

**VIRGINIA INTERAGENCY COORDINATING COUNCIL**  
**MEETING MINUTES**  
**Henrico Mental Health**  
**9-10-03**

Mary Ann Discenza, Part C Coordinator, called the meeting to order at 9:42 a.m. She reported that she and Shirley Ricks would be co-facilitating the meeting as no VICC officers were able to attend. Members introduced themselves and everyone was welcomed.

**Part C Update**

**Infrastructure Task Force**

Mary Ann Discenza reported that the Infrastructure Task Force was convened at the request of the Commissioner to look at the early intervention system in Virginia including the infrastructure and the local contract. This task force has met twice and generated a list of all of the issues that need to be addressed. Additionally, the group is considering alternatives to the current infrastructure. Mary Ann Discenza noted that Virginia is not unique and that many other states have explored changes in lead agency and structure.

The task force is comprised of approximately forty (40) members representing a broad array of stakeholders. The members are divided into three groups that will explore 1) the local contract, 2) services and delivery, and 3) infrastructure. Mary Ann Discenza reported that Secretary Jane Woods came to the first meeting to launch the work and encouraged members to view this as an exciting time and an opportunity to serve children and to identify children who need services.

**Cost Study**

Mary Ann Discenza reported on the contract with Solutions, Inc. from Maine. Karleen Goldhammer is the consultant who will be working with this project. The first meeting was held on 9/9/03 and merged the iTOTS and Finance Task Force groups. The main purpose of this cost study is to look at how we fund early intervention services in Virginia.

The group discussed the survey tools and the issues surrounding its implementation. Jeff Harlow reported that the methodology being used is very solid, with a margin of error of about ten percent (10%) for certain data elements. He noted that the major concern is accessing and maximizing optimum provider participation in the two portions of the study: 1) the cost study and 2) the time study. We need to ensure a large enough sample to make the study relevant.

Delly Greenberg inquired what participants would need to provide. Jeff Harlow responded that they are currently gathering the materials to determine which providers will be a part of the study. They would like to approach fifty (50) provider agencies to participate in the cost study. The time study will be based on individual providers within those agencies. The provider agencies selected will represent a sampling of the multitude of service options within the Commonwealth. Jeff Harlow estimated that the time commitment for the study would be approximately fifteen (15) hours per agency.

Jeff Harlow further noted that the information gathered from this study will provide us with good data to help us make good decisions. The report will include the cost to provide early intervention services in Virginia and information related to the funding formula and allocation of funds. The time survey will begin in early October. Karleen Goldhammer will present at the December VICC meeting and a final report will be due in January 2004.

### **Office of Reimbursement/DMAS**

Mary Ann Discenza reported that as a result of the last VICC meeting and questions related to DMAS, they invited Scott Crawford from the Office of Reimbursement to attend this meeting.

Scott Crawford provided a brief overview of recent changes in Medicaid reimbursement related to Part C. He noted that a year ago, there was some new direction from the federal government that oversees state Medicaid programs. He also noted that in 2003, the General Assembly mandated a change in the way Medicaid pays for outpatient services. This change from the General Assembly resulted in DMAS moving from a retroactive process, in which Medicaid paid based on a cost report, to a prospective process with a ceiling on costs.

He further noted that several years ago when the prospective plan was originally suggested, CSBs reported that early intervention did not “fit” traditional services. DMAS then asked for CSBs to be exempt from this prospective plan. Scott Crawford also reported that DMAS was not aware that private providers provided early intervention services. It was DMAS’ understanding that CSBs provided all early intervention services and they were exempt from these changes that went into effect on 7/1/03.

Scott Crawford also reported that, according to guidance from the federal government, any costs associated with providing services in the natural environment will not be covered by Medicaid unless medically necessary. Providers will be required to separate those associated costs from the cost for direct therapy or they will forfeit Medicaid funding. He noted that Medicaid funds to all providers are roughly fifty percent (50%) federal dollars and fifty percent (50%) state dollars. If Medicaid is told they cannot cover certain expenses, the Medicaid federal funding could be removed and the state would be required to cover at one hundred percent (100%.) Wanda Pruett asked how other states have complied with natural environments and Medicaid. Scott Crawford responded that they might have to pay back their federal funds. Wanda Pruett further questioned how the federal government could require natural environments but then take back federal Medicaid dollars if a state complies. Shirley Ricks noted that the burden to solve this dilemma is coming back to the Part C office when, in fact, the two federal programs (Part C and Medicaid) should be working together to remedy the situation.

Discussion ensued from several members of the field related to reimbursement and costs for providers to travel to natural environments. Scott Crawford clarified that Medicaid can only pay for treatment time. Kathy Phillips, CoCoA, noted that her master’s degree thesis analyzed the costs associated with home-based and center-based services. The results indicated that home-based services were cheaper. Scott Crawford responded that unless there was a federal policy change, Virginia DMAS could not change the coverage. He noted that the state does not have the option to decide that it makes more sense to provide coverage.

Miriam Owens asked if the Virginia DMAS is in a position to ask the federal government to re-look at this issue. She noted that since it was a mandate, it appears that the state would have some way to inform them of this issue. Scott Crawford responded that there are no plans right now and that DMAS would have to approach the federal government at a number of levels. Shirley Ricks noted that the Part C office has sent the Office of Special Education Programs (OSEP) information pertaining to this issue. OSEP responded that the Part C office needed to work with DMAS. This should be occurring at a federal level and some states are working together on this issue. There must be collaboration between Part C and DMAS. Scott Crawford responded that he does not see this as a disagreement between agencies. DMAS is following federal policy. Miriam Owens responded, "Virginia needs to take ownership. These are our kids! Kids will fall through the cracks. If DMAS would be willing to bend a little, it would benefit a lot." Wanda Pruett added that, "We used to be able to say, "Virginia cares for kids! Where is best practice? It is proven that natural environments are best. What is DMAS policy on best practices and is that a way to look at this? How much of this is state interpretation?" Scott Crawford replied that that might be an argument to change federal policy but this is not state interpretation. They received a letter indicating this is how it is to be handled. Wanda Pruett questioned, "Who defines medical necessity?" "Couldn't we cover children in early intervention since it is such a small number?" "Does DMAS define this and could we possibly focus on best practice or do this as a waiver?" Scott Crawford replied that a waiver is "permission to violate some law."

Glen Slonneger noted that it appears that DMAS is constricted by federal policy. If we want change, we would have to make it a federal change. He noted that the Governor has identified a priority to serve more children in early intervention. Glen Slonneger asked who would be the appropriate person at DMAS to strategically plan to bring this issue to the federal government. He noted that Virginia cannot be the only state dealing with this issue and other states have interpreted that they CAN do this. Scott Crawford indicated that he would make sure that the appropriate people at DMAS are aware of the issues.

Leslie Hutcheson Prince inquired if Medicaid would only lose the federal funding for those services if they covered services in the natural environments. She further questioned whether DMAS could "eat the cost" of that fifty percent (50%) of the federal funding for those specified early intervention services. Scott Crawford reported that a state can choose to pay for one hundred percent (100%) for any service that the federal government refuses to pay. This, however, would require action by the General Assembly. Leslie Hutcheson Prince asked if this was an option that could be presented now as we explore budget proposals.

Further discussion ensued about the availability of the fifty percent (50%) funding that was used last year, which did include travel and associated expenses for natural environments. Scott Crawford reported that when the General Assembly directed DMAS to adopt a prospective methodology, the savings were taken out of the DMAS budget and the budget was reduced. Brenda Crockett noted that our Governor made assurances to the federal government that when he accepted federal funds, state funds would not go down. She questioned, "How is this assurance going to be maintained when this fifty percent (50%) is being pulled out?"

Several providers reported that they have data available from their own cost studies and they would be willing to share this information with DMAS. Shirley Ricks noted that the Part C office would be interested in being involved with cost reports from Medicaid and how they will be set up.

Wanda Pruett noted, "I'm not concerned so much about what this means to providers. I'm concerned about what this means to children and families. This decision did not look at the future of what these children need. My concern is to all agencies. Where do the children fit into this so Pat's agency (DOE) does not get a group of children not school ready and behind. Early intervention does save money in the long run. It feels like we are getting hit on all sides. We are not going to have anything left. My daughter was school ready and is doing well, and it is because of early intervention. We are such a small program and such a small piece of money. Every time we come to the table, it is never the right person at the table. The answer always goes back to the right person. I want the right person at the table. I keep hearing about the money but not about the children."

Mary Ann Discenza and Shirley Ricks thanked Scott Crawford for his time and willingness to answer questions.

### **Recognition Award**

Mary Ann Discenza announced that Wanda Pruett, Statewide Family Representative, has resigned from her position. She noted that this would be a loss that all of us will feel. Wanda Pruett was presented with a certificate of appreciation.

### **Public Comment**

Kathy Phillips representing the Council Coordinators' Association (CoCoA) presented the following public comment (italicized information is provided verbatim from written comment provided.)

*I am speaking on behalf of the Steering Committee of CoCoA, the Virginia Council Coordinators' Association.*

*The primary concern that CoCoA continues to address is the current funding for early intervention services in Virginia. It has been shown conclusively that the ongoing funding for services for our infants and toddlers with special needs is not adequate, and time is running out. CoCoA has participated in the submission of the request to the General Assembly through VACSB and is hopeful that this will be approved. Without this additional funding into the system, a significant number of infants and toddlers will go without services, at the very time that additional children are being referred and local physicians are seeing the many important benefits of early intervention services. **CoCoA would like to request that the parents, including those who are members of the VICC, join with us in this effort. We continue to believe that the voices of family members are the strongest and most important in the field of early intervention.** We would look forward to working with you to share how critical the request for additional funding is.*

*In addition, the recent change in Medicaid to a prospective payment system is further impacting Virginia's ability to serve its infants and toddlers with special needs, and will continue to do so. This obvious cost shift has been a disappointing strategy. Although*

*certainly intended to reduce health care costs, unfortunately this shift is simply reducing access to needed services. As taxpayers as well as early interventionists, we know that in the long run this will be costly for all of us in terms of more dollars needed for these children later and, most importantly, the loss of potential in our children with special needs. We hope that the VICC will address the impact of this change in the Medicaid system to prospective payment for outpatient rehab services.*

*The CoCoA Steering Committee wishes to express its appreciation to the Part C office for including our group on the Infrastructure work group that is now in process. We appreciate being “at the table” at all stages as the system of early intervention services in Virginia is reviewed and reshaped to address the existing and emerging needs. As has been demonstrated since the initiation of Part C, the success of the early intervention system across the country has been, and will continue to be, dependent upon partnerships - with families, with the many public and private agencies which support and contribute to this interagency system, and with the unique local systems representing 40 diverse areas of our state. CoCoA, as an organization, offers its support and its willingness to participate in the activities ahead.*

*CoCoA would also like to thank the VICC for agreeing to have representation from a local Part C Council Coordinator. As important stakeholders and implementers of Part C services, council coordinators have a unique perspective that we believe needs to be included as a member of this important advisory group.*

*Finally, we would like to request additional guidance as soon as possible on the provision of early intervention services in the natural environment. It is important that the discussion focus on finding practical, cost effective strategies for communities to use, focusing on the “how” of implementing this component of early intervention rather than on “whether” it is a requirement that has to be implemented. We find the very positive outcomes of services in the natural environment to be clear and the federal mandate to be clear. We commend the Part C office in moving forward with the proposed Cost Study which should give us needed cost efficiency information, as well as the Service Guidelines, which are an excellent step toward ensuring that early intervention is as practical and family friendly as possible. However, Virginia localities continue to need even more specific, immediate guidance about the requirement for natural environment and how to ensure that they are able to be in place across the many diverse communities in our state.*

*Thank you again for the opportunity to express these views.*

Kathy Phillips presented a gift to Wanda Pruett on behalf of CoCoA. She thanked Wanda for “defining the position” and noted that she “helped raise up a wonderful system!”

## **iTOTS**

Mary Ann Discenza reported that the iTOTS and finance task force work groups have merged. They are finalizing plans that will capture services that each child receives

and cost data. Work continues to attempt to get systems compatible with current CSB systems so they can communicate. This will provide the opportunity to collect needed information. Mary Ann Discenza noted that we have heard information about the VISITS module. This is going very well and we appreciate the effort of the Tidewater councils who are piloting this system prior to its eventual statewide implementation.

### **Family Report**

Wanda Pruett noted that as we head into the General Assembly, some current VICC parent representatives are graduates of the Parents as Partners in Policymaking training. She reminded CoCoA that as they attempt to move their efforts forward to be sure to look to those graduates and well as parents on the ARCFIP listserv.

### **Nominating Committee**

Shirley Ricks noted that at the last meeting, a slate of officers was presented to begin for December 2003. The slate was as follows:

Chairperson-Brenda Laws  
Vice Chairperson-Bethany Cooke  
Secretary-Willie Bragg

Shirley Ricks reported that Willie Bragg has moved to Maryland and is, therefore, no longer able to remain on the slate. She recommended that the current slate not move forward due to the lack of a nominee for secretary. Shirley Ricks made a motion to vote on nominees for secretary via e-mail. Bethany Cooke seconded. The motion carried. Anyone interested in submitting a name for the position of secretary should contact Shirley Ricks.

### **Other Business**

Delly Greenberg asked what the next step would be with Medicaid. Shirley Ricks responded that they will compile the facts and plan a meeting with DMAS and possibly include Secretary Woods. She further noted that they might need to include this issue at a meeting with the Early Intervention Agencies Committee (EIAC). It is hoped that a VICC member and a parent would participate in this meeting.

Mary Ann Discenza reminded everyone that the VICC retreat has been postponed due to lack of participation. It will be rescheduled for a later date. She noted that we need full participation in this event. Mary Ann Discenza agreed to consider a date outside of the VICC meeting or possibly one full day for the retreat. She will e-mail VICC members with potential dates.

The meeting was adjourned.

September 10, 2003 VICC Meeting Attendance

**VICC Members**

Sharon Shuttle  
Pat Dewey  
Miriam Owens  
Delly Greenberg

Glen Slonneger  
Leslie Hutcheson Prince  
Bethany Cooke  
Dr. Colleen Kraft

Pat Abrams  
Shirley Ricks  
Sandra Binn Whitaker

**Families**

Wanda Pruett

**Council Coordinators**

Beth Reed-Treadway  
Brenda Crockett  
Kathy Phillips  
Alison Standing  
Robin Crawley

**Providers**

Terry Izzo  
Darlene Warsing

**Administration/TA**

Jeff Harlow  
Phyllis Mondak

**Infant & Toddler Connection of Virginia Staff**

Mary Ann Discenza, Part C Coordinator  
Beth Tolley  
Karen Durst  
Mary Anne White  
David Mills  
Cori Hill