

**Virginia Interagency Coordinating Council Meeting
June 12, 2002
Location: Children's Hospital, Richmond, Virginia**

Cherie Takemoto, Chair, called the meeting to order at 9:40 AM

Family Report

Wanda Pruett, State Family Representative reported that since the last VICC meeting, only one complaint has been received on the Family Involvement toll-free line (888-604-2677 ext 5). All previous complaints or concerns, as well as this one, have been resolved. Wanda reported that non-Part C grant funding has been awarded to the Arc of Virginia to support expansion of the parent-to-parent services for all parents, including those of children who are three years of age or older. Wanda reported that families have asked if there is a way for them to comment on the Department of Medical Assistance Services (DMAS) Medallion II contract. (This was addressed later in the meeting).

Part C Update

Anne Lucas reported that additional funds were approved and disseminated to 20 of 22 councils that requested additional funds for this fiscal year. The \$1,000,000 that was made available to the Part C system through the Department of Social Services is from federal child care development block grant funds. It is expected that an additional \$1,000, 000 will be made available for Part C direct services October 1, 2002.

\$3,000,000 total in additional funds from DSS and from the "supplemental Part C funds" (funds remaining as a result of Virginia implementing Part C a year after the first federal award) were included as part of the FY 2002-2003 Part C budget. Additional funds can be requested for direct services for FY2002-2003 up until March 31, 2002. The process for requesting additional funds for FY 2002-2003 was streamlined for the councils that were awarded additional funds for FY 2001-2002; and a total of \$1.5 million in additional funds were approved and included in the contracts that are in the process of being signed now.

Anne Lucas stated that dissemination of the local contract (modification and extension agreement) was delayed for a number of reasons, which unfortunately resulted in a short turn around time for localities to review and sign the contract. A longer lead-in time is planned for the local contract next year. The local contract work group will resume work that was started last year on a new local contract, including making revisions as a result of public comment and advice from the Office of the Attorney General. This revised local contract will be sent out for public comment prior to being finalized.

Medallion II Contract

Anne Lucas distributed the pages of the Medallion Contracts for 2001 and 2002 that referred to early intervention. She stated that concerns have been heard at VICC meetings about reimbursement rates as well as other issues related to ensuring children receive services, providers dropping out of HMOs and/or dropping out of the Part C system because the reimbursement rates did not cover the cost of providing the

services. The Early Intervention Interagency Management Team (EIIMT) asked the Department of Medical Assistance Services (DMAS) for clarification about the contract that is currently in place, specifically in relation to Medicaid responsibility for covering services in natural environments. The current contract, which expires June 30 contains the following statement: "The contractor shall cover all medically necessary Medicaid covered services that are required to be provided by the Individuals with Disabilities Education act and its implementing regulations. Any subcontract shall identify all Medicaid covered services that the subcontractor is required to provide under Federal law." At the EIIMT meeting in May, Mary Mitchell stated that the DMAS Managed Care Unit interpretation of the language is that only services covered by the Medicaid State Plan are covered, and this does not include coverage for natural environments unless the recipient qualifies for home health. The Part C Office was informed that because they thought the language above was vague, they rephrased the information in the 2002 Medallion II Contract.

The following points were made:

- If a service is deemed medically necessary under Early Periodic Screening, Diagnosis and Treatment (EPSDT), then the Department of Medical Assistance Services (DMAS) (and the DMAS contractor) must cover that service for children under EPSDT. In other words, DMAS, including the HMOs, must cover services defined by the State as medically necessary even if these are not listed as part of the state Medicaid plan. One such example is medical nutrition.
- DMAS does not cover natural environments unless it is considered medically necessary in which case the client meets home health criteria.
- DMAS covers DME assistive devices on a collaborative basis: for example, 90% of the cost could be covered by Medicaid as medically necessary and 10% of the cost covered by the school. A suggestion was made that something similar be considered for natural environments, that a separate funding source be used to cover the additional costs to providers to provide services in natural environments. It was stated that Medicaid has to be accepted as payment in whole only for medically necessary services Medicaid covered, so conceivably it would be possible to have a collaborative arrangement for Medicaid to pay for the medically necessary Medicaid covered services and another source to pay for the costs associated with provision of services in natural environments. However, the Office of the Attorney General had advised several years ago that Medicaid payment must be considered as payment in full for early intervention therapy services (because the Medicaid reimbursement was based on cost settlement). This would need to be addressed before a separate/additional funding source could be considered.
- The DMAS State plan has always covered habilitation as well as rehabilitation under the rehabilitation category.

The question about DMAS' responsibility for covering the cost of provision of services in natural environments was sent to the Centers for Medicaid and Medicare Services (CMS). The response received from Jake Hubik indicated that DMAS is not responsible for meeting Part C regulations. DMAS representatives indicated that they put the agency in jeopardy if the infant and toddler population are treated differently than other Medicaid clients.

Options for resolution of the issue include use of other sources of funding to cover the cost of provision of services in natural environments, a change in DMAS' State Plan, or use of a waiver. Changes in the DMAS State plan require at least 18 months. Development of a new waiver can take years. DMAS managed care is a waiver. Anne Lucas was informed by national consultants that since it is a waiver, comparability can be waived within the waiver. Anne Lucas, Shirley Ricks and representatives met to discuss the possibility of the managed care contract going beyond the state plan. Anne suggested that this be asked in writing as a policy question to DMAS. This issue must be addressed at the agency head level and probably at the Secretary level. The Individuals with Disabilities Education Act (IDEA) requires services in natural environments. The DMAS state plan doesn't provide for that. A decision needs to be made about how best to resolve this.

A request has been sent to other states to provide information about how they address this conflict in federal regulations and state plan. Georgia has children's services for birth to age 21 which permit services in home. In Georgia, the IFSP defines medical necessity. Pennsylvania has an early intervention waiver. (Waivers must be approved by CMS).

Cherie Takemoto asked if there were other concerns about the language in the 2002 Medallion II contract. Anne Lucas responded that language specifying the availability of Part C providers in the managed care network was removed. Medicaid is not required by the state or CMS to have Part C providers; they are simply required to have providers who can provide the medically necessary services. One thing that was done when the contract was originally developed was to work very hard to be sure there were Part C providers in all networks. The language in the current Medallion II contract under early intervention services on page 49 implies that part C requirements must be met. There is no language in the new contract specific to Part C of IDEA or requiring that the network have Part C providers. Part C has received a verbal commitment from DMAS' Division of Managed Care that they will encourage all their HMOs to have Part C providers. Anne said that other states have found that only what is in the contract counts; "encouraged" carries no weight. She expressed concern that the change in the Medallion II contract language opens the state to more liability.

A question was raised about whether there would be an opportunity to address the revised contract. The contract is in the process of being signed now. Some providers have signed. Some have not. It is not known whether the contracts have been signed yet by an official DMAS representative. The contracts are for one year.

The mechanism for consumer input is public meetings. These meetings occur all over the state. There has been low turnout because people have not been aware of the meetings. Often no one turns up to the meetings. Wanda Pruett said that once she receives the dates for future meetings, she will publish them in the Parent Professional list serve and in the Family Involvement Project Newsletters. Individuals may contact Cheryl Roberts and Mary Mitchell at DMAS to express concerns.

Concerns were expressed that this issue represented a significant lack of interagency collaboration beyond the level of the agency representatives. In response to a question about whether the Secretary of Health and Human Services was aware of this issue, Terry Izzo reported that she had been in contact with Secretary Woods via email and had met with Mr. Turrage, Assistant Secretary and representatives of DMAS and Part C.

She stated that she has been concerned for years about the mismatch of funding sources and IDEA mandates, and is pleased to see that this is being recognized and addressed. Terry said she is also involved with the Virginia Physical Therapy Association (VPTA) in addressing reimbursement issues. She stated that the reimbursement rate for therapy is the same (per client) whether the providers see 3 people at one time in their office or travel for one hour to see one person. She said the reduction in the rate of reimbursement coupled with the additional cost of providing services in natural environments has resulted in many therapists being unable to afford to continue to provide services, which has resulted in services not being available. Deborah Sprang reported that her reports about the issue are being sent to the Agency head and some of the issues have been brought to the attention of the Secretary via DMAS' weekly report. Terry reported that she has been invited to participate in a managed care work group sponsored by DMAS. The next meeting is July 10.

Terry Izzo stated that there is inconsistency in the reimbursement rate by the various Medicaid managed care providers. One reimburses 39% of the cost of providing the service, one reimburses 80% and the others reimburse somewhere in between. Non Part C providers may be willing to provide the medically necessary services without meeting Part C requirements.

Barbara Mease requested that the Part C Office inform localities about the dates, times and locations of public agency meetings. Wanda Pruett stated that she will include this information on the Family Involvement Project (FIP) Web site (www.arcfip.org). The Part C Office will include the information in Part C Updates.

Anne Lucas informed attendees that a form has been developed in collaboration with the DMAS Division of Managed Care for providers and council coordinators to document concerns related to Medicaid managed care. These forms are to be directly to DMAS. (Anne Lucas requested that a copy also be sent to the Part C Office). Concerns related to other DMAS services (FAMIS or fee for service) should be sent to Anne who will forward them to Deborah Sprang. Cherie Takemoto asked Wanda Pruett to keep families aware of the status of this issue. Information will be posted on the FIP Web site. The forms will be posted on both the FIP and Part C Web sites.

Rose Stith-Singleton asked that information received from other states be made available to the VICC members for discussion at the next meeting. Cherie Takemoto stated that the VICC Steering Committee discussed having a panel discussion about the reimbursement issues at the next meeting.

Cherie Takemoto will meet with representatives from DMAS, Part C, and national finance consultants. This meeting is tentatively scheduled for July 9 and will also include provider representatives.

DMAS case managers meetings provide an opportunity for Part C issues to come forward. The mailing list for announcing these meetings has been updated to include all current council coordinators. The dates will also be posted when they become available.

Anne Lucas reported that a finance task force is being formed to implement strategies on the Continuous Improvement Monitoring Process finance plan of improvement. This task force will be looking at the financial issues from a broader, big picture perspective. Cherie Takemoto said providers and family representatives will be welcome members of

the finance task force either as participants in the workgroup or as part of a review group that will review the recommendations of the workgroup prior to dissemination or implementation. Those who are interested in participating should contact Anne Lucas. The Council Coordinators Association (CoCoA) assisted in recruiting providers and infant program directors. Additional agency and VICC member representation is needed. Barbara Mease volunteered to participate.

Emily Dreyfus suggested that a letter be sent to the leadership of the Department of Medical Assistance Services or to the Secretary to express concern that the information about the process for changing the Medallion II contract language was not shared at a point where the VICC, families and providers could work collaboratively. Deborah Sprang stated that the process happened very quickly and she doesn't think it will happen again.

Rose Stith-Singleton made a motion that "the VICC communicate in some way our concern about the quickness of the action in changing the Medallion II contract which limited our ability to collaborate." The motion was not seconded.

Cherie Takemoto stated that from the chair's perspective, it sounds like action is happening quickly and earnestly. She asked that the minutes reflect the concerns that have been expressed and that these concerns be shared with the Early Intervention Interagency Management Team and the Agency Heads with a request that they address this situation quickly. Support was offered from the VICC to the EIIMT and the Agency Heads.

Public Comment ¹

Kathy Phillips, Council Coordinator, Infant & Toddler Connection of Middle Peninsula-Northern Neck

First, I would like to thank the Part C office and the VICC very much for their help and support in making the additional funding available for early intervention services. Much work went into these efforts, and it made all the difference in the world in our region. These additional funds made it possible to serve infants and toddlers in our locality who otherwise would have gone unserved.

I would also like to share our request for assistance with the ever-increasing amounts of documentation and data collection that are being added to the localities in the Part C system. I would like to request the following as areas for consideration and review of these concerns:

- 1. Find a way to add some additional oversight or review to all requests for data, in order to ensure that they are both needed and that the way they are designed will truly give the information that is being sought.*
- 2. Increase the availability of technical assistance in completing the required data collection. Our region is highly committed and supportive of data collection and sees that as critical in helping our system move forward. However, there have been too many*

¹ Italicized comments were typed word for word from written material provided by the speakers.

instances in which we have been asked to reinvent the wheel in each locality in order to come up with the data and information. The Ability to Pay data, which could hopefully provide critical information, has been next to impossible for our region to gather and has been a significant burden.

3. Provide clear explanations and rationale to the field for specific data that is being requested and for the format that is to be used. For example, the recent reduction of the MIMS indicators was a significant achievement – however, it is still not clear why many of us must still be burdened with the outdated and very cumbersome old ones.

4. And finally, please allow us time needed in order to complete the requests. Even though in many instances the information needs to be gathered after hours, on weekends, and in place of other critical work, additional time is beneficial.

Based on the information that has been provided at the VICC meeting today, I would also like to comment on several additional areas. It has been very helpful to have good clarification from the DMAS representative about their position on payment for services in the natural environment. It is good to see the beginning of dialogue with Part C and hopefully the move toward a solution. It is important to note that the reason providers are not in the Medallion II networks is because the very low reimbursement rates are major barriers. Even if the Medallion II contract were revised back to the original one as suggested, this issue would remain, along with the original Medallion II concerns.

The following are needed: First, an increase in funding is needed to cover providing services in the natural environment. Second, it is important to recognize that the additional funding from Part C and from the Department of Social Services has been and continues to be used to offset the decrease in reimbursement to outpatient rehabilitation providers in the field that occurred with Medallion II.

There have been additional instances in our locality similar to the one described by the DMAS representative where a child truly was denied services due to “glitches” in the system (ex: child was found eligible retroactively for either FAMIS or a Medicaid HMO, but it was not possible to get preauthorization for services since they had not been assigned a PCP). Thank you for the specific information about working with the DMAS representative and Anne Lucas to try to receive payment for the services that were delivered in good faith to these children. We look forward to working with you. Look forward to continuing to work.

Allan Phillips, Infant Program Director, Fairfax, Falls Church

Thanks for having a process for localities to get additional funding up front for the fiscal year. This allows the locality to do thoughtful planning for providing services. Also the process was streamlined and required little additional information than what was already provided.

Upon listening to the discussion today about Medicaid it strikes me that it is important to keep the two issues separate. One being the low reimbursement rate and the other being funding responsibility for natural environments. They will require different strategies and solutions to address.

We had our annual Fairfax Fair last weekend and used the new State public awareness materials. This is the first time we won a ribbon- for third place for "content". The materials are excellent!!

I want to keep technological approaches on the table for consideration for an infusion of funding. Providing services in the natural environment lends itself new uses of technology for more efficient delivery of services and reducing paperwork time.

Alison Standing, Council Coordinator, Infant & Toddler Connection of Rappahannock Area

I am speaking today on behalf of the CoCoA Steering Committee and we have several comments. First, we want to thank the Part C office for working with CoCoA to set the date for the first meeting of the new Finance Task Force. It is our hope that this group will be able to systematically address the many challenging issues confronting our early intervention system and find creative solutions to secure services well into the future.

We also want to thank the Part C office for being willing to work with those in the field who are seeking the Early Intervention Assistant credential by allowing an extension to complete the process.

We want to share our ongoing concern with the practice of giving us draft forms and documents that we are required to share with families. An example would be the Ability to Pay forms. In addition, we continue to be concerned that we also are required to give families outdated information, such as the July 1996 "Strengthening Partnerships" companion document to the procedural safeguards. This document still refers to Part H instead of Part C. We believe the use of draft and outdated materials lowers our credibility and professionalism and, more importantly, families deserve up-to-date information in its final form.

We are also very concerned that we had an extremely short turn-around time for this year's contract. We received it either on Wednesday the 29th or Thursday the 30th of May. Since the contract and budget were due in Richmond by June 7th, this allowed less than a week for us to review the information, complete the paperwork, get the required signature, and mail it in so the Part C office would receive it in time. Therefore, it was impossible for most of us to be able to share the contract information with our councils because of the due date. This is especially concerning because there are changes in our contract agreement with the state and a great deal of responsibility falls on the shoulders of our local councils to see that the contract requirements are met. To make the contract situation even more difficult, we received revised forms and procedures for the contract 3 days before it was due. While we know that one page needed to be slightly revised, we want to share our collective frustration of the seeming complete lack of awareness from the state Part C office of what it was like at the local level to pull together this significantly revised contract in less than a week. While we recognize that the short turn-around time was needed so that we will get our funding, we strongly urge that enough advance planning be done in future years at the state level so that we are given the time we need at the local level to thoroughly review our contract and share it with our council. To say that the contract process this year was not fair to council coordinators and to local councils would be an understatement.

Finally, we are very much looking forward to the fall training that VIDD is organizing. In particular, we remember that the March 2002 Part C Update noted that DSS would be

asked to come to present information about accessing Title IV E funds. We need specific guidance on this funding source from the state in order for us to be able to access this money. Also, the CoCoA Steering Committee recommends that part of this conference focus on the distinction between screenings and evaluations when it comes to vision and hearing. To date we have not been able to get the clarification we need in order to meet the standard set forth in the regulations. For several of us this is included in our Plan of Improvement for MIMS and in order to be in compliance we must address this area. If we are to be consistent around the state in the development of IFSPs, it is important that we all start with the same level of knowledge needed to meet the requirements. In addition, we need to be provided with appropriate ways to document a child's vision and hearing evaluation results on the IFSP.

Cathie Allport, Council Coordinator of the Infant & Toddler Connection of Colonial

I am Cathie Allport, Council Coordinator of Colonial, which is part of the Tidewater Regional Council. Thank you for releasing Part C and Social Services monies to local councils. It is much needed and is being put to good use. I could talk all day about the need for additional funds and the impact to families and children. But due to time constraints, I will move on to other points.

I have been asked, as a member of the Tidewater Regional Interagency Council, to speak on their behalf regarding the MIMS process and deletion of 30% of the MIMS indicators.

Most of the local councils of Tidewater are in the current wave of MIMS. The timelines of which have recently been advanced forward. For example, Colonial was due to complete MIMS on May 1st and is now under the new schedule, due to complete our Self Study by November 1, 2002. We are one of the first and earliest timelines of the Tidewater agencies going through MIMS. We are very concerned about the requirement that we complete the entire set of MIMS indicators, including the 30% that are in the process of being deleted. We have providers, parents, MR Directors, and Council members giving time and energy, which is very scarce, very valuable, and 30% of their time may not be necessary. The response we continue to receive about why we must do all the indicators is that if we do not, the Part C office will only have apples and oranges to compare. The first wave of MIMS used one set of indicators and then they were revised. The wave after the current one will use a 30% reduced set of indicators, a different set. So you had apples in the first set, currently you might have oranges but you will have pears in the next set.

We request that you ask Jeff Harlow and the ODU group if this will really make a difference. Also, no one feels they are too far along to benefit from using the reduced indicators, and if it must be phased in gradually, no one in the Tidewater area will resent the later sites having a reduced workload.

Thirdly, I would like to address developmental screening in Virginia. I understand the federal law and appreciate the guidance from the Part C office regarding developmental screenings and Virginia Policies and Procedures. We are not using Part C funds to pay for developmental screening, or to use it to extend or ignore the 45-day timeline. But we would like the Part C office and VICC to understand that at least in Tidewater, children are not receiving developmental screening before they are referred to Part C. We have no EPSDT or Baby Care. Managed care has made developmental screenings in health care providers' offices almost a time impossibility. Last week, a respected member of our medical specialty teaching community in Virginia who knows a lot about Part C and who refers a lot of children to Part C, said that because of time constraints, primary care physicians are not even able to observe the most obvious developmental disabilities.

When we use private donations, United Way, or foundation money to do developmental screenings to screen out an at-risk child who does not meet Virginia Part C eligibility requirements, we have saved very scarce and valuable Part C dollars to be used for timely evaluations, assessments, and service coordination for children who are eligible. Being told that these other dollars – United Way and private donations – are “early intervention monies” and cannot be used for developmental screenings seems like a message that works against best practice and works against the economically prudent thing to do. Yes, we consider these privately raised dollars to be used for early intervention. That is why we have raised them. I would hope the Part C office would give the economic impact of this some thought and support the use of other than Part C monies being used for developmental screenings when and where that is appropriate.

I would like to be able to comment on the current DMAS Medallion II discussion of this morning, but I did not know it would be on the agenda and did not have time to review the handouts in advance. Like other speakers, I am much more hopeful given the new secretary and commissioners and the commitment of our current VICC and DMAS representatives that the problems can be addressed. However, my experience since prior to the inception of Medallion II is that we have been looking at ineffective interagency collaboration around these same issues for years. I would say that there are three issues: reimbursement rate, natural environments, and “the medically necessary” definition. I attend all DMAS Case Manager meetings and I have attended two of the DMAS Board Meetings. These are not new problems. Providers are leaving because of the reimbursement rate and the cost of delivering the service in the natural environment. This is a long-standing problem. More than any other factor, Medallion II managed care has affected the quality of service delivery, the availability of services, and providing services within timelines. I would say the situation is “alarming.” Its impact on local provision of services has been devastating. I applaud Terry Izzo for taking the initiative with Secretary Wood. We support her effort and would be happy to help in any way.

Katy McCullough, Council Coordinator, Infant & Toddler Connection of New River Valley

Based on the discussion earlier regarding Medicaid I am now confused. To my understanding, there is no change in the current situation; i.e. if we have providers who will go into the natural environment, and we currently pay them administrative costs to do so, we should continue with business as usual and the provider will continue to be paid the low reimbursement from Medicaid. Can I get clarification that this is correct?

Response to Public Comments

Concerns raised during public comments were summarized and addressed.

- In regards to concerns about the need for guidance about vision and hearing screening and evaluation, Anne Lucas reported that the Part C Office is working with the Virginia Department of Health and the Department for the Blind and Vision Impaired to develop a policy page that will provide guidance. Anne will be meeting next week with Pat Dewey about this guidance.
- Cherie Takemoto asked for clarification concerning the comment about Title IV-E. The comment was a request that this topic be included in the statewide training that is being planned through the Virginia Institute of Developmental Disabilities (through a Part C contract for integrated training).

- Cherie Takemoto asked Cathie Allport for clarification about her comments. Cathie stated that there are areas of the state where Early Periodic Screening, Diagnosis and Treatment and/or Babycare are not available. She said that it is assumed that there will be screening through these and other non-Part C systems, but this is not happening. She said she raised the issue because local interagency coordinating councils are being advised that screening should be done through community resources such as these; while this may be an ideal, it is not the reality.
- Cherie stated that the concerns about the Monitoring and Improvement Measurement System will be addressed later in the meeting.
- Cherie Takemoto stated that Anne Lucas reported in her Part C update that there were difficulties with the local contract timelines. Cherie commented that it sounds as though folks in the field are miffed because of the continuous requests for information “yesterday”. She commented that, on the other side of the coin, agencies have difficulty getting the information they need to take action. She asked that the comments that were made be taken in the spirit of constructive criticism.
- In response to a question about funding for the cost of providing services in natural environments, Anne Lucas informed the group that councils are to do what they are doing now, which is calculating the administrative cost providers incur in order to provide Part C services according to federal Part C regulations. This is not to be construed as a payment for natural environments. Approval from the agency heads and/or the Secretary of Health and Human Services is necessary for Part C funds to be used specifically to fund the natural environments costs.

A meeting is being scheduled (tentatively for July 9) to address the finance issues. This meeting will include Cherie Takemoto, Chair of the VICC, a national finance consultant, providers, DMAS representatives and representatives from the Finance Task Force.

White House Commission on Excellence in Special Education

As announced in a previous meeting, Cherie Takemoto was appointed as a family representative on the White House Commission on Excellence in Special Education. She reported that this commission has been meeting and discussing issues and recommendations for 6 months and will have their final meeting Thursday and Friday (June 13 and 14). The findings and recommendations of the various task forces on this commission are printed on the Parent Education and Advocacy Training Center (PEATC) Web site (peatc.org). Cherie reported that the Commission has noted that at a federal level, agencies and programs are not as collaborative as they could be and thus are not making the best use of available resources. Cherie reported the recommendations that were developed by the Systems Administration task force on which she served. These included creation of a seamless system for children from birth-21 years old; permanent authorization of Part C; monitoring of implementation of services for children birth to age 21 by the Department of Education, even if another agency served as the lead agency for the birth to three population. Cherie reported that President's commission has an email list. There is not an official mechanism for public input on the White House Commission's recommendations, but comments are accepted. There was public comment at most of the commission meetings. Once the report goes to the president (in July), there will be public comment through the Department of

Education. There were eight task forces. The task force Cherie participated in (Systems Administration) included 2 parents, the principal of elementary school, a learning disability expert, and a special education administrator in Oregon. There were no early intervention representatives on this particular task force, though recommendations were based on testimony presented by persons involved in early intervention. The recommendation about monitoring came from the task force, not from testimony from persons involved with early intervention. Cherie reported that there was very little interest or public comment about early intervention. Cherie reported that it is unknown what will be included in the final report; this will be decided by the full Commission. Cherie provided her email address (Takemoto@peatc.org) and requested that individuals email her tonight if they have comments they want to be considered.

Pat Abrams provided the website address and email instructions for anyone who wants to make comments to the US dept of education on reauthorization.

Monitoring and Measurement Improvement System (MIMS)

Jeff Harlow reported that Virginia is participating with the University of Kentucky on a grant project to evaluate effectiveness of state monitoring. Specifically, assistance will be provided through the grant to develop and implement evaluation of the effectiveness of changes that are being made to the MIMS process. It is expected that the Virginia Institute for Developmental Disabilities will be involved in the process. Jeff reported that the MIMS process had drifted from the initial heavy emphasis on the self-assessment to more of an emphasis on the state review team visit and the report. Two changes are being made to re-emphasize self-assessment:

1. MIMS consultants have shifted their focus and time to working with sites during the self-assessment process. It is anticipated that this will result in a more thorough and accurate self-assessment and a better plan of improvement.
2. The sequence in MIMS review process has been revised so that the site visit will occur before the plan of improvement is developed by the MIMS site so much of the attention during site visit can be on use of the data gathered during self-assessment to create a high quality plan of improvement.

A third change is a 30% reduction in number of indicators. There is a corresponding process to reduce family survey questions.

There are two reasons the MIMS indicators are being reduced. The Department of Mental Health Mental Retardation and Substance Abuse Services (DMHMRSAS), in response to requests from Community Service Board Executives and the leadership council, mandated a reduction in reporting requirements. The second reason is to improve the Monitoring and Information Measurement System by reviewing and revising indicators to assure that only those that are meaningful are retained. Jeff Harlow stated that he and the MIMS Task Force are very aware of time constraints and understand the desire to implement use of the reduced indicators now. However, the reduction/revision of the indicators has not been completed. Old Dominion University (ODU) and the MIMS Task Force expect to complete the review and revision in August. Additional steps may be required at the departmental level, so October is the target date for dissemination and implementation of the reduced MIMS indicators. Jeff reported that each indicator is being reviewed to determine if it is essential. He indicated that many of the indicators are being blended, not simply eliminated. It is not clear at this point how much reduction in workload will result from the revisions. In response to today's comments, he said the

task force will review the process and the current status to see if it would be possible to implement reduced indicators sooner than October.

Anne Lucas reported that another change in MIMS is a shift from requiring individual plans of improvement for each indicator that is not met, to a focus on results, on the impact on children and families. Reduction of indicators is intended to reduce the workload, direct focus to what is most important and facilitate review of data in a more integrated fashion that will focus on results, not just process and parts. Anne stated that reducing indicators does not relieve Part C of the responsibility for ensuring localities comply with all of the regulations. Jeff Harlow stated that improvement is needed in the ability of localities to interpret data.

Continuous Improvement Monitoring Process (CIMP) Committee

The seven plans of improvement submitted to the Office of Special Education Programs (OSEP) as part of the OSEP Monitoring Process Handout were merged into one document which was distributed to VICC members. In response to a concern raised that a requested change had not been made in the Finance Plan of Improvement, Cherie Takemoto reminded members that the document is a draft (and should have been so-labeled). VICC members were asked to review and study the document in preparation for a special VICC meeting on September 11, 2002 to finalize an integrated, prioritized state Part C work plan that will include all of the early intervention work that is occurring across the state. This meeting will be facilitated by Rich Lewis and will include all VICC members, chairs and co-chairs of VICC committees and two representatives of each committee or task force that is not a part of the VICC Steering Committee. In addition to prioritizing strategies and activities for the work plan, timeframes will be determined. Anne suggested that a 24-month timeline be developed for this work plan. Each existing Part C committee is being asked to review the CIMP Plan of Improvement assigned to that committee so that the chair for each committee can discuss the plan in the context of the integrated work plan at the September 11, 2002 meeting. Anne Lucas requested that if committees determine that changes are needed in the CIMP Plan of Improvement for which it is responsible, they are to notify the Part C Office in advance of the September meeting. She requested that committee and task force chair communicate directly with her if updates or changes to the plans are recommended, and she also asked that they inform her who will be attending the September meeting.

Jeff Harlow reported that the grant through the University of Kentucky will also provide support to Virginia to figure out how to overlay CIMP in the process of MIMS.

Email these.

Date Change for September VICC Meeting

The VICC Steering Committee determined that the special VICC meeting that is being held September 11 should occur prior to the regular September VICC meeting. Therefore the regular VICC meeting is being changed to Thursday, September 12, 2002. Both meetings will be held at Skipwith United Methodist Church in Richmond, Virginia.

Ability to pay

Mary Ann Discenza reported that the revised Ability to Pay document has been sent to OSEP for review and approval. The Part C Office is waiting for feedback from OSEP before finalization and dissemination of the document to the field. The Continuous Quality Improvement - Ability to Pay Workgroup is finalizing a question and answer document that is to disseminate along with the official Ability to Pay Procedures document. Mary Ann clarified that some of the questions asked were policy questions and require input of fiscal and reimbursement offices; these are being addressed by DMHMRSAS.

Emily Dreyfus reported that families have reported to her that they personally now can access services that they could not prior to implementation of the statewide ability to pay procedures and scale.

Mary Ann Discenza reported that the Part C Office has received only 20 (of 40) completed ability to pay data tracking forms. The compilation and analysis of this data will be shared with agency heads. Discussion followed concerning challenges associated with collection of the required data. Mary Ann offered to provide technical assistance to any councils who are having difficulty compiling the data.

VICC Nominations

Beth Tolley reported that Cori Hill is finalizing the nominations packet that will be sent to the Governor for appointments to the Virginia Interagency Coordinating Council. Cherie Takemoto requested that the list of nominees be sent to the VICC Nominating Committee for its review to assure there is appropriate representation of cultural and geographical diversity. Cherie reminded the VICC that no new parents have been appointed to the VICC since Wilder was the Governor.

VICC Nominating Committee

The nominating Committee was activated for development of a slate of nominees for VICC Officers and for review of the slate of nominees that will be sent to the Governor. Pat Abrams, Shirley Ricks, and Cherie Takemoto agreed to serve as the nominating committee and Pat agreed to serve as the chair.

Other Business

A suggestion was made that VICC meeting start on time; if the chair has not arrived, perhaps another officer could open the meeting and reports could be done first, leaving items which require a vote to later in the meeting when it is more likely that a quorum will be present.

The meeting was adjourned at 12:30 PM. The Local Regional Direct Services Committee met following the VICC meeting.

June 12, 2002 VICC Meeting Attendance

VICC Members

Brenda Laws	Barbara Mease	Deborah Sprang
Pat Abrams	Glen Slonneger	Yolanda Tennyson
Rose Stith-Singleton	Cherie Takemoto	Leslie Hutcheson

Committee Membership

Families

Wanda Pruett	FSA
Emily Dreyfus	FSA/ATP

Council Coordinators

Brenda Crockett	LRDS
Allison Standing	LRDS
Katy McCullough	LRDS
Debbie Billodeaux	LRDS
Kathy Phillips	
Cathie Allport	
Richard Aubrey	

Providers

Adrienne Frank	LRDS
Nancy Butts	LRDS
Terry Izzo	
Allan Phillips	
Dana Childress	
Becky Smith	
Judy Seymour	
Lorie Patel	
JoLinda Jackson	
Michelle Wood	
Keri Schwab	
Melissa Samko	

Administration/TA, etc.

Jeff Harlow	CIMP
Janet Hill, VCU, TAP	

Infant & Toddler Connection of Virginia Staff: Anne Lucas, Virginia Part C Coordinator, Beth Tolley, Mary Ann Discenza, Muriel Felder, Mary Anne White, Karen Durst, David Mills