

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

Drafted and submitted pursuant to Proviso 33.23  
of the  
General Appropriations Act

South Carolina Department of Health and Human Services

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## **Background**

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

SCDHHS has issued five previous reports on compliance efforts as the IDEA Part C lead agency for South Carolina, and this report serves as an update to the 2017 – 2021 publications.

## **FFY 2021-2022 Efforts and Progress**

Since the BabyNet program transferred to SCDHHS on July 1, 2017, South Carolina has shown significant improvements in performance and results indicators reported in the Annual Performance Report (APR) submitted to OSEP each February. Indicator 1, Timely Services, has improved from 40.25% compliance in FFY 2017 to 95.10% in FFY 2021. This progress is significant because improving the provision of timely services has been a longstanding special condition imposed by the OSEP for SC's annual determination. Timely services in SC are defined as services that are initiated within 30 days of identification of the need. South Carolina has also shown drastic improvements in Child Find data (Indicators 5 and 6, respectively). Based on guidance from the OSEP, the State has begun analyzing data for timely services based on a representative sample from each of the seven BabyNet districts. This allows the State to better ensure accurate and reliable data related to timely service provision. In FFY 2017, .89% of the State's birth to 12-month population had active Individualized Family Service Plans (IFSPs), while 2.82% of children ages birth to 36 months had active IFSPs. Those percentages have risen to 1.35% for infants' birth to 12 months in FFY 2021, exceeding the target of 1.05%. For infants and toddlers' birth to 36 months, the percentage has risen to 4.63%, exceeding the target of 3.76%. South Carolina now exceeds national expectations for Child Find.

## **COVID-19**

The COVID-19 pandemic continued to impact the service delivery system for BabyNet eligible children throughout the 2022 calendar year, but in slightly different ways than in previous years. BabyNet providers delivered services to children and families either in person or virtually using telehealth flexibilities implemented in March and April 2020. Providers continued to monitor positive COVID-19 case counts to ensure service delivery was rendered in the safest way possible for both patients and families as well as providers and clinicians. Decisions regarding the mode of service delivery used by BabyNet providers are left up to the discretion of individual companies based on local case counts, resources, and client needs. Providers have expressed concerns about their struggles to hire qualified staff to fill these positions. SCDHHS and the BabyNet program are working to identify ways to ease this burden on the provider community.

## **Program Updates and Improvements**

### *System Point of Entry Updates-BabyNet Eligibility*

At SCDHHS, the BabyNet program is managed by two different divisions. BabyNet Policy is located under the Bureau of Quality and BabyNet Eligibility is located under the Division of Eligibility and Enrollment. BabyNet Policy is responsible for creating and maintaining policies and procedures, ensuring federal compliance, managing the Part C data system, and ensuring

appropriate billing and payment processes. BabyNet Eligibility is responsible for managing the referral, intake, and eligibility processes to ensure that referred families are contacted within one day, intake visits are scheduled quickly and at the convenience of the family, and eligibility is determined in a timely and appropriate manner. As a result of the COVID-19 pandemic, eligibility appointments transitioned to video conferencing platforms that continued through most of 2021, but eligibility staff are now offering families the option of conducting their initial appointments virtually or in person.

Referrals are made using a statewide, secure, web-based portal. To date, 81,712 referrals have been processed through the webform since July 1, 2019, with 14,730 referrals being made by parents, and 66,982 made by physicians. Referrals have increased significantly since 2017 when the program transferred to SCDHHS, and the number of eligibility staff have increased in order to process referrals in a timely manner. On average, 54% of all children referred to BabyNet are evaluated to determine eligibility. Historically, 45%-47% of all children referred are determined eligible for BabyNet. The families/children referred but not evaluated either decided not to proceed to evaluation or did not respond to multiple contact attempts. From FFY 2017 to FFY 2021, referrals to the program increased by 79%. For FFY 2022, the state is on track to receive over 22,000 referrals.

	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Annual Referrals	10,728	12,909	12,843	15,589	19,170

Indicator 7 of the SPP/APR requires that eligible children receive an evaluation, assessment and Initial IFSP within 45 of their referral to the BabyNet program. BabyNet Eligibility staff have 25 days to evaluate children who have been referred to the program and ongoing service coordinators have 20 days to complete the assessment and initial IFSP. As a result of new eligibility procedures and internal monitoring, the state is making children eligible quicker than ever. In 2021, BabyNet Eligibility completed 99.9% of all eligibility determinations in 25 days or less, giving the ongoing service coordinator at least 20 days to complete the assessment and initial IFSP within 45 days of referral per federal requirements and BabyNet policy. Supervisors have also implemented use of a new Quality Assurance and Eligibility evaluation fidelity tool. This tool allows the state to feel confident that BabyNet eligibility is being determined in a timely manner and with high quality and fidelity.

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

*Child and Family Outcomes*

In April 2018, SCDHHS selected gathering and analysis of self-reported family outcomes data as the scope of the State Systemic Improvement Plan (SSIP) – a federally-required performance improvement plan targeted at a single indicator with the goal of improving results for infants, toddlers, and their families. The SSIP follows several federally defined phases from planning

through analysis to performance improvement. A revised Phase I SSIP was approved for use by OSEP on Aug. 20, 2018. SCDHHS submitted Phase II of the SSIP on April 1, 2019, and submitted its Phase III, year 2 report in April 2021. The goal of the South Carolina SSIP is to improve families' ability to help their child develop and learn (Indicator 4C) shortly after entering the BabyNet Program. The two main strategies to meet this goal are implementing an improved family outcomes measurement system and initiating a new family assessment process.

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

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

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

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

Through a contract with the Team for Early Childhood Solutions at the University of South Carolina-School of Medicine, families are sent surveys asking them to provide feedback on their BabyNet experiences. The survey focuses on outcomes, quality of services, and service providers. Beginning in FFY 2020, BabyNet families began receiving improved education and awareness information related to family outcomes from service coordinators, along with a postcard that explains the survey process. The postcard includes a QR code that allows families to complete the survey electronically. Families who do not have access to a computer, may still complete a paper survey. The improved process has dramatically increased response rates (7% in FFY 2017 to 16% in FFY 2021) and is providing a more accurate representation of families' Part C experiences.

<b>Percent of families participating in Part C who report that early intervention (EI) services have helped their family:</b>	<b>FFY 2017</b>	<b>FFY 2021</b>
A. Know their rights	65.07%	84.70%
B. Effectively communicate their child's needs	60.63%	90.64%
C. Help their child develop and learn	70.18%	85.17%

### General Supervision

The purpose of the General Supervision plan is to support practices that improve results and outcomes for infants and toddlers with disabilities and their families, identify and correct noncompliance quickly, and encourage and support improvement and compliance. Prior to 2019, South Carolina's BabyNet program had not implemented a system of general supervision of the provider network or the performance of individual providers. SCDHHS implemented an interim system of general supervision and issued its first findings in the fall of 2019. The full General Supervision plan was developed and submitted in May 2021 and subsequently approved by the OSEP. Findings of noncompliance based on the full plan were issued in the fall of 2021 with subsequent monitoring held in January 2022. Subsequent monitoring focused on correction of noncompliance and resolution of outstanding findings. Local determinations were issued in the spring of 2022, which satisfies a longstanding issue of noncompliance for South Carolina. –For the first time in the program's history, BabyNet will be working with local programs in early 2023 to complete corrective action plans designed to address noncompliance.

### Expanded Use of Natural Environment Settings for Evaluation and Service Delivery

Supporting the provision of early intervention services in a child's natural environment is among SCDHHS' goals in operating the BabyNet program. Indicator 2 of the SPP/APR measures the percentages of children who receive the majority of their services in the natural environment. In FFY 2020, 93% of children received their services in the natural environment and in FFY 2021, 94% of children received services in their natural environment. As previously mentioned, the COVID 19 pandemic has negatively impacted the service delivery system as some providers have left the system. The BabyNet program has committed ongoing resources to the recruitment and retention of providers to deliver BabyNet services to children in their natural environment and is currently updating its comprehensive system of personnel development to provide more guidance and support to the provider community. To address provider shortages, the BabyNet program has communicated with Medicaid providers to gauge their interest in enrolling as BabyNet providers and examined how changes to the service delivery models for service coordination might provide flexibility to the provider community. BabyNet has also made organizational changes creating positions to focus on the recruitment and retention of service providers.

### Family Assessment Implementation

The SSIP is Indicator 11 in the Part C SPP/APR. As part of the SSIP work, the state developed a State-identified Measurable Result (SiMR), which focuses on improving a family's ability to help their child learn and develop. South Carolina developed two coherent improvement strategies that help guide the SSIP work. The strategies are related to redesigning the previously mentioned Family Outcomes Measurement System, which consists of a new survey tool and new dissemination practices and training and implementation of the Routines-based Interview (RBI). The RBI is an evidence-based practice designed to assist families in developing goals and

outcomes through semi-structured interviews that examine day-to-day activities within the context of the family's daily routines. The RBI serves as the Family Assessment tool, as required in CFR 34 Sec. 303.321 (a) (1) (ii) (b).

As of October 2022, all local service coordination agencies have participated in train-the-trainer boot camps to ensure they have the capacity to train their staff in the administration and application of the RBI. By early 2023, all service coordinators in the state should have completed training and begun implementation of this new family assessment.

### **Conclusion**

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

The BabyNet program has seen vast streamlining in operational efforts, general supervision, and payment processes completed. SCDHHS anticipates sustaining these efforts and shifting to program improvement, focusing on high quality service provision and provider recruitment, retention and training and ensuring adequate staffing at the state level to support the BabyNet system. SCDHHS remains committed to sustained incremental improvement in the coming years, with specific targets designed to improve both overall performance and specific compliance ratings as assigned by the OSEP.

