

**Summary**  
**Planning Session #1**

**Task Force**  
**to**  
**Evaluate Virginia's Early Intervention System**

August 5, 2003  
Henrico Area Mental Health and Retardation Services Board  
Glen Allen, Virginia

**Present:** Pat Abrams, Martha Adams, Deana Buck, Debbie Burcham, Pat Dewey, Mary Ann Discenza, Karen Durst, Tom Geib, Paul Gilding, Carol Granger, Jean Hearst, Marilyn Hoexter, Terry Jenkins, Brenda Laws, Jennifer Peers, Kathy Phillips, Wanda Pruett, Ray Ratke, Shannon Rice, Rosanna Roberts, Bob Schmid, Deborah Sprang, Beth Tolley, and Judy Burtner and Kathryn Burruss, facilitators.

**Secretary Jane Woods** welcomed the Task Force and challenged the members to reach out to constituents including medical doctors, particularly the pediatricians making them an integral knowledgeable part of the system. She stated that efforts needed to be tied into continuing education efforts so that all parts of the system and supporters are knowledgeable of the issues to be addressed. She encouraged the members to ask the question as to whether the system is doing the kind of communication and collaboration with others that would benefit the families the most. She stressed the importance of the Task Force's work and stated that Virginia's families were depending on their efforts. She closed her comments by stating this program should soar by improving the quality of the program and improving access to it.

**Background and Overview of Part C Issues**

Mary Ann Discenza presented an overview of the Part C (The Infant & Toddler Connection of Virginia) issues the Task Force had been formed to address and stressed the importance of the need to address them now. She reviewed the packet materials with members and, in the process, reviewed the following issues:

- The present infrastructure of Virginia's Part C System
- There is no legal authority for the local council to enter into the contract for continuing participation in Part C under the Code of Virginia § 2.2-5300 et.seq.
- The Local Contract for Continuing Participation in Part C is not a contract and it is not a provider agreement
- Local councils are not legal entities and therefore, they cannot enter into contracts. A fiscal agent cannot carry out any activities on behalf of the LICC's
- The contract is unenforceable
- Virginia Code § 2.2-2664 establishes the Virginia Interagency Coordinating Council; however, local councils and fiscal agents are not required to comply with this provision.

- There is a federal requirement that to the maximum extent appropriate, early intervention services will be provided in the child’s natural environment

### **Key Issues**

It was agreed that the following represented the key issues to be addressed:

- Infrastructure
- Local contract
- Service delivery/natural environments

Members agreed that the above key issues should be addressed in the following order: Service delivery, infrastructure and local contract. This does not preclude some work being done on each of the issues while work is underway on the service delivery/natural environments issue.

### **Additional Task Force Members**

In reviewing the issues to be addressed, members identified the following representatives/entities that should be invited to join the Task Force:

- Families who have used the services (it was stated that their “hindsight” would be invaluable to the discussions)
- Medical community – Virginia Academy of Pediatrics and the Dominion Medical Society (If they are unable to sit on the Task Force [because of time constraints], possibly representatives could be invited to engage with the Task Force at times when their input would be perceived to be most critical)
- Insurance industry
- Military family services
- Business (Virginia Chamber of Commerce)
- Virginia Association of Counties and Virginia Municipal League
- Virginia Board for People with Disabilities
- Virginia Council of Churches
- Representatives from Southwest and Southside Virginia

### **Guiding Principles**

Members agreed to the following initial list of guiding principles (in the form of questions) (to be “wordsmithed” by Part C staff):

- Will the solution pose as a barrier to families receiving services?
- Will the solution increase access to services or enhance quality of services?
- Is the solution(s) doable?
- Is anyone else working on it now? (The goal is to build upon the work that is presently underway)
- What is the most cost-effective/efficient solution that would simplify administrative and programmatic paperwork?
- How can the process be simplified while collecting data that is needed?

- Is the solution(s) evidence based?
- Has consideration been given to what the unintended consequences might be?
- Has consideration been given to the impact on public and private providers?
- Who are the customers (range of customers) and what system works best for them?
- What are the short and long term issues and is there a need for interim solutions?
- Will the solution(s) keep the individual appearance of the current program and allow flexibility for the community?
- Is there a way to review the process and change it as it is being implemented?
- Are there monies available to support the plan or is there a plan to secure the funds to implement the plan?

In the discussion of customers, it was determined that the system's customers were parents, children, families, caregivers, providers, schools and other public entities, taxpayers, the medical community, local government, partners in the community, the General Assembly, insurance providers, and the multi-lingual community.

A concern was raised regarding the ability to get parents' input. Several members stated they would be willing to use their parent networks to obtain input when the Task Force/workgroups have specific questions for which they would like input.

Members agreed to review the guiding principles at the next meeting (after wordsmithing by Part C staff) and make a decision as to which ones would serve as guides as the Task Force implemented its task. In addition, members may choose to rank order the list in order to choose the ones that are of most importance. It was noted that some, as the list currently exists, could be in conflict with others when using them in decision-making.

### **Working with the Three Key Issues**

Written brainstorming was done on the three key issues of service delivery/natural environments, infrastructure, and local contract as to the issues that need to be addressed within each. Members, working in small groups, reviewed the brainstormed list and developed a coherent list of issues to be addressed within each of the key areas. What follows for each area is the brainstormed list followed by the list of issues to be addressed for each issue.

#### **Service delivery/natural environments**

Written brainstorming results -

- How do we support the technical assistance needs of providers?
- How to train/orient new therapists/providers to Part C's numerous regulations?
- Support the "old guard" – early intervention has been in Virginia a long time with lots of changes (in the group review, some felt this needed clarification)
- Integrate/maximize funding from other nonfederal sources (Medicaid, especially thru Medallion II)
- Identify/obtain "real" state financial support/participation

- What do we mean by “evidence-based” practices?
- How do we finance the system adequately?
- Reach more kids/families
- Shortage of providers/issues related to Natural Environments payers, insurance
- What is the service delivery approach that will get us the most “bang for our buck?”
- What administrative and technical assistance system supports this the most?
- What is required/mandated?
- Do we know how much this really costs?
- How to structure the system for finance requirements so the payers, payers of last resort, etc. are not driving the system?
- Outreach – media, medical community
- Need congruity of purpose and methods of service delivery between insurance “medical model, medical necessity” and requirements and intent of Part C (which is supported by evidence)
- Need authority to be flexible
- What are the requirements of Part C, who should be responsible and how do we cut down on unfunded mandates for providers?
- Need to examine the service delivery issues (barriers for families and confused systems) resulting from Virginia Code state requirement that 2-year-olds may/must receive special education/”FAPE” – (“FAPE” is a different entitlement than “EI”)

The small group organized the brainstorming results into the following questions/issues:

- Do we know our true population and how close we are to serving them, especially with respect to culture and diversity?
- Outreach with the medical community to assure an understanding of the Part C system
- Congruence of purpose of Part C service delivery methods with programs and referral sources
- Need to understand all of Part C and other agency rules, including which ones can be changed
- How do we attend to unfunded mandates (timelines, waiting lists, technology)?
- Do we know how much this costs? If not, how can we find out?
- How to structure the system so finance requirements don’t drive the system, but evidence based practices do?
- What is the service delivery approach that will get us the most “bang for the buck?”
- Administrative costs – how do we figure? (administrative and evaluation)
- How do we finance this system including maximum use of federal and nonfederal sources?
- Part C/Part B overlap for 2 year olds
- Shortage of providers
- Varied rates for early intervention services (both charged and paid)

- Varied requirements for providers that change and are interpreted differently over time
- Malpractice/liability insurance costs
- Transition issues to Part B
- Need for technical assistance (clinical level, personnel, administrative, and organizational)
- Personnel development – ongoing, comprehensive, systematic
- Defining “other services” versus early intervention services
- What does evidence based practices in early intervention mean?
- Describe cost/benefits of particular program or service
- Look to all avenues of administrative cost savings – i.e. if it costs \$25.00 to bill for \$1.00 is this appropriate use of resources?
- Service delivery issues for special populations (kids with autism)

### **Infrastructure**

Written brainstorming results -

- Inconsistencies in provider contracts among councils (including administrative fees)
- To consider developing centralized billing and state rates which are established by regulation: if other funding streams – private and public support this move and are able to fund given other regulations
- Consider HHR as lead agency at Secretarial level
- Lack of clarity about ultimate responsibility for interagency system in localities
- Need to build on resources and expertise of all fiscal agents, not just CSBs
- Align state code provisions with federal/state regulations
- Identify local organizations/entity that can serve (legally) as the local lead agency for Part C – be flexible and offer options
- Local governments (City Councils, Boards of Supervisors) responsibility (should have their own power and be defined)
- Identify better/more effective ways/mechanisms to operationalize the interagency orientation/intention of Part C – to encourage/support/facilitate all interagency partners to operate as full partners
- Figure out how to gather the minimum data needed for accountability/compliance purposes from all partners in real time with minimum administrative burden
- State and/or local entity must know “billing systems,” especially insurance and Medicaid
- Who really has the responsibility for this “interagency” service system? When many are responsible/sometimes no one is responsible.
- Need to use all available money resources including insurance
- Attend to revisions in state regulations and procedures to facilitate billing effectiveness
- Too many layers

- How can we preserve the interagency intent, make it a reality, and have a responsive, flexible system?
- LICC's have lost their zeal with all the regulations in place. How can LICCs include all players: Health Department, Department of Social Services at the table?
- Who or what bodies have the power to make changes? Why do so many people feel so powerless?
- Clarify/resolve inconsistency between state code prohibition about not requiring local money participation and "apparent" federal regulation requirements – re: maintenance of effort/non-supplantation
- There is no legal authority for LICC to contract under Virginia Code

The small group organized the brainstorming results into the following questions/issues:

- Differences in contract within localities – lack of guidance from the state (guidelines to follow, i.e. administrative fees)
- Make sure we question the solutions
- Is the interagency system working?
- Which entity in the state should be the lead agency? What are we looking for in a lead agency to make the Part C program most successful?
- What are the roles and responsibilities of each interagency agency?
- Local governing bodies' roles and responsibilities not defined
- Align state agencies federal/state regulations as they currently are not
- What is the locus of responsibility at the state and local levels?
- Is it possible to pool federal and state agency funding? Identify funding streams
- Should billing for all services remain decentralized? Define centralized billing
- Clarify/resolve inconsistencies between state code vs. "apparent" federal regulations re: maintenance of effort

### Local Contract

Written brainstorming results –

- Fiscal agent and local council need to be trained together
- Fiscal agents having problems with contract and holding up process (time lines, etc.)
- Local coordinators receiving different versions of contract with different deadlines
- LICC's are typically made up of direct service staff/supervisors. How do we ensure that members have the necessary knowledge and are truly empowered to make decisions for agencies they represent/enter into legal contracts?
- Further clarify roles
- If bid (procurement/RFP) process is used, is there an incentive (\$) for bidders?
- Define roles/responsibilities of local government

- Do not agree with statement “minimize” data/reporting requirements - a good database could support efforts to document outcomes, help deal with too much paperwork concerns and maximize value of the data
- Structure the contract so it supports what is needed for quality services – personnel requirements, service delivery, etc., with accountability mechanisms to ensure requirements are met
- Local Part C contract is not a contract and is not legally enforceable
- Clearly identify responsible entities
- Shorten/simplify contract
- Minimize data/reporting requirements
- Link accountability to outcomes more than to process requirements
- Clarification of maintenance of effort/non-supplantation requirements
- Sufficiency of funds
- Or insufficiency of funds (or is this really a service delivery question?)
- Make infrastructure and contract congruent (e.g. have an entity with which the state can legally contract)

The small group organized the brainstorming results into the following questions/issues:

- Simplify and shorten the contract
- Minimize data/reporting requirements, i.e. report on what is needed
- Clarification of maintenance of effort/non-supplantation requirements
- Define roles and responsibilities of local government/other entities, i.e. contractors or providers
- Contract lists federal mandated services
- Clarify relationships of fiscal agents and councils and lead agencies
- “Reasonable” timelines established for contractor/contractee
- Part C office will provide annual training on what Part C is

### **Preparation for Next Steps**

After a review of the above results, it was agreed that the following information was needed:

- A list of active workgroups that are working on any of the issues and what they are doing – what stage are they in for their process?
- The information that is being collected on the Early Intervention Systems in the five key states
- The model programs that have been identified by the technical assistance group

Mary Ann Discenza agreed to provide the above information prior to or at the next meeting.

### **Meeting Schedule**

Members selected the following meeting dates with the goal of having a plan ready for public comment February 28, 2004:

- **Wednesday, September 3**
- **Tuesday, September 30**
- **Monday, October 27**
- **Monday, November 24**

### **September 3, 2003 Meeting Agenda**

The agenda will include the following items (not necessarily in this order):

- Sharing of the above requested information
- Decision – List of guiding principles
- Formation of workgroups (the issues) – members, clarity on tasks, role of chairs.  
Note: It was agreed that although the work of the three workgroups would be sequential there was work that each group could do while waiting for receipt of another group's work.
- Time for each workgroup to meet, identify the tasks to be completed, assign responsibilities, and timeline the efforts.

### **Closing comments**

Ray Ratke closed the meeting by thanking the Task Force for their commitment to helping address the Part C issues. He stated changes must be driven by service delivery and what families tell us. It is important to resolve the issues with service delivery issue first and then build a system around it. He reminded the Task Force that they have the opportunity to make systematic changes in the Part C program and not just work with the pieces which many have attempted to do in the past, some with success and some not.

Prepared by Judy Burtner and Kathryn Burruss  
8-19-03