which includes designing governance structures*

³ Early Childhood Governance: Getting There From Here (June 2020) Elliot Regenstein
https://www.flpadvisors.com/uploads/4/2/4/2/42429949/flp_gettingtherefromhere_061120.pdf

tailored to support the new system.” The report includes an early childhood Decision Guide⁴ that Maine could utilize as part of a planning process with the Children’s Cabinet and key stakeholders. The decision guide includes a step-by-step process that helps state explore and address the following questions:

1. Is the state clear on its overall priorities for the early childhood system?
2. What process should the state use to determine whether or not a governance change is needed to meet the state’s objectives for its early childhood system?
3. What functions will the state need to perform to achieve its priorities?
4. How should different levels of government work together to execute the critical functions?
5. What personnel capacities does the state need to succeed at its priority functions?
6. Given the capacities needed at the state level to achieve the state’s goals, what is the ideal configuration of a governance structure?
7. If a decision is made to change governance, how should the state manage the process, and what capacities are needed for that process to be successful?
8. In the final cost-benefit analysis, is a change in governance worthwhile?

If Maine determines to consolidate governance for early childhood under a new cabinet level department a transition process would need to include:

- 1) Transition planning team established
- 2) Detailed transition plan developed, including:
 - a. Personnel
 - b. Organizational structure
 - c. Space
 - d. Information Technology (network, databases, website)
- 3) Statutes and regulations needing changing
- 4) Fiscal / budget / business operations
- 5) Communication plan (internal and external)
- 6) Advisory body established.

⁴ https://www.flpadvisors.com/uploads/4/2/4/2/42429949/flp_gtfh_decisionguide_061120.pdf

