

**South Carolina Department of Health and Human Services Report on BabyNet Federal
Compliance Efforts**

Drafted and submitted pursuant to Proviso 33.23
of the
Fiscal Year 2021-22 General Appropriations Act

Robert M. Kerr
Director
South Carolina Department of Health and Human Services

December 31, 2021

Background

First authorized in 1986 as an amendment to the Education of the Handicapped Act, the current iteration of a federally sponsored early intervention system for children from infancy through their third birthday is authorized by Part C of the Individuals with Disabilities Education Act (IDEA) of 2004 (PL 108-446). The goal of the IDEA Part C program is the timely and accurate identification and evaluation of children under the age of three with developmental delays; appropriate referrals to service; and ongoing service coordination necessary to aid the child's ongoing social, emotional, and educational development. At the federal level, the IDEA, Part C program is overseen by the Office of Special Education Programs (OSEP) within the United States Department of Education.

Effective July 1, 2017, lead agency responsibilities for the South Carolina system of early intervention known as "BabyNet" transitioned from South Carolina First Steps to School Readiness (SCFSSR) to the South Carolina Department of Health and Human Services (SCDHHS) pursuant to Executive Order 2016-20, issued by Governor Nikki R. Haley on September 14, 2016.

SCDHHS has issued four previous reports on compliance efforts as the IDEA Part C lead agency for South Carolina, and this report serves as an update to the 2017 – 2020 publications. Readers are encouraged to reference those reports, which are available at:

<https://scstatehouse.gov/reports/reports.php>

Calendar Year 2021 Efforts and Progress

From 2017-2019, South Carolina's BabyNet program operated as a semi-independent program under the SCDHHS umbrella with the program director reporting to the agency head. Initial compliance efforts focused largely on integration into the larger SCDHHS, addressing issues of longstanding noncompliance within the program including the system of payments requirements detailed in §1440 of the IDEA and further detailed in 42 CFR Part 303, Subpart F. In 2020, SCDHHS moved the program under the Office of Health Programs vertical of the agency and more recently under the Bureau of Quality.

To lay the foundation for program improvement, SCDHHS focused on several key areas between 2017-2019:

- Leadership and culture
- Staff morale
- System Point of Entry (SPOE)/BabyNet Eligibility enhancements
- Payment system integration
- Payment coordination
- Creation of new policy and procedure manual for the BabyNet program

These accomplishments have been detailed in previous compliance reports and have put the IDEA, Part C program in significantly better standing with the OSEP. BabyNet staff have been invited to speak at national OSEP conferences and the program is now recognized as a model state for systems change.

Since the BabyNet program transferred to SCDHHS on July 1, 2017, South Carolina has shown significant improvements in performance and results indicators reported annually in the Annual Performance Report (APR) submitted to OSEP each February. Indicator 1, Timely Services, improved from 40.25% compliance in FFY 2017 to 73.74% in FFY 2019. FFY 2020 performance is expected to be even higher when reported in February 2022. This is significant because improving the provision of timely services has been a longstanding special condition imposed by the OSEP for SC's annual determination. Timely services in SC are defined as services that are initiated within 30 days of identification of the need. South Carolina has also shown drastic improvements in Child Find data (Indicators 5 and 6, respectively). In FFY 2017, .89% of the State's birth to 12-month population had active Individualized Family Service Plans (IFSPs), while 2.82% of children ages birth to 36 months had active IFSPs. Those percentages have risen to 1.22% for infants birth to 12 months in FFY 2019 and 3.68% for infants and toddlers birth to 36 months. South Carolina now exceeds national expectations for Child Find.

COVID-19

The COVID-19 pandemic continued to impact the service delivery system for BabyNet eligible children throughout the 2021 calendar year. BabyNet providers delivered services to children and families either in person or virtually using telehealth flexibilities implemented in March and April 2020. Providers faced numerous challenges including monitoring positive case counts to determine safe modes of service delivery, protecting the children (some of whom have conditions placing them at greater risk) and

families served, as well as their employees. Despite a slight decrease in the number of referrals to the program at the beginning of the pandemic, South Carolina was one of only a few states that saw an increase in overall program enrollment throughout the pandemic. Decisions regarding the mode of service delivery used by BabyNet providers were left up to the discretion of individual companies based on local case counts and resources. The BabyNet program refrained from imposing state-driven decisions on its provider network.

Program Improvements

As mentioned in the December 31, 2020 report, the BabyNet program has shifted its focus from program leadership, training, and systems development to improving processes and overall quality. The remainder of this report details the initiatives and areas of focus for the program throughout the 2021 calendar year.

System Point of Entry Updates-BabyNet Eligibility

At SCDHHS, the BabyNet program is managed by two different divisions. BabyNet Policy is located under the Bureau of Quality and BabyNet Eligibility is located under the Division of Eligibility and Enrollment. BabyNet Policy is responsible for creating and maintaining policies and procedures, ensuring federal compliance, managing the Part C data system, and ensuring appropriate billing and payment processes. BabyNet Eligibility is responsible for managing the referral, intake, and eligibility processes. Their main goals are to ensure that referred families are contacted within one day, intake visits are scheduled quickly and at the convenience of the family, and eligibility is determined in a timely and appropriate manner.

Referrals are made using a statewide, secure, web-based portal. To date, 39,011 referrals have been processed through the webform since July 1, 2019. Referrals have increased significantly since 2019, and the number of eligibility staff have increased in order to process referrals in a timely manner. For FFY 2021, referrals are up 65% from FFY 2019. In FFY 2019, there were 13,070 children referred to BabyNet and 54% were evaluated by BabyNet eligibility. In FFY 2020, there were 16,844 children referred and 51% were evaluated. For FFY 2021, the state is on track to receive over 20,000 referrals. The families referred but not evaluated either decided not to proceed to evaluation or did not respond to contact attempts. Because of the drastic rise in referrals, BabyNet Eligibility staff have increased to 73 Intake and Eligibility Coordinators, managers, and Central Referral Team staff across the state.

As a result of the COVID-19 pandemic, eligibility appointments transitioned to video conferencing platforms that continued through most of 2021. The state received training and began implementation of a new eligibility evaluation tool, the Developmental Profile-4 (DP-4), in the summer of 2021. This new tool is specifically designed to be completed virtually and will allow for some virtual intakes to continue after the public health emergency has concluded.

Indicator 7 of the SPP/APR requires that eligible children receive an evaluation, assessment and Initial IFSP within 45 of their referral to BabyNet. BabyNet Eligibility staff have 25 days to evaluate children who have been referred to the program and ongoing service coordinators have 20 days to complete the assessment and initial IFSP. As a result of new eligibility procedures and internal monitoring, the state is

making children eligible quicker than ever. In 2021, the state completed all eligibility determinations in 25 days or less, giving the ongoing service coordinator at least 20 days to complete the assessment and initial IFSP within 45 days of referral per federal requirements and BabyNet policy. Supervisors have also implemented use of a new Quality Assurance and Eligibility evaluation fidelity tool. This tool allows the state to feel confident that BabyNet eligibility is being determined in a timely manner and with high quality and fidelity.

Historically, BabyNet has received “special conditions” related to Indicator 7, Timely Initial IFSPs in its annual grant letter from the OSEP. Beginning in FFY 2020, the OSEP removed this special condition from the grant due to significant improvements in processes, data, and performance.

Child and Family Outcomes

In April 2018, SCDHHS selected gathering and analysis of self-reported family outcomes data as the scope of the State Systemic Improvement Plan (SSIP) – a federally-required performance improvement plan targeted at a single indicator with the goal of improving results for infants, toddlers, and their families. The SSIP follows several federally defined phases from planning through analysis to performance improvement. A revised Phase I SSIP was approved for use by OSEP on Aug. 20, 2018. SCDHHS submitted Phase II of the SSIP on April 1, 2019, and submitted its Phase III, year 2 report in April 2021. The goal of the South Carolina SSIP is to improve families’ ability to help their child develop and learn (Indicator 4C) shortly after entering the BabyNet Program. The two main strategies to meet this goal are implementing an improved family outcomes measurement system and initiating a new family assessment process.

The goal of early intervention is to deliver services to young children with disabilities and their families to mitigate delays in development and support the child and family in the context of their daily routines. The BabyNet program measures child outcomes when children enter and exit the program. The three child outcomes are:

1. Positive social-emotional skills (including social relationships);
2. Acquisition and use of knowledge and skills (including early language/communication [and early literacy]); and
3. Use of appropriate behaviors to meet their needs.

The BabyNet program also measures family outcomes to determine whether the services delivered had an impact on the family’s ability to care for their child, make informed decisions regarding their care and participate in community activities with their child. This information is captured using the [Family Outcome Survey-Revised](#). South Carolina is required to report on the percent of families participating in Part C who report that early intervention (EI) services have helped their family:

1. Know their rights (4A);
2. Effectively communicate their children's needs (4B); and
3. Help their children develop and learn (4C).

Through a contract with the Team for Early Childhood Solutions at the University of South Carolina-School of Medicine, family satisfaction surveys were being sent to all families receiving IDEA, Part C services during February of each year. Families were asked to provide feedback on their services and the service providers working with their child and family. Indicator 4 of the State Performance Plan/Annual Performance Report (SPP/APR) also requires states to survey families upon exit to measure their outcomes after receiving Part C services. The state revised these processes and implemented a new process (after a 9-month pilot) that discontinued the family satisfaction annual survey and replaced it with two surveys during the child's time in BabyNet. The new process includes surveying families after receiving Part C services for 6 months and again 1 month after they exit the program. This allows the state to compare families' feedback at two distinct points in time to help determine growth, improvement, and satisfaction. BabyNet families receive improved education and awareness information from Service Coordinators along with a postcard that explains the survey process and offers a QR code that allows families to complete the survey electronically. Families who do not have access to a computer, may still complete a paper survey. Early results show that this new process is dramatically improving response rates and providing a more accurate representation of families' Part C experiences. The state evaluated the pilot project, made necessary improvements, trained all service coordinators statewide, and scaled up to statewide implementation on July 1, 2021.

General Supervision

Prior to 2019, South Carolina's BabyNet program had not implemented a system of general supervision of the provider network or the performance of individual providers. As part of the corrective action plan negotiated with OSEP in 2018, SCDHHS implemented an interim system of general supervision and issued its first findings in the fall of 2019.

The full General Supervision plan was developed and submitted in May 2021 and subsequently approved by the OSEP. Findings of noncompliance were issued in the fall of 2021 with subsequent monitoring to commence in January 2022 focused on correction of noncompliance and resolution of outstanding findings. The new plan also includes specific steps for reporting on local performance and issuing state-to-local determinations. These determinations will be issued in the spring of 2022 for the first time in BabyNet's history. OSEP has provided negative feedback to the state for years due to the omission of local determinations.

Expanded Use of Natural Environment Settings for Evaluation and Service Delivery

Supporting the provision of early intervention services in a child's natural environment is among SCDHHS' goals in operating the BabyNet program. Once the agency believes that SPOE/BabyNet Eligibility capacity has reached a sustainable and compliant level and the daily case counts of COVID-19 are much lower, it intends to reinstate the use of in-home and natural environment eligibility determinations.

The BabyNet program has also committed ongoing resources to the recruitment and retention of providers to deliver BabyNet services to children in their natural environment. This includes communicating with Medicaid providers to gauge their interest in enrolling as BabyNet providers and examining current processes to ensure the program maximizes efficiencies for providers already enrolled. COVID-19 has negatively impacted the number of enrolled providers and personnel to serve

children eligible for BabyNet, while the number of children in the program has increased. In 2022, this issue will need to be addressed for South Carolina to continue to move the program forward and ensure provider capacity in the state.

Family Assessment Implementation

The SSIP is Indicator 11 in the Part C SPP/APR. As part of the SSIP work, the state developed a State-identified Measurable Result (SiMR), which focuses on improving a family's ability to help their child learn and develop. South Carolina developed two coherent improvement strategies that help guide the SSIP work. The strategies are related to redesigning the previously mentioned Family Outcomes Measurement System, which consists of a new survey tool and new dissemination practices and training and implementation of the Routines-based Interview (RBI). The RBI is an evidence-based practice designed to assist families in developing goals and outcomes through semi-structured interviews that examine day-to-day activities within the context of the family's daily routines. The RBI serves as the Family Assessment tool, as required in CFR 34 Sec. 303.321 (a) (1) (ii) (b).

Due to the COVID-19 pandemic, RBI training had to be postponed for the second training cohort. The state's original plan was to have all staff in SC trained in the RBI process by late 2021, but the national pandemic impacted the state's ability to conduct in-person training. The state met with experts in RBI to develop a safer alternative for training and decided to offer the training in a virtual format. The postponed cohort (Region 2) was trained using a virtual format in September of 2021. Both Regions 4 and 2 are currently in the process of earning their certification as trainers and moving towards training their staff. Regions 1 and 3 will be trained and certified in March and August of 2022. The entire state should be trained and implementing the use of the tool by the end of the 2022 calendar year. OSEP has been concerned for many years that SC was not appropriately implementing the requirement to use an evidence-based family assessment tool that includes a family interview.

Conclusion

SCDHHS has taken aggressive steps to complete an overhaul of the entire early intervention system and demonstrated an unwavering commitment to provide resources and support for Part C in SC that will ensure an improved program and one that is federally compliant.

As Fiscal Year 2021 saw streamlining in operational efforts, general supervision, and payment processes completed, SCDHHS anticipates sustaining these efforts and shifting to family- and child-centered program improvement and provider recruitment and retention. SCDHHS remains committed to sustained incremental improvement in the coming years, with specific targets designed to improve both overall performance and specific compliance ratings as assigned by the OSEP.