

March 23, 2022

Re: Testimony Neither For Nor Against Draft CDS Legislation

Chairman Rafferty, Chairman Brennan, Distinguished Members of the Joint Standing Committee on Education and Cultural Affairs:

My name is Alan Cobo-Lewis. I live in Orono. I am director of the Center for Community Inclusion and Disability Studies at the University of Maine (CCIDS). I also co-chaired the Subcommittee To Study Early Childhood Special Education, which was created by this Committee in 2006 and which identified several issues¹, some of which unfortunately still persist.

CCIDS is Maine's federally funded² University Center for Excellence in Developmental Disabilities (UCEDD, pronounced "YOU-said", authorized by the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 ("DD Act"). The purpose of the national network of UCEDDs is to provide leadership in, advise federal state and community policy leaders about, and promote opportunities for individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life. Part of the federal mandate of CCIDS is to educate and advise policymakers, including members of the state legislature. Consistent with CCIDS responsibilities under the DD Act and consistent with

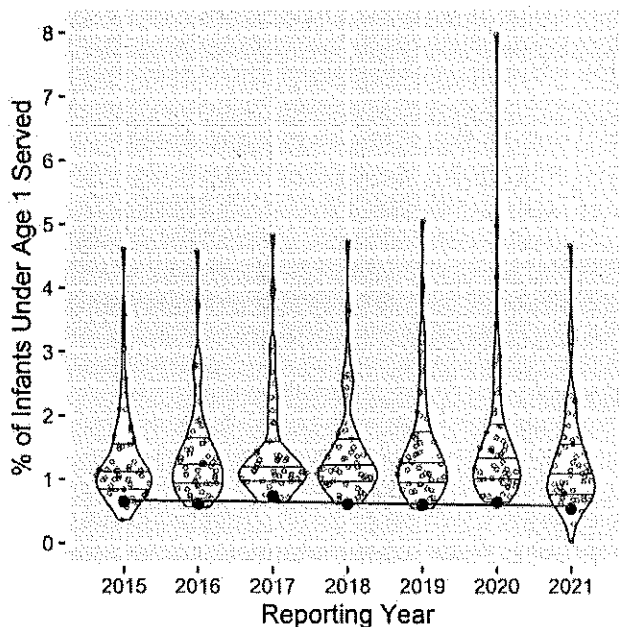


Figure 1. % of infants under age 1 served by IDEA Part C, by state and year. Each circle represents a state's value for given year, with black horizontal lines indicating 25th percentile, median, and 75th percentile. Maine is shown in blue. Source: US Department of Education, <https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-c-child-count-and-settings-table-4/resources>

¹ Subcommittee To Study Early Childhood Special Education (2007, January 22). *Final report of the Subcommittee to Study Early Childhood Special Education*. Retrieved 03/22/2022 from <https://www.documentcloud.org/documents/4113406-Finalreport.html>

² Policy analysis supporting this testimony supported in part by grant 90DDUC0056 from Administration for Community Living (ACL), US Department of Health and Human Services (HHS). Contents are those of the author and do not necessarily represent the official views of, nor an endorsement by, ACL/HHS or the US Government.

University of Maine Board of Trustees policies [212](#) and [214](#), I am testifying on the bill for myself and for CCIDS, not for the University of Maine or the University of Maine System as a whole.

1 Underserving Infants with Disabilities Under Age 1

Maine has for years had among the lowest rates in the nation of identifying infants with disabilities under age 1 (% of infants under age 1 served by IDEA Part C)—even as Maine has historically exceeded national averages in identification of 3-5-year-olds with disabilities. See Part C data in Figure 1.

Underidentification of infants with disabilities was highlighted for the Legislature as far back as 2006, by the Subcommittee To Study Early Childhood Special Education, which suggested that the system for referral to CDS through the Maine CDC’s programs for Children with Special Health Needs (CSHN) could be more robust. However, reporting indicates that, not only have these referrals been low, but they have actually been declining! See Figure 2.

Current statute requires reporting on the number of referrals from the Maine CDC Children with Special Health Needs programs to CDS. That requirement was added to statute on the recommendation of the Subcommittee To Study Early Childhood Special Education for precisely this reason. However, the reporting requirements are long (see Appendix A), and perhaps that is why adequate attention has been given to this benchmark only sporadically. In addition, current statute does not require CDS to report on trends over time, nor to develop a plan to address issues identified by the reporting.

The draft CDS legislation repeals *all* reporting requirements recommended by the Subcommittee to Study Early Childhood Special Education, even though the requirements were re-enacted in [PL 2013 chapter 338](#) (LD 34 in the 126th Legislature) in order to implement the recommendations of the Government Oversight Committee and OPEGA³ about Child Development Services.

How will we know if these longstanding issues have been addressed if the data reporting is repealed?

Referrals in Maine from DHHS-CDC to DOE-CDS

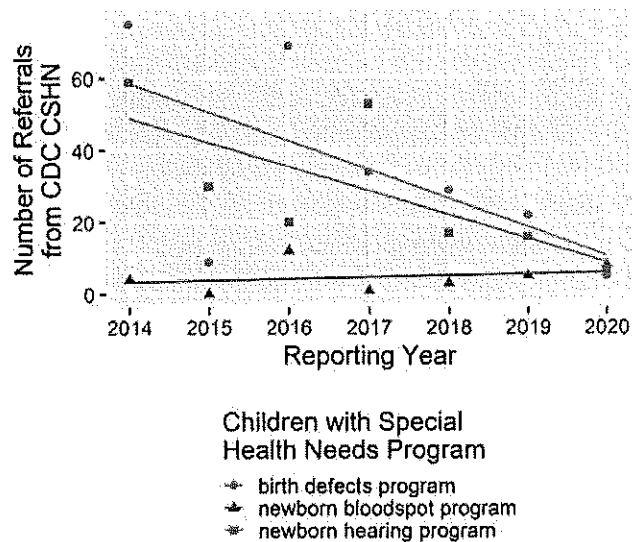


Figure 2. Number of referrals from Maine CDC Children with Special Health Needs (CSHN) to CDS, by CSHN program and year. Best fitting lines to the data are also shown. Source: 2014-2020 CDS annual legislative reports, <https://www.maine.gov/doe/learning/cds/reporting>

³ Office of Program Evaluation and Government Accountability (2021, July). *Child Development Services—Implementing Comprehensive Program Management, Encouraging Responsible Stewardship of Resources, and Developing Data to Support Management Decisions Could Improve Efficiency and Cost Effectiveness*. Report No. SR-CDS-11 to the Government Oversight Committee from the Office of Program Evaluation & Government Accountability of the Maine State Legislature. Retrieved 03/21/2022 from <https://www.maine.gov/legis/opega/reports/Final%20CDS%20Report%207-17-12.pdf>

2 Promoting Financial Sustainability through MaineCare and Private Health Insurance

Financial sustainability of the early intervention early childhood special education system has been one of the key issues motivating reform. MaineCare and private health insurance both offer opportunities to keep the Part C and Part B systems fiscally sustainable.

But the draft legislation would repeal provisions of existing statute meant to promote the leverage of these resources.

3 Meeting the Needs of Young Children with Disabilities

3.1 Unmet Needs and Referrals for Other Services and Supports

Unmet needs plague the existing system—another issue that to a large extent has driven the current legislation.

But the draft legislation would repeal existing provisions meant to track this issue.

3.2 Inclusion

There is published evidence that children with disabilities—including young children with disabilities currently served by CDS—benefit from inclusion. For example, language improvement of children in early childhood special education is associated with the language skills of their classroom peers⁴. Yet anecdote in Maine is that inclusion of 3-5-year-olds in SAUs is uneven. How can we ensure that it improves in any new system?

I would suggest that the Department of Education be required to provide training and technical assistance to SAUs on effective inclusion, collect data on inclusion success and shortcomings, offer financial incentives for districts that are successful at inclusion to help support other districts at achieving effective inclusion, and condition provision of the financial subsidy in §7211(3) of the draft legislation on ensuring that public prekindergarten programs are inclusive.

3.3 IEP Team Choice

Section 10 of the draft legislation would repeal the current provision that children with “late birthdays” can stay in the CDS system if it is in the best interest of the child not to enroll in kindergarten until the start of the following school year. The repeal would be effective July 1, 2023, which is the date on which SAUs become responsible for providing free appropriate public education—but three years before CDS ceases to operate as a potential placement for children with disabilities. Why the rush? Even under the current system, some families are well served. It seems premature to pull the rug out from under parents of children with disabilities who are satisfied with their current placements when those placements would otherwise remain available.

⁴ Justice, L. M., Logan, J. A. R., Lin, T.-J., & Kaderavek, J. N. (2014). Peer effects in early childhood education: Testing the assumptions of special-education inclusion. *Psychological Science, 25*(9), 1722-1729. <https://doi.org/10.1177/0956797614538978>

4 Recommendations

Instead of repealing the data reporting, the reporting requirements could be **streamlined to focus on the most critical metrics**—metrics that include but go beyond those referenced in the federal IDEA, but that are scaled back substantially from existing reporting requirements. Maine’s early intervention and early childhood special education system(s) could also be required to report to the Education Committee annually on strategies for addressing the above issues. Specifically:

4.1 Part C Child Find

- Existing requirements in §7209(4)(E)(2)(a) to report on referrals to CDS from the CDC Children with Special Health Needs programs should be **retained**—and augmented to require reporting on **trends over time**.
- The Part C system’s report should be required to **identify strategies for improving the identification** of infants and toddlers with disabilities under age 1.
- The Part C system should be required to **partner** with the Maine Centers for Disease Control and Prevention to **improve the identification and referral** of infants and toddlers with disabilities from CDC to the Part C system and report back on progress.

4.2 Offsetting Costs (reporting currently found in §7209(4)(E)(2)(h))

- The Part C and Part B systems should both be required to track effectiveness of offsetting costs via Medicaid, as allowable per federal law given parent consent.
- The Part C and Part B systems should both be required to track effectiveness of offsetting costs via private health insurance, given state law mandating private health insurance coverage for early intervention at [24-A MRSA §2767](#).
- The Part C and Part B systems should both be required to track effectiveness of offsetting costs via private health insurance, given state law mandating private health insurance coverage for autism at [24-A MRSA §2768](#).
- Because parents can withhold consent for billing private health insurance or MaineCare, the Committee might also consider legislation to require the Part C and Part B systems to at least pilot a program that would use backstop funds to hold harmless parents who consent to billing their private health insurance and/or MaineCare contingent on the billing being backed out in the event that the child suffers an adverse impact such as hitting an annual cap on Katie Beckett coverage.
- The Committee might also consider whether to recommend to the Health Coverage, Insurance, and Financial Services Committee that they amend insurance statute at 24-A MRSA §2767 to require additional coverage of early intervention (lifting the current cap of \$3,200 per year, unless the cap is already impermissible due to federal mental health parity requirements).

4.3 Meeting Children’s Needs

- I suggest that the Department of Education be required to provide training and technical assistance to SAUs on effective inclusion, collect data on inclusion successes, and offer financial incentives for districts that are successful at inclusion to help support other districts at achieving effective inclusion
- The Committee could consider making the financial subsidy in §7211(3) of the draft legislation conditional on ensuring that public prekindergarten programs are inclusive (with requirements

phased in so that initially a written commitment to inclusion would be adequate but with verification of inclusion phased in by, say, 2026).

- The Part C and Part B systems should both be required to ensure that children are referred appropriately to services they need that go beyond educational services and to report compliance, as currently found in §7209(4)(E)(2)(j).
- The Part C and Part B systems should both be required to report on unmet needs, as currently found in §7209(4)(E)(2)(k).
- The repeal date of Kindergarten-CDS choice should be changed from July 1, 2023, to whatever date the CDS system ceases to exist (currently July 1, 2026).

There is the opportunity for reform of the current system to result in positive change. However, it would be critical to ***retain the most critical elements of existing data reporting*** in order to ensure that the new system does not replicate the problems of the existing system. Instead, any new system should be required to ***report on progress toward addressing the issues*** that have long been identified but have yet to be adequately addressed.

Respectfully,

Alan B. Cobo-Lewis

Digitally signed by Alan B. Cobo-Lewis
DN: cn=Alan B. Cobo-Lewis, o=University of Maine,
ou, email=alanc@maine.edu, c=US
Date: 2022.03.22 22:18:24 -04'00'

Alan B. Cobo-Lewis, Ph.D.
Director, Center for Community Inclusion and Disability Studies
Associate Professor of Psychology

Appendix A. Existing Reporting Requirements in Statue, annotated

Sec. 19 of the proposed legislation repeals 20-A MRSA §7209 effective July 1, 2026. There are significant fiscal and programming reporting requirements that this would repeal, leaving the state in the dark about how the new system is serving young children with disabilities. These are currently found in 7209(4)(E), reproduced and annotated below. The limited set of sections suggested for retention are boxed and shaded:

E. To report annually by February 15th to the joint standing committee of the Legislature having jurisdiction over education and cultural affairs, the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs on the performance of the Child Development Services System. This report must be posted on the publicly accessible website of the department. The report must include:

(1) The following financial information for the Child Development Services System in total and separately for the services provided to eligible children from birth to under 3 years of age and at least 3 years of age and under 6 years of age when the information can be separated for these age categories:

- (a) Actual expenditures compared to the budget for each of the last 3 fiscal years for each regional site, the central office and the total Child Development Services System by function, including case management, direct services and administration;
- (b) Actual expenditures compared to the budget for each of the last 3 fiscal years for each regional site, the central office and the total Child Development Services System by expense type, including salaries, benefits, contracted services and transportation;
- (c) Actual revenues received compared to the budget for each of the last 3 fiscal years by revenue source; and
- (d) The total dollar value of MaineCare claims paid through the Department of Health and Human Services for each of the last 3 fiscal years for services provided pursuant to children's individualized education programs or individualized family service plans that were billed directly to the MaineCare program by contracted service providers;

(2) The following data for the Child Development Services System in total and separately for the services provided to eligible children from birth to under 3 years of age and at least 3 years of age and under 6 years of age, including descriptions of any notable variations in these data among regional sites and any notable year-to-year trends over the past 5 years:

(a) The number of children referred to the Child Development Services System in the prior year by referral source, including the screening programs in Title 22, sections 1532 [the blood spot metabolic testing program], 8824 [newborn hearing program] and 8943 [birth defects registry], and the percentage of children referred found eligible for services; [this is to track referrals from the Maine Centers for Disease Control's screening and testing programs, which may relate to Maine's historically very low rate of service for children with disabilities under age 1]

- (b) The number of children who entered the Child Development Services System in the prior year, categorized by primary disability;
- (c) The number of children who exited the Child Development Services System in the prior year, categorized by primary disability and the reason for exit;

- (d) The number of children who transitioned in the prior year from early intervention services for children from birth to under 3 years of age to special education and related services for children at least 3 years of age and under 6 years of age;
- (e) The unduplicated count of children who received direct services as of December 1st in the prior year;
- (f) The number of children who received direct services in the prior year by regional site and in total for the Child Development Services System, categorized by primary disability;
- (g) For each primary disability category, the number of children who received, in the prior year, each primary type of therapy or service;

(h) The percentage of children who received direct services in the prior year who had MaineCare coverage for all or some of the services specified in their individualized education programs or individualized family service plans and the percentage of children who received direct services in the prior year who had private insurance coverage for all or some of the services specified in their individualized education programs or individualized family service plans [this is to track effectiveness of offsetting costs via Medicaid and private health insurance, allowable per federal law and state law mandating private health insurance coverage for early intervention at 24-A MRSA §2767 and for autism at 24-A MRSA §2768];

(i) Beginning January 1, 2015, the number of children who received direct services in the prior year who were born in the State and the number of children who received direct services in the prior year who were born in the State and who were delivered at home;

(j) Beginning January 1, 2015, the total number of children who were referred in the prior year for support outside of the Child Development Services System under subsection 3-A, paragraph G and the number of children who received direct services in the prior year who were referred for support outside of the Child Development Services System under subsection 3-A, paragraph G [this is to ensure that children are referred appropriately to services that they need that go beyond educational services]; and

(k) Beginning January 1, 2015, the number of children who received direct services in the prior year who received all of the services in their individualized family service plan or individualized education program and the number of children who received direct services in the prior year who received less than 90% of the services in their individualized family service plan or individualized education program [this is to track unmet needs—historically a significant challenge in this population in Maine even before the pandemic];

(3) A listing of the regional sites and their locations and the following data for the Child Development Services System in total and by regional site, including descriptions of any notable variations in these statistics among regional sites and any notable year-to-year trends over the past 5 fiscal years:

- (a) The total number of employees by function and the number of new employees hired in the prior fiscal year by function;
- (b) The number of private providers that contracted with the Child Development Services System to provide direct services, including transportation services, and the number of contracted providers delivering each type of service in the prior fiscal year;
- (c) The number of children who received direct services provided by Child Development Services System employees in the prior fiscal year and the number of children who received direct services provided by contracted private providers in the prior fiscal year;

- (d) The number of preschool or day care programs operated by each regional site, the average enrollment in each program, the percentage of enrollees that are children receiving services under individualized education programs or individualized family service plans and expenses and revenues for the prior fiscal year associated with the programs in each site; and
 - (e) The number of children who received direct services in the prior fiscal year while placed in preschool programs operated by public school systems;
- (4) Statistics and analysis of the following Child Development Services System performance measures for the prior fiscal year, including descriptions of any notable variations in these measures among regional sites and any notable year-to-year trends over the past 5 fiscal years:
- (a) Measures of compliance with key federal requirements related to timeliness, quality and effectiveness of service as set out in required annual federal reporting under the federal Individuals with Disabilities Education Act;
 - (b) Measures of compliance with key state requirements related to timeliness, quality and effectiveness of service as set out in statute and rules;
 - (c) Measures of productivity for Child Development Services System employees providing case management and direct services to children;
 - (d) Measures of per unit costs, including the average cost of delivered services per child by primary disability type, the average cost per unit of each type of therapy or service delivered by Child Development Services System staff and the average cost per unit of each type of therapy or service delivered by contracted providers;
 - (e) Beginning January 1, 2015, the average age, both in aggregate and by primary disability type, at which children who were born in the State began receiving services from the Child Development Services System and the average age, both in aggregate and by primary disability type, at which children who were born in the State and who were delivered at home began receiving services from the Child Development Services System; and
 - (f) Any other performance goals and measures established by the Child Development Services System to monitor effectiveness, efficiency and the cost of the Child Development Services System, which may include results of surveys of parents and guardians on the quality and effectiveness of services;
- (5) Beginning January 1, 2015, a report by each regional site in the Child Development Services System demonstrating trends of Child Development Services System employee costs and the results of coordination, utilization and development of services with a broad base of community resources, including private providers and public schools, midwives, resources from other agencies and other resources serving families and children from birth to under 6 years of age, consistent with the provisions of Title 22, section 3571, subsection 3; and
- (6) A description of current and emerging trends and challenges that are having an effect on or are expected to have an effect on costs, services or service delivery methods of the Child Development Services System; and [PL 2013, c. 338, §1 (NEW).]
- F. To provide the following data by the 20th day of each month to the Office of Fiscal and Program Review, either in a monthly report or by providing the office electronic access to the computer systems and applications by which the raw data are stored, for each regional site and the central office:
- (1) Monthly actual and budgeted revenue by funding source for the prior month; and

(2) Monthly actual and budgeted expenditures by funding source and by expenditure category for the prior month. [PL 2013, c. 338, §1 (NEW).]

For the purposes of this subsection, "direct services" includes evaluations; therapies; special instruction; the use of specially designed materials for instruction, screening and testing; the use of assistive technology devices; and transportation and use of physical space associated with providing other direct services.

Murphy, Elias

From: Amanda Davis <adavis422@icloud.com>
Sent: Tuesday, March 22, 2022 7:52 PM
To: EDU
Subject: Parent of a child with a disability

This message originates from outside the Maine Legislature.

I am a parent of a child with a disability in Waterville Maine! I am concerned with the changes that are being set forth. Child development services of Maine has helped me since day one when I moved to this area giving me options and accessibility to education for my child. The lack of accessible recourses in this state for children with disabilities is not only disappointing but concerning for my child's future. To take away a service that has helped my child is not only frustrating and sad but is a form of neglect. To neglect the needs of our small children is to neglect and harm their future. Our children ARE the future and with the way things are going in this world we need more support and a whole lot more recourses! Taking away something that has helped give us parent's opportunity and guidance would be an awful direction to go in. The public school system has barely done there part. The pandemic has proved that. My child has not only been forced to teach himself but has had to work endless hours trying to navigate in such an unknown disability. Help , security and guidance is what we all need. Ending cdc position in this would not help anyone but the pockets of individuals who don't have this type of concern for their children.

Signed, a parent who actually cares and wants a better future for her disabled child. In a state where recourses are slim to NONE. Have a heart and help those who need it the most!

Sent from my iPhone



**Testimony of Betsy Mahoney, Community Outreach Coordinator, Autism Society of Maine, neither for nor against Draft Legislation regarding Child Development Services
March 22, 2022**

Good morning, Senator Rafferty, Rep. Brennan and members of the Education and Cultural Affairs Committee. The Maine DOE has proposed legislation that would end CDS services for age 3-5 children as we know it in July of 2023. The Autism Society supports parts of the proposed legislation but has significant concerns about the proposal as it is currently written. I am therefore testifying neither for nor against the proposal.

The Autism Society, and our former Board member Rep. Dick Farnsworth, who was a member of this committee, worked for many years with groups tasked with helping transition early childhood special education services to school administrative units, have significant questions about the DOE proposal. We agree that the proposal lacks sufficient detail, does not address significant concerns raised by stakeholders, and proposes a timeline that could be devastating for children, families, providers, school districts, and taxpayers.

The Maine DOE has proposed that by July 2023, local SAU's would be responsible for FAPE (free and appropriate public education), provision of services, and administrative oversight of special education services for children aged 3-5.

This timeline is too aggressive and dismisses concerns raised by stakeholders.

Moreover, the proposal does not sufficiently address the impact on current CDS employees or on children and families. For example, there are not enough protections or incentives for current CDS employees to help them transition to the new system. At a time of education employee shortages, there is a real risk that this proposal will encourage some of them to leave the workforce. This would be a disaster, needless to say.

The proposal includes no processes for contracting with childcare providers or Head Start centers to ensure that these children and their families continue to have access to daycare.

There is no detailed plan to help school administrative units get ready for the transition by providing guidance or a funding mechanism, there are no suggestions for recruiting staff or transporting students. The schools are being left to fend for themselves.

Most importantly, the proposal lacks a detailed funding plan. While schools are being required to provide new services, DOE has provided neither an estimate of the cost of their proposed changes, nor a mechanism for how such costs will be paid for now or in the future.

We urge this committee not to proceed with DOE'S proposal at this time. Please ask the Department and the stakeholders to go back to work and fix this proposal. This is too important an issue to rush legislation through



Maine Parent Federation

Since 1984 . . . because every family matters

Senator Rafferty
Representative Brennan
Honorable Members of the Educational and Cultural Affairs Committee

RE: An Act to Reorganize the Provision of Services for Infants, Toddlers, and Children with Disabilities from Birth to 6 Years of Age and Extend the Age of IDEA Eligibility to 22

My name is Carrie Woodcock I am the parent of two children with special needs and the Executive Director for Maine Parent Federation (MPF), the federally funded Parent Training and Information Center (PTI), Family to Family Health Information Center (F2F) and Statewide Family Network. We assist families of children with disabilities and special healthcare needs to navigate all systems of care including Early Intervention Services. I was also a member of the Advisory Groups for LD 255 and LD 386. I am submitting this testimony neither for nor against An Act to Reorganize the Provision of Services for Infants, Toddlers, and Children with Disabilities from Birth to 6 Years of Age and Extend the Age of IDEA Eligibility to 22.

The Early Intervention System in our state is broken and has been broken for many years. It has been a very long process to get to the point which we are at today and the lack of progress has been very frustrating. While I agree we need to make progress and move things forward I do not agree with the outline as provided by MDOE in their proposed legislation.

I do support within this legislation the creation of a Central Billing System. This will provide our educators with a higher level of confidence to bill for MaineCare services in order to collect federal dollars which we have been leaving on the table. I also believe that we should be moving forward with applying for approval for Pre-K providers to bill through MaineCare for Developmental Therapy. There is currently a gap for our Pre-K providers to be able to access funding for Specially Designed Instruction and I believe this provision will close that gap for our children.

Maine is currently the only state in the country with the model of servicing 3–5-year-olds outside Local School Administrative Units (LSAUs). I do believe that working with LSAUs in providing early intervention services for 3–5-year-olds is a model that will better serve our children. However, the timeline as proposed by MDOE in this legislation is much too aggressive.

I understand MDOE changed language as of yesterday afternoon to now propose moving the oversight of all 3–5-year-olds Free and Appropriate Public Education to our LSAU's by July 1, 2024. While I appreciate the effort to move back this transition by 1 year, I still have large concerns about the readiness of our SAUs to effectively provide FAPE oversight and provision of services for all 3 – 5-year-olds. Members of the Advisory Committee were presented with information which indicated that MDOE would be proposing to transition 4-year old's first. This concept was one most members of the

Committee indicated they could support. At the final hour we were informed that this was not going to be the case and 3–5-year-olds would be transitioned at the same time. At this time, I feel as though this Committee should review the recommendations of the Advisory Committee and amend language to reflect a transition of 4-year old's first with 3-year-olds to follow.

In order to ensure that our LSAUs will be prepared to take on any Pre-K special needs students a thorough readiness assessment and process needs to be put in place. Currently, we have only been told that this assessment is being prepared and the process will be overseen by MDOE. We do not know what this assessment will include, how it will be measured to determine readiness, and what will happen if a SAU is determined not to meet the requirements.

I also understand MDOE changed funding language to indicate they will develop a funding formula to be reviewed by this Committee by January of 2023. Funding of our Early Intervention System has been one of the biggest cruxes of these services for quite some time. In order to move forward there needs to be far more details provided about the funding how before this legislation moves forward. MDOE has promised during the reporting back to this Committee that these services would be 100% funded by the Department, even after the transition to LSAU's is completed. The question and charge to the Department from this Committee for quite some time now has been how? We still do not know the answer to this question and that is very concerning and I do not understand how we move forward without that information.

A general Memorandums of Understanding (MOUs) between our Department of Education and our Department of Health and Human Services does not do justice to the overarching services which we need to be working together for Early Intervention Services to be successful. We need independent MOUs with departments, organizations and initiatives. These should include but are not limited to; MaineCare, the Office of Child and Family Services, Child Protective Services, Children with Special HealthCare Needs, and Help Me Grow.

The Advisory Committee was in large support of MDOE applying for the Extended Part C option this year until the child's 4th birthday. We were understanding that MDOE did plan on applying for the Extended Part C option this year but were doing so until the child's 3rd birthday. Despite these recommendations and understanding, MDOE has proposed within their legislation to not apply for this option for at least 3 years.

The Advisory Committee was were also told and supported proposing changes to our strict eligibility criteria for our Early Intervention Services. While we never saw any language, MDOE did indicate to the members that they were reviewing and proposing changes to the criteria. We are now being told that MDOE is not changing eligibility criteria.

Additional concerns which I feel this legislation does not address is ensuring that the highly qualified and credentialed current employees of CDS will have the opportunity to continue to be able to work with this population of children. How are our LSAU's going to partner with current childcare providers and private Pre-K programs which are servicing this current population of children? How are local SAU's going to address the transportation needs, building code needs, and spatial needs for this population? How are LSAU's going to ensure access to a child's Least Restrictive Environment in their community schools with typically developing peers? Finally, how are LSAU's going to honor the current model within CDS of parent choice for Pre-K programs?

I have many concerns that once again we are attempting to fly the plane before it is actually built. While I understand that all of the pieces may not be able to be in place prior to moving forward with legislation, in this case I feel as though there are far too many missing pieces to get this plane off the ground. It is important for this Committee to know and work the details of this transition. I understand the urgency to move forward and improve the system but we need to do this in a way in which children are not hurt.

It is for these reasons that as a professional and a parent myself I urge this committee to slow down this process and amend this bill to reflect the concerns you are hearing today.

Thank you for your consideration.

Carrie Woodcock
Executive Director
Maine Parent Federation
cwoodcock@mpf.org
(207) 588-1933

Murphy, Elias

From: Charlie Calligan <CharlieC1214@hotmail.com>
Sent: Wednesday, March 23, 2022 7:46 AM
To: EDU
Subject: DOE Proposal on special education

This message originates from outside the Maine Legislature.

The DOE's current proposal is incomplete and will hurt kids and families. Please do NOT adopt the DOE legislation. Please slow down the process of transitioning special education services from CDS to School Administrative Units. Ask the DOE to go back to work and provide a funding mechanism and a budget, as well as guidance to address school readiness, community partnerships, and collaboration with stakeholders.

This concerns my wife and I because our Daughter, who has autism, has been working with CDS the past 2 years and feel like she has progressed tremendously. if you move up the deadline and switch over to local school administration we just don't know what will happen. CDS has been very personable and we have full confidence in their plan. we would not be pleased to basically start over with our daughters education when it comes to the services she is provided

schools right now are already struggling with staff and we would hate to see a few kids fall through the cracks when it comes to special education.

please do not take this away from CDS at this time. take the time and come up with a plan and budget for our children.

Thank you

Charlie and Kristin Calligan
Gray, Maine
charliec1214@hotmail.com

March 22, 2022

Senator Rafferty, Representative Brennan, and members of the Joint Standing Committee on Education and Cultural Affairs,

I write to you today to urge you to put forward a bill providing for the transition of special education services and administrative supports for children age 3 to under 6 years of age from its current structure under Child Development Services to public school systems in Maine. I support both the framework of the draft bill and the proposed timeline for implementation, mainly because I feel that a move of Part B Section 619 to school districts is in the best interest of children with disabilities.

My background in special education - I have worked as an educational technician, special education teacher, and special education administrator in rural and urban schools in Maine since 1996. I retired from my position as Director of Student Services (special education) for Portland Public Schools in October 2020, after serving sixteen years in Portland. After retiring, I worked (as have many retirees) supporting a variety of public education needs during the pandemic. Since August 2021, I have been serving as a part-time consultant to the DOE Department of Special Services. My work includes providing support and training for preschool special educators in CDS and providing technical assistance to the department. I attended all advisory committee meetings for LD 255 and LD 386, participating for technical assistance.

I fully support the implementation timeline the Department of Education is proposing for three reasons; the proposed timeline aligns with recommendations proposed by the Public Consulting Group, the timeline allows for a period of public and district input and additional transition planning during the period from now until July 2023 (as recommended by PCG), and the multiyear timeline strategically integrates the work of LD 255, LD 386, and LD 135, which are intrinsically dependent on each other.

Certainly, school districts in Maine are in various places in their ability to assume the full provision of services for 3 – 5 year olds. The proposed timeline and work plan will allow districts to customize and individualize their adoption based on their unique needs as they increase capacity to fully support preschool children with disabilities, with supports remaining in place through CDS. Some districts will be able to begin with an individualized hybrid model that supports the needs of their district. Under the proposed provision of services, districts also have options to provide direct services, contract with community providers and childcare providers for services and sites, or provide a combination of these options, depending on their unique situations. These options are familiar to districts, and certainly been used for many, many years by Child Development Services for 3 – 5 year olds. Some school districts in Maine are already providing services for 3 – 5 year olds through MOUs and contracts with CDS; Portland Public School did during my time there and continues to do so. The timeline and plan put forth by the Department allows the flexibility for this to continue.

There appears to be a concern with the possibility of community partners and private providers being eliminated. In my opinion, this is just not true. We will continue to need community partners and private providers for children. It is almost an “all hands on deck” approach that is needed to bring entitled supports to preschool children with disabilities after a long history of not being able to procure enough staff and services through CDS.

For more than twenty years we have considered revamping the CDS system to better support our preschool learners with disabilities. We have had task forces, consulting groups, multi-year planning/information gathering, and at least four previous failed draft legislations. This most recent effort, informed largely by the Maine Legislature's contracted work with the Public Consulting Group, and leading to much of the work of LD 255 and LD 386 is extensive. Public Consulting Group was clear in its recommendation to move Part B Section 619 to local school districts, providing data and historical reference to support their recommendation.

In closing, please be assured that I recognize and admire the fantastic work being done by Child Development Services on behalf of children with disabilities. My recommendation to move Section 619 to public school systems is in no way a reflection on the work being done by this competent and dedicated staff. It is just not enough and hasn't been enough for many, many years. It is time to rip the band-aid off and make a permanent move of Part B Section 619 services to public school districts.

Thank you sincerely for your shared work on behalf of children with disabilities and for taking the time to consider my input and reflections. I have included contact information below should you wish to contact me directly.

Respectfully,
Deborah Mullis, MS Ed
Retired Dir of Student Support Services
72 Mitchell Hill Rd
Scarborough, Maine 04074
dmullis@maine.rr.com

Senator Rafferty, Representative Brennan, and members of the Education Committee, my name is Erin Leaman-Farley and I am writing on my own time to share my thoughts about the future of CDS and what is needed for us to improve our system and provide services to all children who need them.

I am proud to work in a field where I get to support children's growth, their education and also support families through what can be a new and difficult learning process. However over the past two years we have had a massive increase in referrals and case sizes and we have not had the ability to support these families and children to the full extent due to lack of staffing and extreme turnover at CDS.

Early Childhood Education has always been underappreciated and underfunded despite the amount of research on how critical this time is for children and how the support we give them impacts them for the rest of their lives. Hiring and retaining qualified individuals is imperative to support the children and families. Our current economic climate forces us to look at how desperately underpaid we have been and our ability to hire individuals to implement the children's IEPs and support their needs.

My position at CDS-Reach supports implementing the IEPs for all children. I work with all of our contracted providers and CDS educators to effectively match them with Teachers, Speech therapists and other educators. I continuously communicate with preschool programs and families working to seek placements for children to fully implement the child's IEP. Due to severe staffing shortages many programs are unable to take children. A solution to this would be that we at CDS hire and create these programs ourselves, an idea which has started but due to terrible starting wages and extreme workloads has not panned out. Due to this extreme funding and staffing shortage children have waited up towards a year to have some or all aspects of their IEPs implemented. This is illegal, however with no alternatives and no ability to create and hire for these positions within CDS what are we to do?

As the Therapy coordinator I am regularly consoling families, sharing that we are doing everything we can at this time to get them the support they deserve and they are entitled to. However, if we were able to create positions, hire at a competitive pay rate and offer better benefits that support our own families, making CDS a desirable workplace, it's likely that these children who have been struggling with little to no support would have access to a proper education.

In addition to hiring for the positions ourselves, providers are stating the reimbursement rate for services is so critically low and hasn't been changed in so long that providers are requiring MaineCare for placement over CDS pay, or that they will only take a specific amount of CDS pay children, then take private insurance or out of pocket for the rest of the spots. I often get calls from families saying a location has room for their child. But when I call the location to send the referral, they state they could only do it for a non-CDS child.

I believe I speak for all of us within CDS employees when I say we are burnt out, we are heartbroken to constantly be disappointing families and that we know how much increased funding for CDS would positively impact all of us, especially the children we serve. As you make decisions about the future of CDS, please listen to the workers, families, and advocates who know what is needed to improve CDS and to ensure we're providing services to every child who needs them. This work is too important to rush through at the end of a Legislative session; please pump the brakes and ensure that you have heard from all stakeholders before making structural changes to CDS. Thank you.

Joint Response and Recommendations
L.D. 255, L.D. 386
To the
Joint Committee on Education and Cultural Affairs
Of the
Maine State Legislature

March 20, 2022

BRIEF SUMMARY

Possible Legislative Actions for Consideration

Recommended Statute Changes

Table of Contents

	Page Number
Brief Summary of Positions	3
SIEU	3
CDS Employees	4
Early Education Services	4
Billing/Funding	4
Part C	4
Potential Components of a Resolve for Consideration	
Four-Year-Olds	4
SAU Readiness	4
Early Education Services	5
Billing/Funding	5
Part C Lead Agency	5
Child Find	6
Quality Oversight	6
Joint Response Regarding L.D. 255, L.D. 368	7
Introduction	7
Purpose of this Report	7
Areas of Consensus	7
Areas of Concern	9
Birth to Age Six Common Components	11
Strengthening Child Find	
Part C Eligibility Definition/Part B §619 Expansion of Developmental Delay Definition	12
Parent Education and Engagement	13
Quality Improvement Unit	13
Memorandums of Agreement/Memorandums of Understanding/Interagency Agreements	14
Table 1: List of Interagency Agreements to be Developed (may not be inclusive)	16
Centralized Billing Office (CBO)	17
Expansion of MaineCare Funding for Covered Services	18
Utilization of Private Insurance	19
Important Note and Clarification Regarding Accessing MaineCare and Private Insurance	19
Developing the Part C Option for 3, 4 Year Olds	19
Natural Environments/Least Restrictive Environment	21
Sufficient Qualified Personnel	21
Part C Lead Agency	22
An Option for A Strengthened Lead Agency/Part C	23
Transitional Issues and Challenges to be Resolved	24
Funding SAUs/Fiscal Toolkit	25
Public Access to Information	25
In Conclusion	26

What follows are the blended recommendations from the LD 255 and LD 386 Stakeholder Groups and the Advocate Team, heavily based upon the recommendations of the PCG Reports. The Advocate Group includes Maine Developmental Disabilities Council, Maine Parent Federation, Maine Children’s Alliance, Maine Association for the Education of Young Children, Maine Association for Community Service Providers, and other early childhood system stakeholders.

Our Positions, in Summary:

- **The Education Committee should revisit the MDOE’s recently proposed plan to move 3-4-year-olds to SAUs next year and adapt this plan, as discussed below, and to halt the transition of the 3-year-olds until certain designated actions, as delineated below, are completed.**
 - The current MDOE plan and the timeline for transition of 4 and 5-year-olds, lacks the specificity needed for a successful transition. Additionally, it does not include all of the items, nor the level of detail required per H.P. 270 - L.D. 386 for legislative approval
 - Use the remainder of this year to begin an assessment of SAU readiness, review the current system of curriculum and assessments, and develop the process, timeline, and implementation plan for transition as originally defined and intended in H.P. 270 - L.D. 386
- **Utilize the Stakeholder Group defined in Section 2 of H.P. 270 - L.D. 386 OR create a standing Early Childhood Special Education Transition Taskforce (with current and additional stakeholders, perhaps with a funded project manager through FY23) to create the plan process, timeline, and implementation plan for transition as originally defined and intended in H.P. 270 - L.D. 386.**
 - A Stakeholder Group or Taskforce is essential to utilize expertise of frontline providers, educators, and administrators, deepen communication and collaboration essential for the transition.
 - Keep the Stakeholder Group/Task Force in place through FY25.
- Require a report to the EDU Committee by December 15 of 2022.

SIEU

- Adjust existing Title 20 §7209 to provide Part C services and a Part B §619 program for 3-year-olds, build an independent board, under the leadership of an independently employed Executive Director like the LDs directive.
- Direct the MDOE to conduct a cost analysis on SIEU administrative costs as opposed to cost per child to ensure cost efficiency structures.

CDS Employees:

Our previous testimonies and report address many concerns in more detail, but essential to moving forward is the imperative need to address the issues related to the current CDS employees - not the least of which is the retirement issue (MePERS vs. Social Security). We want to ensure that talented, appropriately credentialed employees continue working with this population. We don't have the privilege of losing this workforce! There are shortages everywhere and we can't any longer tolerate waiting lists or service short-falls for our youngest children with disabilities and developmental delays.

- **The MDOE and Stakeholder Group should investigate the very viable option, as CDS employees contemplate moving to SAU employment, of establishing a new employee category "ECSE Employees," in partnership with MSEA, whereby these employees would continue to be covered by the Social Security System. Most, if not all SAUs, have similar arrangements for other categories of employees so this would not be unique.**

Early Education Services

- The Education Committee should direct the MDOE to adjust MUSER to ensure that IEPs are individualized, removing the current maximum on hours for either Part C or Part B §619. Services in the IFSP/IEP must be individualized.

Billing/Funding

- Direct the MDOE and the DHHS to develop the necessary State Plan Amendment (SPA) which will develop Early Intervention Services (EIS) including developmental therapy, transportation and case management services, as well as explore and add administrative claiming (for IEU and local operations) to this agreement.

Part C

- Direct the MDOE to move forward immediately to request approval of the Part C Option **AND** to adjust said plan to be until the child's 4th birthday as of October 15th of each year as opposed to the proposed 3rd birthday.

Potential Components of a Resolve for Consideration

Four-Year-Old's

- **SAU Readiness:** Direct the MDOE to provide stipends for a Community Analysis, directing the SAU to conduct a readiness assessment and submit a plan to MDOE including the fiscal impact for preparing to receive the four-year-olds.
 - Ideally, MDOE would welcome a Task Force to assist in this process to review both the readiness assessment and to approve it and assist in the review of the district readiness assessment plans, and to assist the MDOE to approve districts when prepared to receive these children and monitor the benchmarks.
 - The MDOE will consequently return to the Education Committee to discuss funding related to this transition.

- **Authorize a statutory change** that is necessary would direct the MDOE to engage in a consensus-based process to move transition for 4-year-olds including establishing several ‘guard rails’ to ensure that this transition is smooth and supported by the MDOE and the local receiving units. This process should result in a clear detailed plan that describes:
 - Funding,
 - Transporting young children,
 - Assurances of Least Restrictive Environment and,
 - Parent Choice/involvement.

Early Education Services

- Direct the MDOE to work with DHHS and DOL to study the potential impact of moving 3- and 4-year-olds on community providers including childcare, Head Start, existing CDS early childhood workforce, and special purpose programs/providers.

Billing/Funding:

- Direct the MDOE to collaborate with DHHS to procure a Centralized Billing process that outlines items, such as, vendor recommendations, costs, timeline and how such a system would be thoughtfully expanded to include Maine public school systems.
- Direct the MDOE to assess any “match/seed” for Medicaid issues to sustain the Part C and Part B systems financial foundation.
 - In concert with this requirement, the MDOE should provide a plan to assist/explain SAU with meeting requirements.
- Direct the MDOE to work with the Bureau of Insurance and MaineCare to assess the existing early intervention insurance mandate (related to early intervention, services covered under public and private insurance) (in the latter, up to \$3,200 annually or \$9,600 by the child’s 3rd birthday) to ensure Maine’s compliance with “payer of last resort” and “at no cost” requirements specific to co-payments, deductibles and erosion of the lifetime benefit cap.

Part C Lead Agency

- Direct the MDOE and the DHHS in partnership with the Children’s Cabinet to engage in stakeholder process to investigate options in Maine for Part C lead agency which would improve access and coordination of multiple services across state government, achieving greater utilization of all available resources, resulting in reduced duplication, as well as reducing the number of children who fall through the gaps or who receive multiple services from different entities which lack coordination.

Child Find

- Direct the MDOE to clearly partner with Maine's **Help Me Grow** to enhance Child Find and referrals and develop a central directory of public and private Early Intervention services, resources, research, and demonstration projects.
- Resolve to address expanded eligibility for both Part C and B/Section 619 to include developmental delay through a consensus-based stakeholder process.
- Resolve to explore the expansion of eligibility for Part C. Consider adjusting standard deviation, expanding the list of automatically qualifying physical or mental conditions, and review and consider expanding the "at risk" option.

Quality Oversight

- Resolve to consider the creation of a quality improvement unit that is separate from those doing monitoring or training/professional development.
- Direct the lead agency for Part C to develop individually negotiated and written, by program, MOUs which provide specific detail to the field including parents of the shared activities and responsibilities.
- Ensure compliance with EPSDT and existing, current settlements (e.g., KS vs Harvey).

Joint Response
Regarding L.D. 255, L.D. 386
To the
Joint Committee on Education and Cultural Affairs
Of the
Maine State Legislature

March 21, 2022

INTRODUCTION

Purpose of this Report

This report was prepared with considerable input and feedback with members of Maine Developmental Disabilities Council, Maine Parent Federation, Maine Children's Alliance, Maine Association for the Education of Young Children, Maine Association for Community Service Providers, and other early childhood system stakeholders. Many of these stakeholders participated in the two advisory groups established for the purpose of advising the MDOE and Education Committee about the status of Child Development Services (CDS) and especially, the steps needed, and plans considered for the redesign of the CDS focusing on Part C of the IDEA and status of children in the state's IDEA Part B §619 program.

We have been in this situation for over 30 years, grappling over multiple legislative sessions and administrations about the state's obligations to serve infants, toddlers and preschoolers in Maine who have disabilities or developmental delays. It is fair to state that we are all agreed that we are fatigued with this ongoing situation and seek to resolve the many challenges and issues before us with quality solutions that are well thought through, researched, and that represent solid solutions as we move forward together. These solutions must be thoughtful, well researched and mutually agreed upon. These solutions must also be accompanied by sufficient resources (people, time, and money) to implement.

Areas of Consensus

There are several items that we agree with the MDOE, with some areas requiring more dialogue and clarification. These shared consensus areas are as follows:

- The current employees of CDS need to be protected during this transition. This situation is challenging. It will certainly take time to thoroughly investigate, develop fair solutions and complete individual employee negotiations that the MDOE has discussed. The MDOE has acknowledged this reality.
- Children 4 years of age as of October 15th of each year should be transitioned to their local public school PreK/Kindergarten programs in a thoughtful, planned manner. This planning needs to reflect the personnel realities across multiple employment sectors in Maine, as well as the challenges that SAUs continue to address as Maine moves out of the Covid-19 pandemic into the endemic stage.
 - These programs must ensure all the requirements of Part B of the IDEA including Section 619 focusing on preschool-aged children including the least restrictive environment with same age, typically developing peers. We recognize that the standard for determining

this setting is where children of the same age within a certain community receive services, including childcare programs, Head Start, developmental preschools, community programs and public school if this is available to all children of that same age.

- Maine Children’s Alliance reports that 5,613 (or 42.5%) of Maine children aged four are enrolled in a SAU hosted PreK program.¹
- MEPRI did a report in 2020, based upon 2019 data, that 158 SAUs offered at least one classroom. However, only 1170 students, 8.9% of Maine’s four-year-olds, are in preschool programs that are full-day and five-days-per-week. Fifty percent of preschoolers (n=3265, 50.2%) are in classes that meet only half-days. A large number of the half-day classes meet fewer than five- days-per-week, resulting in 1533 (23.6%) of preschoolers in half-day programs that meet fewer than five-days-per-week.²
 - Approximately 30% of Maine’s public preschools are in partnership with a Head Start agency, local childcare, or private preschool program. These publicly funded preschool collaborations are an integral part of expanding public pre-k in SAUs. Childcare programs and Head Start Programs offer wrap-around care for working families and limit the transitions of young children which provides a stronger continuity of care in these critical years of development.
- The MDOE reports that they are creating a “Readiness Assessment,” which we agree needs to be developed to ensure proper planning and individual district success. **We recommend that the MDOE provide stipends for the Community Analysis, directing the SAU to conduct an environmental scan and submit a plan to MDOE including the fiscal impact for preparing to receive the four-year-olds. The MDOE would consequently return to the Education Committee to discuss funding related to this transition.**
 - LD 386 asks for a description of milestones of readiness for transitioning children aged 4 to public school PreK programs, and how MDOE will monitor when a process of transition should be stopped. To our knowledge, no advisory group has seen this document or participated in discussing what would be covered in “readiness.”
 - What milestones were identified?
 - How long will SAUs have to reach these milestones?
 - Who will approve?
 - How will districts be monitored?
 - Who will provide technical assistance to districts?
 - What will the total cost be?
- The MDOE and the DHHS continue to develop the necessary State Plan Amendment (SPA) which will develop Early Intervention Services (EIS) including developmental therapy and case management services, as well as explore and incorporate administrative claims for both the state and local administration to this agreement. These agreements, including the mutual

¹<https://datacenter.kidscount.org/data/tables/5081-public-preschool-enrollment#detailed/2/any/false/2048,574,1729,37,871,870,573,869,36,868/any/11508,11507>

²https://cpb-us-w2.wpmucdn.com/wpsites.maine.edu/dist/e/97/files/2020/02/Public_Preschool_Programs_in_Maine_Prgram_Deign_Capacity_and_Expansion_Challenges_R.pdf

assignment of “match” or “seed” funds should be memorialized in an Interagency Agency Agreement/Memorandum of Understanding (IAA/MOU) between the involved parties and reviewed annually and updated as needed.

- The MDOE and DHHS continues to explore the options available to establish a Central Billing Office that would eventually include all children under the IDEA from Birth-22 and serve all the entities involved.
- The MDOE should pursue Federal DOE approval to implement the “Part C Option.” We discuss this in more detail later in this report.
- The MDOE’s plan to continue to utilize the same curriculum and assessment process as is currently in place for Part B §619.
- Review, revision or expansion of several of the 16 components of the Part C system including, for example, eligibility - particularly the definition of developmental delay, memorandums of agreement and Child Find/Public Awareness. There is more specificity contained in this Report to guide our recommendations within specific Part C components.
- We support the rebranding of CDS and, while no details were provided, we are hopeful that this is a participatory process: one which listens to and honors the voice of parents and providers.

Some of these agreements, above, are more thoroughly discussed in the following sections of our Report.

Areas of Concern



We have considerable concerns with the timelines proposed to execute many of the essential activities before us as a State. The timelines are overly aggressive and fail to recognize the interdependence of many of the individual components of both Part C and Part B §619 of the IDEA. Changes in one component will affect other components, and this “domino” effect needs to be taken into consideration in planning and implementation.

For example, the timeline for moving even the 4-year-olds to public school programs without having completed the Medicaid State Plan Amendment process, which includes service definitions, provider qualifications and rates of reimbursement, is very problematic.

The MDOE has experienced at least two Federal Medicaid audits which resulted in recovery, or payments from the state back to the federal government. Federal audits are routinely conducted to be certain that the services paid for by Medicaid are covered services, and that they are documented accordingly, and the individual receiving the services was enrolled in the state’s Medicaid program at the time of services. Additionally, the provider needs to meet the qualifications as set forth in the State Plan. Given the MDOE’s history of Federal Medicaid audit findings related to specialized services which did not include educational services, this needs to be carefully defined and assurances together with requisite training for all entities must be provided, with ongoing technical assistance as well.

Maine, like other states, is experiencing significant personnel shortages in many relevant fields for this population, including education, childcare, healthcare, behavioral health, and specialized development

services. Some school districts have administrators driving school buses, while others are teaching in classrooms, or cooking in the kitchens. CDS is and has been experiencing personnel gaps for some time now, despite recently having additional financial resources which would permit recruitment or expanded contracting agreements. The State's failure to plan and sequence improvements could result in undue delays in responding to referrals, providing services, etc. including potential fiscal shortfalls which would disrupt either/both systems of service under Part C or Part B §619.

The timelines need to reflect realistic, sequential implementation that recognizes the interdependence of these various components.

The personnel shortage, for example, requires consideration in this planning and timeline process or we risk failure of everything else. The same is true for Central Billing and the Medicaid SPA.

Our failure to recognize and incorporate this reality into our planning and implementation will likely result in the continued legislative attention and action over the coming decades. It is time now to, finally, get it "right!"

The summary of implementation options developed by PCG provides sound guidance that should be revisited as this work unfolds. Very few of the MDOE's recommendations actually reflected the existing concerns that prompted this Study and included few references to the PCG recommendations.

We also feel it is imperative to return to the "roots" of the Part C Federal legislation, which would remind us of the interagency, interdepartmental requirements of this program regardless of who is the Lead Agency for Part C. The Part C IDEA Statute requires that each state develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families. This language was written in the late 1980's to ensure that, as states moved to implement their new obligations for children ages 0-5, all the existing and diverse resources, programs and services remain available and are organized through the development of Memorandums of Understanding which are routinely reviewed and updated.

This Part C language and subsequent requirements recognize that no one state agency could effectively serve this population completely, and that no one state agency was home to all the various and historical services available through, for example, not only special education but also other established programs such as Maternal/Child Health which, in Maine, is housed in the DHHS/CDC. There are many other examples as displayed in the Table that appears on page 16.

The potential for many improvements that would strengthen interagency collaboration and coordination and consequently - the capacity to successfully achieve the essential improvements in the CDS system for children and families - needs to be fully explored and the timelines do not respect this essential component.

The sections below address the variety of issues in which agreement has not been established between the Stakeholder Groups and the MDOE and offers ideas and resources for consideration to further explore these issues responsibly.

Birth To Age Six Common Components

Strengthening Child Find

Child Find is a visible, action-oriented system involving all key stakeholders including primary care, parents, public schools, participating state and local agencies. It is a requirement in both Parts C and Part B and has been since 1975.

Realistically, as delineated in Part C of IDEA (the Individuals with Disabilities Education Act), federal statute and regulations includes the requirements for:

- 1) a comprehensive Child Find and referral system AND
- 2) a public awareness program focusing on early identification of infants and toddlers with disabilities and providing information to parents of infants and toddlers through primary referral sources as well as,
- 3) a central directory of public and private EI services, resources, and research and demonstration projects.

Child Find, together with these other strategies, works to ensure that those who come into contact with families with young children know about the program and services available and can be supported in making a referral especially when delays are noticed, or parents have concerns about their child's development. The **Help Me Grow** model also provides resources and support to parents by answering their questions about their child's development and providing developmental screening which may lead to referrals should these be warranted.

There are many partners who should be involved in the early identification and referral of young children as well as school-aged children. We support the partnership with Maine's **Help Me Grow** to expand developmental and social-emotional screening that will result in referrals of positive screens to CDS and continued monitoring of other children who may be at risk of delays in the future.

During the First Session of the 130th, the Health and Human Services Committee passed legislation ([P.L. 2021, ch.457](#)) to establish the **Help Me Grow** model in Maine. [Help Me Grow](#), a national model used in 29 states, builds on and utilizes existing resources to develop and enhance a comprehensive approach to early childhood development. **Help Me Grow** will be implemented in Maine by DHHS over the next several years. The statutory provisions require that the system emphasize "increasing access and referrals to early intervention services" in support of the state's Child Find efforts.

The **Help Me Grow** model could greatly expand screening by doing outreach to providers who can screen, especially pediatricians/physicians and those in early care and education settings. This outreach would include education and guidance about **Help Me Grow**, Child Development Services, and providers' need to refer children/families with positive screens to CDS directly or to **Help Me Grow** staff which could facilitate referral to CDS and connect families with other community supports. Help Me Grow and CDS can also establish a partnership whereby evaluated children who do not qualify for CDS are monitored by **Help Me Grow** (e.g., receive screenings every 6 months or sooner if parents request this). In committee legislation, this opportunity could be strengthened to include additional funding to support **Help Me Grow** by ensuring adequate staffing for those who would conduct outreach, facilitate referrals to CDS and other community resources, and provide ongoing monitoring of children not found

eligible for CDS. The rebranding of CDS along with the introduction of **Help Me Grow** could significantly improve the state's Child Find efforts.

Many members of the Stakeholder Advisory Group remain concerned about the mandated referrals for DAB (drug affected babies) and the CAPTA (child abuse and protection) referrals without parent consent or knowledge. These are Federal requirements, and we feel that the way in which Maine seeks to comply with these requirements needs to be addressed.

We encourage the state to investigate other state models including Rhode Island³ established for engaging and serving this population. Many of these families are already dealing with a lot and having a "cold call" from CDS to see if the family wants to seek an assessment for early intervention services likely is not going to receive a positive response. This is sadly evidenced by the reportedly small number of families from these potential referrals (which exceed 1,000 children). Unfortunately, we don't know this number or percentage of total referrals made to CDS for families under CAPTA who accepted the referral. There must be a better way to engage and support these families.

The current MOU with DHHS mentions child welfare having a "central point" of contact for referral of CAPTA children to CDS. Ideally, this would be a formal, funded position. The three-month monitoring of non-eligible children could be strengthened with year-long periodic screening through **Help Me Grow** with appropriate referrals for child/family services.

Given Maine's high number of infants born substance affected, as well as the impact of the pandemic upon the social and emotional development of young children, all children referred to CDS should receive a social-emotional screening (in addition to a general developmental screening) with a tool specifically designed to identify risk of social emotional delays and mental/behavioral health conditions. Monitoring should examine the number of children with social emotional goals and services on their ISFPs/IEPs, especially children referred from child welfare.

Part C Eligibility Definition/Part B§619 Expansion of Developmental Delay Definition

We recommend that Maine broaden eligibility for Part C and increase eligibility for children with concerns in the social-emotional domain and support the expansion of the "developmental delay" eligibility category for both populations through age 8. This was included in the Timeline presented to the Education Committee.

The MDOE has included revisiting the eligibility, including developmental delay, in their proposed timeline. We do support expanding eligibility for both Part C and B to include developmental delay. We support a stakeholder process to examine a variety of data and investigate other state eligibility definitions for adaption/adoption in Maine.

Maine's very narrow eligibility criteria contribute to the small number of children it serves in Part C services (less than 100 children under the age of one). A move to moderate the eligibility criteria for this age group would help address the problem. The standard deviations that are required to identify a child with a developmental delay could be modified. Maine Unified Special Education Regulations currently require a delay of at least 2.0 or more standard deviations below the mean in at least one of five areas

³ <https://www.zerotothree.org/resources/3538-chance-elevator-encounters-and-tenacious-champions-collaborative-referrals-between-child-welfare-and-early-intervention>

of development or a delay or at least 1.5 standard deviations below the mean in at least two areas. Maine is one of 16 states with the most restrictive eligibility for infants and toddlers.

The committee should examine whether funds from settlement agreements relating to the opioid crisis could be used to support impacted children. Demographic data should be reviewed, and this listing modified based upon the changing dynamics of Maine's population.

Along with these changes, guidance and technical assistance to further promote the use of [informed clinical opinion](#) (encouraged by [federal rules](#) in IDEA) should be encouraged as the primary and first approach to eligibility (rather than formal testing), especially for children who have delays or mental health concerns in the social-emotional domain. This approach is less intrusive for children and families, and a less costly approach to eligibility determination for Part C than is currently practiced.

We support a stakeholder process to examine options and opportunities for expanding our eligibility criteria drawing from other state definitions. We also believe that the MDOE should investigate the reasons children were found ineligible over the past 1-2 years under the current Maine Part C eligibility criteria. These data would inform our deliberations and should help to define what might make sense to include in a new eligibility criterion and may also help to identify the number of potential additional children who would be eligible for services.

Parent Education and Engagement

We would recommend that parent boards be developed at the regional level to assist with parent education, training, and engagement.⁴ The dissolution of the regional boards for CDS services appears to have contributed to less parent engagement in the provision of these services, as well as that of area providers and school representatives.

We would also recommend requiring CDS to provide information to families about resources available from the state's Parent Information and Training Center, the Maine Parent Federation, and organizations such as the Autism Society of Maine during the eligibility process, and then at each subsequent IFSP or IEP meeting.⁵

Quality Improvement Unit

Maine should consider the creation of a quality improvement unit that is separate from those doing monitoring or training/professional development. The unit should be utilized to review IFSP's and IEPs with the services provided to examine how they align. The quality improvement unit would also conduct observations of early intervention providers delivering services. This unit would **not** be doing monitoring for compliance with federal law (perhaps this stays with the MDOE). For example, in Texas,⁶ a quality assurance unit was initially created to help programs and contractors prevent losses from billing Medicaid. Ultimately, it changed to a model of assisting programs in the provision of high-quality

⁴ <https://www.state.nj.us/education/specialed/resources/SEPAGManual.pdf>

⁵ Individualized Family Service Plan, Individualized Education Program

⁶ [Texas Continuous Improvement Process](#)

services so that provider performance leads to improved outcomes for children and families. They work with their state's training team to inform and identify needs based on what they are seeing in the field.

Memorandums of Agreement/Memorandums of Understanding/Interagency Agreements

Interagency Agreements or Memorandums of Agreement/Understanding (IAA/MOU) are a federally required component under the Part C Lead Agency's responsibilities which serve multiple purposes, across multiple entities. Importantly, they define the financial responsibility of each agency across state agencies with programs or obligations related to this population, and delineate shared responsibilities for components such as Child Find participation, specific referral obligations, timelines, transition, etc. There is also a requirement for an agreement between Part C and Part B §619 whether it is an intra- or inter-agency agreement, depending upon who is lead agency for Part C.

Interagency agreements, particularly related to financing, would also support the Part B §619 program as well as special education in general through age 22.

Maine's single agreement, developed in 2016 and currently (per the MDOE, undergoing revision) is woefully inadequate for these purposes. These IAA/MOUs should be individually written, by program, and annually reviewed and updated with relevant new programs/services added as needed. These IAA/MOUs should also reflect local input and participation, acknowledging that county or regional needs and resources will vary.

One glaring example of the need for a focused IAA/MOU is with the DHHS/Office of MaineCare Services (OMS). The absence of coordination with DHHS/MaineCare payments under the "medical model," which emerged as an option for Early Intervention/Early Childhood Education Services through federal litigation, likely raises costs significantly overall and is now unknown. While costs may be of concern, so must the issue of contraindicated care when different providers serve the same child without coordination or communication.

"Under federal Medicaid regulations, children covered by MaineCare must receive services that are medically necessary, including medically necessary services to treat or ameliorate a child's physical and mental health condition. Under state rules, CDS has typically been the gatekeeper for some MaineCare services (notably developmental therapy). As an educational agency operating under IDEA, CDS has understandably applied an eligibility criterion of free appropriate public education rather than applying a medically necessary criterion. This conflict between Medicaid's medically necessary criterion and IDEA's free appropriate public education criterion triggered a lawsuit in federal court against DHHS (K.S. v. Harvey) to require the DHHS to ensure provision of medically necessary services to children in CDS who are covered by MaineCare. The lawsuit was settled in fall 2008, and the terms of the settlement require CDS to give notice to families of MaineCare-eligible children in CDS of the processes for seeking approval for services, including services that may go beyond what is provided in the child's individualized CDS plan.

*This means that families in MaineCare can choose to access CBHS for services denied by CDS. In addition, state law since 2007 has required that CDS make appropriate referrals to public and private resources, regardless of a child's eligibility for CDS services. Although the settlement agreement was important to ensure that Maine comply with federal Medicaid regulations, it means that there is now additional duplication of process between CBHS and CDS."*⁷

⁷ <https://digitalcommons.library.umaine.edu/mpr/vol18/iss1/11/>

Both MaineCare and CDS should examine the individual children who are dually enrolled in CDS and another state program/service, including MaineCare to determine potential duplication of service and total cost.

Table 1 is a list of agency agreements which should be explored for more precise MOU/MOA development, especially as these programs move through change and realignment.

Table 1: List of Interagency Agreements to be Developed (may not be inclusive)		
DHHS Programs/Services	The MDOE Programs/Services	
<p>Office of Child and Family Services</p> <ul style="list-style-type: none"> ● Child Care Development Block Grant (CCDBG) ● Child Care Licensing ● Child Care Subsidy Program ● Child Welfare ● Children’s Behavioral Health Services (CBHS) ● Early Childhood Consultation Partnership ● Families FIRST Prevention Services program ● Head Start/Early Head Start (State funds) <p>Office of Family Independence</p> <ul style="list-style-type: none"> ● Access to Medicaid, SNAP, HOPE, TANF, ASPIRE, etc. <p>Maine Department of Health</p> <ul style="list-style-type: none"> ● Office of MaineCare <p>Maine Centers for Disease Control</p> <ul style="list-style-type: none"> ● Children with Special Health Care Needs (CSHCN) ● Specialty services/low incidence populations including hearing, vision, genetics, blood spot, cleft lip and palate, lead poisoning ● Help ME Grow ● Maine Children’s Trust ● Maine Families ● Maine Prevention Councils (child abuse/neglect) ● MaineMOMs (Maine Maternal Opioid Misuse) Program ● Public Health Nursing ● Special Supplemental Food Program (WIC) 	<ul style="list-style-type: none"> ● Part C ● Part B §619 ● PreK/Kindergarten ● Head Start Coordination Office ● Child and Adult Care Food Program 	
		<p>Maine Department of Labor</p> <ul style="list-style-type: none"> ● Specific to parents engaged in workforce preparation when their child has a disability or developmental delay
		<p>Maine Department of Corrections</p> <ul style="list-style-type: none"> ● Specific to parents who are incarcerated and what is happening to their children related to service planning and delivery
		<p>USDA</p> <ul style="list-style-type: none"> ● Child and Adult Care Food Program (CACFP) managed through area Community Action Programs

Centralized Billing Office (CBO)^{8, 9}

Central billing systems (CBOs) are common within the healthcare industry, where they consolidate and track reimbursements across multiple resources including but not limited to Medicaid, private insurance, and family fees. Several states¹⁰ have CBOs for their Part C systems which have been in operation for decades. Indiana is the oldest operating site, followed by Illinois, Missouri, Indiana, West Virginia, New Mexico, Connecticut, New York, Louisiana, and Tennessee. Most of these states use the same vendor for these services which interface at last Part C/IDEA and state Medicaid and private insurance, as well as family fees as applicable.

For Part C, a CBO helps the state to ensure the Federal requirements for a 1) policy pertaining to contracting or otherwise arranging for services and to ensure 2) the procedure for securing timely reimbursement of funds is in place. We are not aware of central billing systems in general that extend into the public-school world but accomplishing this with a solid billing system should be a relatively easy expansion to include all Maine public schools. This would also encourage their utilization of MaineCare as well as other potential resources that may be relevant and available.

In addition to helping providers access funding according to a hierarchy that is dependent upon each child's other eligibilities (e.g., private insurance, Medicaid, etc.), these systems manage provider enrollment, ongoing credentialing, and can report a variety of data in a nimble manner to the lead agency that is derived from service planning and billing data.

For both Part C and Part B of IDEA, a CBO helps the state to ensure "payor of last resort" and avoid utilizing state or federal Part C or B funds when other resources exist to support that service.

As was emphasized in the PCG Report, for many decades both CDS and Maine's public schools have been "leaving money on the table" when it comes to accessing Medicaid. There is a complicated history behind this situation, not the least of which includes at least two federal audits with findings that caused the State to "pay back" millions of dollars to the Federal government. Accordingly, schools may be resistant to billing Medicaid if they feel that they will be in similar jeopardy – as is the case now.

We support the MDOE and DHHS moving forward with a study of CBO models and bringing back a recommendation to the Joint Legislative Committee on Education and Cultural Services that would include vendor recommendations, costs, timeline and how such a system would be thoughtfully expanded to include Maine public school systems.

We believe that this CBO should be operated through an interagency structure that includes major funders at the State level. Due to its complexity and importance, no one agency can effectively manage this oversight. The CBO is not an entity designed to verify service needs or monitor the delivery of services through billing activities; it is strictly a payment vehicle from which is derived a variety of data that can be used for monitoring and supervision purposes. Alignment with the state's MaineCare data system is an essential requirement.

⁸ 2021 survey and presentation to Expand Medicaid and Private Insurance for Early Intervention conducted by the Early Childhood Technical Assistance Center in which 16% of the respondents indicated they utilized a "central finance" system (39 states responded to the survey).

⁹ <https://www.ideainfanttoddler.org/pdf/2016-ITCA-Finance-Survey.pdf>

¹⁰ <https://ectacenter.org/topics/finance/partccentralizedbilling.asp>

Expansion of MaineCare Funding for Covered Service

There have been many conversations about Medicaid coverage expansion, many of which we, and the majority of the Stakeholder Advisory Group strongly agree. All Part C services including developmental therapy and case management need to have state plan amendments (SPAs) developed, including rate setting methodology, the establishment of provider qualifications, and service definitions. School based services are already covered under a state plan amendment in Maine.

For all programs, if a child is covered under Medicaid, no charge can be made for any covered service. This includes at least half of the children under age 5 in Maine, the impact of disability (e.g., Katie Beckett), etc. Medicaid enrollment becomes less likely as children age due to changes in the family's income.

Developmental therapy uses information about stages in social connection and communication to support children's growth **in all areas of development**, using strategies like modeling, collaboration and play to invite and engage children in interactive learning, skill development and competency building.

Developmental therapy and case management services would require, as with other states, that the "match/seed" for Medicaid be provided by the Part C system or the MDOE. All other, existing services for Part C and Part B systems are likely in the state plan already (including transportation) and the DHHS provides the "match/seed" for these services already. These matching funds should be detailed in IAA/MOU and delineated in the operational budgets for each system.

Both the MDOE and DHHS should also explore MaineCare support for administrative services for the various infrastructure components at the state and local level which ensure service access and provision to Medicaid enrolled children with disabilities or developmental delays (e.g., the administration at the state and local level for eligibility determination, service planning and delivery, Child Find, data collection and reporting, EPSDT/MaineCare outreach and coordination, etc.)

Administrative claiming is based upon MaineCare enrollment within the program, with either the Part C or Part B system paying the "match/seed" for these administrative services which are based upon a different formula than are service reimbursements. This administrative claiming would also include a percentage of the operations of the CBO, for example, based upon total MaineCare enrollment.

Given that there are currently several CBOs in place in the country which are operating successfully, selecting a vendor, and moving this work forward should be relatively brief and

Title XIX of the Social Security Act (the Act) authorizes federal grants to states for a proportion of expenditures for medical assistance under an approved Medicaid state plan, and for expenditures necessary for administration of the state plan. This joint federal-state financing of expenditures is described in section 1903(a) of the Act, which sets forth the rates of federal financing for different types of expenditures. Certain administrative costs may be matched at higher federal financial participation (FFP) rates. Claims for Medicaid administrative FFP must come directly from the single state Medicaid Agency. In addition, the state must ensure that permissible, non-federal funding sources are used to match federal dollars.

done in concert with the MaineCare service expansion to include developmental therapy, case management and administrative claiming.

Utilization of Private Insurance

There are likely issues related to accessing private insurance, especially through a CBO. This is important work to be done especially as Maine has legislation¹¹ related to "children's early intervention services" including services provided by licensed occupational therapists, physical therapists, speech-language pathologists or clinical social workers working with children from birth to 36 months of age with an identified developmental disability or delay as described in the federal Individuals with Disabilities Education Act, Part C, 20 United States Code, Section 1411, et seq. A referral from the child's primary care provider is required and the insurance policy, contract or certificate may limit coverage to \$3,200 per year for each child not to exceed \$9,600 by the child's third birthday.

The State may want to amend this Statute once developmental therapy and case management are Medicaid reimbursable, as well, to include these services. The "at no cost" provisions of Part C related to co-payments, deductibles and erosion of lifetime benefits should be considered in any revisions to this language.

Important Note and Clarification Regarding Accessing MaineCare and Private Insurance

When either the Part C or Part B system accesses public or private insurance to support a child's participation in services, these services must be provided based upon family choice. This includes choice of provider and site of service. Basically, considering the state's private insurance code related to early intervention, services covered under public and private insurance (in the latter, up to \$3,200 annually or \$9,600 by the child's third birthday), currently it appears that Maine's services under both Part C and Part B are provided at no cost to families in most circumstances.

We know that the early years are often difficult for families with young children with disabilities or developmental delays and we should be doing everything we can to make this journey easier for them.

We acknowledge that the Part C system needs to advise families as their child approaches age 3 and, if eligible under the receiving Part B system, would be eligible for special education services. This conversation should be more focused on what is the difference between the service delivery model, the focus and content of the Individualized Family Service Plan (IFSP), and the role of the family in service delivery rather than that the services under Part B are "at no cost" to the family.

Developing the Part C Option for 3, 4 Year Old's

We support the implementation of a Part C Option that would include all children 3 and 4 years of age.

We heard throughout our deliberations since October about concerns with moving 3-year-olds into a Part C Option, due to the FAPE requirements under the IDEA Part B including Section 619. This difference is one of semantics, frankly. Reiterating what has been said earlier, Part C services cannot be withheld based upon a family's ability to pay, which is typically related to family fees and the potential costs to accessing private insurance related to co-pays, deductibles and erosion of the lifetime benefit

¹¹ <http://www.mainelegislature.org/legis/statutes/24-a/title24-Asec2767.html>

cap. Maine’s insurance legislation for Part C appears to protect any family from this sort of “cost” up to the maximum allowable cap, after which other Part C resources would be employed according to the CBO hierarchy.

Consequently, we believe that all children enrolled in CDS should be protected during this transition time, especially those 3 and 4-year-olds. Maine’s Part C Option should include these children until such a time as all local educational units have successfully developed or expanded their 4-year-old programs to include 4-year-olds with disabilities or developmental delays. This transition is influenced by any changes in the state’s eligibility criteria, the expansion of Medicaid to include additional services, and the implementation of the CBO.

The work to concurrently support the expansion of PreK programs at the LEA level for all 4-year-olds, as was stated earlier, should proceed in a thoughtful way that respects the diversity of Maine’s local schools, their population needs, and the issues of adequate personnel and transportation.

The large majority of Stakeholder Advisory Group members wanted more discussion about the disposition of 3-year-olds including the requirement for family choice of remaining in Part C versus moving to the SAU model which includes FAPE.¹² We are reasonably at least three years away from Maine’s public schools serving all eligible 4-year-olds, and the focus should be on making this transition smooth, and well supported financially, with adequate personnel, and comprehensive programs that involve the private sector including child care, specialty providers, special purpose programs, etc.

Maine also must better understand the impact upon CDS when the 4-year-olds are fully transitioned to the public schools and extend this inquiry into the 3-year-olds at some point in time when the impact of an expanded developmental delay definition has been implemented and new enrollment data are available for analysis. Right now, based upon current CDS data¹³ (under current eligibility criteria), fully transitioning all 3 and 4-year-olds to local public schools would result in a loss of 2,500+/- (based upon CDS report of 2,351 enrolled in 3-5) and leave approximately 878+/- children in Part C (based upon the CDS report to the Legislature). This leaves the CDS system vulnerable as a reduction to only serve 0 through 2 children would leave this system extraordinarily top heavy in administration, the number of CDS sites, etc. These economies of scale must be considered going forward.

The relocation of services for 4-year-olds is also a concern for the community providers including childcare, Head Start and special purpose programs/providers. We recommend that a study of this impact be conducted which considers the impact of the transition of 4-year-olds.

While the state is contemplating expanding eligibility, we can’t emphasize enough the importance of balancing this expansion with essential growth in personnel as well as secure, on-going financing to support all enrolled children and their service needs. Either way, CDS will be vulnerable; comprehensive planning needs to ensure that Part C services are not threatened unnecessarily.

¹² Free, Appropriate and Public Education

¹³ CDS State Performance Plan/Annual Report for Part C submitted to OSEP on February 1, 2022, and the last available Report to the Maine Legislature dated February 2020

Natural Environments/Least Restrictive Environment

This vital component is discussed throughout these recommendations. Additionally, there should be an initial examination of children in Part B §619 who are being served in non-inclusive settings. Monitoring should be done to ensure that children who are receiving services in restrictive settings will be served in the least restrictive environment with supports.

Sufficient Qualified Personnel

Maine in general is experiencing a shortage of personnel across all sectors including healthcare and education. This situation existed before the pandemic and has only been made worse over the past two years. We know that this is especially true throughout Maine schools and CDS and equally, in the community provider network. It is also true for the entire healthcare industry, exacerbated by the current pandemic. Families and children are currently being affected by the lack of services in many instances.

Parents are their child's best advocate, and they need to understand if their child would benefit from specialized services; they will make good decisions that meet their child's needs. We have an obligation to let families know of their child's needs - and not just that they do or don't meet Maine's student eligibility criteria.

The majority of the Stakeholder Group supported the design and implementation of an Early Intervention Workforce Initiative to ensure an adequate supply of early intervention providers. We have known there is a workforce shortage in many areas such as speech and language pathologists for years, yet there is no comprehensive data to examine and address the workforce shortages. Having a full understanding of needs to expand and adequately support early intervention professionals should be examined and may require a workforce survey/study. This initiative would examine issues related to the supply of early intervention professionals, their retention, geography, and licensing/certification requirements. The report should include recommendations for incentives to train and earn credentials in early intervention professions (e.g., loan forgiveness, tuition coverage, or reductions with commitment to practice in Maine) and examine potential rate increases. An inquiry should be made to examine whether any of these providers/educators are included as part of the workforce agenda of the [Governor's Job and Recovery Plan](#).

The results should lead to a workforce initiative to incentivize and expand education opportunities for higher education students and others to obtain credentials in early intervention professions.

We also need to ensure that all public and private providers receive the necessary ongoing training and preparation to engage in the delivery of services to children under age six. The Lead Agency must ensure a comprehensive system of personnel development for all providers that is ongoing, available, and accessible, and comprehensive in nature so that ALL providers can meet the state's certification requirements including the ability to demonstrate evidence-based practices in the natural environment or least restrictive environment (LRE).

PART C LEAD AGENCY

Part C Lead Agency

Part C requires the designation of a single line of authority in a lead agency designated or established by the governor for carrying out:

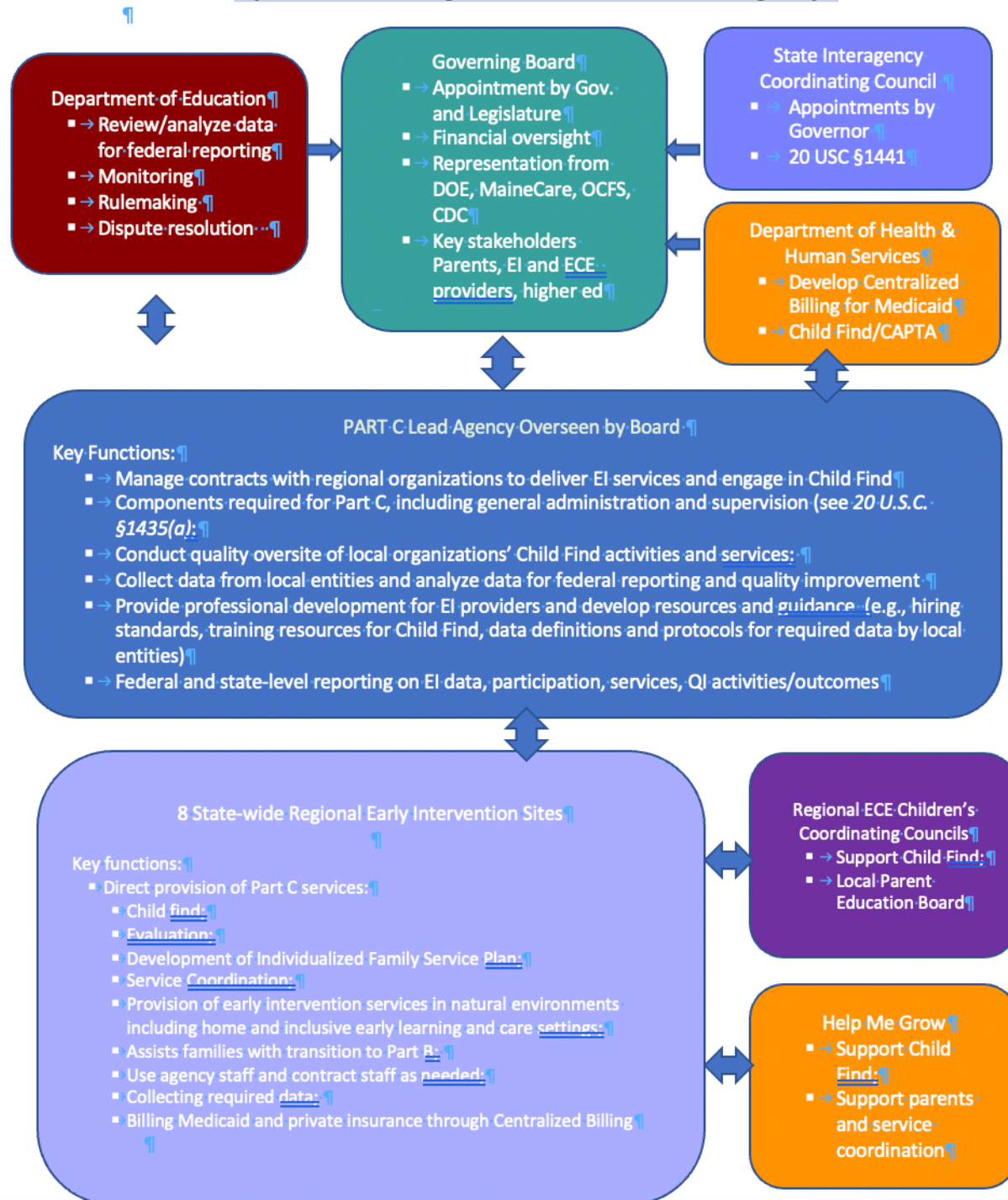
- General administration and supervision
- Identification and coordination of all available resources
- Assignment of financial responsibility to the appropriate agencies
- Development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes
- Resolution of intra- and interagency disputes
- Development of formal interagency agreements

Each of these are high-level obligations and do not include, under Maine's recommended approach of establishing an Intermediate Educational Unit, the daily operations of the Part C system.

The Stakeholder Advisory Group recognized that the MDOE is the federal assigned lead agency for Part B §619. The authors of this report want to investigate options in Maine for Part C lead agency especially from the perspective of enhancing coordination across and among state hosted family/child programs specific to the prenatal through age 5 population. This specific component was not discussed at the Stakeholder Group meetings. Table 1 on page 16 illustrates the distribution of programs and services amongst other state agencies for this specific 0-3 population. We would like a stakeholder process to investigate these options, their benefits and opportunities which would improve access and coordination of multiple services across state agencies which would achieve greater utilization and reduced duplication, as well as reducing the number of children who fall through the gaps.

The following chart presents a comprehensive visual example of the infrastructure that would strengthen the existing CDS system while instituting essential protections between the various components of the system.

Option for a Strengthened CDS/Lead Part C Agency ¶



We also want to stress the importance of the independence of the IEU from the MDOE. This independence must be assured to avoid the inherent conflict of interest that exists currently, with the MDOE operating the CDS system while also monitoring it. This independence should be supported as the IEU status is clarified, including where the IEU will be physically located and how the IEU employs staff, operates financially, etc.

We are not really clear why it is important to create yet another IEU and dissolve the current one, nor are we clear on “what will look different” with a different IEU yet the same structure.

We clearly share the MDOE and CDS employee concerns about the status of all employees and the need for each of these employees to be protected as these transitions occur. We are trusting that the advocacy for these employees will be provided by other advocates and have purposely not explored this challenge in more depth.

We also are eager to see the reinvigoration of the Part C Interagency Coordinating Council as an independent entity with its own staffing as advisory to the state’s IEU and Lead Agency.

TRANSITIONAL ISSUES AND CHALLENGES TO BE RESOLVED

We respectfully ask that the Education Committee authorize a statutory change that would authorize the MDOE to engage in a consensus-based process to move transition for 4-year-olds including establishing several ‘guard rails’ which ensure this transition is smooth and supported by the MDOE and the local receiving units. Some considerations for thoughtful inclusion would include:

- Assurances of how **funding** these services will roll out – not just for the first two years, but to include projections and plans for years following that. More precise detail needs to be provided before decisions are finalized so that everyone understands the financing plans not only for the first two years of full implementation, but for the years following that including clarification of the use of EPS for this population and how the MDOE will incentivize the use of MaineCare.
- **Transportation** is also a concern. The MDOE has told us that they would provide reimbursement but lack the detail. There are needs for car seats, seat belts and other requirements (e.g., aides) on the buses as required by state law.¹⁴ Waivers to these regulations should be in the minority and not widely used so that we stop avoiding the safety issues for these young children which drove the creation of these regulations in the first place.
- We also want to stress the importance of establishing the array of **appropriate settings** for 4-year-olds before these transitions are initiated. Families have complicated lives, especially as many still work to recover from the effects of this pandemic. Childcare is an essential full day placement for many children due to parent work schedules and other needs. This must remain as an option as placement decisions are made individually at the district level. Receiving public schools must be supported to demonstrate sensitivity to where the parent is “at the moment,” ensure at parent convenience, and accommodating personal situations and realities (e.g., childcare, transportation, parent present during services) which are extremely relevant and typical for this age population.
- We also are concerned about the potential for **regionalization of preschool services** given, especially in the more rural areas of Maine, the low population numbers, and current status of PreK programs currently established in public schools. Regionalization is not the least restrictive

¹⁴ [Transporting Preschool Students | Department of Education](#)

environment and is not an acceptable solution, especially if it removes children from their community and requires excessive transportation.

Funding Public Schools/Fiscal Toolkit

We recommend that a **Fiscal Toolkit** be developed for SAUs to reference which explains how to braid funding streams and maximize partnerships with other early childhood providers (Head Start, childcare, Pre-K) and contracted providers to effectively serve preschool children with disabilities under IDEA Part B §619.

Public Access to Information

The MDOE needs to make it easier for the public, especially consumers/parents, to locate documents, guidance, reports, etc. These documents, including the IAA/MOUs, should be publicly available on a website that is easy for consumers to access. While the MDOE may be posting documents on a website, they are not at all easily locatable to the general user.

In Conclusion

The MDOE needs to be open to hearing new ideas, or sometimes different points-of-view, so that we have the possibility of really improving the system. We need to go back to the “meat” of the Resolves and structure conversation with the MDOE using a round table/creative thinking process. We need answers to work together to answer the questions.

We recommend that perhaps the existing Stakeholder Advisory Task Force or the legal analyst for the Education Committee again review the recommendations from the [Implementation Plan of the PCG report of 12/1/20](#) (Appendix A) to determine whether the potential issues identified in the report will be addressed by the final legislation, rulemaking, or other necessary administrative changes.

The Stakeholder Group was not able to review the plan submitted by the MDOE prior to its presentation to the Education Committee. Many of the Stakeholder Advisory Committee were not able to openly air their concerns about the system or have a real engagement through the process because we lacked information from the MDOE, or to get answers to many questions that they had posed. Thus, the public hearing notice process will be more important than ever.

Collectively, we cannot stress enough our concerns about the timeline proposed by the MDOE. We believe that this is an unrealistic schedule of especially important activities – many of which are incomplete.

We are eager to partner with the MDOE and members of the Education Committee to continue this work in our shared commitment to Maine’s families and very young children.

Respectfully submitted,

Maine Developmental Disabilities Council
Maine Parent Federation
Maine Children’s Alliance
Maine Association for the Education of Young Children
Maine Association for Community Service Providers

My name is Hannah Whitmore and I am writing this testimony on my own time against the DOE Proposal for CDS. I am in the Downeast Region of Maine and have been at CDS for almost three years.

As a CDS employee, I do believe that there are definitely changes that need to be made to our program. Like any organization or public service, there is always room for improvement. One biggest change at CDS would be to increase funding to allow for employee retention and making CDS more appealing to recruit new staff members. CDS, like most places country wide, have been facing staff shortages and difficulties hiring and keeping employees. Valuing and appreciating staff and appealing to new possible hires would create more resources for children and less employee burn out. Many staff today are feeling overwhelmed and overworked and are not being appropriately compensated.

Moving children to schools for Part B services would be an incredible disservice to children. Many schools, like CDS, are facing staffing shortages and would not be able to adequately support Special Education Services and serve children. Separating Part C and Part B services would be even more of a disservice. There is a long process when it comes to transitioning a child from Part C Early Intervention to Part B Special Education. This process takes a lot of communication between the two programs and working together to meet the needs of the families and children we serve. Separating the two could cause even greater discrepancies in services and could potentially create a lot of unmet needs. It would be incredibly unwise to separate the two programs.

The challenges we face at CDS need to be met and fixed internally. CDS employees need their voices heard and not shipped off to another organization to be "fixed". Reorganizing and rebranding CDS would take a significant amount of time and would greatly impact the children and families we serve. Instead, why not try to improve what we have now instead of completely changing things? We need to retain and attract staff and create a happier workplace rather than cause fear and uncertainty. Allowing independent agencies and individuals make decisions of processes they don't understand is a disservice to families and the staff who work for CDS.

GORHAM SCHOOL DEPARTMENT

Office of the Superintendent

75 SOUTH STREET, SUITE #2, GORHAM, MAINE 04038

Hollis S. Cobb
Business Manager
(207) 222-1000
FAX 839-5003

Heather J. Perry, PhD
Superintendent of Schools
(207) 222-1012
FAX 839-8885

Brian A. Porter, PhD
Assistant Superintendent
(207) 222-1025
FAX 839-8885

March 22, 2022

Written Testimony on EDU Public Hearing on Draft Legislation for CDS 3/23/22

To: Sen. Rafferty, Representative Brennan and Honorable Members of the Joint Education and Cultural Affairs Committee.

From: Heather J. Perry, Ph.D. Superintendent of Schools

Re: Testimony on Draft Legislation for CDS Services

Dear Honorable Senators and Representatives,

I am writing this testimony **IN FAVOR** of An Act to Reorganize the Provision of Services for Infants, Toddlers, and Children with Disabilities from Birth to 6 Years of Age and Extend the Age of IDEA eligibility to 22.

Although I still have several serious reservations regarding initial ideas about funding these proposed changes, there is no question in my mind that THESE CHANGES ARE INDEED NECESSARY in order to effectively provide specialized services for eligible 3-year-old and 4-year-old learners across the state.

I need only illustrate the impacts of a difunctional CDS program across the community of Gorham to demonstrate this need in our community and across the state of Maine. When I first became superintendent in Gorham in 2015 our total incoming CDS population entering Kindergarten was approximately 35 students. Today that number stands at 65, and rising. In 2015 when those 35 students entered our system, they did so after having been provided full-service hours that were required through CDS programming. Today, the majority of the 65 students entering our system, although identified as needing services, are either short on service hours that should have been provided or (in some cases) have received no services at all.

Over this same time frame, We have seen an overall increase in special education identified students in Gorham, going from just over 12% in 2015 to a new high of over 14% predicted for the 2022-23 School year. In FY 16 (2015-16 School Year) our total special education budget was \$5,498,651.00. Our proposed special education budget for FY 23 stands at \$8,274,23.14. This is an increase of well over \$2 million dollars in 7 fiscal years. Our per pupil costs for special education students is almost \$2,000.00 more than the per pupil costs of regular education students.

What is my point? My point is WE EITHER PAY NOW FOR THESE IMPORTANT SERVICES OR WE PAY FAR MORE LATER TO FIX OUR MISTAKES.

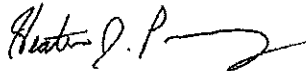
The financial story from Gorham can be repeated in parallel by all too many communities across the state of Maine. YES, making this shift will be hard and YES making this shift may initially cost more money in building much needed infrastructures and support for our SAU's to take on these incredibly important services but our public schools have demonstrated that they can provide this level of service effectively for children across Maine.

Now is the time. We have an ability to access federal funds to support this work that we will NEVER again have access to. Our current CDS Part B services are abysmal, suffering from staffing shortages, high transportation costs, and an overall lack of accountability to the taxpayers that fund these programs. If we want to increase effectiveness and accountability it is time we move these programs to a more local level.

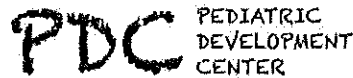
The Hippocratic Oath states: First, DO NO HARM. If we maintain the status quo, we are indeed "doing harm" to our youngest learners. It is far beyond the time that we should put our collective "money" where our "mouth" is and ensure we are getting the most for our investments in public education by focusing on our earliest learners.

I know I am willing to roll my sleeves up and help in this important work. Please reach out if you have any additional questions or if I can be helpful in problem solving to make this important vision for our state a reality. Thank you for all you do in your thankless roles as public servants, and thank you for listening.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather J. Perry" with a stylized flourish at the end.

Heather J. Perry, Ph.D.
Superintendent of Schools



Good afternoon Maine Senators and Representatives,

My name is Jillian O'Brien and I am the owner of Pediatric Development Center, a private practice occupational therapy clinic that provides services to children of all ages. We have contracted with CDS for many years and provided countless hours of therapy to children in preschools. Over the past few months I have been a member of the advisory committee for LD 255 & 386.

I am writing in opposition to the draft legislation for transitioning the provision of early childhood special education services for children with disabilities to School Administrative Units.

Please slow down the process of transitioning early childhood special education services from the CDS system to School Administration Units. The Department of Education's current proposal is incomplete and will hurt kids and families, so please vote against it. Ask DOE to go back to work and provide more information on the following areas:

- A comprehensive funding plan for a quasi-state agency/IEU
- A comprehensive funding plan for SAU's
- A plan for Identifying children in need of services
- A transportation plan
- How private providers will be utilized
- How the least restrictive environment (LRE) will be ensured
- Consideration of expanding the Part C extended option to the school year after the child's 4th birthday

Overall there are too many unanswered questions with the plan for SAU's to be in charge of FAPE by July 1, 2023 and the timeline is too fast.

Thank you,

A handwritten signature in black ink that reads 'Jillian O'Brien, MS OTR/L'. The signature is fluid and cursive.

Jillian O'Brien, MS OTR/L

Gray, ME 04039

jillian@pediatricdevelopmentcenter.com

My name is Laurie Brown and I work for CDS.

I am submitting testimony composed on my own time neither for nor against this legislation.

I work 40 hours a week to address the needs of young children and their families in Maine, families that are looking for answers as to why their child might not be developing in a manner similar to age typical peers. My job is to offer them resources to help answer their questions.

Recently I was asked what my job would look like if we were fully funded (CDS). My answer is simple. If we were fully funded we would not have waiting lists for those services designed to reroute brain practices for better function. A child in Jackman, a child in Cherryfield and a child in Saco would have access to similar services. And the wage gap for workers in the same job with level experience and credentials would not exist, site to site.

Those gaps in services are incredibly frustrating to CDS workers. In our work, we have listened to the concerns of the family, guided them through evaluation(s) only to say (particularly this time of year) that we are not able to provide the services (treatment) at this time. We believe in the value of early intervention and the uniqueness of it and yet are unable to do anything about it.

I am testifying neither for nor against because I don't know what went on in the ad hoc committee meetings. I was not at the table.

I will say however that things cannot go on as they are. Morale is low, communication between management and workers is strained to non-existent. Speaking for myself, keeping up with the level of support families deserve is far more challenging when my work ethic is being challenged rather than encouraged. Families will never see our frustration but my heart is heavy for my coworkers who are trying to maintain a positive outlook when their credibility is repeatedly undermined.

I am unable to join today's public session due to the constraints (I prefer to consider them benefits) of my job, but you may reach out to me with any questions.

Thank you for your time.

Laurie Brown

Fryeburg, ME 04037

SCHOOL UNION NO. 103 AND MOOSABEC CSD
Towns of Jonesport and Beals

Lewis Collins, Superintendent of Schools
127 Snare Creek Lane, Jonesport, ME 04649
Tel. 207-497-2154/Fax 207-497-2703

CDS TESTIMONY: LEWIS COLLINS

MARCH 22, 2022

Dear Education Committee Members:

My name is Lewis Collins and I am currently the Superintendent and Special Education director for Jonesport/Beals School Union #103 in Jonesport, Maine. I have served as a Superintendent in Maine since 2005 and as a Director of Special Education for more than twenty years. I have also served as a CDS Director in Franklin County from 1987-2004. I returned to CDS as the Part B Manager in Lewiston from 2015-2018.

I have testified before your committee several times in the past in support of moving the jurisdiction for services to children with disabilities, ages 3-5, to the public schools. I first advocated for this change back in 1998 and have hoped that someday, Maine could join almost all the other states in the nation by allowing young students with disabilities to be served by their local schools. Local schools are where the children and families live. Maine's public schools have been serving students with disabilities from ages 5-22 for decades now and have an infrastructure and knowledge base already intact and ready to serve.

The very same ideas expressed in opposition to this legislation that you'll hear today are identical to the ones I've heard for more than 23 years. There is no doubt that change is very difficult for kids and families but the idea of a three-year transition to public schools allows all families currently served by CDS to remain with CDS until Kindergarten. Ultimately, the change will benefit all families as they work their local public schools to develop plans and services for their children. Families in Bethel wouldn't have to work with the CDS office 70 miles away in Lewiston to get help or speak with someone in-person. I cannot stress this point strongly enough as CDS struggles to serve families from such enormous distances and with such limited provider pools.

I believe I may be the only person in Maine with the unique perspective of having been a chief administrator in both CDS and the public schools. Please believe me when I tell you that it will be OK. We in the public schools have adjusted to change and to influxes of new students every year and we'll do it well with this new group of young children with disabilities and their families.

Maine has wrestled with this issue for more than two decades. In that time, things have not gotten better for this vulnerable group of young children. Let's do the right thing and let these kids and families finally be served by their local public schools. I appreciate your willingness to consider my comments.

Sincerely,

Lewis Collins



To the Legislatures' Educational Committee,

The Maine Department of Education has proposed legislation that would greatly impact services now delivered by Child Development Services (CDS) for children ages 3-5. We encourage you to slow this process down, and reconsider the steps and timeline for implementation of this proposal so that it can be successfully implemented.

At this time, we feel like the proposal lacks sufficient detail and does not address significant concerns of stakeholders. Additionally, it proposes an overly aggressive timeline that could be devastating for children, families, providers, and local school districts.

Please do NOT adopt this legislation and slow down the process of transitioning special education services from CDS to School Administrative Units.

The DOE's current proposal is incomplete and will hurt kids and families, so please vote against it. Ask DOE to go back to work and provide clearer guidance on:

- A clear funding mechanism and a budget for these services
- Guidance to address school readiness (who, what and where?)
- How this impacts community partnerships and collaboration with stakeholders

Thank you

Madeline Kelley, MS, OTR/L
Director of Therapy Services
Gallant Therapy Services
Augusta, ME

Murphy, Elias

From: Maria Libby <maria.libby@fivetowns.net>
Sent: Tuesday, March 22, 2022 7:38 PM
To: EDU
Subject: CDS Testimony - MARIA LIBBY

This message originates from outside the Maine Legislature.

Testimony regarding the proposed shift of responsibility for CDS services to Maine's K-12 schools

Senator Rafferty, Representative Brennan and members of the Education and Cultural Affairs Committee. I am Maria Libby the Superintendent of Schools in MSAD 28 in Camden and Rockport. I have significant concerns about the proposal to shift responsibility for services for 3 - 5 years olds onto our K-12 schools that I have outlined below.

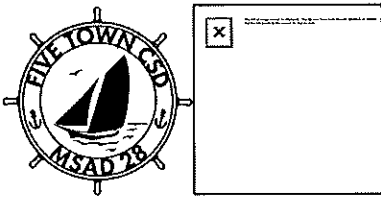
- As a minimum receiving district, most of the financial burden of this shift in services will fall on our local taxpayers. I do not feel our local taxpayers can shoulder this burden when they already pay for 94% of the K-12 educational costs in our district.
- This shift would come on the heels of being informed that we are also now responsible for special education students through age 22, which in and of itself is going to be a huge additional financial burden. Our K-12 schools will need to be referred to as Age 3 - 22 schools (19 years of a child's life!)
- This is asking too much of our public schools who are stretched to the brink of collapse as it is. Many of our Maine schools are having an extremely difficult time hiring staffing for our current needs, even in a place like Camden. As a leader, thinking about our capacity (central office, special education, skill set, personnel, current challenges, etc.), I cannot fathom taking on the current challenges faced by the CDS system.
- Public schools in Maine, and elsewhere in the nation, are facing a youth mental health crisis. Two years ago I employed 2 full time social workers between the Five Town CSD and MSAD 28. Next year I will employ 5 social workers, and will have also added 2 Behavior Specialists. We can barely keep up with the current needs in the Pre-K to Grade 12 population. It could not be a worse time to ask our schools to take over the work of CDS and try to meet those needs as well.
- I do not understand how transferring and replicating the same challenges faced by CDS onto our K-12 schools is going to solve the issues. Instead of improving the situation for children ages 3 - 5, this has the potential to wreak havoc on the entire K-12 system.
- Our schools were not designed or constructed to take on this age group. My district renovated both an elementary and middle school in the past 10 years, neither of which has space to add this programming. The cost to add on to our elementary school would be exorbitant. It makes no sense to contract out for the same model that exists now, the only difference being the financial responsibility would fall into the public school budget. That is no solution!
- I recognize that most other states in this nation have a model that includes that population in its public schools. Maine has not been one of those states, and can't be expected to take on the financial responsibility of adding the structures and added staffing needed to do so effectively, nor can they be expected to assume responsibility for the inherent challenges in this programming.
- I am afraid this move is going to drive many leaders out of education.
- There needs to be long term financial support, transition planning and support, infrastructure support, and significant training and professional development for our public schools if this shift is going to be successful.

I am all for better programming and services for our 3 - 5 year old population. Too many people are looking at our K-12 schools to solve all of society's problems. My perspective is from the inside of a very healthy and high performing school district and I can assure you we are hanging on by a thread. The pressure is too great and the expectations already completely overwhelming. Three-to-five year olds on the heels of up to twenty-two year-olds after two years of a global pandemic - it is asking too much. We cannot do it all.

Thank you,
Maria Libby

Maria Libby
Superintendent
MSAD28/FiveTown CSD
7 Lions Lane
Camden, ME 04843
(207)236-3358 ext. 4302
<http://www.fivetowns.net/>

When a great ship is in harbor and moored, it is safe, there can be no doubt. But that is not what great ships are built for.



Murphy, Elias

From: Sigovich, Megan E <Megan.E.Sigovich@maine.gov>
Sent: Tuesday, March 22, 2022 5:22 PM
To: EDU
Subject: CDS Testimony - Meg Sigovich

This message originates from outside the Maine Legislature.

My name is Meg Sigovich and I live in Portland. I have a master's degree in Early Childhood Special Education and currently work as an early intervention provider for CDS. I have a stake in this legislation because I am a Part C employee, and care deeply about what's best for Maine's youngest residents. I am testifying neither for nor against LD 255.

First and foremost, I am proud of the work we do in Part C. We have a team of experienced, passionate, and dedicated professionals who work hard to empower caregivers and support Maine's infants and toddlers with developmental delays. Our services are individualized to the children and families we serve, and put the family's priorities at the forefront. We incorporate strategies into everyday routines and work with all of the child's caregivers – parents, grandparents, child care providers, home health providers, etc. Parents consistently report that the services we provide benefit their family and deepen their own understanding of how they can support their child's development.

I am concerned about the direction of LD 255 because it is a lost opportunity for Maine. The PCG reports highlighted an important national trend – the creation of cabinet-level departments devoted to early childhood education. Expertise in child development and early childhood education is critical to the work we do with infants, toddlers, and preschoolers. Maine has an opportunity to recognize the essential work of early childhood educators and the impact of early childhood experiences on lifelong development.

Creating an independent quasi state agency to oversee Part C is a big undertaking and will delay the work we should actually be doing – consolidating early childhood services, child care licensing, head start, home visiting programs, and early intervention under a Department of Early Childhood Education. Research consistently tells us that investing in the first 5 years of a child's life has huge returns, in both economic and sociological measures. Let's join Massachusetts, Colorado, Connecticut, Georgia, and Alabama – states that are leading the nation in this important work. If we truly want systemic and long-term change for Maine's infant and toddlers with developmental delays, let's elevate our focus on early care and education instead of relegating it to a quasi-state agency.

The timeline for implementing LD 255 is long and costly. I'd rather devote our time and resources to a forward-thinking, sustainable solution that will benefit children and families well beyond this legislative session.

Meg Sigovich (she/her)
Early Childhood Special Educator
Child Development Services – Reach
1011 Forest Ave, Portland, ME 04103
207-991-8319



Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. If you are not the intended recipient, or an authorized agent of the intended recipient, please immediately contact the sender by reply email or fax and destroy/delete all copies of the original message. Any unauthorized review, use, copying, disclosure, or distribution by other than the intended recipient or authorized agent is prohibited.



STATE OF MAINE
DEPARTMENT OF EDUCATION
23 STATE HOUSE STATION
AUGUSTA, ME 04333-0023

JANET T. MILLS
GOVERNOR

PENDER MAKIN
COMMISSIONER

Testimony of Megan Welter, Director of Policy and Government Affairs

Support

An Act to Reorganize the Provision of Services for Infants, Toddlers, and Children with Disabilities from Birth to 6 Years of Age and Extend the Age of IDEA Eligibility to 22

Before the Joint Standing Committee on Education and Cultural Affairs

Date: March 23, 2022

Senator Rafferty, Representative Brennan, and Members of the Joint Standing Committee on Education and Cultural Affairs,

My name is Megan Welter, the Director of Policy and Government Affairs, and I am here today representing the Department of Education.

Maine has been serving our youngest learners with disabilities for more than 40 years and we have an opportunity today to improve how our youngest and most vulnerable children's educational needs are met. Since its inception in 1975, there have been nearly 40 statutory revisions or proposed revisions to the CDS system. Before this statute, the most recent changes to CDS were proposed in 2018 and ended in a resolve to engage consultants – the Public Consulting Group (PCG) - to examine what was working and to make recommendations for improvements. The PCG report was the basis for the three resolves: LD 135, LD 255, and LD 386, and was a vital resource that guided the recommendations that are incorporated into this proposed statute.

LD 255, Resolve, Directing the Department of Education to Develop a Plan for the Provision of Early Intervention Services directed the Department of Education (DOE) to develop a plan for early intervention services through a quasi-independent government agency structure, with the DOE providing oversight. This proposed statute refines the state intermediate educational unit (SIEU), which would be comprised of an independent governing board, made up of a diverse group of stakeholders. This SIEU would also include a Chair, elected by the Board. In this refined SIEU, the DOE serves as the lead agency for the statewide system and appoints a Federal Part C Coordinator. In addition, the statute identifies the regulatory and oversight responsibilities of the DOE and the SIEU, including the Board. The SIEU would be established and assume responsibility for the provision of early intervention services on July 1, 2026, when the Child Development Services system is retired.

LD 255 also directed the Department to analyze the federal Extended Part C Option and make recommendations for services for children 3 years of age with disabilities. The Department plans to submit an application to the US Department of Education, Office of Special Education Programs



STATE OF MAINE
DEPARTMENT OF EDUCATION
23 STATE HOUSE STATION
AUGUSTA, ME 04333-0023

JANET T. MILLS
GOVERNOR

PENDER MAKIN
COMMISSIONER

(OSEP) for an Extended Part C Option during the spring of 2022 unless the federal government establishes a national standard for that option.

The other resolve that is addressed in this statute is LD 386, Resolve, Directing the Department of Education To Establish the Process for Transitioning the Provision of Early Childhood Special Education Services for Children with Disabilities from 4 Years of Age to under 6 Years of Age from the Regional Child Development Services System to School Administrative Units. This resolve required the Maine DOE to establish a process, timeline and implementation plan for transitioning the provision of special education services for children with disabilities from four years of age to under six years of age from the current regional CDS system to school administrative units (SAUs). It also directed the DOE to include a recommendation on the provision of services for three-year-olds receiving special education services.

LD 386 presumes that children with disabilities from four years of age to under six years of age would transition to SAUs. The proposed statute before you outlines *how* this transition would occur.

In order to build capacity, the proposed statute outlines a transition plan that begins with SAUs assuming free, appropriate public education (FAPE) responsibilities in July 2024 and the full transition of services to SAUs in July 2026 – more than four years from now. The steps of the transition are delineated in the unified timeline provided to both the Education and Cultural Affairs and the advisory committees. This timeline provides a transition plan that is inclusive of those SAUs prepared to provide services as soon as the 2022-2023 school year, as well as those requiring more time. In the past four years, 16 new public pre-K programs started up and 15 more were expanded. In addition, in preparation for the 2022-23 school year, Maine DOE has awarded competitive grants to 12 SAUs to cover costs associated with planning, startup, and expansion of Pre-K programs, using American Rescue Plan Act (ARPA) funding through the Maine Jobs and Recovery Plan (MJRP). The members of the Department's Early Learning Department have an established process for supporting SAUs as they open new programs, and they will continue to refine this process as they work with more SAUs to build their capacity.

We are also recommending that the SAUs manage the provision of special education services for 3 year olds. Three year olds with IEPs have the same rights to a free, appropriate public education as 4-22 year olds and we believe that it is right to include them in a plan that we believe will better address service needs. Concerns have been raised that this would mean that SAUs would need to open classrooms in their buildings for three year olds. It is important to clarify that while the FAPE responsibility for three-year-olds would change, where and how three-year-olds receive their services would not. The Department anticipates that the SAUs will continue the practice of serving three-year-olds in collaboration with community service providers. Oversight of the IEPs and ensuring appropriate service provision will allow schools to begin connecting and developing relationships with families and children earlier, while in many cases, the actual program will continue to be provided by community-based providers. The CDS system would remain in place for a transition period of three years and SAUs would be able to access CDS service providers during this period.



STATE OF MAINE
DEPARTMENT OF EDUCATION
23 STATE HOUSE STATION
AUGUSTA, ME 04333-0023

JANET T. MILLS
GOVERNOR

PENDER MAKIN
COMMISSIONER

The tapestry of service providers across the state, including CDS regional sites and community-based providers, have struggled to keep up with increasing need for services. The pandemic has exacerbated the challenge of meeting these demands as nearly 40% of providers in Maine have closed their doors in the last two years. SAUs, CDS, and childcare programs all continue to work to fill open positions. The Department is recommending the FAPE responsibility for three and four year olds shift to the SAUs because in order to meet these demands, a coordinated response – a partnership that includes our SAUs is needed. Maintaining and expanding partnerships between SAUs and community providers is necessary to leverage all available resources to meet the needs of our youngest learners in the state.

This also means that efforts are underway to ensure that our valued CDS staff members are included in the transition process. Given the service needs of our youngest learners, their skills and experience are needed now and into the future.

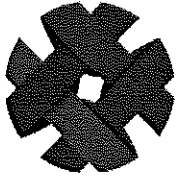
Concerns have also been raised about how this shift would be financed. The CDS budget is more than \$38 million each year. As SAUs assume FAPE and, in some cases, provision of services, some of the money from the CDS budget will be allocated to SAUs. By January 2023, the Department will have a finalized funding plan to support preschool programming for three, four and five year olds.

While we believe that this is a transition that should happen as soon as feasible to ensure the supports and services for students who qualify, the Department has heard concerns raised by stakeholders that the process is rushed. In response to these concerns, the Department has drafted an amendment that changes the original date for the shift of FAPE responsibility from July 2023 to July 2024. Between 2022 and July 2024, the Department plans to work with groups of stakeholders, including superintendents, special education directors, CDS staff, parents, community providers, and advocacy groups to ensure a smooth transition.

The statute before you is a plan for the transition of services that were envisioned when the LD 386 resolve was drafted. It is a plan that allows this transition to occur over four years. We know that this change will take time to do it well. And we believe that this proposed statute provides a clear pathway for making the changes necessary to ensure our youngest and most vulnerable children in the state have the services necessary to address their diverse learning needs.

For these reasons, the Department of Education supports the amendment before you. I'm happy to answer any questions during the work session.

Megan Welter
Director of Policy & Government Affairs



Maine Developmental Disabilities Council

March 23, 2022

Testimony Neither for Nor Against Proposed Legislation to Redesign Part C and Part B §619

Senator Rafferty, Representative Brennan, and the Distinguished Members of the Education and Cultural Affairs Committee. My name is Nancy Cronin and I am the Executive Director of the Maine Developmental Disabilities Council (DD Council)¹. I am here to testify **Neither for Nor Against** the proposed legislation to redesign Part C and Part B §619.

MDDC has decided to take the position of “Neither for Nor Against” because we do believe that the concept of, ultimately, moving Part B § 619 services to SAUs is appropriate, but we do not agree with the way this proposal is doing it. MDDC also believes that the services of Part C should be executed by a entity than the agency tasked with providing regulatory oversight and we support the move to accomplish this by separating the existing CDS from the Department by creating an independent board structure with an executive director. However, we want to see clear processes that strengthens the quasi-state agency with the support of a separate, strong oversight regulator to ensures compliance and overall quality. We are concerned that the proposed legislation does not separate CDS from the Department clearly enough to achieve the goal. Further, MDDC is concerned about the lack of examination of the Part C system, as demonstrated by the LD 255 process, and would like the opportunity to thoroughly examine areas of Part C that need improvement. Our fear is that if we proceed without that needed introspective work our young children with disabilities will be harmed.

In general, we stand with the recommendations that MDDC worked with stakeholders to develop that we emailed you on March 15, 2022 and March 22, 2022. For ease, I am attaching the summary recommendations to this document under the heading “Appendix A.” That said, we want to take this opportunity to make a few comments about this proposal.

Moving responsibilities for Part B §619 to SAUs: This proposal moves the responsibility for all of 3–5-year-olds with disabilities from CDS to SAUs in a little over two years. That is way

¹ Councils on Developmental Disabilities were created through the Developmental Disabilities Assistance and Bill of Rights Act (DD Act) in 1970. Maine's DD Council has been advocating for individuals with Developmental Disabilities (DD) for over 40 years. The DD Council is a federally-funded, independent organization with members from across the state, including persons with disabilities, family members, and representatives of public and private agencies which provide services and/or funding for services for individuals with developmental disabilities.

too soon. The legislature is the people's voice and a critical check and balance in our government process. We are very concerned that neither LD 386 nor LD 255 was completed as the resolves required. Today, with this proposal, we are little better than after the PCG report, yet the Department's proposal moves us forward blindly with our youngest children's futures at stake. There is no readiness assessment. No benchmarks. No milestones. No real plan. No real involvement with Stakeholders. The repercussions of acting on this proposal will likely include significant disruption, and could include unintended negative consequences to; the childcare system, the existing workforce, and the parents trying to access medically and educationally necessary services. These consequences could increase unmet needs and potentially shift systemic complaints, which is what we have now, into individual litigation that towns will need to defend.

The financial explainer acknowledges that compensatory costs will be necessary to mitigate the significant time lost due to the existing system failing to meet the needs of our young children. This proposal simply acknowledges the problem saying compensatory costs will be necessary. However, it does not propose a planned transition that solves problems, ensures existing harm is mitigated, prepares SAUs to take on these services, and ensure a framework of success. This proposal simply passes the serious problems to the SAUs.

Unfortunately, if we move forward with this proposal with this lack of transition, parents will be forced to create new relationships with SAUs immediately by advocating for compensatory services. SAUs will face a steep learning curve to assess a new population of children's unmet needs, develop services that they are unfamiliar with, and hope that they can achieve this in a satisfactory way. Every SAU will move through this separately. Not only could this begin new relationships between parents and SAUs on a tense note, it will cause considerable disruption to already covid-weary schools.

Instead of accepting this proposal we ask that you consider slowing down again. Concentrate on the transitioning of 4-5-year-olds. Leave 3-year-olds with CDS for the time being. Create a standing **Early Childhood Special Education Transition Taskforce** (with current and additional stakeholders, perhaps with a funded project manager through FY23) to create the plan process, timeline, and implementation plan for transition as originally defined and intended in L.D. 386. A Stakeholder Taskforce is needed to utilize expertise of frontline providers, educators, and administrators, deepen communication and collaboration essential for the transition.

Funding: We are extremely concerned about the proposed **Funding of Part B §619:** The CDS Financing – Explainer <https://legislature.maine.gov/doc/8423> boldly states that the costs of 3-5 year old will be 100% covered but when we read the text we see that **“there will be an increase in the number of 4-5-year old students subsidized through the EPS formula.” ... “The increases in student counts would impact the total cost of education and, therefore, increase the mill expectation.” This is not 100% funding. This could result in an increase of**

property taxes and this is not what folks signed up for. The document seems to state that this is part of the administration's goal of Universal Pre-K. We agree completely that there should be Universal Pre-K – but this is not a proposal that will make that happen. The same document states that the costs of 3-year-olds will be covered 100%. How? CDS has struggled for twenty years covering costs. Why now, what is different? Communities cannot handle another unfunded mandate. **The bottom line is for SAUs, this is a new mandate. Please send this back to the drawing board and require a clear, comprehensive funding structure and plan.**

There is no discussion or analysis about the cost of sustaining an agency just for Part C services. The last thing MDDC wants to see is another discussion in front of appropriations claiming that CDS doesn't have enough money. In order to prevent that an analysis of costs is necessary. We recommend strongly that you consider directing the department to conduct a cost analysis on SIEU administrative costs as opposed to cost per child to ensure cost efficiency structures.

Part C: Examine who should act as the Lead Agency of Part C: On March 21, 2022 I was provided the opportunity to participate in a conversation with OSEP about Part C. I was in the room with Connecticut, Vermont, and about three other States. People were talking about how intertwined their Part C, public health nursing, home visiting program and help me grow centralized referral line was. This protected families by allowing a single entry system into multiple infant and toddler programs, reduced duplication of services, and ensured feedback loops to all concerned parties such as medical doctors. I was stunned. Maine isn't doing any of these things. Although the programs all exist. We are building Help Me Grow, the centralized referral line, but to my knowledge neither DOE nor CDS has been a major part of the development of the program. Maine has a Home Visiting and Public Health Nursing program where families receive infant and toddler professionals in their home to assist with early development. Maine also has our Part C program. But, to my knowledge these programs are not connected anywhere. How many of these families need connection with the other system? How many of these families are receiving uncoordinated duplicated services? LD 255 talked about connection with early head start. I can't believe that nobody, including me, even thought about these other programs. **It is clear to me; this Committee should put forth a resolve to study who should be the Lead agency for Part C.** The fact that we are so disconnected from other infant and toddler programs is concerning. The fact that none of the parties associated with LD 255 thought about these key programs is staggering and indicates strongly that we are in a silo.

There are many things that COULD be done to move us forward, but the proposal submitted ignores wide swaths of advice given by PCG. It also misses serious opportunities to improve our system for our young children. Please slow down. Don't stop. But this train is simply moving way to fast and we fear that if brakes are not applied it will crash and our children and communities will be harmed.

As always, I stand ready to help with this process. Thank you for hearing my testimony. I welcome questions and I will make myself available for all work sessions.

Nancy Cronin
Executive Director

March 15, 2022

To the Distinguished members of the Committee on Education and Cultural Affairs,

We are writing you as a group of stakeholders representing young children to ask that you consider our views and recommendations relating to possible legislation impacting Child Development Services. What follows are the blended recommendations from the following organizations, many of whom participated in the LD 255 and LD 386 Stakeholder Groups including: Maine Developmental Disabilities Council, Maine Parent Federation, Maine Children's Alliance, Maine Association for the Education of Young Children, Maine Association for Community Service Providers, and other early childhood system stakeholders. What follows are the blended recommendations as a result of our participation in the LD 255 and LD 386 committee work and are heavily based upon the recommendations of the PCG Reports. To accompany these recommendations, we are drafting a report that will address many of the recommendations below in more detail. The Committee will receive the report by the end of the week, but we wanted you to deliver these recommendations to you prior to your work session on March 16, 2022.

Our Position in Summary

- The Education Committee should revisit the DOE's recently proposed plan to move 3 & 4-year-olds to SAUs next year and adapt this plan, as discussed below, and to halt the transition of the 3-year-olds until certain designated actions, as delineated below, are completed.
- **CDS Employees:** Essential to moving forward is the imperative need to address the issues related to the current CDS employees - not the least of which is the retirement issue (MePERS vs. Social Security). We want to ensure that talented, appropriately credentialed employees continue working with this population. We don't have the privilege of losing this workforce! There are shortages everywhere and we can't any longer tolerate waiting lists or service shortfalls for our youngest children with disabilities and developmental delays.
- The current DOE plan and the timeline for transition of 4 and 5-year-olds, lacks the specificity needed for a successful transition. Additionally, it does not include all of the items, nor the level of detail, required per H.P. 270 - L.D. 386 for legislative approval.
- Use the remainder of this year to begin an assessment of SAU readiness, review the current system of curriculum and assessments, and develop the process, timeline, and implementation plan for transition as originally defined and intended in H.P. 270 - L.D. 386.
- Utilize the Stakeholder Group defined in Section 2 of H.P. 270 - L.D. 386 OR create a standing **Early Childhood Special Education Transition Taskforce** (with current and additional stakeholders, perhaps with a funded project manager through FY23) to create the plan process, timeline, and implementation plan for transition as originally defined and intended in H.P. 270 - L.D. 386.

- Stakeholder group or Taskforce is needed to utilize expertise of frontline providers, educators and administrators, deepen communication and collaboration essential for the transition
- Keep the Task Force in place through FY25
- Require a report to the EDU Committee by December 15 of 2022 and authorize the Education Committee to submit legislative language.

Recommendations for Resolve or Statutory Change

Part C

- Direct the MDOE to move forward immediately to request approval of the Part C Option AND to adjust said plan to be until the child's 4th birthday as of October 15th of each year as opposed to the proposed 3rd.

Four-Year-Olds

- SAU Readiness: Direct the MDOE to provide stipends for a Community Analysis, directing the SAU to conduct a readiness assessment and submit a plan to DOE including the fiscal impact for preparing to receive the four-year-olds.
- Authorize a statutory change that would direct the MDOE to engage in a consensus-based process to move transition for 4-year-olds including establishing several “guard rails” which would ensure that this transition is smooth and supported by the MDOE and the local receiving units. We recommend the creation of a standing **Early Childhood Special Education Transition Taskforce** (with current and additional stakeholders, perhaps with a funded project manager through FY23) to create the plan process, timeline, and implementation plan for transition as originally defined and intended in H.P. 270 - L.D. 386. The taskforce is needed to utilize expertise of frontline providers, educators, and administrators, deepen communication and collaboration essential for the transition. Ideally, MDOE would welcome a Task Force to assist in this process to review both the readiness assessment and to approve it. The Task Force would also assist in the review of the district readiness assessment plans, assist the MDOE to approve districts when prepared to receive these children, and monitor the benchmarks. The MDOE will consequently return to the Education Committee to discuss funding related to this transition. This process should result in a clear detailed plan that describes, among other details; funding, district readiness, transporting young children, health and safety, assurances of Least Restrictive Environment and, Parent Choice/involvement.

SIEU

- Adjust existing Title 20 §7209 to provide Part C services and a Part B § 619 program for 3-year-olds, build an independent board, run through an Executive Director similar to the language proposed by the Department.
- Direct the department to conduct a cost analysis on SIEU administrative costs as opposed to cost per child to ensure cost efficiency structures.

Early Education Services

- Direct the MDOE to adjust MUSER to ensure that IEPs are individualized with no maximum on hours for either Part C or Part B/Section 619. Services in the IFSP/IEP must be individualized.
- Direct the MDOE to work with DHHS and DOL to study the potential impact of moving 3 and 4-year-olds on community providers including childcare, Head Start, the existing CDS early childhood workforce, and special purpose programs/providers.

Part C Lead Agency

- Direct the MDOE and the DHHS, in partnership with the Children’s Cabinet, to engage in stakeholder process to investigate options in Maine for Part C lead agency that could improve access and coordination of multiple services across state government which would achieve greater utilization and reduced duplication, as well as reducing the number of children who fall through the gaps.

Billing/Funding

- Direct the MDOE and the DHHS to develop the necessary State Plan Amendment (SPA) which will develop Early Intervention Services (EIS) including developmental therapy, transportation and case management services, as well as explore and add administrative claiming to this agreement.
- Direct the MDOE to collaborate with DHHS to procure a Centralized Billing process that outlines items, such as, vendor recommendations, costs, timeline and how such a system would be thoughtfully expanded to include Maine public school systems.
- Direct the MDOE to assess any tuition reimbursement for CDS approved schools and “match/seed” for Medicaid issues to sustain the Part C and Part B system and provide a plan to assist/explain SAU with meeting requirements.
- Direct the MDOE to work with the Bureau of Insurance and MaineCare to assess the early intervention insurance mandate (related to early intervention, services covered under public and private insurance (in the latter, up to \$3,200 annually or \$9,600 by the child’s 3rd birthday) to ensure Maine’s compliance with “payer of last resort” rules.
- Direct the MDOE to develop a clear reimbursement model to fund 100% of the additional Part B §619 services.

Least Restrictive Environment

- Direct DOE to work with parents, advocates, and providers to define clear situations in which a school administrative unit is unable to provide the appropriate level of service to meet the individualized education program plan of a child with a disability;

ChildFind

- Direct the MDOE to clearly partner with Maine’s Help Me Grow to enhance ChildFind and referrals and develop a central directory of public and private Early Intervention services, resources, research, and demonstration projects.

Eligibility

- Direct the MDOE to expanded eligibility for both Part C and B to include developmental delay through a consensus-based stakeholder process.
- Direct the MDOE to explore the expansion of eligibility for Part C. Consider adjusting standard deviation, expanding the list of automatically qualifying physical or mental conditions, and review and consider expanding the “at risk” option.

Quality Oversight

- Resolve to consider the creation of a quality improvement unit that is separate from those doing monitoring or training/professional development.
- Direct the MDOE to shift their strategy of MOU development from one overarching MOU to individually written, by program, MOUs which provide specific detail to the field including parents of the agreements and shared activities and responsibilities.
- Ensure compliance with EPSDT and existing, current settlements such as “KS vs Harvey”

Murphy, Elias

From: Rachel McInnis <rmcinnis@woodfords.org>
Sent: Tuesday, March 22, 2022 6:25 PM
To: EDU
Subject: DOE proposal re: CDS 3/23/22

This message originates from outside the Maine Legislature.

Please do NOT adopt this legislation and slow down the process of transitioning special education services from CDS to School Administrative Units. The DOE's current proposal is incomplete and will hurt kids and families, so please vote against it. Ask DOE to go back to work and provide a funding mechanism and a budget, as well as guidance to address school readiness, community partnerships, and collaboration with stakeholders. Thank you

*Rachel McInnis
Winslow*

Rachel McInnis, M.Ed
Program Coordinator
Woodfords Family Services
Waterville Preschool | Special Purpose Private School
2 Seton Center Dr.
Waterville, ME 04901
(P) 207-859-8778 x4401
(F) 207-465-2436
(C) 207-233-4092 (call or text)

CONFIDENTIALITY NOTICE

This electronic mail transmission and any attached documents is the property of Rachel McInnis. This message may contain information that is confidential and may include health information that may be legally privileged. This information is intended only for the use of the individual or entity to whom this e-mail was sent as indicated above. If you are not the intended recipient, any disclosure, copying, distribution, or action taken in reliance on the contents of the information contained in this transmission is strictly prohibited. If you have received this message in error, please contact the sender and delete this message.

Murphy, Elias

From: Sandy Flacke <sandy.flacke@rsu29.org>
Sent: Tuesday, March 22, 2022 5:24 PM
To: EDU
Subject: CDS Testimony- Dr. Sandy Flacke

This message originates from outside the Maine Legislature.

Dear Senator Rafferty, Representative Brennan, and Distinguished Members of the Joint Standing Committee on Education and Cultural Affairs, my name is Dr. Sandy Flacke and I am writing to you today to share my support with the draft legislation moving FAPE (Free Appropriate Public Education) obligations for 3 & 4 year olds from the current CDS structure to the SAU's.

As a member of the L.D. 386 Advisory committee, a member of the MADSEC executive committee and Special Educator, I fully support the transition of FAPE obligations for 3 & 4 year olds from the current CDS structure to the SAU's.

My support for this transition comes from my experience and education in the field of early education/intervention and special education. I have worked in the field of early intervention and special education for 30 years. This has included CDS, Head Start, Preschool programs, and my own early intervention program. In the public school setting, I have worked to support the expansion of Pre-K programs, early intervention programs, and the transition of students with disabilities to public school. As a Special Education Director, I have experienced the disconnect between FAPE provided by CDS and FAPE provided by the SAU's. For my doctoral research, I chose the current situation in Maine regarding early intervention and the impact on Pre-K students and their transition to public school.

SAU's and Special Education Directors have shared their concerns regarding the transition with DOE and we expect that there will be other topics that we will have to work through as we move forward.

Lastly, I want to share with parents and community providers that are concerned with the change. We are all in this together. We are all advocates for children with disabilities, especially those who are experiencing unmet needs. We do not need to be in opposite corners, we are willing to work together to support the transition and services for children with disabilities.

Thank you,

Dr. Sandy Flacke

Sandy Flacke, Ed.D.
Director of Student Services
RSU 29



Written Testimony in Opposition of-An Act To Reorganize the Provision of Services for Infants, Toddlers, and Children with Disabilities from Birth to 6 Years of Age and Extend the Age of IDEA Eligibility to 22

Education and Cultural Affairs Committee

March 23, 2022

Good morning Senator Rafferty, Representative Brennan, and members of the Education & Cultural Affairs Committee. My name is Scott Tash, and I am the CEO at UCP of Maine. UCP of Maine has been supporting families and serving adults and children with a wide range of intellectual disabilities, mental health needs, behavioral and/or physical challenges since 1954, and those services currently include services for children birth to 5 years old in both the in-home and community settings, as well as center-based pre-school offerings in the Greater-Bangor area.

I also serve as a Board member for the Maine Association for Community Service Providers in the roles of Treasurer, and Chair of the Children's Committee, and I thank you for the opportunity to offer this testimony in opposition of the above proposed Act on behalf of our Children's Committee and my specific organization, UCP of Maine.

Of primary concern, leading to opposition of the Act, is the lack of detail and planning put forth from the Department of Education with such an aggressive timeline of the initial transition. Ensuring the understanding of the specific and specialized needs of the 3-5-year-old population with developmental and other behavioral health challenges, how those needs can be met within School Administrative Districts around the state, along with the financial impact to school districts and their surrounding communities, is of critical importance to this transition.

The proposal from the Department lacks needed detail and ultimately may put our most vulnerable children at risk of losing services. Specifically, readiness assessments of SAU's throughout the State are needed in areas of capacity, staffing, space, and health & safety considerations among others prior to any transition, which are not complete. Additionally, an assessment of current curriculums and assessments within SAU's are needed, as evidence-based therapies and focused special education services are critical for our youngest population to thrive in any environment. Readiness assessments for all SAU's would allow for proper planning, including structuring public-private partnerships, in order to seamlessly transition between settings.

UCP of Maine's Mission: Advance the independence, productivity and full citizenship of people with disabilities who have multiple needs.

www.ucpofmaine.org • www.facebook.com/ucpofmaine

Programs such as at UCP of Maine and others across the state, have been successful in offering specialized services, at levels deemed medically appropriate, preparing the children to successfully integrate into public school settings. Needed specialized services may include 1:1 behavioral and/or educational support with Behavioral Health Professionals and Education Technicians, LCPC and BCBA oversight, access to speech and occupational therapists, all working directly with and focusing on the specific needs of the child. There simply has not been work done to assess the readiness of SAU's to provide the specialized services to our youngest population, or a plan to work with community providers to collaborate on programs.

To fully provide services to individuals, we engage with a broad team of experts to fully understand, evaluate, and deliver proper treatments. It is critically important the Department take the same approach in any new School Based Service proposals and include a full evaluation and explanation of funding, and ensure services provided are maintained at levels sufficient to allow young children to continue to advance their progress, and does not limit the medically necessary services in any way.

Therefore, we ask the committee to reject this Act, and direct the Department to:

1. Fully develop a transition plan that allows time for school districts to assess their readiness and capacity, establish community partnerships, obtain funding, establish staffing and prepare for transportation needs, accomplished through the creation of a standing transition task force or continuation of the previously established Stakeholder group.
2. Fully develop a detailed budget that not only determines costs of a transition, but how school systems and communities will be impacted in the future, and how funding will be maintained.

To be clear, we do not oppose a transition to SAU oversight, and believe we as a State can develop a system with SAU's that can better serve children in the long run, however this plan does not address critical aspects to make a transition successful.

Thank you for your time today, we stand ready to work with the Department, legislators and other stakeholders on the development of any new School-Based Services rules that includes broad stakeholder engagement, careful consideration to potential impacts to such a vulnerable population, and long term financial impacts to school districts and the surrounding communities.

Please feel free to contact me if you need additional information or with any questions you may have.

Scott Tash
Scott.tash@ucpofmaine.org

UCP of Maine's Mission: Advance the independence, productivity and full citizenship of people with disabilities who have multiple needs.

www.ucpofmaine.org • www.facebook.com/ucpofmaine



Written Testimony in Opposition of-An Act To Reorganize the Provision of Services for Infants, Toddlers, and Children with Disabilities from Birth to 6 Years of Age and Extend the Age of IDEA Eligibility to 22

Education and Cultural Affairs Committee

March 23, 2022

Good morning Senator Rafferty, Representative Brennan, and members of the Education & Cultural Affairs Committee. My name is Scott Tash, and I am the CEO at UCP of Maine. UCP of Maine has been supporting families and serving adults and children with a wide range of intellectual disabilities, mental health needs, behavioral and/or physical challenges since 1954, and those services currently include services for children birth to 5 years old in both the in-home and community settings, as well as center-based pre-school offerings in the Greater-Bangor area.

I also serve as a Board member for the Maine Association for Community Service Providers in the roles of Treasurer, and Chair of the Children's Committee, and I thank you for the opportunity to offer this testimony in opposition of the above proposed Act on behalf of our Children's Committee and my specific organization, UCP of Maine.

Of primary concern, leading to opposition of the Act, is the lack of detail and planning put forth from the Department of Education with such an aggressive timeline of the initial transition. Ensuring the understanding of the specific and specialized needs of the 3-5-year-old population with developmental and other behavioral health challenges, how those needs can be met within School Administrative Districts around the state, along with the financial impact to school districts and their surrounding communities, is of critical importance to this transition.

The proposal from the Department lacks needed detail and ultimately may put our most vulnerable children at risk of losing services. Specifically, readiness assessments of SAU's throughout the State are needed in areas of capacity, staffing, space, and health & safety considerations among others prior to any transition, which are not complete. Additionally, an assessment of current curriculums and assessments within SAU's are needed, as evidence-based therapies and focused special education services are critical for our youngest population to thrive in any environment. Readiness assessments for all SAU's would allow for proper planning, including structuring public-private partnerships, in order to seamlessly transition between settings.

UCP of Maine's Mission: Advance the independence, productivity and full citizenship of people with disabilities who have multiple needs.

www.ucpofmaine.org • www.facebook.com/ucpofmaine

Programs such as at UCP of Maine and others across the state, have been successful in offering specialized services, at levels deemed medically appropriate, preparing the children to successfully integrate into public school settings. Needed specialized services may include 1:1 behavioral and/or educational support with Behavioral Health Professionals and Education Technicians, LCPC and BCBA oversight, access to speech and occupational therapists, all working directly with and focusing on the specific needs of the child. There simply has not been work done to assess the readiness of SAU's to provide the specialized services to our youngest population, or a plan to work with community providers to collaborate on programs.

To fully provide services to individuals, we engage with a broad team of experts to fully understand, evaluate, and deliver proper treatments. It is critically important the Department take the same approach in any new School Based Service proposals and include a full evaluation and explanation of funding, and ensure services provided are maintained at levels sufficient to allow young children to continue to advance their progress, and does not limit the medically necessary services in any way.

Therefore, we ask the committee to reject this Act, and direct the Department to:

1. Fully develop a transition plan that allows time for school districts to assess their readiness and capacity, establish community partnerships, obtain funding, establish staffing and prepare for transportation needs, accomplished through the creation of a standing transition task force or continuation of the previously established Stakeholder group.
2. Fully develop a detailed budget that not only determines costs of a transition, but how school systems and communities will be impacted in the future, and how funding will be maintained.

To be clear, we do not oppose a transition to SAU oversight, and believe we as a State can develop a system with SAU's that can better serve children in the long run, however this plan does not address critical aspects to make a transition successful.

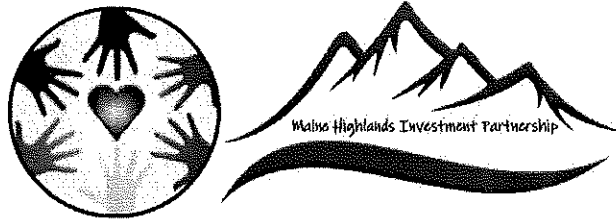
Thank you for your time today, we stand ready to work with the Department, legislators and other stakeholders on the development of any new School-Based Services rules that includes broad stakeholder engagement, careful consideration to potential impacts to such a vulnerable population, and long term financial impacts to school districts and the surrounding communities.

Please feel free to contact me if you need additional information or with any questions you may have.

Scott Tash
Scott.tash@ucpofmaine.org

UCP of Maine's Mission: Advance the independence, productivity and full citizenship of people with disabilities who have multiple needs.

www.ucpofmaine.org • www.facebook.com/ucpofmaine



Sue Mackey Andrews
3 Shore Road North
Dover-Foxcroft, ME 04426
207-564-7835/207-408-8040
sdmandrews@gmail.com

RE: Draft Legislation regarding Child Development Services

March 22, 2022

Dear Senator Rafferty and Representative Brennan, and Distinguished Members of the Joint Committee on Education and Cultural Services,

I am writing to you regarding the plans for moving forward with major changes in Maine's Child Development Services. I express my concerns both as a taxpayer/resident of our State, but more importantly – as someone with a deep history with early intervention and early childhood special education.

I served as the first Executive Director of CDS, departing that position in 1992. In this capacity, I conceptualized the first central billing office, negotiated the first State Plan Amendment in the country for early intervention services, and worked with a variety of stakeholders to create a model 0-6 early intervention services system that was used as the template for the Federal IDEA amendments creating Part C and Section 619.

Following this, I worked with 48 states and Puerto Rico in major systems redesign efforts for their Part C and Part B, Section 619 services. I helped 8 states create Central Billing Systems, expanded Medicaid financing for more than 15 states in early intervention, and helped still other states to develop systems that helping public schools, community early care programs and specialized providers serve children prior to the age of 6.

Times have changed. More 4-year-olds are headed to their local public schools as PreK expands. Young children with disabilities or developmental delays should be part of this movement. But, for children with disabilities or developmental delays, it is essential that their services are transitioned in a smooth, uninterrupted manner.

I sincerely urge the Committee and the Department to create a more realistic timeline for which to complete the complex and intensive work ahead. There are many unanswered questions that require

March 23, 2022
Testimony – Child Development Services
Page Two

answers before schools, providers and especially parents are comfortable with seeing this transition move forward. Their concerns are not unreasonable and need to be heard.

The CDS employees deserve to also experience a smooth transition, especially one that ensures their financial security.

There are answers to all these issues – financing the system for 0-3 and 3-5, ensuring adequate personnel, building up what is a weak and ineffective Child Find system in partnership with Help Me Grow (as this nationally recognized program moves into implementation in Maine), examining service delivery models which ensure least restrictive environment and services for our youngest in their natural settings. This work is all do-able but NOT within 12 months, or even 24.

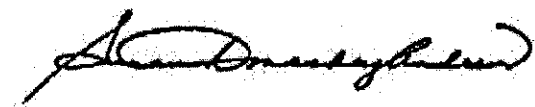
Schools in Maine vary greatly in terms of their readiness, and they need to be supported and adequately prepared to receive 4-year-olds. Once that step is completed, we can then assess the needs of 3-year-olds.

The Part C system needs more intensive examination, on an interagency level, as required by Federal law. We need to revisit Lead Agency considering the reality that the bulk of pediatric and early childhood services and programs reside within DHHS, as well as the state's Medicaid agency – which is critical to the solid funding for all these services.

It is time for us to tackle these challenges properly, with the right people at the table, in a shared decision-making process that puts children first. I am happy to help in any way that I can.

Thank you all for your service,

Sincerely,



Sue Mackey Andrews
3 Shore Road
Dover-Foxcroft, Maine 04426
sdmandrews@gmail.com
207-564-7835

Testimony of Sue Powers, Early Childhood Education Consultant for Maine Community Action Partnership

In opposition to

An Act To Reorganize the Provision of Services for Infants, Toddlers, and Children with Disabilities from Birth to 6 Years of Age and Extend the Age of IDEA Eligibility to 22

Senator Rafferty, Representative Brennan, and distinguished members of the Education and Cultural Affairs Committee, my name is Sue Powers, Early Childhood Consultant for Maine Community Action Association and I am in opposition to the proposed changes to the provision of FAPE special education services for 3-5 year olds from CDS to SAU's on July 1, 2023.

Maine Community Action Agencies administer nine of the 11 Head Start programs in the state, and we are concerned about the proposed aggressive timeline and incomplete plan that does not sufficiently address the impact on children, families, early childhood programs and CDS employees.

I am a 20-year veteran Head Start Director who worked collaboratively with CDS Aroostook to design and develop a successful special education delivery system within a Head Start agency in Aroostook County. The model continues to operate successfully today in four special education community based programs, providing a continuum of services to successfully prepare preschool 3 -5-year-olds to transition to kindergarten, most often with skills to be successful within a regular education classroom. This model took time to build and involved input and work from many partners: CDS, public schools, transportation providers, special service therapists, MaineCare, DOE and parents. Taking time, looking at community needs and planning with community experts allowed us opportunity to build a system that continues to result in children's success. This model has resulted in such positive outcomes for children that DOE has used the model as a recommended service delivery option for other CDS and Head Start programs across the State.

The proposed legislation would end CDS's oversight of a Free and Appropriate Public Education (FAPE) and related services for children ages 3-5 by July 1, 2023. This will not give parents, service providers or schools enough time to prepare. The timeline recommended by members of the Maine Early Childhood Special Education Services-Independent Advisory Review Committee and Public Consulting Group (PCG) was for a minimum of a 2-year transition to seamlessly move services to the SAU's. I served on the Independent Advisory Review Committee and discussions throughout the process was for a minimum of a 3-year process considering the level of work that needed to be done before the transition could be made with success.

The proposal's aggressive timeline and incomplete plan does not sufficiently address the impact on children, families, schools or CDS employees. It could mean less parental choice about where and how children receive services. The proposal has no processes for contracting with childcare providers or Head Start centers. This could make obtaining childcare close to home or work very challenging, thus disrupting Least Restrictive

Environment (LRE) for children. In addition, there are no safeguards for existing CDS staff or programs serving students with developmental disabilities. Continued relationships with CDS employees will benefit and support transitions of children to a new system. Seamless transition of services within existing community based programs will support early childhood best practice and reduce child transitions.

The proposal lacks a detailed funding plan and has not provided an estimate of the cost of the proposed changes, or how such costs will be paid for now or in the future. Assessing costs and developing sustainable funding should be addressed in detail before any transition to the SAU's.

School Administration Units need time to conduct community assessments to gather data on the current number of children receiving special education services in their districts. This information will be needed for schools to accurately plan and prepare to bring FAPE services in the LRE into the SAU's. In addition, SAU's need to gather information on community programs that currently have capacity to serve 3-5-year-old children and to develop service agreements or establish relationships to continue special education services as most appropriate for the child and family.

CDS employees and families of preschool children enrolled in special services need to be included in the planning process. Many agree that Maine needs an improved system for delivering early intervention services to best meet the needs of children and families, however that does not need to exclude the current CDS structure. Working with CDS to create a better plan for service delivery would keep services in place for Maine's most vulnerable children.

Please slow down the process of transitioning early childhood special education services from the CDS system to School Administrative Units. The current proposal is incomplete and will hurt children and families, so please vote against it. Ask DOE to work with CDS and SAU's to build a better plan for delivery of preschool special education services in Maine.

Thank you for your time and attention.