

Task Force to Evaluate Virginia's Early Intervention System
Planning Session #3 Summary
September 30, 2003
Henrico Community Services Board, Glen Allen

Present: Karen Adams, Janet Areson, Deana Buck, Debbie Burcham, Scottie Burnette, Nancy Butts, Beverly Crouse, Donna DeChant, Mary Ann Discenza, Karen Durst, Jim Gillespie, Carol Granger, Jean Hearst, Jennifer Peers, Kathy Phillips, Shannon Rice, Shirley Ricks, Bob Schmid, Glen Slonneger, Beth Tolley, Sandra Whitaker, Tera Yoder, Judy Burtner (Facilitator), and Kathryn Burruss (Recorder).



Session Objectives

1. To share information/data that had been requested at previous meeting
2. For workgroups to continue their work on addressing the critical issues identified at previous meetings and report out progress



Guiding Principles

The proposed Guiding Principles that had been e-mailed by Mary Ann Discenza to Task Force members, for review, were adopted. They are:

- Children and families will remain the primary focus of the task force throughout the process of studying the issues and considering possible solutions.
- The task force will consider its work in the context of the following criteria:
 - The impact on stakeholders and partners, including caregivers, providers, schools, other public entities, taxpayers, the medical community, local government, partners in the community, the General Assembly, insurance providers, businesses, and the multilingual community will be fully examined.
 - Interim or short-term solutions, as well as long-term solutions, will be identified and implemented when appropriate.
 - Potential unintended consequences will be anticipated and possible solutions identified.
 - The proposed solutions will:
 - Be in compliance with federal regulations;
 - Maintain or increase families' access to supports and services;
 - Maintain or enhance the quality of services;
 - Promote quality and consistency across the state while maintaining local flexibility;
 - Support evidence-based early intervention practices;

- Be the most cost effective/efficient solution to simplify administrative and programmatic paperwork;
- Provide the most cost effective and time efficient mechanism to collect essential data;
- Include a mechanism for continuously evaluating the effectiveness of the system especially in response to changes in the external; environment including changes in federal and state regulations, funding sources, etc.;
- Be relatively easy to modify when evaluation indicates that changes are needed.



Revised Deadline for Completion of Task Force Work

Because of the need for workgroups to have access to the results of work being done by another working group (ITOTS) not a part of this Task Force, the deadline for completion of the Task Force's work has been moved to June 30, 2004 from February 28. It was suggested that all objectives for completion of work be developed by January 2004.



Crosswalk Document

A document containing A Comparison of Federal Regulations, Virginia's Code, and Virginia's Part C Policies and Procedures Related to Infrastructure was shared with the Task Force. Staff was asked to prepare, by the next meeting, a minimum "definition" of the statewide system. Task Force members were asked to review the document and let Mary Ann Discenza know, via e-mail, if the draft needed to be revised.

The question of supplanting was raised and it was determined that the issue needs to be addressed at both local and state levels. The issue was referred to the Infrastructure workgroup where all finance issues are being addressed.

It was agreed that a fourth column would be added to the crosswalk document. This column will reference all policy letters and their contents. Members also requested copies of the policy letters. One agency represented requested that steps be taken to assure that all state level agency heads impacted by Part C be given information prior to the adoption of policy.

Other documents that were reviewed (distributed to members prior to the meeting) included:

- Document entitled Individualized Supports and Services
- Matrix of State Part C Committees Roles and Responsibilities
- Interagency Agreement – State Agencies
- Attachment G – Data Requirements as outlined in the local contract



Five State Review

Storm Isabelle slowed the progress in getting information from the five states in preparation for the meeting, and also for this meeting. However, abbreviated reports were given on Louisiana, Maryland, and Indiana's systems. The Task Force members identified additional questions that they would like the contact persons for each state to obtain prior to the next meeting. Once all information has been obtained from the 5 states, the Infrastructure Workgroup will do a comparison document with the information from the 5 states plus Virginia for review and use of Task Force members and their workgroups.



HJR 159

Shirley Ricks gave a review of HJR 159. The Committee that is implementing this resolution is reviewing the purpose and need for all existing state Councils, Task Forces, and Commissions. The Committee has reviewed the Part C's Early Intervention Agencies Committee and will make recommendations whether it should be continued, terminated or consolidated. The Infrastructure Workgroup will continue to follow this as the Committee does its work.



Workgroup Sessions

The Infrastructure and Service Delivery Workgroups met in session after which they reported out a summary of their work. A summary of each session follows:

Infrastructure Workgroup

1. Comparison of federal regulations, the Virginia Code, and Virginia Part C Policy Crosswalk
 - A. Attach policy letters as an appendices
 - B. Attach website information
2. ICC – What are various agencies' responsibilities?
 - A. Have DSS, DOE, DBVI, DMAS, and Health Department come to the next meeting to answer question, "What services do they provide, eligibility, how families can access the services and what are they willing to provide for Part C?"
3. Information from other states
 - A. Examine centralized billing – what is the actual cost of billing and paying fees from a central source?
 - B. What is the cost per child for billing?

Service Delivery Workgroup

- Will keep 6 areas from Infrastructure Workgroup in mind and will address them at logical points (some additional information will come from cost study, such as administrative fees)
- Will specifically address administrative fees as they relate to service delivery
- Reviewed EI process, identifying facilitating factors and barriers

Identification	
Facilitating	Barrier
“Central” meaning single rather than multiple points of entry	<ul style="list-style-type: none"> • Bad PR or bad experience • Contact with families is not always what it should be • Contact from locality back to referral is not always what it should be • Primary consumers need to know that they can contact • Referrals from Dr. with set frequency
First Contact with Family	
Facilitating	Barrier
<ul style="list-style-type: none"> • Specify recommended time for family to be contacted (not federal requirement) • Information on more family friendly way to gather information • Digital camera or portable copier or let family know in advance 	<ul style="list-style-type: none"> • Clarify timeline with all including referral sources (45 days is very open ended) • Local and state “paperwork” – intake, procedural safeguards, HIPAA, financial • Needing copies of some family information
Financial Intake	
Facilitating	Barrier
<ul style="list-style-type: none"> • Remove family fees and need to bill private insurance • EI mandate for private insurance statewide 	<ul style="list-style-type: none"> • Discomfort from parents going through process
Evaluation/Assessment	
Facilitating	Barrier
<ul style="list-style-type: none"> • Discipline free evaluation • Use of existing test results • Strive for more true “team” approach, evaluating at same time • Increase awareness at referral 	<ul style="list-style-type: none"> • Duplication of services (i.e., child with current evaluation or IFSP not used) • Variability in meeting timelines and going over 45 days in some areas • Misunderstanding in purpose of

sources and families about what will happen	<p>evaluation (not OT, PT, ST use of resources)</p> <ul style="list-style-type: none"> • Questions about disciplines, Rx, license, etc. (PT, OT, ST not needed for all) • Varying test results from different tools/locations
Determination of Eligibility	
Facilitating	Barrier
Encourage go back and read ICDF information	<ul style="list-style-type: none"> • Questions about medical vs. developmental needs • What to do if you have differing “scores”? • Needs to be more information about what 1) eligibility for Part C means and 2) what eligibility for specific service would mean
ISFP Meeting	
Facilitating	Barrier
<ul style="list-style-type: none"> • Provide adequate funding so deficits based system does not have to be used • Keep in mind what this <u>really</u> means to families – how can it truly support families • ISFP team should really follow support services guidelines 	<ul style="list-style-type: none"> • Different people from evaluations – how to get their information and input • Hard for some parents to articulate what they want for their child • How to best use expertise of people at table to help family articulate need and <u>cost</u> of that person • How to articulate parents’ hopes so insurance will reimburse (some are doing duplicate POC) • We are using a deficits based system model (insurance) to fund a support-based system. What is “entitled families” – need information about other services and cochlear implants
Provision of Supports and Services	
Facilitating	Barrier
<ul style="list-style-type: none"> • New service guidelines - some areas have a mechanism for reviewing random selection of outcomes and ISFPs • Need to have data entered to show how IFSP is doing • Note that local ISFP team has been 	<ul style="list-style-type: none"> • Administrative windshield time cost – including differential • Inconsistency of sources – some areas still providing higher frequency than new model recommends • Need more training/checklist review by council coordinator of ISFPs

<p>relied on by OSEP to prevail</p> <ul style="list-style-type: none"> • Provide education, explain parameters, let scope of work and deliverables reflect new guidelines for IFSP team members 	<ul style="list-style-type: none"> • Lack of providers (speech especially) • Low provider rates • Perception of questions about NE cost, practices
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Future Meeting Dates

- Monday, October 27, St. Mary’s Hospital Auditorium, Educational Wing
- Monday, November 24, Henrico Community Services Board, Glen Allen

Agenda – Monday, October 27

- Requested information shared, i.e., five-state plus Virginia comparison among other items
- Workgroups will continue their work

Prepared by Kathryn Burruss
October 3, 2003