

Virginia Interagency Coordinating Council  
Chesterfield Government Complex  
December 09, 2009  
Meeting Minutes

The December 09, 2009 meeting of the Virginia Interagency Coordinating Council (VICC) was called to order by the VICC Chair, Rick Beaman. Karen Durst called the role. Sonia Lopez was introduced as a new parent representative on the VICC and Allan Phillips was introduced as the newest system manager representative. There were sixteen (16) members present. (Please see the attendance sheet at the end of the minutes.)

Mary Ann Discenza then presented the Part C Update.

- Governor Kaine has signed the Part C Emergency Regulations related to personnel.
  - The Governor also signed the Emergency Regulations for the Department of Medical Assistance Services (DMAS).
  - The Emergency Regulations are posted on the Virginia Town Hall with public comments being accepted.
  - Permanent regulations must be completed by November 2010.
  
- Related to Medicaid,
  - There have been a few data issues with some children appearing in either the Infant and Toddler Online Tracking System (ITOTS) or Medicaid but not in both.
  - Tamara Wilder and David Mills are addressing the issues.
  - The first Medicaid claims from local systems have been processed and payment made.
    - Claims in the amount of \$249,119 have been paid for October and November for Targeted Case Management (TCM). This represents 556 claims.
    - Claims in the amount of \$209,501 have been paid for October and November for early intervention services. This represents 548 claims.
  - Beth Tolley shared that there are 2,830 children from early intervention that are enrolled in Medicaid. This represents approximately 40% of the Part C children.
  - Part C staff will be receiving training from DMAS related to VAMMIS and the Medicaid reports.
  - Tamara Wilder reported the following related to the professional certification process:
    - A total of 946 unduplicated practitioners have been certified.
    - Twenty-eight (28) applications are being reviewed.
    - There has been a total of 1,220 practitioners certified which includes individuals with more than one certification.

Mary Ann Discenza then shared information on the American Recovery and Reinvestment Act (ARRA) funds.

- Over \$11,000,000 in ARRA funding was given to Virginia for Part C.
- A spending plan was submitted to the Governor.

- The first round of funding has gone to the local systems.
- There are stringent reporting requirements with the use of ARRA funds being reported separately from other funds.
- The Office of Special Education Programs (OSEP) has provided guidance for reporting.
- According to the National Part C Coordinators Association, many states are allocating more than 50% of the ARRA funds for direct services.
  - At the request of the VICC, the ARRA allocation amounts for Virginia's local Part C Systems will be sent to VICC members.
- Concern exists regarding sustainability and maintenance of effort in 2011 when the funding has been used.
- Some states would likely have withdrawn from the Part C system had it not been for the ARRA funds.
  - There is no indication that Virginia would withdraw.
  - Information on Part C has been provided for the Governor's transition team.
- Concern was expressed by Mary Ann as to whether Virginia will show an increase in child count through the use of the ARRA funds. There is an expectation at the federal level that more children will be served.

Additional information included the following:

- Part C reauthorization may occur in 2011.
- Information from the acting director of OSEP indicates that Part C regulations are expected to be finalized soon.
  - Part C regulations for Virginia must then be promulgated. The process would take approximately two years.
- The Part C Federal Application is due May 10, 2010.
  - The state allocations are not known at this time but are expected to be the same as last year.
  - Virginia, as well as most states, was granted a conditional approval on last year's application.
- All of the Part C contracts with Local Lead Agencies have been received with the exception of three (3). The expectation is that all of the contracts will be signed.
- Children with disabilities are included with the Health Care Reform proposal.
  - There is no indication that this would impact Medicaid coverage for Part C.

Information was shared by Mary Ann Discenza on the Verification Visit by OSEP.

- Kudos was given to the Part C staff on a job well done.
- OSEP was impressed with supervision and monitoring.
  - Records were accessed for eight (8) local systems.
- An issue was identified related to the timely initiation of services.
  - The data system only records services planned and not those services delivered.
  - Information has not been provided on the timely initiation of services that may have begun following periodic reviews. Additional record reviews may be necessary to provide information related to the periodic reviews.
- A finding from OSEP is expected related to the maintenance of effort.
  - OSEP is looking for the procedures and processes on contributions from the nine

(9) state agencies involved in the State Interagency Agreement. This includes in-kind contributions.

- The State Interagency Agreement was developed in 1996 and was open-ended meaning it did not require yearly signing.
- With the 2004 Reauthorization of the Individuals with Disabilities Education Act (IDEA) the requirements related to interagency agreements became more stringent.
- Virginia's agreement with Medicaid will be used as a template for the various agencies.
- There will be two parts to the agreement. One part will be overarching and will cover the agreement to participate with Part C and to comply with Part C regulations. The second part will be specifically individualized for the various agencies.
  - The overarching agreement is being reviewed by the Office of the Attorney General.
- A parent survey was sent to the Parent Educational Advocacy Training Center (PEATC) prior to the verification visit.
  - A discussion needs to be held with VICC related to the responses.
  - Accountability and transparency is very important.
  - Should a special VICC committee be formed to address the concerns?
- A letter of findings is expected from OSEP prior to Christmas or shortly after.
  - The letter will be shared with other participating agencies.
  - The letter will also be shared with the VICC and will be made available on the Part C website at [www.infantva.org](http://www.infantva.org).

David Mills provided information on the Part C Family Survey and ITOTS.

- The Family Survey was administered by the Social Science Research Center of Old Dominion University (ODU).
- The survey was directed to families of children who had open Individualized Family Service Plans (IFSPs) in May 2009.
- Local systems provided names to ODU for 5,821 families.
- The first distribution of the survey was sent in August with a second round in September.
- Calls were made to families where less than fifteen (15) responses were received for a local system. Only one system had less than fifteen (15) responses.
- An overall 33.6% response rate occurred.
- A total of 186 responses were received in Spanish.
  - It was noted that an interpreter may be needed for those who are unable to read in their native language. The cost of providing a Spanish speaking interpreter will be explored.
- A total of 358 surveys were returned as having incorrect addresses.
- Responses of "agree" are not considered as statistically positive in determining percentages. Responses of "strongly agree" and "very strong agree" are used in calculating responses.
  - Concern regarding the respondents' lack of the value of responding "agree" was discussed.

- Concerns have been expressed on this topic by local system managers, staff, providers, etc.
- Could discussion be held with the researchers related to the concerns?

Regarding ITOTS:

- Work is being done on ITOTS 1.8.
  - Users will be able to reset their password for the certification process.
  - “Unknown” will be included related to race/ethnicity.
  - ITOTS 1.7 did not have the capability to deselect. This will be included with 1.8.
  - Changes will be made to the child evaluation page.
- An internal (Part C Office) Expansion Team is meeting twice weekly.
  - The focus is on the service pathway.
- An ITOTS Stakeholder Expansion Team will be meeting later in the week.
- Completion of the expansion is expected by September 2011.
  - ARRA funds are being used for the expansion.

On behalf of Cori Hill, Beth Tolley shared information on the Comprehensive System of Personnel Development (CSPD) Training which is being developed through the Integrated Training Collaborative (ITC).

- A stakeholder group met to discuss needs related to training.
- Input was requested from Part C staff.
- A zoomerang survey was distributed to receive input on training needs from local Part C systems, providers, parents, etc.
  - A total of 227 responses were received.
- A second survey was sent regarding topics for a Leadership Academy for Local System Managers and Infant Program Directors that will be held April 12-13, 2010 in Roanoke.
  - The Department of Education (DOE) and Virginia Department of Health (VDH) will be collaborating with Part C.
- A question was posed as to whether there was a possibility of any financial assistance being provided to local systems for attendance. The answer was “yes” that assistance is being discussed.
- It was stated by a VICC member that a discussion was being requested on why the Early Intervention Conference was cancelled. The topic is to be addressed during the VICC Business portion of the meeting.

Beth Tolley then shared information on the Infant & Toddler Connection of the Shenandoah Valley. She reported the following:

- The City of Winchester has agreed to serve as the Local Lead Agency and will be partnering with the Grafton School.
  - Approval was given by the City of Winchester during their December 08, 2009 meeting.
  - The Infant & Toddler Connection of Fairfax has agreed to assist as needed.

Beverly Crouse reported the following related to the Infant & Toddler connection of Central Virginia:

- The Central Virginia Health District is serving as the Local Lead Agency for the Infant & Toddler Connection of Central Virginia.
- Gail Briceland is serving as the local system manager.
- The local system is receiving many new referrals.

Mary Ann Discenza shared information on comparative data received from other state Part C coordinators.

- Virginia is considered in the broad category for eligibility.
  - Virginia's data indicates that 1.99% of the children are receiving early intervention services.
  - OSEP has set a national baseline of 2.66% children. This is based on demographics and risk factors.
  - Virginia is under the baseline due to child-find.
    - In response to a question it was stated that a factor could be that Virginia does not serve "at risk" children.
    - A stakeholder group previously discussed changing the eligibility criteria for Virginia and decided against the change.
    - One area that could be looked at is the policy of adjusting the age of premature infants.
  - Many Part C programs in other states have Departments of Health or Education as their State Lead Agencies.
    - This shows a diversity of programs.
- OSEP is talking about determinations potentially being related to performance and funding.

Mary Anne White and Kyla Patterson then provided information on the Annual Performance Report (APR).

- The annual APR is due February 01, 2010 and reports progress on the indicators.
- Compliance indicators must be at 100%.
- VICC previously set the targets for the results indicators which are not required by OSEP to be at 100%.
- For Indicator #1: Timely Initiation of Services, Virginia data indicates 93%. This is an improvement from last year.
  - OSEP considers 95% as substantial compliance.
  - Family reasons and system reasons for delays in the timely initiation of services are reported.
    - In past years, provider unavailability of speech therapists was a main reason for system delays. Provider unavailability for this year was reported to be mainly physical therapists.
- This is the first year for baseline data for Indicator #3: Child Outcomes.
  - VICC will assist in setting the targets.
- This is the first year for reporting the performance for Indicator #4: Family Outcomes.
  - The targets on all three outcomes were exceeded by Virginia:
    - Families Know Their Rights: 70.8% (Target of 66.9%);
    - Families Communicate Needs: 67.3% (Target of 62.7%); and
    - Families Help Their Child Learn: 80.6% (Target of 78.6%).

- Indicator #5: Child Find, Birth to One:
  - Figures have decreased this year.
  - Data includes children served through DOE.
    - Part C is working with DOE to integrate data systems which will provide longitudinal data for children.
- Indicator #6: Child Find, Birth to Three:
  - Data indicates 2.01% (Target of 2.1%).
- Indicator #7: 45-Day Timeline:
  - Data indicates 98% (Target of 100%).
  - Provider availability raised significantly with speech therapist and physical therapist both representing 24% unavailability.
- Indicator #8: Transition:
  - a. Steps and Services, 99% (Target of 100%);
  - b. Notification of Local Education Agency, 99.6% (Target of 100%); and
  - c. Transition Conference, 94% (Target of 100%).
- Indicator #14: State Reported Date are Timely and Accurate:
  - Data indicates 100% (Target of 100%).

Discussion was held related to improvement activities and included the following:

- How can VICC assist?
- Support a focus group for physicians, NICUs, nurses, families, etc.
- Child Find and Public Awareness materials need to be visible.
- Specific information is needed on who is referring so that those not referring can be targeted.
- A specific office in New York has been established related to Child Find.
- What states are doing the best and what already exists that is successful?
- Don't forget the children that are in shelters.
  - VICC member Dr. Patricia Popp can assist in this area.
  - School liaisons are available.
  - Over 12,000 school-age children were identified in Virginia as being homeless.
    - Many of those children have younger siblings.
- Should a VICC workgroup or ad hoc committee be established?
  - The committee could include the VICC officers along with other representatives.
  - Representation from local system managers is needed.
  - The issue of age adjustment should be addressed with individuals knowledgeable about prematurity included such as Dr. Susan Brown, Dr. Colleen Kraft or Dr. Kellum.
  - Are there any states that do not adjust for prematurity? Mary Ann Discenza will follow up.
  - Former VICC member, Dr. Colleen Kraft, has offered to help through information in the American Pediatrics Association's newsletter and through contact with family physicians.

- Partnership through the Assuring Better Child Development (ABCD) project may prove helpful in identifying children needing services.
- ARRA funds could be directed towards increasing child counts.
  - Could ARRA funds be used to hire an individual for a marketing campaign?
- Partnering with Smart Beginnings and the Early Childhood Foundation may be helpful.

No public comments were presented on the Emergency Regulations or regular comments.

Debra Holloway then provided the Family Report. The following italicized information is verbatim from a written report provided.

*The Family Involvement Project staff continues to be active participants in statewide committees, workgroups, regional and local activities and council meetings. Some of the activities since our last meeting include, attending A Special Quest Team Meeting, participating in Task Force Meetings, conducted one Waiver Workshop and started with the new more in depth waiver mentor Training. Staff participated in The Circle of Support Conference and conducted 7 Parent-to-Parent trainings and updated our current Parent Partner Training. We held a parent conference call to share information with families about Advocacy and we are currently working on updating and reorganizing our website.*

Debra also provided information from the VICC Advocacy Committee:

- The Committee plans to draft a letter with information on early intervention to the new Governor once he is in office.
  - Data will be included as well as information on issues and concerns.
  - Information will also be provided to the General Assembly.
  - The Governor's budget will be released on Friday. The Advocacy Committee will meet by phone following the release of the budget.
    - Specific Part C points will be developed by the Committee.
    - A public hearing will be held January 11, 2010 related to the budget.
    - A coalition rally will be held January 18, 2010.

Mary Ann Discenza was asked by the VICC if responses had been given to the questions asked by CoCoA. Mary Ann reported that a Q & A is being developed and will be made available.

Tammy Whitlock from DMAS then provided the following information:

- The October 01, 2009 transition with the Medicaid Initiative went smoothly.
- A few glitches with claims have occurred. Changes are being made to the data system based on those issues.
- DMAS will be looking at the reasons that some claims have been denied.
- Reports are being provided to DBHDS for localities so that reconciliation can occur.
- Related to response time for electronic billing, Tammy reported that remittance is made every two weeks on specific date. She will check regarding paper submissions.
- Web-ex training related to billing will be held December 18, 2009 from 1:00-3:00.
  - Beth Tolley will send a save the date reminder.

- Questions can be sent in advance to Beth Tolley or Brian Campbell.
- Additional web-ex trainings will be held in the future.
  - The topic of eligibility and Targeted Case management will be presented.
  - Ideas for topics will be accepted.
- DMAS will have a new office of Behavioral Health beginning in January.
  - Mental Health and Behavioral Health Services will be under one area.
- A question was presented as to whether Medicaid would be paying for Applied Behavioral Analysis (ABA).
  - The response was “yes, if through Early Periodic Screening, Diagnosis and Treatment (EPSDT) and if the individual is licensed by DBHDS under a category of service”.
    - The comment was made that many providers of ABA will not enroll due to the reimbursement rate.
  - Mary Ann Discenza stressed the need for individualization to meet the outcomes and not endorsing any specific modality.
  - Related to limits on the amount of services, Mary Ann Discenza responded that individualization is followed with the level of services provided that are needed to meet the outcomes.

Jeannie Odachowski then facilitated the VICC discussion in setting the targets for Indicator #3 on Child Outcomes. A group of VICC members had previously met with Part C staff to discuss information from other states and guidance from the National Early Childhood Technical Assistance Center (NECTAC) for use in suggesting targets.

Specific recommendations were presented. Discussion included:

- Should targets be set that increase or change the growth trajectory?
- Local systems that are outliers with their data should be looked at and technical assistance provided to those systems.
- There is no data on expectations due to the number of children with severe issues.
- Some states set their targets at or below baseline.
- Recommendations for Virginia are the same or just above the baseline.
- Sometimes data goes down at first.
- NECTAC suggested a conservative approach in setting the targets.
- The baseline represents children that were in the Part C program two years or less.
- While the requirement is to gather data at entry and exit, trajectories can be tracked.

The following recommendations were made for Indicator #3:

- Social Emotional Skills:
  - Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they exited.
    - Baseline Data % of Children: 75.9%;
    - FFY 2009 Target: 75.9%; and
    - FFY 2010 Target: 76.4%.
  - Percent of children who were functioning within age expectations by the time they exited.
    - Baseline Data % of Children: 70.4%;
    - FFY 2009 Target: 70.4%; and

- FFY 2010 Target: 70.9%.
- Acquiring & Using Knowledge and Skills:
  - Of those children who entered the program below age expectations, the % that substantially increased their rate of growth by the time they exited.
    - Baseline Data % of Children: 81.4%;
    - FFY 2009 Target: 81.4%; and
    - FFY 2010 Target: 81.9%.
  - Percent of children who were functioning within age expectations by the time they exited.
    - Baseline Data % of Children: 61.5%;
    - FFY 2009: 61.5%; and
    - FFY 2010: 62.0%.
- Taking Appropriate Action to Meet Needs:
  - Of those children who entered the program below age expectations, the % that substantially increased their rate of growth by the time they exited.
    - Baseline Data % of Children: 83.1%;
    - FFY 2009: 83.1%; and
    - FFY 2010: 83.6%.
  - Percent of children who were functioning within age expectations by the time they exited.
    - Baseline Data % of Children: 60.8%;
    - FFY 2009 Target: 60.8%; and
    - FFY 2010 Target: 61.3%.

Ginny Heuple made the motion to accept the recommended targets for the Child Outcomes for Indicator #3. Jeannie Odachowski seconded the motion. The motion passed by vote of the VICC membership. It was requested that quarterly updates be provided to the VICC.

Chair of the Data Committee, Allan Phillips, then facilitated the following discussion:

- What is the charge and responsibility of the Data Committee?
- The earlier focus involved the development of a data report based on the data that was available.
  - The focus may now have changed.
  - There is a need to know the local contributions of funding.
  - What information is currently available and what is needed?
  - The opportunity exists to look at the baseline for Medicaid dollars and then the impact of the Medicaid Initiative.
  - Reports that are provided to the General Assembly include information on federal, state and local funding.
  - Child data for the last five (5) years is available for the December 1 Count and the Annualized Count.
  - Information is available from the Cost Study.
  - ARRA funding information is available.
  - The Committee needs to have a conversation with Part C staff as to what data is

- available. The VICC Chair should be included.
- A report provided by West Virginia included a breakdown of the number of children in each county.
- It would be helpful to develop a template to be used by each region for doctors, legislators, etc. to show the numbers.

Chair of the Comprehensive System of Personnel Development (CSPD) Committee, Dr. Lissa Power-deFur, reported on the following:

- The CSPD Committee has not met since the last report.
- The issue of the cancellation of the Early Intervention Conference was brought forth.
  - Information was shared with the VICC regarding plans for the Conference. Shortly after this discussion, the Conference was cancelled.
  - No input was provided by the VICC.
  - Some localities expressed disappointment.
  - Family participation has not been high in the past.

The question was then asked as to how the VICC should be advising and assisting. The following discussion occurred:

- It would be helpful to have information in advance of the meetings.
- The VICC Steering Committee could address some issues when things occur quickly.
  - The VICC Steering Committee will develop the agenda for meetings.
- The role of the VICC is that of advising.
- Care must be taken related to advocacy and the position of state employees.
  - The role of advocacy could be included with the VICC Retreat.
- The VICC Retreat is being deferred until information is available regarding the impact of the Medicaid Initiative.
  - It would be helpful during the Retreat to discuss what VICC needs to know in order to help Part C.

Further VICC business included:

- No response has been received from OSEP related to the VICC survey.
- Part C will be required to develop a Plan of Correction for any issues that OSEP cites in their letter.
  - NECTAC and Mid-South Regional Resource Center are providing technical assistance.
- Response to the APR should be sent to Kyla Patterson.
  - The VICC Chair, Rick Beaman, should be notified of any significant changes since he will need to sign the Annual Report Certification.
- The PEATC survey will be discussed at the next VICC meeting.
  - The survey response is on the PEATC website. Uncertain if the survey is on the OSEP website.
  - Since the survey is a public document, does Part C or VICC need to provide a response to concerns?
- The VICC should have representation on the Leadership Academy planning group.
- Janet Lung thanked the VICC for the letter to the Governor and DBHDS regarding the accomplishments of Part C and DMAS related to the Medicaid Initiative. She stated that

she shared the letter with the DBHDS Senior Management Team.

- Joanne Boise was recognized for her assistance in drafting the letter.
- The question was asked as to whether arrangements could be made to pre-purchase meals so that members could eat lunch together.
- VICC meetings for 2010 are as follows and are scheduled from 9:30 AM-3:00 PM:
  - March 10, 2010: Location to be determined.
  - June 09, 2010: Hanover DSS.
  - September 08, 2010: Hanover DSS.
  - December 01, 2010: Hanover DSS.

#### Items for Follow-up

- List of ARRA allocations for local systems sent to VICC. (Mary Ann Discenza)
- OSEP letter sent to VICC when received. (Karen Durst)
- The data sheet will be sent to VICC members in a color format. (Mary Anne White)
- Revisit scale with the researchers regarding responses of “agree”. (Mary Ann Discenza)
- VICC is to be informed when the Family Information from the APR is on the website. (Mary Anne White)
- Other states and information to be identified that do not adjust age for prematurity. (Mary Ann Discenza)
- CoCoA questions will be sent to VICC along with the responses. (Mary Ann Discenza)
- Information on the payment timeline for paper invoice submission to DMAS. (Tammy Whitlock)
- Information on significant changes to the APR will be sent to the VICC Chair, Rick Beaman. (Kyla Patterson)
- Check to see if the PEATC survey is on the OSEP website. (Mary Ann Discenza)
- The VICC Data Committee will meet and send a template to VICC members for a data template. (Allan Phillips)
- Explore the cost of providing an interpreter for those Spanish speaking families who do not read Spanish. (David Mills)

#### Agenda for March 10, 2010 Meeting

- PEATC Survey Discussion
- Part C Update
- Quarterly Update on Child Outcomes for Indicator #3
- Information on the Leadership Academy
- Committee Reports

#### VICC Members in Attendance

Rick Beaman  
Joanne Boise  
Catherine Cook

Delly Greenberg  
Virginia Heuple  
William House  
Sonia Lopez  
Janet Lung  
Jeannie Odachowski  
Allan Phillips  
Dr. Patricia Popp  
Dr. Lissa Power-deFur  
Glen Slonneger  
Yolonda Tennyson  
Tammy Whitlock  
Sandra Woodward

VICC Members Absent

Coy Barefoot  
Dr. Corey Herd  
Lyndell Lewis  
Laura Miller  
Phyllis Mondak  
Leslie Hutcheson Prince  
Delegate Shannon Valentine