Task Force to Evaluate Virginia's Early Intervention System
Planning Session #5 Summary
November 24, 2003
Henrico Mental Health, Richmond

Present: Karen Adams, Deana Buck, Debbie Burcham, Scottie Burnette, Nancy Butts, Beverly Crouse, Pat Dewey, Mary Ann Discenza, Karen Durst, Tom Geib (facilitator), Paul Gilding, Jim Gillespie, Carol Granger, Debra Halloway, Jean Hearst, Heidi Lawyer, Jennifer Peers, Kathy Phillips, Shirley Ricks, Glen Slonneger, Deborah Sprang, Beth Tolley, Tera Yoder.

Guests: Brian Campbell, Roberta Matthews – Department of Medical Assistance Services; Maureen Hallowell – Endependence Center

Presentations from Virginia Public Agencies Involved with Part C

Virginia Department of Medical Assistance Services
Brian Campbell and Roberta Matthews presented an overview of Medicaid waivers, emphasizing waivers as community based services, with the alternative being institutional services. There must be an institutional placement available in the state; and thus, the state can justify the alternative placement in the community. There are currently six waivers, with a screening process to determine if an individual meets the qualifications for the waiver. A waiver may target a specific subgroup of the population, with a specific need or a specific geographical area. States also develop the screening tool for individuals "at risk of institutional placement." A waiver cannot duplicate state plan services. There must be assurance to the Centers for Medicare and Medicaid Services (CMS) that the waiver will not cost more for the provision of community based services than the institutional services. Virginia Medicaid determines if costs will be aggregate or individual costs. An individual may be on one waiver while waiting for another waiver slot. A state cannot exceed the number of slots agreed upon with CMS. The Technology Assisted Waiver, managed by four registered nurses, was discussed in detail. There are locations where nurses cannot be found to serve an individual, and if staff is not secured within thirty days, the individual is discharged from the waiver. Staffing is a statewide problem. Rates for private duty nursing are established by the legislature. A child under the age of six ~~with a diagnosis of mental retardation, or under~~ at developmental risk, is eligible for the MR Waiver. CSBs are given a number of slots to manage, and may not exceed their slot allocation. There is a waiting list for this waiver. At age six, a child not diagnosed with mental retardation may become eligible for the DD Waiver, a waiver established in 1999, for persons with developmental disabilities. For this waiver, the alternate placement must be an intermediate care facility for the mentally retarded. No slots are available for this waiver. There are eleven screening teams throughout Virginia, located at Child Development Clinics.
Members of the Task Force discussed rate adjustments, and what would be necessary to accomplish such adjustment. Screening tools and questions asked for children birth to three also needs to be addressed. There was also clarification that all waivers must be an

alternative to an institutional placement, and such placement and associated costs are used by CMS to determine cost effectiveness of the waiver.

Maureen Hollowell from the Endependence Center, Norfolk, presented an overview of mandated Medicaid services, including EPSDT – Early and Periodic Screening, Diagnosis, and Treatment, available to children under the age of 21. EPSDT includes treatment to "correct or ameliorate conditions," including maintenance services. She discussed financial eligibility for long-term care, noting that parent income/resources do not count regardless of child's age. Waivers are developed through an application process to CMS, with DMAS developing regulations to implement the waiver. The Virginia General Assembly allocates funds for waiver services, and CMS initially approves a waiver for three years, with a renewal process typically occurring every five years. Maureen emphasized the importance of placing children on the waiting list for the MR waiver. The child on the waiting list may be eligible at age six to move to the DD waiver. DMAS and CMS have agreed to hold a number of slots for that purpose. Currently there are 2200 persons on the waiting list for the MR waiver.

Department for the Blind and Vision Impaired

Glen Slonneger shared a handout on services offered by the Department for the Blind and Vision Impaired (DBVI). Financial responsibility for the agency was stated as being "obligated to provide the specified early intervention services to the eligible population within available resources." Primarily DBVI's role is one of technical assistance. Departmental staff that previously worked with children in early intervention were dually certified and were refocused into orientation and mobility service activities.

Department of Mental Health, Mental Retardation, and Substance Abuse Services

Shirley Ricks and Mary Ann Discenza distributed a handout indicating Part C Revenues by Year. The information available was determined to be incomplete, not reflecting the revenues from private providers. The Task Force agreed that the data on sources of funding was not accurate and should not be distributed or shared with others.

Presentation from Services Subgroup of Task Force to Evaluate Virginia's Early Intervention System

Deana Buck presented the draft handout on the Early Intervention Process-From Entry to Discharge from the Early Intervention System. Barriers and facilitating factors for the process steps were discussed. The Services Subgroup asked the Task Force to adopt its recommendation/position regarding service delivery in natural environments. Following discussion about wishes of parents, efficacy of service delivery models, evidence-based practice, etc., the Task Force approved the recommendation, as stated below:

> The delivery of early intervention supports and services in natural environments is the foundation for quality services in Virginia. Thus the issue of provision of services in natural environments is resolved.

The second recommendation from the Services Subgroup was introduced and discussed.

> The differential Medicaid rate structure for private providers, which is resulting in some private providers pulling out of early intervention and others on the verge of pulling out, needs to be addressed/rectified.

Issues discussed were the Medicaid rate structure, including the prospective payment system versus cost settlement reporting, as well as the mandate from CMS that Medicaid cannot reimburse costs associated with service provision in natural environments. The Task Force agreed to table the recommendation and let the development of a proposed infrastructure determine next steps, recognizing that Part C has been treated differently in the past on certain issues regarding service delivery. The group considered asking the Secretary to work with CMS and OSEP about the issues of natural environments, with one agency requiring the setting, and another agency refusing to pay for services in natural settings.

Mary Ann Discenza recruited volunteers from the Task Force to participate in the cost study group with Karleen Goldhammer to "fine tune" the recommendations from the findings. Kathy Phillips, Jean Hearst, Nancy Butts, and Jan Jessee will serve in this capacity. The Task Force agreed to use the cost study as a beginning point to address the differential rates, letting the data from the study guide the process to rectify the situation.

Further comments from the Task Force about the draft handout on the barriers and facilitating factors with the early intervention process indicated that there was lack of clarity as to what the Infrastructure Subgroup should do with the information. One suggestion was for a summary of problem statements, rather than disjointed recommendations. The issue that is leading to recommendations needs to be described. Certain issues, which were forthcoming, were provision of funding, natural environments, education of families, training of providers, with the question being the implication if nothing is done. The Services Subgroup will provide the key recommendations for the Infrastructure Subgroup at the January 12, 2004 meeting. Deana Buck, Jim Gillespie, and Beth Tolley will serve as representatives to the Infrastructure Subgroup.

Profile of Five States

Kathy Phillips and Paul Gilding clarified information in the profile chart from Kentucky and North Carolina.

Discussion of Written Report from the Task Force

Mary Ann Discenza will begin an outline of the report, the content and structure, by the first week in December. Ideas generated to be included in the final report were structure of the system; legal contract; multi-agency system where there is no need to pay to play;

official bodies such as VICC, EIIMT, providers, etc.; bureaucratic requirements; and cost study data. Mary Ann will send the outline to members for input.

Final Comments and Discussions

Scottie Burnette asked if more family members should be invited to join the Task Force. The group considered this to be a wise idea, with current members informing family members ahead of time as to the happenings at the previous meetings.

Shirley Ricks mentioned further areas of discussion should include interagency collaboration at the state level and local level with local councils and coordinators, Exploration of ideas for future structure may include CSBs as local leads, other entities as fiscal agent, or changing current fiscal agents to local lead agency.

Meeting Calendar for 2004 – All meetings will be held at Henrico Mental Health and Mental Retardation Services.

January 12, 2004
February 9, 2004
March 15, 2004
April 19, 2004
May 17, 2004
June 21, 2004