

**VIRGINIA INTERAGENCY COORDINATING COUNCIL
MEETING MINUTES
Henrico Area Mental Health, Mental Retardation & Substance Abuse East Center
Richmond, Virginia
November 28, 2006**

In the absence of the Chair, Vice-Chair and Secretary, Pat Dewey called to order the November 28, 2006 meeting of the Virginia Interagency Coordinating Council (VICC). Karen Durst then called the roll. Twelve (12) VICC members were present. (Please see the attendance sheet following the minutes).

Mary Ann Discenza, Part C Coordinator, provided the Part C Update. She reported on the following:

- House Joint Resolution 96 Autism Committee
 - The committee was established to address HJR 96 which “Encourages the Board and Department of Education and the Board and Department of Mental Health, Mental Retardation and Substance Abuse Services and other relevant entities to take certain actions to improve the education and treatment of individuals with autism spectrum disorders”. The first meeting of the committee was held Wednesday, October 11, 2006.
 - The Board and Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) are focusing on expanding training opportunities that include approaches specifically addressing the needs of children with autism spectrum disorders.
 - The Integrated Training Collaborative, in concert with the Early Childhood Priority Project, is presenting a proposal for training to be provided by a national consultant related to autism spectrum disorders. This training will occur in May 2007.
 - Follow-up training and meetings will be provided to participants.
 - Communities of practice will be established in six regions of the state.

- System of Payment
 - It has been five years since the Ability to Pay System was put in place in Virginia.
 - The need exists to look at the current system of payment and consider possible revisions to ensure uniformity across the state.
 - A stakeholder group has been brought together and is being facilitated by Sue Mackey Andrews of Solutions, Inc. with participation by Karleen Goldhammer, the individual who completed Virginia’s cost study.
 - Additional stakeholder meetings have been scheduled for December and January.
 - Finance issues have been raised as the Office of Special Education Programs (OSEP) is adding financial indicators that must be addressed by states. Interagency agreements must be in place that include a component that addresses financing the early intervention system.

- An issues document has been developed related to meeting Federal and State requirements. The document addresses the issues of payor of last resort, nonsupplanting and the financial indicators.
- Two states, Connecticut and Montana, are currently piloting the Financial Self-Assessment with OSEP for the Financial Indicators.
 - Virginia is anticipating another visit in the future from OSEP.
- The document will be sent to VICC members prior to the December 13, 2006 VICC Retreat. VICC input will be needed.
- Revision of the Commonwealth of Virginia 2001 Policies and Procedures for the Implementation of Part C of the Individuals with Disabilities Education Act (IDEA)
 - Due to the December 03, 2004 signing of Public Law 108-466 reauthorizing IDEA, the Infant & Toddler Connection of Virginia is revising the Commonwealth of Virginia 2001 Policies and Procedures for the Implementation of Part C of the Individuals with Disabilities Education Act (IDEA).
 - As required by federal law, the revised policies and procedures will be made available for a 60-day public comment period that begins December 01, 2006 and concludes January 29, 2007. Public hearings will also be held January 11, 2007 in Richmond and January 18, 2007 in Roanoke.
 - The revised policies and procedures will be submitted to the Office of Special Education Programs, along with the required Part C Federal Application, by April 20, 2007.
- State Board of Mental Health
 - The State Board of Mental Health will meet December 08, 2006 in Stafford, VA.
 - Information will be presented from the Office of Child and Family Services.
 - Interest has been shown and information will be included related to Part C.

Mary Lou Hutton presented information on the implementation of Virginia's Outcomes System. She stated the following:

- Pilot sites have been implementing the Outcome's System.
- A child is evaluated upon entering the system, annually, and upon leaving the system, if the timeframe is at least six months from entry, in order to determine if progress has occurred.
- The areas being assessed are the child's
 - Positive social emotional skills (including positive social relationships);
 - Acquisition and use of knowledge and skills (including early language and communication); and
 - Use of appropriate behaviors to meet their needs.
- An evaluation of the pilots will be provided through the General Supervision Enhancement Grant along with the Partnership for People with Disabilities.
- Training will be provided statewide in January and February 2007.
- Progress data will be provided to OSEP in 2008.

David Mills then shared information on the Infant and Toddler Online Tracking System (ITOTS). He shared the following:

- The ITOTS system will be moving into the Department March 01, 2007.
- The entire system is currently being mapped with table structuring and screen development to occur.
- Training will be provided for Part C staff in December and to local systems in January and February. The training will be paired with the outcomes training.

A question was asked as to whether substance exposure could be moved separately as a diagnosed condition. David Mills responded that additional changes to the system could be addressed after the in-house move.

Karen Durst then provided information on supporting data for the inclusion of cleft lip/cleft palate as an eligibility qualifier for Part C services. This would be listed as an established condition likely to result in a delay. She provided supporting information and reported that

- Information had been gathered as to possible developmental problems related to cleft lip and palate. They include hearing loss; speech development; feeding issues; and psychological development.
- The following states were identified as including cleft lip/cleft palate for eligibility for Part C. They are Florida; Missouri; Montana; New Mexico; Ohio; Rhode Island; Texas; West Virginia; Delaware; Hawaii; Iowa; Nevada; and North Carolina.
- The Early Intervention Interagency Management Team (EIIMT) is in support of including for eligibility cleft lip/cleft palate as an established condition likely to result in a delay.
- The change of inclusion of cleft lip/cleft palate as an eligibility factor requires that this change be included in the revised policies and procedures and that it be made available for public comment. Following approval of the revised policies and procedures by OSEP, cleft lip/cleft palate can be included as an established condition for eligibility for Part C services.
- VICC members were in support of this inclusion.

Debra Holloway of the Family Involvement Project provided the following written Family Report.

Project staff continues to be active participants on the VICC steering Committee, Management Team, Integrative Training Collaborative, Autism Committee, Virginia Integrated Network of Family Organizations (VA-INFO), Ability to Pay Workgroup, Hearing Workgroup, Child and Family Services Advisory Group and local and regional council meetings. Carol Hagen, Northern Virginia Region Representative, and Missy Colley, Tidewater Region Parent Representative, continue to work hard attending regional and local activities in order to increase availability provide support and resources to families who have children in Early Intervention. The FIP will be conducting interviews next month in order to hire a part-time parent representative for the Roanoke Region. We are also searching for a new Parent-to-Parent Coordinator for the project, more details to come soon.

Two Parent-to-Parent trainings have been held since our last meeting. The Family Involvement Project continues to bring together all local parent representatives in the commonwealth to set goals and talk about issues. The group is in the process of developing a parent notebook and also working on a transition notebook to assist families.

I also had the opportunity to speak to residents at UVA about Early Intervention and about how physicians could be supportive and helpful to a family who has a child who is or could be eligible to receive services.

Project staff continues to host the ARCFIP list serve with 286 members.

VICC business was then addressed. The following discussion occurred:

- RSVPs should be provided regarding attendance at VICC meetings. This will allow for planning for lunches.
- The VICC Retreat will be held December 13, 2006 at this same location. Judy Burtner will be facilitating the meeting. All members are encouraged to attend.
- Karen Durst provided information on corrections that were being made regarding terms of appointments for members. Jonathan Young from the Governor's Appointment Office is making corrections to the terms of office for several members. Those terms of those members were identified as expiring in September 30, 2006 when they actually expire September 30, 2007.
- A Legislative representative is still needed for the VICC. Two individuals have expressed interest. They are Delegate Shannon Valentine and Delegate Jeff Frederick. Members expressed the following:
 - A representative is needed that is truly interested and will share Part C information with the General Assembly.
 - It is important to know what committees individuals are involved with and how long they have served on those committees.
 - Is it possible for the representative's staff person, such as a Legislative Assistant, to attend the VICC meeting if the Legislator is unable to attend?

Beth Tolley then provided an update on the work of the VICC Medicaid Committee. She reported the following:

- Two committee calls have been held.
- It is the task of the group to identify problems. The issues of funding; access to services and continuity; and practice implementation were identified.
- Specific to funding, the following topics were discussed:
 - Supplanting;
 - Rate cuts; and
 - The complexity of HMOs with costs going back to Part C.
- Specific to access to services and continuity, the following were discussed:
 - Many pediatricians and family practice physicians are not accepting Medicaid;
 - There is a need for education for HMOs regarding Part C;

- There needs to be the recognition of the possibility of illiteracy in Spanish-speaking families related to the provision of written information in Spanish; and
 - Some plans are being switched without a family's knowledge.
- Specific to practice implementation, the following topics were discussed:
 - Paperwork and time are issues;
 - Inconsistencies in the acceptance of the IFSP exists; and
 - Billing issues continue to occur and are being discussed.

Discussion continued and included the following:

- Collaboration is occurring between DMHMRSAS and DMAS;
- Tammy Whitlock has been helpful in this collaboration;
- There is a need for the General Assembly to appropriate additional funds for physicians to serve individuals with Medicaid; and
- There needs to be a systemic approach for training HMOs with that training including the benefits of early intervention.

Corinne Garland made a motion that the VICC encourage consideration of methods for training HMO case managers and that the training include the eligibility criteria and benefits of early intervention. The motion was seconded and approved.

The question was asked as to the process and who is responsible for adding any additional issues to the list to be addressed. Mary Ann Discenza stated that the Part C office is responsible and that this could be included as a regular agenda item for VICC meetings. She stated the following:

- DMAS is willing to look at possible compensation of providers related to natural environments;
- The issue of strengthening contracts between DMAS and HMOs has been presented;
- A pilot is occurring in Northern Virginia that includes 2 MCOs. The following are to be included in the pilot:
 - The identification of providers;
 - Discussion of a training plan with training to follow; and
 - The identification of eligible Part C children with Medicaid and the Medicaid data on the services they have received.

Corinne Garland brought forth the topic of delivering services to children on emergency Medicaid. The Deficit Reduction Act was discussed with clarification on a change that allows a 2-week provision for Medicaid by the state while allowing the family to produce a birth certificate.

Beth Tolley concluded by stating that areas are being encouraged to try the Medicaid exception process with calls to be made to Tammy Whitlock if there are no Medicaid providers available for a child. It was stated that Part C should not incur the costs if the child is Medicaid eligible. Future updates will be provided.

Bonnie Grifa, Mary Anne White and National Consultant, Sharon Walsh, then presented an Overview of General Supervision and Focused Monitoring. Sharon Walsh was introduced as a national provider of technical assistance through the National Center for Special Education Accountability and Monitoring (NCSEAM). A copy of the power point that was presented is attached.

The following information was shared:

- No Child Left Behind (NCLB) set the stage regarding accountability with IDEA following;
- The primary focus is on “improving educational results and functional outcomes for all children with disabilities”;
- OSEP is ensuring that all states are meeting program requirements;
- The State Performance Plan (SPP) and Annual Performance Report (APR) are the basis of what each state is doing;
- States are being required to report annually to the public on the performance of each local early intervention program;
 - Local information on eight indicators will be reported publicly;
- Compliance indicators must be met at 100%;
- OSEP will be issuing a “determination” of status annually to each state;
 - Those categories include “meets requirements”; “needs assistance”; “needs intervention”; and “needs substantial intervention”.
 - Lowest ranking states will be visited by OSEP in order to provide focused monitoring.
- States must also provide an annual “determination” of status for each local system and inform the systems of that status;
- Many states are adding language to their local contracts regarding compliance and the performance indicators;
- OSEP is adding indicators related to finance;
- Focused monitoring will be tied to low performance;
 - The state will identify two areas of noncompliance, with the assistance of VICC, to be addressed through focused monitoring.
 - Existing problems will be defined at the local level with assistance being provided to bring the system into compliance.

Mary Anne White and Bonnie Grifa provided data on each of the indicators. They are as follows:

- Indicator 1- Percent of infants and toddlers with IFSP’s who receive the early intervention services on their IFSP’s in a timely manner. *Timely is defined by Virginia as “within 21 days of the date the IFSP is signed by the parent”.*
- Indicator 2- Percent of infants and toddlers with IFSP’s who primarily receive early intervention services in the home or community settings.
- Indicator 3-Percent of infants and toddlers with IFSP’s who demonstrate improved:
 - a. Positive social-emotional skills (including social relationships);

- b. Acquisition and use of knowledge and skills (including early language/communication); and
 - c. Use of appropriate behaviors to meet their needs.
- Indicator 4- Percent of families participating in Part C who report that early intervention services have helped the family:
 - a. Know their rights;
 - b. Effectively communicate their children's needs; and
 - c. Help their children develop and learn.
- Indicator 5- Percent of infants and toddlers birth to 1 with IFSP's.
- Indicator 6- Percent of infants and toddlers birth to 3 with IFSP's.
- Indicator 7- Percent of eligible infants and toddlers with IFSP's for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.
- Indicator 8-Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:
 - a. IFSP's with transition steps and services;
 - b. Notification to LEA, if child is potentially eligible for Part B; and
 - c. Transition conference, if child is potentially eligible for Part B.
- Indicator 9- Comprehensive Evaluation & related IFSP content:
 - a. Evaluation and Assessment for each child includes an evaluation of the child's level of functioning in each of five specified developmental areas; and
 - b. The IFSP reflects the functioning levels for each of the areas.
- Indicator 10-Locally reported data (including data submitted for 618 reporting, State Performance Plan and the Annual Performance Report) and local contract deliverables are timely and accurate
 - a. 618 Data
 - 1. Race
 - 2. Primary Service Setting
 - b. Timely Initiation of Services (21-calendar days from date parent signs IFSP)
 - c. Multidisciplinary Team Evaluation/Assessment
 - 1. Domains Assessed
 - 2. Statement of Level of Functioning included on IFSP.
- Indicator 11-General Supervision system at the local level identifies and corrects non-compliance as soon as possible but in no case later than one year from date of identification
 - a. Frequency and Intensity of Entitled Part C Services Listed on IFSP
 - 1. Frequency
 - 2. Intensity
 - b. 45-day timeline
 - c. Multidisciplinary Team Evaluation/Assessment
 - 1. Domains Assessed
 - 2. Statement of Level of Functioning included on IFSP.

Discussion occurred as to the recommendation of two priorities areas to address based on the data. Those suggested include:

- Child Find;
- Transition;
- Timely Services; and
- Quality Services.

Members identified Child Find, Transition and Quality Services as priority areas. It was expressed that Quality Services needed to be more clearly defined and that this included services from the initiation of the IFSP to transition. It was decided that members needed additional time to consider the information that had been presented and that they would wait to make a recommendation following the presentation of additional information during a teleconference on family data. That information is to be presented during a call on January 09, 2007. A discussion among VICC members is to occur following the presentation. It was stated that consideration must also be taken as to the recommendation of the state office.

Members then discussed the upcoming VICC Retreat, which is to be held December 13, 2006 at this same location. The time is 9:30-3:00. The meeting was adjourned.

Attendance

VICC Members

Pat Dewey
 Corinne Garland
 Virginia Heuple
 Mary Lou Hutton
 Dr. Collen Kraft
 Martha Kurgans
 Laura Miller
 Jacqueline Fagan Myal
 Shirley Ricks
 Glen Slonneger
 Yolanda Tennyson
 Dr. Eva Thorp

Part C Staff

Beverly Crouse
 Mary Ann Discenza
 Karen Durst
 Bonnie Grifa
 Cori Hill
 David Mills
 Beth Tolley
 Mary Anne White

Local System Managers

System Managers

Deana Buck
 Cindy Burgess
 Sandra Church
 Linda Eggleston
 Elizabeth Faulk
 Allan Phillips
 Jane Prince

Susan Shaw
Anne Simmons
Alison Standing

Parents
Debra Holloway