

Frequently Asked Questions

CIS Reimbursable Consultation and Education with Early Childhood Education and Afterschool Programs

The Children's Integrated Services (CIS) State Team created this FAQ document to support CIS providers and regional teams in understanding the elements of CIS Reimbursable Consultation and Education (C&E) with Early Childhood Education and Afterschool Programs. CIS Bundled Contracts for 2024 include the specifications for CIS Reimbursable C&E in Attachment A as well as Payment Provisions in Attachment B.

The CIS State Team will update this document as they receive new questions or to clarify responses to already documented questions. Please refer to the revision date for the most current version.

If you do not find an answer to your question in this document, please do not hesitate to reach out to the CIS State Team.

General Questions

1. What is CIS Reimbursable C&E?

It is the collaborative, problem-solving process between CIS providers and early childhood professionals working in regulated programs to support quality experiences for young children. It meets criteria (e.g., sessions of at least 45 minutes, implementation of an evidence-based model or evidence-informed practices, and submission of pre- and post-assessment reports) that allow for payment per session outside of Gainwell. These services are beyond general and short-term consultation and education services and are not focused on an individual child.

2. How does CIS reimbursable C&E differ from other consultation with early childhood educators and afterschool providers?

Just as CIS focuses on particular populations, CIS Reimbursable C&E focuses on particular topics. Inclusion and belonging for all children are the primary outcomes and regulated program quality indicators associated with this service. As a result, differentiated curriculum, visual supports, social-emotional learning, facilitating self-regulation, accessible environments, the effects of stress and trauma on families, and addressing children's special health needs may be prioritized subjects. Equally important are adult mental health, supporting families of children with specialized needs, and fostering healthy attachment relationships. While these topics are not unique to CIS Reimbursable Consultation and Education, they distinguish it from:

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- More generalized consultation and education with regulated programs, such as:
 - [System for Program Access to Resources for Quality Supports \(SPARQS\)](#), or
 - [Child Care Licensing](#)
- Consultation and education that address other program quality indicators, such as:
 - Business practices through the [Vermont Business and Technical Assistance Program](#), or
 - Information about health and safety through [Local Health Offices](#)

3. Who can provide CIS Reimbursable C&E?

Any CIS provider, with the exception of an EI Associate, who meets the professional requirements for the service they deliver within CIS may provide CIS Reimbursable C&E. Professional development and experience with consultation and education is desirable.

4. Are CIS Reimbursable C&E clients included in the CIS Semi-Annual Performance and Narrative Reports?

Yes, when they meet the guidance for inclusion in each performance measure, regions should count them. As CIS clients, their requirements for outreach, referral and intake, timelines, the One Plan process, and reporting are addressed in the CIS Bundled Contract.

5. Are CIS providers delivering CIS Reimbursable C&E required to complete the [Child Care Program Record Check Authorization Form](#) as Partner Staff?

Yes. The regulated program then submits the form to the Child Development Division (CDD).

Billing and Reimbursement

1. With the 2024 CIS Bundled Contract, how much funding for CIS Reimbursable C&E is available overall and to each CIS region?

Fiscal Agent Name	Percent of Total Vermont CIS Contract Funding	Reimbursable Consultation and Education
Family Center of Washington County	11.70%	\$18,738.74
Sunrise Family Resource Center	10.80%	\$17,297.30
Winston Prouty Center for Child Development	9.20%	\$14,734.73
Howard Center	28.10%	\$45,005.00
The Family Place	7.80%	\$12,492.49
Lamoille Family Center	7.90%	\$12,652.65
Northeast Kingdom Community Action	9.30%	\$14,894.89
VNA & Hospice of the Southwest Region	8.50%	\$13,613.61
Springfield Area Parent Child Center	3.60%	\$10,570.57
Vermont	100%	\$160,000

Statewide, \$160,000 is available. The CIS State Team used the same formula developed to distribute the statewide CIS Bundled Contract funding to set regional caps for CIS Reimbursable C&E funding.

2. How did the CIS State Team decide on the \$200 amount per encounter?

For clarification: The \$200 payment is for **sessions** described in Section D of Attachment A in the 2024 CIS Bundled Contract. These sessions differ from encounters billed against the CIS bundle.

The \$200 amount per session is an estimate based on the following:

- a. Children’s Upstream Services (CUPS), which delivered early childhood and family mental health services and was a precursor to CIS-ECFMH, paid \$98.43 per hour for Consultation & Education services as recently as 2011. Data from the Bureau of Labor Statistics (BLS) indicate that professions consistent with CIS have seen mean wages increase by about 38.5% in the state of Vermont. Mean wages in 2011 were approximately

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\$20.48 and rose to \$28.36 in 2022. An hourly rate for that service based on this increase would be approximately \$136.33.

- b. When reviewing various early childhood education and afterschool consultation models, time estimates typically revolve around approximately 1.5 hours per week over about 18 weeks, 45 minutes per session representing the lower threshold. While a particular model is not required, and flexibility is allowed, this provides context on how these services might be delivered.
- c. Setting the reimbursement for this activity included reviewing historic precedent around this work, using BLS data, and considering time commitments for relevant models. Based on these factors, the CIS State Team decided to establish the rate at \$200.00 per session.
- d. The CIS State Team wanted to avoid a per hour rate or a parallel per member per month rate beyond the primary CIS bundled rate. A per session rate is more in line with billing for Medicaid activities.

The CIS State Team will continue to evaluate whether \$200 is appropriate. The data regions report during this first year of implementation will inform that evaluation.

3. How and when do regions bill for these services?

CIS Fiscal Agents will submit reports, [CIS Reimbursable C&E Report](#), and requests for payment to the State within 30 calendar days following the end of each reporting month. The State will accept submission up to 61 days following the final date of service. Late submissions may not be reimbursed. Submissions should not be more frequent than monthly but are not required if there are no activities to report.

4. Does payment go to the CIS Fiscal Agent?

Yes, just like reimbursements for the more conventional, individualized services through Gainwell, payments for CIS Reimbursable C&E are issued directly to the Fiscal Agent. Each region's CIS Administrative Team may want to review the process outlined in their Governance document for decision-making, budget development, and monitoring the regional allocation.

5. When can regions expect to receive reimbursement?

Reimbursements will be performed as timely as is reasonable per State processes. The CIS State Team will process requests for payment within 14 calendar days. The DCF Business Office will make reasonable efforts to pay providers within 30 days following approval of the reimbursement request. If a

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request is urgent, please alert Keith Williams, CIS director, at Keith.Williams@vermont.gov.

6. May CIS C&E delivered in fewer than 3 sessions be submitted for reimbursement through this process?

Shorter-term C&E services are important and are supported by the bundled CIS case rate that is paid out per member, per month. This reimbursement practice outlined in the 2024 CIS Bundled Contract should go only to support those longer-term relationships that extend to **no fewer than three distinct sessions**, in duration **of at least 45 minutes each**, and include common members from the same early childhood education or afterschool team. Request for reimbursement should only happen after the third session has been completed, to ensure this condition is met.

7. Can the same activity be paid through CIS Reimbursable C&E as well as by another source?

No, if a particular activity is paid for through CIS Reimbursable C&E, it should not be reimbursed, either in part or in whole, by any other source. Other sources include grants through other revenues.

The Report Required to Accompany a Request for Payment

1. What information does the report include?

Fields in the report:

- Fiscal Agency Name
- CIS Primary Service Coordinator's first and last name
- CIS Primary Service Coordinator's email address
- Regulated program's referral date/CIS intra-referral date
- Regulated program name
- Date of written consent for CIS C&E by Director of regulated program
- Regulated program's BFIS Provider ID number
- Regulated Program Type
 - Afterschool Child Care Program
 - Center Based Child Care and Preschool Program (CBCCPP)
 - Family Child Care Home (FCCH)
- Head Start program?
- Current Star Level
- Specialized Child Care program?
- Regulated program's primary concern(s)
- Regulated program's primary contact first and last name
- Regulated program's primary contact email address
- Evidence-informed practice(s) or evidence-based model(s) implemented in the delivery of the CIS Reimbursable C&E
- Dates of service (no earlier than January 1, 2024; an initial report must include at least 3 sessions)
- A description of the pre and post assessment process
- Pre assessment results; interim (6 months) assessment results, if applicable; and post assessment results, following the programs exit from CIS Reimbursable C&E

2. Where can we find guidance for completing the report?

[CIS Reimbursable Consultation and Education \(C&E\) with Early Childhood Education and Afterschool Report Guidance](#)

3. When should regions begin collecting CIS Reimbursable C&E session data? What if our region has been delivering this service for a while?

Regions may report session dates **beginning January 1, 2024**. The first session may be the pre-assessment date.

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For ongoing C&E that meets the criteria for reimbursement and began before January 1, 2024:

If the pre-assessment was conducted more than 3 months before January 1, 2024, or there have been significant changes* in the conditions surrounding the C&E, a new pre-assessment is required. If the pre-assessment was conducted 3 months or less before the first session for which the region requests payment, and no significant changes have occurred, the region may report those assessment results and the sessions may be a continuation of the CIS Regulated Program C&E delivered before January 1, 2024. The data set for reporting remains the same.

*Significant changes include those in:

- the regulated program's primary concerns,
- the lead program staff and/or director or CIS Primary Service Coordinator, or
- the CIS Primary Service Coordinator's evidence-informed practices or evidence-based model.

4. What are the requirements for the pre and post assessment process?

The priority in CIS Reimbursable C&E is the development of skill and capacity, and so that should be reflected in assessment. A specific instrument is not required, and each regional team has the flexibility of developing this process.

Sessions devoted to the pre and post assessment process, and planning with directors or supervisors, that meet the 45-minute threshold may be included in the report and request for payment.

The assessment process may include evidence-based program quality assessment tools [e.g., Inclusive Classroom Profile (ICP), Classroom Assessment Scoring System (CLASS), Teaching Pyramid Observation Tool (TPOT)/ Teaching Pyramid Infant Toddler Observation Tool (TPITOS)] and/or formal observation with objective data to be compared pre and post (e.g., rubric, behavioral log, survey of self-reported knowledge/skills).

If a regulated program exits because they are "Lost to Follow Up" or "Withdrawn", the CIS Primary Service Coordinator submits a summary of progress to date in place of a post-assessment.

5. Is there a specific time frame after the pre-assessment when the post assessment needs to be completed?

Post-assessments are conducted as a regulated program prepares to exit CIS Reimbursable C&E. This would be because:

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- a. All goals were met.
- b. The program withdraws:
 - i. The program lets their CIS Primary Service Coordinator know they would like to discontinue the C&E
 - ii. Counted in this category: Significant changes occur (e.g., in the regulated program's primary concerns, lead program staff and/or director or CIS Primary Service Coordinator, or in the evidence-informed practices or evidence-based model implemented by the CIS Primary Service Coordinator) before the program met all goals.
- c. The program is Lost to Follow-Up (e.g., the CIS provider cannot reach them after 3 diverse attempts). In this situation, please submit a progress report as prompted in the JotForm.

If the program and the CIS provider plan to work together for more than 6 months, submit a progress report 6 months after the initial One Plan date.

Note: For programs who engaged in ongoing C&E before January 1, 2024, unless there are significant changes (see above for definition), complete an interim or progress report 6 months from the date of the pre-assessment report.

Currently, the CIS State Team does not expect programs to engage in CIS Reimbursable C&E for much more than 6 months without significant changes. If a program does, please contact the CIS State Team for guidance based on the circumstances.

6. Should we also include the current copy of the One plan established?

No, the JotForm Report does not require submission of the One Plan.

7. May one early childhood education or afterschool program have several One Plans for several classrooms?

Yes, if the classrooms have distinct referring concerns and outcomes. The program may also have a single One Plan, with unique outcomes for separate classrooms. There may be several CIS Reimbursable C&E Reports for a single One Plan or for a single regulated program. Each CIS Reimbursable C&E Report documents unique referral concerns, pre and post assessments, evidence-based or evidence-informed C&E practices, etc. If the concerns and C&E approach are similar across classrooms or age groups, (e.g., all focused on enhancing social emotional development with the implementation of EMTSS), one report may be based on a One Plan for the program and include sessions with various classrooms.

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8. How can CIS regions learn more about the evidence-based models or evidence-informed practices they should implement when delivering CIS Reimbursable C&E?
 - a. EMTSS training and Practice Based Coaching is currently available through the Agency of Education (AOE), the Child Development Division (CDD), and the Department of Mental Health (DMH).
 - b. Best practices related to IECMHC are supported through the Department for Mental Health (DMH).
 - c. SPARQS at VTAEYC offers [CLASS Introduction Videos](#) a [CLASS Training Series](#) that are open to all members of the early childhood workforce, including CIS providers.
 - d. Seed and Sew online professional development regarding social emotional learning and S.E.E.D. (Schools Excelling in Emotional Development) Certification is available through a partnership between CDD and the organization Seed and Sew.

The CIS State Team will facilitate other professional development opportunities in response to requests from the CIS regions.

If there are any questions about the acceptability of a model or practice, please reach out to the CIS State Team for consideration.

9. Are there any evidence-based models that regions cannot use?

Evidence-based models for consultation and education with early childhood education or afterschool programs are optimal. If there are any questions about the acceptability of a model or practice, please reach out to the CIS State Team for consideration.

10. May CIS Reimbursable C&E be delivered with a group of early childhood education or afterschool programs?

No, with the exception of a CIS State Team approved Community of Practice facilitated by a CIS provider.

The intent of CIS Reimbursable C&E is individualized support for a specific program.

11. Should we stop submitting these reports once we have drawn down our allocation for CIS Reimbursable C&E?

Continuing to submit reports is encouraged but not required.

Regions that continue submitting reports after they have drawn down their allocation for this service:

- a. Build CIS' data set regarding the delivery, quality, and outcomes of C&E with early childhood education and afterschool programs.

- b. Document the need for additional funding for the reimbursement of CIS C&E with early childhood education and afterschool programs.
- c. Poise themselves for reimbursement beyond their cap if this funding is re-allocated during this contract cycle and/or a larger sum of funding is allocated in the future.

The Recipients of CIS Reimbursable C&E

1. Why is reimbursement reserved for C&E with early childhood education or afterschool programs?

This is the most frequent type of CIS C&E reported by the regions, yet regions cannot directly be reimbursed for serving regulated programs as CIS clients or count those clients toward their “target” number of clients needed to draw down their regional CIS allocation.

There is broad recognition of the significant role regulated programs play in the life and development of many children and families. Early childhood educators and afterschool providers are key CIS partners. More support and clearer guidance for the Consultation and Education CIS providers engage in with regulated programs is integral to both CIS’ contribution to positive outcomes for children and families and its efforts toward continuous quality improvement.

2. Why not include child-specific C&E with regulated programs in this reimbursement category?

Child-specific requests from regulated programs can, with parent/guardian consent, be addressed as a referral for a child and the work to support the child, the family, and the program, can submitted via Gainwell for billing. There is already direct reimbursement through the CIS Per Member/Per Month Rate for child specific work with regulated programs.

If the child/family has private insurance, a region still may submit for billing (against the region’s General Fund allocation). Please use the [CIS Non-Medicaid and Non-EI Voucher Request](#).

A region may offer program level C&E as an option in response to a referral for a child with behavioral or social emotional concerns. This may be in addition to or as an alternative to support for a child as a CIS client, depending on the circumstances. In all situations, a minimum of verbal consent from the parent/guardian for a child, or from the program director for a program, must be given before a region accepts a referral.

3. Are there any criteria regulated programs must meet before requesting reimbursement for CIS Reimbursable C&E?

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- a. The request must be program - or classroom/group - focused.
 - b. CIS Reimbursable C&E services must be available and responsive to the full range of regulated programs. This does not require equal service delivery. In other words, a region may not deliver CIS Reimbursable C&E services to a school-based program during a six-month period; there are no compliance issues with that fact. However, if requests for services from Family Child Care Home providers are routinely denied, that would represent a failure to comply with the contract.
 - c. Programs of all Star levels are eligible for CIS Reimbursable C&E.
4. Must the regulated Program Director give consent for the initiation, change, or continuation of CIS Reimbursable CIS C&E? How is this documented?

Yes. This allows the Program Director to coordinate the professional development activities within the program, ensure the submission of the [Child Care Program Record Check Authorization Form](#), and generally recognizes the Director's role as the responsible party for the program.

The Program Director's consent is documented in the One Plan (or equivalent) *Consent for Initiation/Change/Continuation of Services* section. The Director signs on the **Client/Parent(s)/Legal Guardian(s)/Appointed Educational Surrogate** line. The Director may also sign an equivalent form. The date of the Program Director's consent is noted in the CIS Reimbursable C&E Report.

Please contact the CIS State Team with additional questions or to discuss the responses.