

INTRODUCTION TO THE SERVICE PATHWAY

Statewide Teleconference Call

November 3, 2008

Greetings/Overview of the Call:

- The purpose of today's call is to introduce Virginia's service pathway, providing consistent information and explanation of the pathway to all local systems and assisting your local team to begin thinking about how the steps and practices in the service pathway may be similar to or different from the way you do business right now.
- This introductory phase of training and technical assistance related to the service pathway will include not only today's statewide call but also follow-up TA during all November regional meetings.
- At the end of the call, we'll talk about the training and support that will be available to assist local systems in actually implementing the service pathway.

What is a Service Pathway? How and why was the Virginia service pathway developed?

- Please take out your copy of the service pathway. The copy that you received last Monday is slightly different from the one that had been previously posted on our website so please use the more recent version (dated October).
- The Service Pathway is a visual representation of the flow of steps that take place as children and families move through the early intervention system from referral to IFSP implementation. The intent of the pathway is to provide a consistent framework within which family-centered, individualized planning occurs for each child and family.
- The pathway that we're looking at today is not the same pathway developed over a year ago. When a workgroup first worked to develop a pathway it looked very much like the way practices work today in most local systems (for instance, in the early versions of the pathway, Eligibility Determination and Assessment for Service Planning, were combined in one column). At that time, the reason for looking at the pathway was to help identify how current practices were impacting timelines and the availability of personnel.
- Once the proposed federal Part C regulations were issued by the USDOE based on IDEA 2004, Part C staff continued to refine the service pathway. The Medicaid stakeholder group provided input into the pathway and served as the mechanism to receive broader input from the constituent groups represented on that stakeholder group. The Family Cost Participation stakeholder group also reviewed the service pathway.
- You'll notice that the service pathway includes some things that you are doing now and some things that may be different. I want to be very clear that the service pathway was not developed because somebody was doing something wrong. We have heard from many local system managers that this is their perception, and we certainly regret that this was the message you took away when Sue talked with stakeholder groups and others about current practices in Virginia. The perspective of the Part C Office is that:
 - The pathway really builds on the many good practices already in place in Virginia.
 - Where you see things that look very different from what you're doing now that's because clarification in the proposed Part C regs (based on IDEA

2004) gives us the opportunity to (1) better align our practices with federal intent and (2) do things in ways that use personnel and existing information in the most effective and efficient way possible while maintaining strong family-centered practices.

- Perhaps in your local system you do things in a different order from that given on the pathway or you combine certain steps that are presented as separate on the pathway. As I mentioned before, the service pathway is designed to provide a consistent framework for the steps in the early intervention process while allowing for individualization of how those steps occur.
- Consistency is important. Regardless of where in Virginia a family enters a local system, that family should receive the same kind of information at approximately the same points in the process, the same explanation of rights and safeguards at the same points in the process, a very similar sequence of steps, etc.
- At the same time, the ability to individualize the process based on what makes sense for each child and family is important too. For instance, the circles across the top of the service pathway do not each equate with an individual meeting with the family. They are meant, instead, to illustrate the broad steps in the process – they build upon one another and may be coupled together if that makes sense for an individual family and with appropriate administration of procedural safeguards information and use of written prior notice and consent forms. The critical point is that combining steps in the service pathway is based on family needs and preferences, not on the convenience of the system or funding considerations. There is a lot of room within the pathway for individualization.

Referral:

- The service pathway begins with a referral to the local Infant & Toddler Connection system. This step is illustrated by the first column on the service pathway.
- When we think about referral in general, we know that an effective referral process ensures early identification of eligible children, timely supports and services for eligible children and families, and a strong base of referral sources who understand what is available through the Infant & Toddler Connection system and can rely on early intervention providers to partner with them in supporting the child and family they have referred. All referrals must receive a timely, professional and family-centered response. Referral is the first point of contact between the Infant & Toddler Connection system and the family. It is also a critical point of contact between the Infant & Toddler Connection system and the primary referral source.
- To support what needs to happen in the referral step of the process, you'll see in that first column of the pathway that the referral step involves entering referral information into ITOTS, beginning the child's early intervention record, acknowledging receipt of the referral in writing with the referral source, making an initial phone contact between the service coordinator and the family to share basic information about the Infant & Toddler Connection system and to schedule the first visit with the family, and determining the need for a surrogate parent.
- This probably looks very much like what you do now.
- Does it matter if you start the EI record before you enter the referral information into ITOTS? No. What if you want to acknowledge receipt of the referral before you start the EI Record? Fine. This group of steps needs to occur as part of

referral. In most cases, the order in which the individual steps occur is not critical.

- One step that may be new is acknowledging receipt of the referral in writing with the referral source. This is an important step in helping to ensure that referral source will refer to Part C the next time they suspect a child may have a delay or disability. Some local systems may have been hesitant to take this step in the past because of confidentiality requirements. We want to clarify that since this correspondence is only for the purpose of acknowledging receipt of the referral and provides no information on the child's status, it is not necessary to have parental consent for this communication back to the referral source. A form letter is being developed by Part C staff for local systems to use in acknowledging receipt of referrals. I also want to be clear that we're talking here about acknowledging receipt of referrals from professional (for lack of a better word) referral sources, not referrals from a neighbor or friend of the family.

Intake:

- Let's look now at the second column on the pathway, the one topped with the Intake bubble.
- The intake step in the process includes the initial face-to-face visit with the family and the start of information gathering for eligibility determination.
- That initial face-to-face visit with the family, which we will call the intake visit, is described in the first block under the Intake bubble. The initial visit between the service coordinator and the family provides the opportunity to welcome the family, further describe the Infant & Toddler Connection system (which you will have introduced in the phone call with the family to schedule the visit), and discuss the options and opportunities available to them through the system. It's important to think about the fact that, at the point of intake, the local Infant & Toddler Connection system is already beginning to provide supports and services to the family by sharing tips and information on child development and/or parenting and by providing referrals to other resources, as appropriate and with parent consent.
- Looking down the Intake column on the pathway, you'll see additional activities that occur include:
 - Determining whether the child has a primary medical care provider and supporting the family to get one for the child if they don't have one already;
 - Requesting existing screening, medical and other information to assist in the determination of eligibility;
 - Screening, including hearing and vision screening; and
 - Assisting the family in completion of Medicaid or other program/support applications as appropriate.
- As with the referral column, you probably already do most, if not all, of what is listed under Intake.
- The one step that is likely to be new for many local systems is the requirement to complete a developmental screening in all areas of development, with parental prior notice and consent, for all children referred unless
 - the child has a diagnosed condition,
 - a documented developmental delay/atypical development or
 - a developmental screening has been conducted prior to referral.

- For those children who require a screening, you will conduct a screening in all areas of development using a tool. We will be identifying effective screening tools and providing training and support in their use.
- Let me also make a note about the hearing and vision screening. Although it appears in the Intake column, it does not mean that the hearing and vision screening must be fully completed prior to eligibility determination for all children. Again, the key is having enough information available for the team to determine eligibility. If the child has a diagnosed condition or an obvious delay or atypical development that will make the child eligible, then you have up through assessment for service planning to complete the hearing and vision screening. BUT, you may not find a child ineligible for Part C without having conducted the hearing and vision screening. (Repeat)

Eligibility Determination:

- The next 2 columns of the service pathway represent the biggest change from current practice in Virginia and probably have some people confused and concerned.
- While today's call is not designed to teach you all the details of implementing these steps in the pathway, I hope you'll leave here today with a clearer general understanding about how this works.
- I mentioned earlier that the steps in the pathway that differ most from current practice are the result of clarification in the 2007 proposed federal Part C regs issued by the USDOE that give us the opportunity to think differently about how we do things.
- We have always lumped evaluation and assessment together in Virginia – we talk and write about the two in the same breath or with a slash between them and we generally conduct them as one activity/session in practice.
- We know that the 2 words are defined differently; that evaluation has more to do with eligibility and assessment more to do with determining the child's unique strengths and needs and determining progress on an ongoing basis.
- Wording in the 2007 proposed Part C regs clarifies that evaluation is “the method used to review the assessments of the child and the family to determine a child's initial and continuing eligibility under this part, consistent with the definition of infant or toddler with a disability.” This information is included on the regulatory citation handout provided before today's call.
- Now we understand that when we talk about evaluation we're not talking about an instrument or a test. We're not talking about an evaluation of the child. What we're really talking about is a review (an evaluation) of information about the child's health and development. The sole purpose of the evaluation is to determine eligibility.
- To avoid confusion with the way the term “evaluation” has been used in the past in Virginia, we're going to call this step in the service pathway “Eligibility Determination.”
- The proposed regs go on to state that “A child's medical and other records may be used to establish eligibility (without conducting an assessment of the child and the family) if those records contain information regarding the child's level of functioning in the developmental areas.”
- This clarification allows us to think of eligibility determination as a paper/desk process for most children referred to Part C. This still must be a multidisciplinary process, involving 2 or more disciplines. But now their job is to take a look at the available information about this child (medical records, developmental screening

results, parent report, observation reports, assessment information if available) and decide whether that child is eligible for Part C.

- Just to be clear, when we talk about 2 or more disciplines that means 2 or more people looking at the available information and deciding eligibility not 2 or more people providing information.
- This might be a good time to address the issue of when the physician would count as the second discipline on the multidisciplinary team for eligibility determination. It is not enough for the physician to just send medical records. The physician would be considered a member of the eligibility determination team if he/she is available by phone, email or other means to discuss their findings and, specifically, the child's eligibility under Part C.
- If you'll take a look at the Eligibility Determination column of the service pathway, you'll see in the 3rd rectangular box that the team is going to first look to see if this child has a diagnosed condition that meets Virginia's definition of eligibility. If so, the child is determined eligible and you follow the YES arrow and see that the eligibility determination step is done.
- If the child does not have a qualifying diagnosed condition, (follow the NO arrow on pathway) then the team looks at the available information to determine whether the child has a developmental delay or atypical development. The available information might include documentation of an assessment before referral showing a significant delay in gross motor development, along with parent report and any observations of the child from the intake visit. Or you may have medical records with hearing and vision information plus screening results from the Intake visit along with parent report.
- It is not necessary for the eligibility determination team to be able to say the child is at a specific age level in each area of development, only to be able to say that the child has a delay of at least 25% in one or more areas of development. In many cases, this determination can be made based on screening information and informed clinical opinion. I'm sure you all have found many times that after conducting a screening you were able to accurately predict whether or not that child was eligible for Part C. In the process we're talking about, you'll combine the screening information, medical information, parent report and observation of the child with the informed clinical opinion of 2 or more disciplines. There will be a structured form for documenting review of this information and the eligibility determination team's findings.
- Back to the pathway ... If the team is able to use the available information to determine that the child is eligible or not eligible for Part C based on developmental delay or atypical development, then the eligibility step is done.
- If the team is unable to determine whether the child is eligible based on existing information, then focused assessment is conducted to obtain the necessary information. [2 boxes at the bottom of this column on the pathway]. An example would be a child who, based on screening results, parent report and observation, seems to show no delays in motor, cognitive, adaptive, or social-emotional development; but may have some language delays, it's hard to tell to what degree. The eligibility determination team needs additional information about language development and will obtain an assessment in that area of development to better understand the child's level functioning. I will note here that if you're going to need to complete an assessment in order to determine eligibility, then it makes sense, with parent consent, to combine that with the assessment for service planning. Once that assessment information is available,

- the arrows on the pathway show you that you loop back up to the multidisciplinary team reviewing the information and determining eligibility.
- Not only does this process of eligibility determination better align with federal intent, it also represents good practice for a number of other reasons:
 - It does not require a face-to-face meeting and does not require the presence of the family ... so there is much more flexibility in how this step in the process is completed in terms of scheduling and method.
 - In systems where there is a high percentage of referrals found not eligible, the new way of conducting eligibility determination will result in cost savings in terms of provider and family time as well as monetarily. Current practice means that all children receive “testing” with a tool. We are now eliminating or at least decreasing the cost of testing children who are found ineligible.
 - There is research that indicates the effectiveness and accuracy of eligibility determination using the process in the service pathway.
 - A study conducted by Mott and Dunst (and listed on the Bibliography handout for your reference) found in a 1-year period fewer than 4% of children referred to Part C in NC and found eligible based on existing information were later found ineligible. The study concludes that the benefits of this eligibility determination practice (e.g., expediting children’s enrollment in Part C) far outweigh the likelihood of making an incorrect decision. When you look at this article, please don’t be thrown by the term “presumptive eligibility” in the title – the article really focuses more broadly on use of existing information to determine eligibility.
 - Similarly, a study by Bagnato and colleagues (also on the Bibliography handout) found that not only was the clinical judgment measure (which provided a structures approach for documenting informed clinical opinions) just as accurate as the performance measure, it was also more economical in terms of professional time and effort.
 - Families whose children are not eligible have this information more quickly using this process and can receive referrals to other appropriate supports and resources.
 - Many families report that the formal assessment process is stressful when the focus is on determining age levels ... now the assessment process becomes more about what we need to know for service planning.

Assessment for Service Planning:

- Only children who are found eligible for Part C will move on to the 4th column on the service pathway: Assessment for Service Planning.
- Assessment for service planning includes several steps in the early intervention process and the required activities will occur through a combination of phone contact and a visit(s) with the family. The number of visits and phone calls needed to accomplish these activities will be individualized to meet each family’s need for information, time to consider options and other family scheduling preferences.
- The first rectangular box in the Assessment for Service Planning column describes some of the information gathering and preparation that occur, including identification of the resources, priorities and concerns of the family through a family-directed family assessment. This is a step you are already familiar with.

- Child assessment occurs: An assessment tool(s) will be used at this point as an objective anchor for the comprehensive assessment of the child's developmental functional skills in comparison to same age peers for determination of the child's entry status on the OSEP child indicators. The multidisciplinary team reviews existing medical and developmental information, including results of the assessment tool, information from the family and observation of the child to assist the IFSP team in identifying the early intervention supports and services necessary to meet the child's unique needs. In some ways this step will be very similar to current assessment practices. The main difference is the focus and purpose of assessment. Since the child has already been determined eligible, the assessment team is focused on functional results that are useful in planning interventions with the family rather than on determining age levels.
- The remaining 4 boxes in the column indicate that planning and preparation for the IFSP meeting begin and family cost share information is discussed.
 - The family cost share process will be somewhat different from the current ability to pay practices. We will be working with the Family Cost Participation stakeholder group to finalize these practices in the coming month or so. Although this is the first place on the pathway that Family Cost Share is referenced, it does not mean that you will not have talked with the family about the family cost share process along the way. When and what information you share about the family cost share process up to this point in the pathway depends on each family's individual circumstances and need for information. The rectangle here in the Assessment for Service Planning column is the point at which you will be sure the family cost share paperwork is completed.
 - Steps like selecting an ongoing service coordinator, identifying the IFSP team members, and scheduling and planning the IFSP meeting are things you already do. One difference here will be that the family gets to choose their service coordinator from among those service coordinators working in the local system and within their payor network (e.g. from among those who provide TCM if the child is eligible for TCM). This issue of family choice of service provider is something we will talk more about in our November 19th statewide TA call related to personnel.
- For most local systems, the separation of the Assessment for Service Planning step and the IFSP Development step on the service pathway is a departure from the current practice of combining these steps into one meeting/session. Combining assessment for service planning and the IFSP meeting at the same visit may be okay if it makes sense for an individual family and if the decision is made in concert with appropriate use and explanation of procedural safeguards. We want to be sure, though, that families know that it's okay to take some time between the assessment for service planning and the IFSP meeting to review the activities proposed, do research or ask questions in understanding and preparing for the IFSP development process. Families may want to talk with other family members or individuals who offer guidance and support to them before making a decision to proceed or to have someone attend the meeting with them. If the family chooses to take this extra time, then this is considered a family scheduling preference. A decision to combine the assessment and IFSP meeting activities on the same date must be made by a fully informed family that has weighed the pros and cons of combining the steps and cannot be a standard local practice.

IFSP Development:

- The final column in the service pathway takes us through the development and implementation of the IFSP.
 - You will notice very few differences in this column from the way you currently practice.
 - In the top rectangular box under IFSP development, it says conduct the IFSP meeting and complete the IFSP and individual practitioner plans. Many local systems already have individual practitioner plans that provide the level of detail beyond what's on the IFSP form that's necessary for Medicaid and private insurance reimbursement. As we continue our work with DMAS on the Medicaid-EI initiative we will be better able to define the need for and required contents of individual practitioner plans.
 - The next step requires parental consent for implementation of the IFSP.
 - And the third box then states that, with the assistance of the service coordinator, the family selects IFSP service providers. As Beth mentioned earlier, this issue of family choice of service providers will be further explored in a later statewide TA call.
 - From there, the remaining steps reflect implementation of the IFSP and then periodic review and annual development of the IFSP.
 - You'll notice in the last box, there is a reference to annual re-determination of eligibility. This will occur as part of the annual IFSP and involves 2 or more disciplines reviewing progress reports of team members to confirm ongoing eligibility. No additional assessment is needed.
 - That brings us to the end of the service pathway.
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Prior Notice/Combining Steps:

- We've mentioned several times this morning that there is room to individualize the process for families within the service pathway. Some of the specific steps within the 5 columns of the pathway may be completed in a different order from what is shown on the paper, some may be combined under certain circumstances. It's that combination of steps that I want to talk more about, and specifically I want to talk about that in the context of procedural safeguards.
- For every step in the service pathway, there are procedural safeguards that must be addressed. The procedural safeguards moments that occur along the way are represented on the pathway by the red triangles with PS (procedural safeguards). The information families need about their safeguards is a little different at each stop along the pathway and it builds as the family moves through the process. Each encounter with the family as they move along the service pathway is in and of itself a service, and the family needs new and specific information at and about each of those encounters.
 - Look at the top box in the Intake column of the pathway. At this point we need to provide prior notice and get consent to proceed (to either screening or eligibility determination). The explanation of the family's rights and safeguards at this point need to focus on what is relevant to this step in the process. We need to be sure the family understands the step we are proposing to take (screening/eligibility determination) and what choices they have related to that step.
 - Once the child is found eligible, then the service coordinator needs to have a conversation with the family about assessment for service planning. We have to provide written prior notice and get written consent from the family for that step and families need to understand what

assessment is all about and what options they have related to this next step in the process.

It is through this unfolding of information as they move through the service pathway that families learn to navigate the Part C system and gain skills, information and confidence in their role as active participants and advocates for their child.

- Part C regs require that “Prior written notice must be given to the parents of a child a reasonable time before the lead agency or an EIS provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of early intervention services to the infant or toddler with a disability and that infant’s or toddler’s family.” This statement is provided on the Regulatory Citation handout. In Virginia we have defined reasonable as 5 days.
- In one of the articles on the Bibliography handout, Gathering and Giving Information With Families, the authors point out how the individualization that is the cornerstone of Part C is lost when
 - There are marathon meetings or visits in which we try to cover multiple steps in the process;
 - Documentation requiring parent signature is amassed.

The authors express concern that families may be participating without adequate knowledge of the purpose of EI and what their roles and responsibilities are. They caution at the end of the article that “Efficiency without effectiveness is not a benefit to the program, providers, family members or the child.”

- Reasonable prior notice is intended to give families time to understand their options, to talk with trusted advisors, to collect and/or reflect on information that will help them make decisions about or during the next step in the process. While a family may decide to proceed quickly on to the next step, we are obligated to be sure that is a fully informed decision by helping families to think about the pros and cons of moving forward so quickly.

What’s Next:

- The service pathway will be implemented statewide on July 1, 2009. Local systems may choose to implement all or parts of the pathway prior to July 1. In either case, it will be important for local systems to spend some time now thinking about how their current practices differ from those in the service pathway and what needs to happen in order for the local system to implement the service pathway.
- To support local systems in preparing for implementation, the Part C Office has a number of activities planned.
 - All regional TA meetings this month will provide follow-up to today’s call. There will be an opportunity for additional discussion and questions, and TA consultants will assist LSMs in developing plans to help their local systems prepare for implementation of the service pathway. Following today’s call, I will be sending to local system managers a local planning form that may help guide your planning and preparation for implementation of the service pathway. Use of the form is optional and you are not required to submit the form to the Part C Office.
 - Secondly, a practice manual is being developed that will provide specific information on how to implement each step of the service pathway. You have received a handout for today’s call that provides the draft Table of Contents for that manual. All existing Part C TA documents, policy pages, etc. have been reviewed by Part C staff and incorporated into the

Practice Manual. We certainly need your help to be sure the Practice Manual is clear and complete, and you'll have the opportunity to provide input on the manual in a number of ways.

- This month the Part C Office will be asking one local system from each region to do an intensive review of the manual. Each of these local systems will commit to having the LSM and all providers, including service coordinators, review the manual and participate in a follow-up phone call with the practice manual group to provide feedback. These systems will be providing input for their own local system and not attempting to represent their region.
 - In addition, local systems that choose to implement parts of the service pathway prior to July 1, 2009 will be given relevant chapters of the practice manual to use. Feedback from these local systems will also be valuable in ensuring the effectiveness of the manual.
 - Finally, when the practice manual is implemented on July 1, 2009 it will be considered a working document. All local systems will be asked for their input and feedback on the practice manual after using it for 6 months – 1 year.
- As part of the provider certification process required by Medicaid and in order to support implementation of the service pathway, all providers will be required to complete a series of online training modules prior to July 1, 2009. One of these modules will provide additional information about implementation of the service pathway. In the 18-month period following July 1, there will be a series of trainings that focuses in depth on each step of the pathway.