

Task Force to Evaluate Virginia's Early Intervention System
Planning Session #4 Summary
October 27, 2003
Chesterfield Historical Society, Chesterfield

Present: Pat Abrams, 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, Marilyn Hoexter, Jean Hearst, Terry Jenkins, Jan Jessee, Heidi Lawyer, Chris Owens, Kathy Phillips, Shirley Ricks, Bob Schmid, Deborah Sprang, Frank Tetrick, Beth Tolley, Tera Yoder.

Session Objectives:

1. To share information on five-states plus Virginia comparison;
2. To hear reports from public agencies regarding Part C; and
3. To continue workgroup activities.

Profile of Five States

Tera Yoder shared handouts with information on early intervention systems in five states and Virginia. Those states include Maryland, Kentucky, North Carolina, Indiana and Louisiana. Maryland and Kentucky profiles were not yet included on the chart. North Carolina is in a pilot phase of implementation for their new system, having just gone through reorganization; thus, reported information should not be viewed as "true" implementation. Mary Ann Discenza clarified that the five states were chosen after discussion with the National Early Childhood Technical Assistance Center (NECTAC).

Presentations from Virginia Public Agencies Involved with Part C

Virginia Department of Health

Pat Dewey shared handouts and described entities such as Care Connection for Children that moved from direct service delivery to care coordination of a child's medical care. There are six regional centers of excellence around the state. The role of Child Development Clinics was also discussed. Questions about role of personnel in evaluations to determine Part C eligibility and completion of evaluations in 45 calendar days are to be followed up with answers from Pat. It was also noted that local health department clinics are being reduced because of budget cuts.

Pat also provided information on related services provided by the Health Department. Those services include identification programs, Virginia Cares, newborn screenings, genetics, metabolic formula and VISITS, which is currently a referral program in the pilot stages. Children are referred from a medical facility upon discharge directly to the Infant & Toddler On-line Tracking System (ITOTS). ITOTS is the Part C data system for reporting on children referred and within the Part C system. The goal of the VISITS program is that more children with special needs will be identified and referred for early intervention.

Payor of Last Resort for services for children served by the Department of Health and Part C was also addressed. For further clarification about payor of last resort, the decision was made to send the question to Commissioner Reinhard to request an answer from the Commissioner of Health, with a copy of the letter to Secretary Jane Woods.

As a follow-up to the last meeting Pat reported the following answers requested by the task force:

Child Development Clinics:

Q What is the composition of the team?

A It may vary from clinic to clinic, but the "base" is usually a medical provider (MD or NP), nurse, social worker, psychologist, and educational consultant.

Q Can the clinics provide an evaluation within the 45-day timeline?

A In theory, yes. Each clinic is supposed to collaborate with local councils to work this out.

The above answers came from Carol Pollock, staff here in DCAH who works with the CD Clinics.

Included in the information e-mailed to you, Pat attached a map showing the location of the CDCs and the areas served. A family can go to any CDC; they are not restricted to the catchment area in which they reside.

Virginia Department of Medical Assistance Services (DMAS)

Deborah Sprang and Chris Owens provided handouts and discussed three benefit packages for Part C children: Medicaid, FAMIS, and FAMIS PLUS. Home and Community Based Waivers were also discussed and more information will be provided. The group requested that if "no slots" are available for the waivers, then the waivers should not be recognized as a potential source for services or funding for children eligible for Part C. Tammy Whitlock at DMAS can answer questions about waivers and those with slots available.

FAMIS - the SCHIP program administered by the state. It is delivered via managed care and fee for service. All children who are first enrolled in FAMIS receive the "Medicaid look alike" (inclusive of EPSDT) benefit until they are assigned to an MCO at which time they will then receive a benefit similar to the state employee health plan.. Not all children enrolled in FAMIS will ultimately be assigned to an MCO—the children who remain in fee-for-service will continue to receive the "Medicaid look alike". Children enrolled in FAMIS PLUS (the states Title XIX program) receive the Medicaid State Plan benefit for children which includes EPSDT.. There was clarification that DMAS will not pay for the cost of provision of services in natural environments. Mary Ann Discenza

addressed the need to facilitate discussion with the Office of Special Education Programs (OSEP) and Health and Human Services on this issue.

Chris Owens spoke on Early Periodic Screening Diagnosis and Treatment (EPSDT) and trainings provided for physicians and nurses on enrolling as an EPSDT provider. EPSDT is available to all eligible FAMIS PLUS (Medicaid) children under the age of 21, and all children enrolled in FAMIS who receive services via fee for service or primary care case management. Chris identified services that are provided through EPSDT and explained that these services are considered preventative. The services include medical, which includes immunizations; vision and hearing; dental; and blood testing, which includes lead screening. Additional services identified during screening include the provision of \$425 toward hearing aids with documentation of medical necessity. This documentation should include the child's audiogram and a letter from the audiologist.

The following issues were discussed among the participants in relation to Medicaid:

- Administrative claiming with match funds being required - the question arose as to whether service coordinators may provide the administrative function and whether this option should be explored further;
- Optional EPSDT services in Virginia – how eligibility requirements compare to other states and how to facilitate electronic data matches to determine the amount of funds going into the system;
- Consider differences in eligibility for Part C among states;
- Targeted case management (TCM)-MR – advocate for FAMIS to include case management plus EPSDT;
- Consider foregoing the preauthorization process and recognize the IFSP Part C entitled services as those authorized; and
- Determine if targeted case management revenue is coming back into early intervention systems or staying with the agency providing the targeted case management.

Virginia Department of Education

Pat Abrams distributed copies of the Regulations Governing Special Education Programs for Children with Disabilities in Virginia, effective March 27, 2002. References on transition were cited, i.e., pages 10, 14, 18, 19, 22, 28, and 31. These references address responsibilities of local school divisions, free and appropriate public education for two-year-olds, age of eligibility for two-year-olds, local school division responsibilities, and contents of the individualized education program (IEP). Pat discussed the Standards of Quality formula, and the local funds which support two-year-olds in public schools. Local school divisions are working to grow the integrated placement options available for young children to be in settings with their peers without disabilities. Clarification was also made that in Virginia parents have the choice for their two-year-old child to be in Part C or Part B.

Pat further identified the responsibilities of schools. They are as follows:

- Child Find (Which dovetails with Part C);
- Evaluation for Part B;
- Eligibility Determination for Part B;
- Interagency Agreement Related to Part C; and
- Payment by the school system for programs that are not available through the schools.

Summary of Presentations

- Clarify Payor of Last Resort between Virginia Department of Health and Part C;
- Clarify roles of service coordinators under Part C and care coordinators under Care Connection for Children; seek to avoid duplication of effort;
- Recognize that based on today's presentations there were no major funding enhancements for the Part C system;
- Consider referral sources for Part C and have Services subgroup address child find;
- Presentations are still needed from the Department of Social Services and the Department for the Blind and Vision Impaired.
- Part C system appears to be interagency in nature only in meetings, but not from a funding perspective. Budget reductions have changed the interagency commitment. Data will be presented at future meeting on expenditures from Community Services Boards, with information to be gathered in relation to performance contracts.
- An emphasis was made as to the need to "market" the value of early intervention to those individuals who are in government and decision-making positions and to those who may not have an intimate awareness of early intervention. This emphasis needs to be placed on the cost savings from early intervention with recognition that for every \$1 spent in early intervention \$7 will be saved later.

Heidi Lawyer commented at the end of the meeting that it was important to remind individuals that meetings convened by state agencies should be held in locations that are handicap accessible.

Next meeting is scheduled for November 24, 2003, at Henrico Mental Health and Mental Retardation Services.

Items to be included for the November meeting agenda:

- **DMAS Presentation Home and Community Based Waivers**
- **Presentation –Department for the Blind and Vision Impaired**
- **Presentation- Department of Social Services**

- **Services Subgroup will review with the entire group their 5-page issues sheet;**
- **Completion of the 5-state comparison and review;**
- **Infrastructure Subgroup will begin the outline of recommendations; and**
- **Shirley and Mary Ann will report on data collection of local involvement.**

Meeting Calendar for 2004-All meetings will be held at the Henrico Mental Health and Mental Retardation Services:

January 12, 2004
February 09, 2004
March 15, 2004
April 19, 2004
May 17, 2004
June 21, 2004