

Task Force to Evaluate Virginia's Early Intervention System
Planning Session #10 Summary
June 21, 2004
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, Jim Gillespie, Carol Granger, Jean Hearst, Jan Jessee, Phyllis Mondak, Mike O'Connor, Jennifer Peers, Kathy Phillips, Glen Slonneger, Beth Tolley, Tera Yoder, and Judy Burtner and Kathryn Burruss (facilitators).

Judy Burtner reviewed the objective, agenda, and participation guidelines.

Objective: To review the public comment and make changes to the Part C Infrastructure Task Force report before submission to the Commissioner.

Agenda: Update on Funding and Local Contracts
Review of Commissioner's Charge
Review Public Comment, summarizing the themes
Working with the Themes
Review of Decisions/Actions
Next Steps and Timing
Closure

Mary Ann Discenza provided an update on the local contract for July 1, 2004 – June 30, 2005, which has been disseminated electronically to the 40 local councils. The Office of the Attorney General did not allow a thirty day extension of the current contract. The State Fiscal Year 2005 Contract is due July 16, 2004, and the contract has been approved by the Office of the Attorney General.

Mary Ann also reviewed the Commissioner's Charge to the Infrastructure Task Force, as well as Secretary Woods' expectations, as she had stated them at the initial meeting of the Task Force. The Task Force was to examine the structure of the early intervention system and make recommendations regarding the infrastructure to move the system forward. Mary Ann noted that because of the funding crisis, interim strategies had to be considered which caused the Task Force to consider infrastructure alternatives and service delivery activities.

Review of the Public Comments to the Infrastructure Draft Report

Sixteen individuals provided comments to the draft report. A matrix of comments was compiled, and the following themes emerged:

Adequate Funding

State role should focus on increasing third party reimbursement, other funding sources.

Are we doing enough to get funding through the legislature?
Review and revise Ability-to-Pay (ATP) on data; clarify ATP for assistive technology.

Eligibility

Consider changing criteria.
Increase number of two-year-olds who receive their services through Part B.

State is being too restrictive/dictatorial

Need more data on what and where the problems are before we make big changes.
More time to problem-solve and use TA to correct problems. Only “censure” those who are not following the rules.
Too many generalizations that “more is not better” and “natural environments are always better” and that there is a real difference between medical and developmental needs.
If we are too state-driven, we lose sight of children and families.

Local Lead Agency/LICCs

Local Lead Agency should not be restricted to CSBs; consider RFP process.
Some concern about Local Lead Agency also being a provider of services.
Lots of concern over LICCs being “reduced” to advise and assist role.

Other Infrastructure Alternatives

Need more thorough cost/benefit analysis if any of the alternatives are to be pursued; implementation should begin with a pilot phase.
Regional approach – generally negative reaction, especially with regard to Central Point of Entry. Some support for regionalizing some aspects of the system like preparation of contracts, uniform billing practices, supervision and support for service coordinators.
Centralized billing – there was support for continuing to look at this more thoroughly as a long-range option.
Provider enrollment – there was support for a system of state-level provider enrollment.

Other Comments the Task Force May Wish to Address

Combine MIMS/TA roles and have five consultants working in five regions instead of three.
Develop service coordination caseload standards.

Mary Ann discussed comments related to each theme. A question was asked about the representation of the persons who commented. Those individuals represented providers, council coordinators, some family members, and Directors of Mental Retardation Services. Judy Burtner then described the following process to be used to make decisions about the public comments and the themes:

Mary Ann will state the recommendation and summarize the public comment.

The Task Force members will discuss the comments and search for consensus. The members will use red, green, or yellow card to indicate where they stand on the issue. A red card indicates that the member cannot support the recommendation; yellow, do not particularly care for the recommendation but can live with it at this time; green, can support the recommendation. A decision will be made, either by consensus, or another means. The decision and action will be recorded.

Jim Gillespie and Debbie Burcham asked that any references in the final report to financial constraints and a financial crisis be removed. The group agreed to that request.

Decisions on the Public Comments and the Themes

State is being too restrictive and dictatorial

The Task Force agreed to deal with these comments inside the categories of funding, supports and services, natural environments, and oversight.

Local Lead Agency/LICCs

Mary Ann described the process to determine a local lead agency as that of first inviting the CSB to serve as the local lead agency, and if the CSB did not wish to be the local lead agency, then invite other public entities to come forward. Members indicated that rather than just going to the CSB, an RFP might be considered. Consideration of the seven councils where the fiscal agent is a public agency other than the CSB prompted discussion of a process broader than just first inviting the CSB. The question was posed as to whether or not the local lead agency could also be a provider of entitled services. Members discussed whether there would be conflict of interest in this situation. With oversight by the state and the assurances listed in the contract, members determined that there should not be a conflict. Further explanation and interpretation of those assurances will be important as part of the safeguard to assure no conflict of interest.

Decision: The local lead agency may also be a provider of entitled services.

Decision: Selection of a local lead agency recognizing aspects of the process noted in the draft report will be described in the final report. Because the selection of a local lead agency has already been made for the FFY 2005 contract year, that local lead agency currently serving in that role will be given the opportunity to continue. If that local lead agency is unwilling to continue for the FFY 2006 year, then the local Part C system will determine a local lead agency from the local public agencies.

Language from the draft Infrastructure Report:

Process for Selecting the Local Lead Agency

In order to determine the local lead agency in each of the 40 local council areas, the state lead agency will send a letter to the public

entity currently serving as the fiscal agent in that locality. That letter will detail the responsibilities of the local lead agency and will request that the fiscal agent have discussions with the local council core group to determine the local lead agency. A letter will also be sent from the state lead agency to the local council coordinator requesting that the LICC discuss the selection of the local lead agency and provide recommendations to the core group (the core group may accept or reject the council's recommendation). Following discussions between the current fiscal agent and the core group, the core group will send a letter to the state lead agency indicating what local public entity will be the local lead agency. If the locality is unable to determine a local lead agency through the process described above, then the state lead agency will work with the locality to make that determination.

The group agreed to comment in the final report that the local lead agency must be a public agency, as that is a federal requirement.

Decision: If there is a reason that the number of local lead agencies becomes different than forty, then local determination will drive the decisions as to why current councils might combine; thus, any number that is appropriate at a particular time is allowed.

The current duties of local interagency coordinating councils as stated in the Code of Virginia were reviewed. The group determined that duties 1 – 6 were appropriate for councils in their role of “advise and assist”, with duty #7 going to the local lead agency.

The duties of local interagency coordinating councils shall include:

1. Identifying existing early intervention services and resources;
2. Identifying gaps in the service delivery system and developing strategies to address these gaps;
3. Identifying alternative funding sources;
4. Facilitating the development of interagency agreements and supporting the development of service coalitions;
5. Assisting in the implementation of policies and procedures that will promote interagency collaboration;
6. Developing local procedures and determining mechanisms for implementing policies and procedures in accordance with state and federal statutes and regulations.

Decision: Responsibility for implementation of consistent and uniform policies and procedures for public and private providers to determine parental liability and to charge fees for early intervention services pursuant to regulations, policies and procedures adopted by the lead agency and stated in the Code of Virginia, is a duty of the local lead agency.

Services and Supports

Mary Ann asked Jan Jessee to review language in the Code of Federal Regulations pertaining to the role of the service provider. The language is reiterated in the September, 2003, document Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places. The statement is made on page 4, that “In accordance with Federal Part C regulations (34 CFR 303.12(c)), the general role of service providers is to:

1. Consult with parents, other service providers, and representatives of appropriate community agencies to ensure effective provision of Part C early intervention services;
2. Train parents and others regarding the provision of these services; and
3. Participate in the multidisciplinary team’s assessment of a child and the child’s family, and in the development of integrated goals and outcomes for the IFSP.”

Jan noted that Part C in Virginia has drifted away from this view of the role of service providers, and it appears that at times medical model services are listed as entitled services on the IFSP, and perhaps should be noted as “Other” services. Task Force members thought that further clarification of this subject with OSEP was important, and that more time was needed to implement this change. Some members noted that there had been discussion with OSEP about the supports and services document. The general viewpoint was that the field was to be reminded that the supports and services document was to be implemented as written. Planning to operationalize that implementation at the local level is critical.

Decision: Individualized services, data systems, benchmarks for services (which will be developed with stakeholders), and appeal/review procedures should be implemented for the services and supports document.

Decision: In summary of service issues in Virginia’s Part C system, the following points as stated in the draft report will be included in the final report, to assure that infrastructure changes have a positive impact on children and families. These points are to be supported in the new infrastructure.

1. Consistent information to families about the philosophy of Virginia’s Part C System, beginning with the family’s first contact with the Part C system.
2. Consistent implementation of the Part C supports and services guidelines, in accordance with Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places.
3. Use of an enforceable quality assurance system including routine monitoring of IFSPs.
4. Use of the local contract to clearly identify specific service requirements (e.g., use of existing evaluation information, adherence to Part C eligibility requirements, implementation of supports and services guidelines, and

- adherence to 90-day transition conference requirement).
5. State authority to more carefully monitor/supervise and enforce contract obligations.

Regional Approach-Central Point of Entry, Other Functions

Decision: There will not be “regional” central points of entry.

Decision: There will be a single (one) central point of entry into the early intervention system for each local lead agency.

Decision: Public awareness activities will occur at times at a regional level, as they do now in some council areas.

Task Force members agreed that “regional” needed to be defined in the final report, as some activities already occur as “regional” activities. Other members noted that councils in themselves are regional because many CSBs are multijurisdictional.

Centralized Billing

Mary Ann noted that the public comment challenged the effectiveness of centralized billing. Members noted that there was no infrastructure at the state level for centralized billing, and perhaps it would be favorable to the system, provided there were an infusion of funds to support the establishment of centralized billing. Without the new funds, however, views were expressed that the concept was not feasible. There was discussion about the local lead agency doing the Part C billing. Some interest was expressed about exploring this idea. A statement in the final report to note support for uniform billing practices, with more thorough review of the concept in long-range planning, was discussed. The group agreed to the view that the door was not being closed to the notion of centralized billing, that it may be an option in the future, but with the lack of data regarding the cost of implementation and other matters, it will not be considered at this time. As conditions change in the future, the concept may be explored further.

Provider Enrollment

Decision: The Task Force is interested in actions that lead to economy of scale and efficiencies. The following items will be considered as ones which could be better implemented in new ways, once conditions and data support a better and more efficient way: provider enrollment, consistency in procurement, consistency in forms, consistency in billing for Part C funds, contracts with providers.

There was discussion about revisiting more recent activities from some of the five states which were studied, to reflect on “lessons learned” in those states, and to possibly consider early intervention practices in some additional states.

Definition of Eligibility

Mary Ann reported on Karleen Goldhammer's work in other states, and her information which indicated that changing the definition of eligibility did not necessarily result in cost savings.

Decision: The Task Force agreed that the final report would indicate that because of findings from the cost study, there would be no changes in the definition of eligibility. The members also agreed to state in the report that parents need to be informed of their choice of having their child remain in Part C until the child's third birthday, if the child remains eligible for Part C; or to be enrolled in Part B, if the child is determined eligible for Part B, as well as age-eligible for Part B - that the child is two on or before September 30. The Technical Assistance Document, August, 2003, Early Childhood Transition from Part C Early Intervention to Part B Special Education and Other Services for Young Children with Disabilities is to be noted in the final report as a reference for successful implementation of transition.

Adequate Funding

Task Force members noted that work about the various agency programs and funding sources, as presented by agency representatives at the October and November Infrastructure Task Force meetings, needed to be represented in the final report, with the statement that the result of that investigation yielded no new sources of funding.

Decision: Current funding is inadequate for the Part C early intervention system, and there is no mechanism to deal with future growth of the system. The Virginia Finance System Planning to Improve Systems, Services and Outcomes workgroup has met twice to address a strategic plan for finance and to make informed decisions and recommendations for maximizing the use of available funding sources. Potential outcomes from this workgroup will be addressed in the final report as a strategy to analyze and possibly seek funding sources.

Members discussed the necessity of agency heads coming together to consider possible funding assistance to Part C. There needs to be support of the Commissioner from the Secretaries to obtain additional funds in the 2006 budget.

There was discussion of inequities between DMAS and public agencies and private providers.

Decision: Work with DMAS to address funding of Part C and potential "carve out" of Part C services, with possibility of seeking "administrative claiming" as a revenue source.

Other Comments the Task Force May Wish to Address

Decision: Consideration of the organization of the Part C office, in regard to MIMS and technical assistance consultants, is to be managed within the office, with the recognition that organizational structure is being reviewed.

Decision: Service coordination caseload size is difficult to determine as a statewide number because of the variety of models of service coordination which are used, size of areas served, as well as other factors. A response to the public comment will be included in the response column of the infrastructure public comment and response document.

Summary of Necessary Code of Virginia Changes

The following changes will need to be made in the Code of Virginia related to infrastructure changes:

Include language to codify the responsibilities of the local lead agency.

Delete from the duties of the local council the responsibility about ability-to-pay, giving that responsibility to the local lead agency, and deleting the 2002 implementation reference.

Revisit ability-to-pay policies and procedures, and consider including additional information on assistive technology and family responsibility according to the statewide ability-to-pay mechanism.

Members also agreed that a data system needs to be developed to manage and monitor the Part C system. This statement must be included in the final report.

Next Steps

The final report is to be submitted to the Commissioner by the end of June. The report will be e-mailed to the members of the Task Force to obtain their approval before the report is sent to the Commissioner.

Mary Ann Discenza thanked the members for their perseverance and dedication. On average, 25 persons were present at each meeting. She invited all to remain as members to work on the implementation phase of the infrastructure activities. This group could also participate in the activity to develop benchmarks for the implementation of the services and supports document.

The Infrastructure Task Force adjourned.

