

Virginia Interagency Coordinating Council
December 11, 2002
Location: Henrico Mental Health

Brenda Laws, VICC Secretary, called the meeting to order at 9:40 a.m.

Brenda Laws, Anne Lucas, and David Mills reviewed the procedures for the teleconference sites and the conference call participants.

Roll Call-VICC Members present:

Cherie Takemoto (by phone)

Barbara Mease

Brenda Laws

Dr. James Blackman

Deborah Sprang

Pat Abrams

Leslie Hutcheson

Shirley Ricks

Glen Slonneger

Part C Update

Anne Lucas reported on the 1st Annual Infant & Toddler Connection of Virginia conference, which was held on November 19, and 20, 2002. She reported that the conference was excellent and the group did an outstanding job in planning. Anne extended thanks to the conference committee for all of their work.

The Part C Office, in collaboration with the Autism Council, the Department of Education, T-TAC, autism resource organizations, parents, providers and council coordinators, is establishing an "Autism Initiative" to address issues related to services for children with autism spectrum disorder, including development of guidelines for services for children with this diagnosis. Due to questions that arose as a result of the autism sessions at the early intervention conference, Anne Lucas provided clarification that Virginia has not endorsed a specific approach for the treatment of autism nor has Virginia made any recommendations regarding frequency of service delivery. Services must be based on the specific, individual needs of each child with autism.

Anne Lucas reported that the agency head meeting (EIAC) was held on November 18, 2002. Information was shared about the current status of the Part C system. Members received information regarding the increased number of children served with no increase in funding. The Part C office has been asked to develop a paper regarding these issues. The Management Team (EIIMT) will review the paper and make modifications. Following EIIMT members' approval, the letter will be sent to the agency heads and then forwarded to the Secretary.

Barbara Mease asked about the letter from the VICC to the Governor requesting increased funding. Cori Hill reported that the letter has been written and will be reviewed by the Part C office. Unfortunately, the available efficacy information is very dated.

Anne Lucas reported that the Part C office is working on the local contract revisions. The revisions re-align responsibilities according to Virginia Code and Virginia Policies and Procedures. Anne expects the final draft will be submitted for public comment December 30, 2002 through February 28, 2002.

Dr. Blackman asked about procedures if a locality decides to discontinue their Part C contract. Anne Lucas responded that it is the state's responsibility to assure that services are available and provided. Anne provided an update on the status of services in Farmville, Virginia. Crossroads Community Service Board stopped all service provision effective December 1, 2002. Dr. Blackman noted that, as a provider, it was a shock when Crossroads "pulled out." He further indicated that this affects provider referral confidence and indicated that there is no point in doing an evaluation if there are no services available. Dr. Blackman reported that this situation should serve as a "wake-up call" for everyone and noted that a "hole in the system" is created when one of the localities pulls out. Dr. Blackman further indicated that he is concerned that this can happen anywhere. Barbara Mease said that we have a system that has been built over many years that we are now watching dissolve as a result of funding, reimbursement, and regulatory issues. Barbara noted that providers are receiving less reimbursement and the state is dealing with significant budget cuts. A discussion occurred about whether Medicaid reimbursement rate is out of the control of state agencies. Deborah Sprang noted that the control over this issue is with the providers. Barbara noted that four years ago, there was a discussion that Part C eligible children not be a part of the managed care system. Providers were told that the way this needed to occur was for parents to initiate due process proceedings if they were not satisfied.

Anne Lucas reported on several issues that OSEP has presented. Virginia is moving to a "focused monitoring" process that Anne compared to performance monitoring. The three focus areas include:

1. **The number of children served**- OSEP expects states to serve at least two percent (2%) of the birth to three population and one percent (1%) of children under the age of one year.

Anne reported that using December 1, 1999 data, Virginia is serving 1.48% of the birth to three population. This is considered "unacceptable." Virginia did not show a significant increase in the number of children served between December 1 of 1999 and 2000.

Deborah Sprang suggested that this information be included in the letter to the Governor. Discussion followed. Cherie Takemoto noted that she and Part C staff would review the letter and include all relevant information.

Anne Lucas noted that states found in the “unacceptable” range would have a “drill down” where additional information will be requested including efforts to improve and changes in numbers of children served.

Further discussion took place indicating that the Secretary’s goal of increasing the number of children served by twenty percent (20%) does not come with an increase in funding. Concern was expressed about the tireless work that has and is being done by providers and the financial impact of reduction in reimbursement.

2. **Service Settings**-States need to look at the primary service settings. Additional specifics not yet available.
3. **Exit Data**-Specifics not yet available.

Dr. Blackman asked if the federal system has acknowledged that the lack of sufficient funding is resulting in no services and that providers cannot fund additional cost to provide services in natural settings. Cherie Takemoto and Anne Lucas responded that their communication with and information from the feds indicates that the feds are not negotiating on the natural environment requirements. It was also noted, however, that Virginia has primarily used a medical model of service provision and the medical model is more costly than other models of early intervention provision.

Anne Lucas reported that Virginia has received preliminary guidance on the performance report. An update on progress of indicators is required. In addition, all funding sources and amounts must be included in the report. Currently, Virginia does not have this data available and the Part C office is unsure how it will obtain and provide this information.

Anne Lucas provided an update on MIMS and ITOTS. The MIMS task force reduced the MIMS indicators by thirty percent (30%). The Part C office is working with ITS concerning ITOTS and MIMS indicators. The plan is to integrate MIMS with ITOTS so that ITOTS can provide the data to answer the MIMS indicators. There is also hope that data that is currently being collected by CSBs can be populated with ITOTS.

A question arose as to transition planning regarding Anne Lucas’ resignation as Part C Coordinator. Shirley Ricks indicated that the transition plans are not yet formulated. The Secretary and Governor will need to grant permission to hire a new coordinator.

VICC Nominations

(Shirley Ricks reported for Mr. Bernard Henderson who was unable to attend.)

Shirley Ricks reported that appointments have been made but the Part C office has not yet received a list of appointees. Dr. Blackman and Brenda Laws indicated that they have both been contacted. Cori Hill reported that at least one parent has been contacted as well.

Mr. Henderson did inform the Part C office that there would be changes in the nominees. We cannot have alternate members and the by-laws will need to be revised. In addition, Mr. Henderson questioned whether VICC members were paid for their participation and what the cost was for VICC. Finally, he questioned the size of the VICC.

Shirley and Anne reported that they expect the size of the VICC will decrease. Membership totals may be nineteen or twenty members. Shirley also noted that in the future, if members must resign from the VICC, they would be required to write a letter of resignation. The Secretary's office has indicated that they will then work quickly to replace the position.

Part C Update (continued)

Anne Lucas provided an update from the Finance Task Force, which has five main tasks:

- 1) Develop guidelines related to services
- 2) Maximize resources
- 3) Review and strengthen additional funds process
- 4) Review local interagency budgets
- 5) Consider revision of the definition of eligibility for Part C in Virginia

The smaller workgroup of the Finance Task Force has worked on the service guidelines, developing draft parameters (service guidelines) to help providers make decisions about frequency of services. The draft service guidelines will be taken to the full Task Force, return to the small group for modifications and will then be reviewed by Mary Beth Bruder and possibly staff of the Puckett Institute. Anne noted that the guidelines will support the natural environment context.

A second workgroup of the Finance Task Force is reviewing financial resources. This workgroup will:

- 1) Review the Optimizing Financial Resources book
- 2) Review document by Don Kates
- 3) Look at existing funds
- 4) Develop guidelines to assist providers to develop clinic settings into natural environments

Family Report

Wanda Pruett reported that the ARCFIP continues to receive calls from families with children who were diagnosed with autism at 1½ -2 years of age. Families are requesting information regarding methods or techniques that "work best."

Wanda also reported that they have received calls from families in the Crossroads area of the state. Wanda complimented Karen Durst, Part C Technical Assistant, for her responsiveness to these families. Wanda expressed her concern that other localities might also "pull out" of the Part C system.

Wanda indicated that parents have expressed concern about the budget cuts and how this affects local services. Families are being urged to send letters to the General Assembly

and their local newspapers expressing their concerns about the budget cuts. Wanda stated that the Governor has identified early intervention as a priority and asked, “Shouldn’t all state plans be written and reflect this?” Pat Abrams reminded everyone that T-TACs are another resource to refer families for autism related information.

Public Comment (*italicized comments are copied verbatim from written comment*)

Shirley Ricks (DMHMRSAS)

“Early Intervention is such a wonderful program, providing the needed services to our youngest citizens of the Commonwealth so that they can have the opportunity to maximize their potential. The program has served over 7,000 infants and toddlers with disabilities annually. We talk about the Part C EI system and the wonderful things that have been accomplished, but it is the person, Anne Lucas, who has been the driving force for the system for the last thirteen years that has made these things happen. She has been on a mission with the legislators, families, providers, state agencies, insurance companies, OSEP, and with DMHMRSAS to get the best EI programs and providers in Virginia. She has gone down some one-way lanes and come back down two-way lanes and even had to take some detours. In the process of serving eligible children, there has been major work behind the scene to make Virginia’s early intervention system successful while complying with the numerous federal regulations such as services in natural environments, monitoring, and of course, paying for services. Anne has been in the forefront dealing with these major issues. Knowing that it is so hard to fix a problem without creating another one, how has she kept the lid on everything that needed to be done with the interagency nature of the program? Anne has had to work with the VICC, the LICCs, the Management Team, eight state agencies, and of course, the Lead Agency, and the Part C staff while trying to comply with federal requirements and keep harmony in the field regarding the individuality of Virginia versus federal mandates. We can tell you it has not been easy for her. She has worked long hours (10-12 hours a day, traveling across the entire state to address issues, including political topics, regulations, and funding.) She has worked many hours, days, months, and years doing things over and over again to keep all the players happy. Anne has persevered and kept trying to fix the problems in the Part C system and tried to come up with solutions to move the system ahead. It has not been easy and we wondered how she kept the momentum going, realizing that a lot of the work is a thankless endeavor. Those who know Anne and have worked with her, know that she is a dedicated, hard working employee whose main goal has been to improve services for the children and families in the Commonwealth. She has kept a straight face in times of adversity and crisis, which has seemed to be the logo for the Part C program for the last three years. All of these challenges were placed on Anne Lucas’ plate and she has handled them like a trooper. She is always professional, very committed, and willing to go beyond the call of duty to improve services for children and their families. Some of the things Anne has done over the last thirteen years for the early intervention system include:

- 1. Staying as Part C Coordinator, ten years longer than she had intended.*
- 2. Being one of five states to obtain a health insurance mandate for early intervention services.*
- 3. Facilitating the development and implementation of a statewide monitoring system.*

4. *Working with DOE and the University of Kentucky in obtaining a General Supervision and Enhancement Grant to evaluate the impact of changes made to MIMS and to initiate integration of MIMS and CIMP.*
5. *Completing the comprehensive OSEP CIMP self-assessment on time. Virginia was recognized by OSEP as a leader in using data to determine status and in using the logic model analysis.*
6. *Finding a way to allow the Early Intervention Assistant to be added as a highest standard for Virginia's early intervention system.*
7. *Being recognized by her colleagues in other states as the "Guidance Document Guru" e.g., transition, optimizing financial resources, IFSP and procedural safeguards, and fees and ability to pay.*
8. *Working with the EIIMT to establish paid family representative positions to participate in state agency meetings and facilitate family involvement statewide and working with the VICC and parents statewide to ensure family involvement in all aspects of the Part C system and parent-to-parent activities.*
9. *Working with very committed, knowledgeable, creative and talented people in helping to ensure services that support better outcomes for children with disabilities and their families.*

Please join me in giving Anne a hand of applause for her work in early intervention services for the last thirteen years. I have a certificate of appreciate from the DMHMRSAS and it reads:

*DMHMRSAS-Infant and Toddler Connection of Virginia
Certificate of Appreciation*

"In recognition of your leadership and dedication in shaping Virginia's interagency early intervention system and your commitment to families and providers throughout the Commonwealth of Virginia, this certificate is awarded to Anne L. Lucas on this 11th day of December 2002."

Signed by: Shirley Ricks, Martha Adams, Commissioner Rinehard

Good luck! We wish you success in your new job and much luck!

Janice Tawney (Service Provider, Western Tidewater)

"Thank you for the opportunity to speak and share with you concerns about multiple factors affecting EI Providers. Funding is (sic) primary concern: 1) affects of Medicaid HMOs-reduced reimbursements as well as > admin costs 2) > costs of natural environments 3) focus on transdisciplinary approach-predicated on assumptions of high-level functionality and parental involvement.

I would ask the state to focus on understanding provider issues and provide a forrum (sic) to address tactics for implementation. (best practice data from other states and across our area)"

Kathy Phillips (Council Coordinator, Middle Peninsula-Northern Neck)

"I would like to share the same comments regarding reimbursement issues that I have been sharing with the VICC over the past 3½ years. From our perspective, it does not matter where the responsibility for Medallion II lies. What it is important to know is the continuing devastating impact of Medallion II in the Middle Peninsula and Northern Neck. The facts are 1) the greatest financial problems in our region were, and continue to be, as a result of the implementation of Medallion II and 2) it is not possible to provide early intervention therapy services for the rates that are offered by the Medicaid HMOs. Thank you very much."

Kathy Phillips (CoCoA Steering Committee member)

"On behalf of the CoCoA Steering Committee, I have the following public comment.

First, we want (sic) thank Cori Hill and her crew for the incredible amount of work and energy devoted to the first annual early intervention conference. It was a tremendous learning and networking experience. We hope that this conference is an indication that the Part C office is going to make training a priority; even in these very difficult budget times, we must have well-trained staff. Training is needed not only for new staff, including new council coordinators, but also ongoing training is needed on topics such as implementing ability to pay, natural environments and autism.

Our primary concern continues to be the long-term financing of the early intervention system. We understand that there is likely to be additional funding beginning in the fiscal year starting July 1, 2003, but we are uncertain if it will be enough to carry us through next year and then we are very uncertain what may happen after that. While we do have CoCoA members on the Finance Task Force, please know that CoCoA wants to assist in any additional way possible in addressing the very difficult financial future we are facing.

Finally, we want to honor Anne Lucas and her work in early intervention in Virginia. Anne, the steering committee has greatly appreciated your support of CoCoA. We have appreciated that you and your office have looked to CoCoA for information and involvement and we have appreciated your willingness to open more lines of communication between the field and your office. We know that we haven't always made your job easy with our questions, with our frustrations, with our view from the field versus your view from the state office. And while we have been through some stressful situations, those of us who have had the chance to work closely with you know that your priority has been the best interests of the children and their families. We hope that you will be very happy in your new job and we wish you the very best. (Presentation of gift to Anne Lucas)

Pat Rogers (Administrator/Private Therapy Provider, Chesapeake)

Good Morning! Thank you for giving me this opportunity to offer my public comments. My name is Pat Rogers and I am the Executive Vice President of the Chesapeake Center, Inc. I am here to once again raise the alarm that we are considering terminating services because the system is financially broken.

The Chesapeake Center currently provides EI services to 12 Community Services Boards and over 600 children. I mention this to you as proof of my knowledge of the Early Intervention System, our experience with third party insurance systems and most importantly of our steadfast commitment to the children and the families that we serve throughout the Commonwealth of Virginia.

In 2001 Columbia Hospital for Women filed for bankruptcy. In October 2002, DC General Hospital lost its funding and will probably close. In November 2002, Children's Hospital at the National Hospital Center in Washington, D.C. announced that it was no longer accepting Blue Cross Blue Shield health insurance. All of these disruptions in our health care system have as a root cause the low, slow and frequently non-payment by insurance companies for services rendered.

Funding for the Virginia Early Intervention System is built upon this deteriorating payment mechanism. Additionally, the decision to narrowly interpret the Federal mandate for provision of services in the natural environment (resulting in the provision of services in each child's home or day care setting) without regard to cost (which doubled as a result of the mandate) or without adding new money to the system has, in my opinion, put private providers in the system at financial risk.

The insurance payment crisis coupled with the enormous cost of providing services in the natural environment requires that my company, Chesapeake, question the financial viability of continuing to provide early intervention services in Virginia. We can no longer provide quality service, adhere to Federal and State Mandates and assume all of the financial risk.

In about 1988, '89 I met with Anne Lucas to discuss public private partnerships and how private rehabilitation agencies could provide the therapy component of services while being reimbursed by Virginia Medicaid. Throughout the mid nineties most of the children we saw were Medicaid recipients. Family's private insurance policies were primarily indemnity policies. Services were provided in center-based programs. The system offered a win-win-win to families, the EI system, and the providers. Families were provided excellent services, the providers were fairly compensated for the services delivered and the system was able to implement IDEA Part H.

The late nineties saw a time of great change for the Virginia Early Intervention System. Virginia Medicaid implemented a managed care system, which resulted in significantly reduced payments to the providers for the services rendered. It also resulted in hundreds of thousands of dollars being taken out of the system each year. Greater and greater numbers of families with managed care insurance policies were brought into the system while the reimbursement rates diminished.

During the decade of the nineties the cost of collecting fewer and fewer dollars per visit exploded. In the early '90's we had one person to answer the phone, bill and collect insurance payments. By the mid '90's we had two full-time individuals who billed and

collected insurance and one full-time records manager. In September 2002 we had 7 full-time positions for intake/medical records (these individuals are responsible for securing authorization/reauthorizations from insurance companies) and 6 full-time billing collection staff members. All total we increased our staff by 12 positions.

At this time we are getting significantly fewer dollars for each visit, while it is costing us more and more to collect those dollars (because of the need for authorization, reauthorizations, billing and re-billing). It is true that the Part C system will perhaps pay us if we are denied, but we have to jump through a lot of hoops to be reimbursed and, therefore, it is frequently taking us in excess of 120 days to collect payment. In only 4 of the 12 CSBs that we provide services are we being minimally compensated for provision of the natural environment.

Chesapeake can no longer bear this financial risk to our company. We therefore have decided to close our Chesapeake Va., branch office (which provides services to Virginia Beach, Chesapeake, Norfolk, and Portsmouth CSB's); our Richmond Office (which provides services to Richmond, Chesterfield and Henrico CSB's) and our Peninsula Office (which serves Hampton-New Port News).

Our Springfield Office (which serves Fairfax, Arlington and Alexandria) will remain open.

Even though we are making this necessary decision, our commitment to serving children and families remains strong and we look forward to the time when we can once again provide services throughout the Commonwealth of Virginia. For the financial well-being and for the survival of the system, we respectfully offer the following suggestions:

- 1. Virginia Medicaid reconsider the carve-in, carve-out system for children with long term treatment needs. Children should be treated just like the elderly long term care patients and like adults with mental health or mental development needs whose care is reimbursed within the regular Medicaid system.*
- 2. A study of the cost of providing services must be completed. In my opinion, it is not necessary to ask private providers to divulge confidential information to understand the cost of the system. A team composed of a financial analyst, an accountant, private provider representatives and CSB representatives could easily accomplish this task.*
- 3. We must find a creative way to meet the Federal mandates for provision of services in the natural environment within the financial realities in which we find ourselves.*
- 4. The system must find a way to balance the financial risk for providing services.*

Ladies and Gentlemen to quote the best selling book Who Moved My Cheese, written by Spencer Johnson, "our cheese has been moved". I hope that we will be wise enough to learn the lessons taught by Sniff, Scurry, Hem and Haw. The children and Families of Virginia are counting on us.

Continuous Improvement Monitoring Plan (CIMP)

Nancy Butts reported that, following the VICC retreat in September 2002, the Part C staff worked with Jim Henson and Rich Lewis from the University of Kentucky. The goal was to continue to work on an integrated work plan. Mary Ann White reported that the Part C staff used the questions selected by the VICC to prioritize the work plan. These questions were:

- 1) Will it jeopardize the long-term existence of Part C if we don't do it?
- 2) What is affordable?
- 3) How can we meet the Governor's priority of serving children?
- 4) What will make a difference quickly but not lost sight of long-term needs?

They then looked at ten (10) areas and one hundred one (101) activities and narrowed these into two (2) priority areas: 1) maximizing resources and 2) service delivery/approach. Mary Anne indicated that they hope to incorporate MIMS indicators as benchmarks. Part C staff will continue to work on this and will report at the next VICC meeting. (See handout: Virginia Interagency Coordinating Council Prioritization of 2002-2003 Integrated Work Plan)

Integrated Training Collaborative

Deana Buck and Cori Hill presented an overview of the work of the Integrated Training Collaborative. This is a contract between DMHMRSAS and Partnership for People with Disabilities at Virginia Commonwealth University. The contract deliverables include:

- 1) Review and develop needed curricula materials, including trainers' guides
- 2) Review the role of the Service Coordinator and the Early Intervention Assistant
- 3) Host the 1st Annual Infant and Toddler Connection of Virginia Early Intervention Conference
- 4) Conduct Kaleidoscope training for Service Coordinators

Bev Crouse assisted in explaining a chart that has been developed detailing the core skills identified to be a Part C Service Provider in Virginia. In addition, necessary skills were identified for Service Coordinators and Early Intervention Assistants. Mechanisms have been recommended to assist providers in meeting the required skills.

Anne Lucas reported that there will need to be a VICC motion to change personnel policies and procedures to require training. Dr. Blackman made a motion that "there be adoption of a new model for knowledge, skills, and abilities for service providers and that appropriate changes be made." Leslie Hutcheson seconded the motion. Because no quorum was present, the motion will be voted on via e-mail.

The process to make these changes was further discussed. Bev Crouse explained that after modifying the personnel policies and procedures, there would be a sixty (60) day public comment period. Following that time, the information would be sent for OSEP approval. If approved, implementation training and technical assistance would be provided to localities. Cori Hill remarked that currently Service Coordinator is not a personnel category on the Virginia Personnel Standards chart. Deana Buck commented that OSEP has questioned this and these recommended changes could address this issue.

Dr. Blackman commented that these steps appear to be very positive and he congratulated the group on their work.

Deana Buck and Cori Hill continued with a brief overview of the first annual conference, which was held in Charlottesville on November 19, and 20, 2002. There were three featured keynote speakers from North Carolina and Oklahoma. Keynote topics included natural environments and natural learning opportunities and a parent's perspective on the benefits of humor. Approximately two hundred fifty (250) people participated including thirty-five (35) presenters from around the state. A variety of evaluation tools were used to collect information regarding additional training needs. Conference evaluations were quite positive. (See Power Point slides for additional conference information)

Anne Lucas asked for input from the VICC concerning timing of the next conference. Glen Slonneger suggested getting feedback from participants and asking them how much they would be willing to pay for another conference. Brenda Laws reported that she heard a lot of positive comments and people are looking forward to a conference next year. Wanda Pruett reported that she heard positive comments from everyone she asked. Shirley Ricks requested that the decision be made quickly and that agency representatives need to see if agencies will support a conference in light of budget cuts. Dana Yarbrough reported that the Family Support and Advocacy Committee could possibly merge some funding or merge the Families Are Special, Too conference with an annual early intervention conference.

Deana Buck and Cori Hill concluded with details regarding the Kaleidoscope Service Coordination training. Three trainings have been held in Staunton, Norfolk, and Lynchburg during the past year. Approximately one hundred (100) service coordinators have attended the training. The materials for Kaleidoscope have merged curricula from cultural competence training and early intervention assistant information.

Other Business

Dana Yarbrough, Family Support and Advocacy Co-Chair, reported that the document, Beginning with Families is now available in Spanish.

The meeting was adjourned.

December 11, 2002 VICC Attendance

VICC Members

Cherie Takemoto (by phone)
Barbara Mease
Brenda Laws
Dr. James Blackman
Deborah Sprang
Pat Abrams
Leslie Hutcheson
Shirley Ricks
Glen Slonneger

South West Virginia Teleconference Location

Diane Evans-Council Coordinator, Highlands
Katy McCullough-Council Coordinator, New River Valley
Mary Lou Hutton-Council Coordinator, Cumberland Mountain

Tidewater Teleconference Location

Mary Ann Discenza-Part C Office
Lauren Wilee-Provider
Brenda Crockett-Council Coordinator, Chesapeake
Shayla Hill-Council Coordinator, Portsmouth

Conference Call Participants

Nancy Butts-Provider
Cori Hill-E.I. Training Specialist

Henrico Mental Health Location

Beth Tolley-Part C Office
Bev Crouse-Part C Office
David Mills-Part C Office
Anne Lucas-Part C Office
Mary Anne White-Part C Office
Deana Buck-Council Coordinator, Richmond City/Partnership for People with Disabilities
Renee Frank-Provider
Kathy Phillips-Council Coordinator, Middle Peninsula-Northern Neck
Beth Reed-Treadway-Council Coordinator, Blue Ridge
Susan Werner-Council Coordinator, Goochland-Powhatan
Janice Tawney-Provider
Wendy Wilson-Johns-ODU
Dana Yarbrough-Parent/Family Support and Advocacy Co-Chair