

Virginia Interagency Coordinating Council

June 14, 2000

The June 14, 2000 meeting of the Virginia Interagency Coordinating Council was held at Henrico Mental Health Services in Richmond, Virginia. Dr. Anne Stewart, Chair, opened the meeting at 9:45. The meeting could not be officially called to order because a quorum was not present. Therefore, the agenda was modified and reports were given first.

Personnel Training and Development Committee

Anne Stewart reported that the committee continues to work on the early intervention assistant process (including piloting and development of materials). Bev Crouse reported that a collaborative process for developing new service coordination training and curriculum is underway. The initiative includes parents, university personnel, trainers, family members, service providers, and service coordinators. Anne Stewart invited anyone wishing information or desiring to work with the collaborative group to contact Dr. Ann Cox, co-chair, Personnel Training and Development Committee.

Local Regional Direct Services Committee

Beth Tolley reported that five two-day training sessions were held across the state in May. Approximately 400 people (total) attending the training sessions which were held in Richmond, Tidewater, Northern Virginia, Southwest Virginia and Valley. Three university instructors have indicated that they will use the materials for the classes they teach. One of the most consistent requests for further training was development of outcomes. The Part C Office plans to follow up with additional training later this summer. The IFSP and the procedural safeguards forms have not yet been received back from the Office of the Attorney General. Upon receipt of these, the Part C office will make minor changes/corrections identified during the training sessions. The forms will then be posted on the Web and disks will be made available to the council coordinators.

Family Support and Advocacy

Dana Yarbrough reported that the Family Support and Advocacy Committee has completed 3 of the 4 workplan items identified by the committee last year. These included the Families are Special, Too (FAST) Conference, an orientation manual for new FS&A committee members (highlighting the committee's work over the years, the VICC make-up, and VICC and FSA vision and philosophy statements); and guest speakers for committee meetings. The fourth item, the Welcome Book has been drafted and distributed to the VICC members. The committee received comments from several VICC members; revisions were made based on that feedback. The Committee is recruiting members. Currently only 2 service providers are on the committee. Additional parent members are also needed. The committee will have a workgroup meeting in July. People who are interested in serving on the committee should contact Julia Martin at 202- 363-1925.

Anne Stewart commended the committee for the great work it has done. In particular, she praised their work on the Welcome Book and the high quality of the presenters and materials from the FAST conference.

Lead Agency Report

Beth Tolley highlighted activities of the Virginia Babies Can't Wait! Office.

- MIMS training has been completed for the 17 sites participating in MIMS this year. The timeline has been moved up for MIMS in order to have materials ready for use during the Office of Special Education Programs (OSEP) self-study process. Reports are due to the Part C Office October 31. Other councils were encouraged to do the MIMS self-assessment and develop a report including an improvement plan.
- The Office of Special Education Programs has selected Virginia to be monitored this year. The Virginia Interagency Coordinating Council (VICC) members and VICC Steering Committee members as well as additional members (to represent categories of members recommended by OSEP) met May 18, 19 as the first Part C OSEP Monitoring Workgroup. Dr. Rich Lewis, Technical Assistance Coordinator for Mid-South Regional Resource Center facilitated the meeting. Three subcommittees were formed and are currently meeting to develop a common understanding of the OSEP indicators and to determine potential data sources. One subgroup is working on the General Supervision Indicators and on Finance indicators (a cluster group added by Virginia). The second group is working on Child Find/Public Awareness and on Transition indicators. The final group is focusing on Family-Centered Services and Early Intervention Services in Natural Environments. A draft timeline was provided to VICC members prior to this meeting via fax. During this discussion, a question arose about how two-year olds are counted. Dr. Pat Abrams reported that they are counted by the Virginia Department of Education if they are being served by Part B. The Federal US-OSEP report which specifies "3-5year-olds" does not include these two year-olds receiving Part B services. Therefore, no federal funds from Part B or Part C are drawn for these children.
- Funding has been approved by the Early Intervention Agency Committee for a consultant to study and revise the funding formula.
- Minutes of meetings are being posted on the Virginia Babies Can't Wait! web site.
- A few changes have been made to the travel reimbursement guidelines (mileage and per diem reimbursement, rules for lodging reimbursement). Revised guidelines were distributed.

Early Intervention Interagency Management Team

Dr. Elisabeth Hutton reported on the activities of the Early Intervention Interagency Management Team. See attached report. She expressed thanks to the presenters and participants in the IFSP/Procedural Safeguards/Natural Environments training and the Universal Newborn Hearing Screening Training.

Public Awareness and Child Find Committee

David Mills and Christa Shifflett reported on activities of the Public Awareness and Child Find Committee. The Miles Agency and the Campbell Group were jointly awarded the public awareness contract. The Miles Agency is in the process of doing research now. Representatives of the Miles Agency have met with regional focus groups including CoCoA. The Campbell Group will conduct about 25 in-depth interviews with families. The Campbell Group has sent information to councils seeking their assistance to identify families to interview. There has been some confusion about the criteria for the families (whether they have been out of services for 6 months or more, or whether they have received

services for 6 months or less). David Mills will follow up and will communicate the clarification to the field. It is expected that information (results of interviews and focus groups) will be available in July.

Ability to Pay – Continuous Quality Improvement (ATP-CQI) Workgroup

Carmen Sanchez reported the ATP-CQI Workgroup has analyzed federal regulations and policies and procedures of the Department of Medical Assistance Services (DMAS) and the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). The committee has reviewed information from Community Service Boards as well as information from other states and from private providers. Three hypothetical ability-to-pay scales have been drafted and tested. The committee is in the process of getting a survey out to private providers. The guiding principles developed by the committee were reviewed by the Agency Heads and approved by six agency heads; Two Agency Heads made suggestions for revisions. The committee will meet this afternoon. (A written report was distributed to VICC members and is attached to the minutes).

Dr. Jim Blackman asked if other states charge for early intervention special instruction services. Carmen Sanchez reported that Utah and Connecticut charged flat fees regardless of what service was being received. However, Utah has stopped charging fees. Ms. Sanchez reported that very few states charge fees and most states don't charge fees for education. She also said that most states that do charge have a flat fee ceiling.

Dr. Blackman reminded the VICC of the motion made last June that steps be taken to eliminate fees to families for special instruction; and he suggested that VICC consider this now. Emily Dreyfus said that the committee was concerned that quality may be affected if fees were eliminated only for special instruction services. There was concern that either some children would only receive special instruction, or that, on the other hand, special instruction might be devalued because it was free. Therefore, the workgroup has focused on the broader issues with fees.

Dr. Pat Abrams commented that it appeared that the workgroup is not in consensus. She questioned whether the VICC members of the workgroup were being asked to get the workgroup to find consensus before moving on or whether the VICC was being asked to look at the issue of eliminating charges for special instruction services now. Dr. Blackman stated that he believed the VICC should go on record to favor a solution that, in the very least, for special instruction services to be free to families. Carmen Sanchez responded that the issue of eliminating fees to families for special instruction is not being looked at currently by the workgroup and is not included in the guiding principles. Dr. Blackman commented on the inequity of fees for special instruction because it is not reimbursed by third party payors. Christa Shifflett stated that Kansas has just convinced Medicaid to pay for special instruction services. Discussion followed about the amount of revenue that is generated from fees to families in relationship to the administrative costs of billing. An example was cited for one council that increased the fees for special instruction to reflect the cost of providing the service. An additional finance person was hired and appeals increased. Another council coordinator stated that their fees are low, their process is fast and they have very few appeals.

Cherie Takemoto expressed concern that the issues of charges, billing and the paperwork associated with fees are deadening the joy of providing services. Carmen Sanchez responded that the workgroup is working on a solution that would streamline the process.

Anne Stewart requested that the minutes reflect that the VICC welcomes stories and guidance from the workgroup (and others) about steps the VICC can take to be responsive to the issue of fees.

Emily Dreyfus reported that the VICC Ability to Pay Workgroup has not met since the last VICC meeting. She has been waiting for approval from DMHMRSAS to share information about the hypothetical fee schedules with interested individuals. Ms. Dreyfus expressed concern that there is insufficient progress being made on this issue. Commissioner Kellogg's testimony to the HJR Subcommittee last fall stated a deadline for completion of proposed solutions of April 30, 2000. She stated that there is not consensus in the ATP-CQI Workgroup about which of the hypothetical fee scales will sufficiently reduce the overly burdensome fees families are now paying. The ATP-CQI Workgroup now has information about how much money families are paying to CSBs: less than \$300,000 last year. The ATP-CQI Workgroup is currently gathering information about the fees families pay to private providers in order to understand the financial implications of solving the fee problem.

Shirley Ricks and Mary Ann Discenza met with Commissioner Kellogg (DMHMRSAS) to update him on the ATP-CQI workgroup progress. Ms. Ricks reported that he directed the workgroup to expand the membership to increase the diversity of families serving on the workgroup and especially to include families currently receiving services as well as families with low incomes. The Commissioner also asked Shirley to remind the workgroup of the role of the public sector and who public agencies are responsible for serving. Public agencies are responsible for ensuring that families at the poverty level and low-income or middle-income families receive services. Ms. Discenza encouraged attendees to identify families with low income to include in order to ensure they have a strong voice in the process. She also addressed the issue of distributing the hypothetical fee schedules. She stated that they are only a small part of the fee issue; the workgroup needs to continue to focus on all of the issues and not get sidetracked in one area. Ms. Ricks reported that Commissioner Kellogg is willing to talk with the ATP-CQI workgroup to directly communicate to the workgroup his requirements as a public servant. She said he is committed to reviewing the recommendations for the policy and procedure changes.

Emily Dreyfus expressed concern that there is much work still to be done, and that the Commissioner's comments relayed through Shirley Ricks (requirements for new low-income, culturally diverse members of the ATP-CQI Workgroup) make it feel like the workgroup is taking ten steps back. She noted that fees are not as much of a problem for low-income families because Medicaid covers most early intervention services for the majority of low-income families, and the Babies Can't Wait system is mandated to serve families of all incomes.

Public Comment

Christa Shifflett, Council Coordinator for Shenandoah Valley stated that they have stopped billing Medicaid for evaluations/assessments because they were told they were no longer allowed to bill to Medicaid.

Katy McCullough, Council Coordinator for New River Valley asked if the Commissioner could provide specific information about the number of low income families he is requiring be added to the workgroup and if councils could assist with recruiting families. (Shirley Ricks reported that those issues would be addressed at the ATP-CQI workgroup meeting that would follow the VICC meeting). Katy also requested that an answer to the question about billing Medicaid for evaluations/assessments be provided to the council coordinators this week. (Shirley Ricks reported that the Part C office would follow up and would send information by Friday).

Carmen Sanchez stated "I am the **Family Resource Coordinator** for Fairfax-Falls Church Early Intervention Services. I think that Commissioner Kellogg's comments about adding low-income and diverse families to the CQI workgroup on fees needs to be put into historical context. When the workgroup started in December, parent participation was clearly limited: the ARC of Virginia was to

assign two parents to the committee (Wanda Pruett and Emily Dreyfus), and the VICC ATP workgroup could assign two members, one of which had to be a private provider. It's only because the VICC ATP workgroup chose me as the other representative that I even got on this workgroup. Wanda, Emily and I do represent some diversity. Wanda is from Tidewater, Emily is from Valley, and I'm from Northern Virginia. I am also Hispanic. In December, I would have done everything possible to get more parents on the workgroup from as many different geographic, ethnic, and socio-economic backgrounds as possible. At no time were we as parents asked about our income nor was our economic class ever an issue in terms of our abilities to represent parents. Therefore, I find the current emphasis baffling.”

Beth Sarrett, Executive Director of the Autism Program of Virginia (TAP-VA) informed attendees that TAP-VA funds a Developmental Disorders Clinic as a joint collaboration with MCV/VCU. The clinic focuses upon serving very young children through early elementary school ages and their families, who may or may not fall under the Pervasive Developmental Disorder umbrella. This includes Autism Spectrum Disorder. The clinic uses a multidisciplinary assessment team, and includes, but is not limited to provider from the following disciplines: language/communication; occupational therapy; physical therapy; psychology; education, nutrition; family support representative, medicine - psychiatry, genetics, and pediatrics. The group works as a team with parent/family involvement throughout the process to address the process and outcomes based upon the purposes/needs identified by the child's family. The clinic setting serves as a training setting for providers, stressing partnering with families. Very importantly, while families are assessed no fee, (we do bill at a very minimal rate) insurance in an effort to identify who will already cover these services and at what rate, successful coding to obtain reimbursement, etc. One purpose is to share this information with providers and families re: successful billing/reimbursement strategies for assessment of developmental disabilities, along with intervention services/guidelines. A Southwest regional replication of this clinic is planned for the next year in Roanoke (2000-2001).

Kathy Phillips, Council Coordinator for the Middle Peninsula (Regional Early Intervention Team) shared "good news" and "bad news." She stated that "the good news is that referrals of children for Part C services have increased dramatically in our region (approximately a 40% increase). The bad news is that the original projection of the loss of revenue to the Part C system due to the implementation of Medallion II in our region was correct. Our region has in fact experienced a drop in revenue of close to \$50,000 despite meeting the requirement and working well with the HMOs." Kathy requested an immediate clarification of the question about Medicaid reimbursement for evaluations.

Cindy Rice, Pediatrician at the University of Virginia said she was formerly the Medical Director for a developmental program in Arizona. The issue of fees came in that state. A decision was made that families would just pay one fee.

Dana Yarbrough stated that she is the **parent** of a 6-year-old daughter who has cerebral palsy, visual impairment and mental retardation. She is also a member of the Family Support and Advocacy Committee. She requested that the VICC recognize Cori Hill at the September VICC meeting. Cori is stepping down as the Chair of the Family Support and Advocacy Committee after 7 or 8 years of committed service to our families.

Carol Granger, Council Coordinator for Chesterfield County made a formal request that the localities be informed by Friday about the issue of billing Medicaid for evaluations/assessments.

Review of and Response to Comments

Anne Stewart responded to Carmen Sanchez's comments about the new requirement to add members to the ATP-CQI Workgroup with a question about the effect of this new requirement on timelines. "How much longer will babies have to wait?" Anne requested that the minutes reflect that the VICC remains committed to resolution of the fees and ability to pay issue.

Anne Stewart reiterated the opportunities for services that exist through the Medical College of Virginia (in response to Beth Sarrett's information). She thanked Dana Yarbrough for reminding VICC members to recognize providers as well as families for the work they are doing

Cherie Takemoto commented on the impact of Medallion II and questioned whether the VICC should take any action, and if so, what. She suggested looking at impact of medallion on provider's ability to provide services. She stated that the VICC should not have surprises; something should be done to act on the information that is available.

Debbie Billodeaux stated that councils should be working with the Department of Medical Assistance Services so that there are no surprises. She commented that it is difficult to update local interagency agreements without an updated state interagency agreement. Carol Granger commented that the interagency agreements do not include fiscal or credentialing information and that it would be helpful if they did. Debbie Billodeaux stated that councils need to work at the interagency aspect of early intervention remembering that one agency is not responsible for the total system.

Kathy Phillips said the people implementing Medallion II are working with the council and are working on process and that they have been helpful. However, the issue of greatly reduced reimbursement remains a big problem. The region is committed to providing services in natural environments, but is concerned about their ability to afford to do this.

Shirley Ricks commented that agencies are moving in the direction of managed care.

Cherie Takemoto requested that a report be provided to the VICC by DMAS about how reductions in reimbursement are affecting the state. Ms. Takemoto also commented that the change in reimbursement affects the equity of funding formula.

Shirley Ricks requested that the councils in Tidewater present a report on the financial effects of Medallion II to the Management Team and to DMAS. Cherie Takemoto questioned whether the issue of reduced payor reimbursements should be included in the review of the funding formula.

Brenda Crockett stated that DMAS was not receptive to hearing about the issues resulting from the decreased reimbursement two years ago when the issues were beginning. Ms. Crockett stated that the issue is really a maintenance of effort issue and it needs to be addressed "higher up." Cherie Takemoto stated that something needs to be done to address the level of paperwork and the continued pressure to do more with less. She stated, "We don't want to lose good providers."

Nancy Butts said that Southwest Virginia has not been hit with Medallion II yet. However, implementing therapy in natural environments is difficult even with private insurance.

Adrienne asked if the VICC could make a commitment to obtaining funds from another source to cover the additional cost, and if so, how would that work. Shirley Ricks answered that the VICC is an advisory body. Members can only take information back to their agency heads. She reminded attendees that the Virginia Association of Community Service Boards is another avenue to pursue to advocate for changes

and solutions. Ms. Ricks reminded attendees that agency heads require documentation of issues. The increase in the number of children served is one important data element. She stated that the return of unspent funds each year gives the impression that there is enough money, even though councils explain the reason for the return (such as inability to fill a budgeted position).

Cherie Takemoto stated that it is the VICC's responsibility to monitor and advise; it is within the VICC's jurisdiction to ask these questions. However, the VICC cannot go to General Assembly. Anne Stewart concurred with Ms. Takemoto. The VICC is in place to advise. She commented that she is hearing a lack of organization of support for localities experiencing financial difficulties. She stated that the VICC has an opportunity to influence how the situation is resolved. Ms. Takemoto said that councils and the state might be able to look at this within the context of the monitoring. She stated that Virginia is doing some of the best work of any of the states. But at the same time, we have a number of things that are a threat to our ability to provide the services.

Shirley Ricks stated that another mechanism to study this issue is through the comprehensive assessment of the system.

Beth Tolley suggested that providers across the state work together to develop data of how much it costs to deliver services and consider working with payors to develop "carve-out" for early intervention.

Kathy Phillips stated that her locality covers 2200 square miles. They do a cost report every year and have been audited every year for 3 years. She said the reimbursement rate is 1/2 of the cost of providing the services. She said she would share these reports. She also stated that they did attempt to negotiate contracts with five payors and were not successful. The payors did not entertain even the possibility of negotiation. She said that Anita Cordill was given a copy of the letter in which a request was made for a meeting and which included information about why additional reimbursement was needed. Ms. Phillips said the current system takes too much time. Their council has used creative means to generate funds including bake sales and popcorn sales. Staff salaries are low. She reported that they have tapped into all available funding sources.

Beth Tolley suggested that negotiations might be more successful if the providers across the state worked together to address the issue. Shirley Ricks reminded attendees that the VACSB is a resource. Kathy Phillips said they need the support of the VICC. Ms. Ricks responded that the issue is being addressed monthly. The agency representatives are supportive, but cannot always effect the changes recommended.

Nancy Wilson reported that HB 1413 became reality as a result of the work of a very organized advocacy network.

Beth Sarrett suggested that outcomes of funding early intervention be included as funding is requested.

Anne Stewart suggested that attendees "let people have an opportunity to share in what you are committed to." She said that we have done a lot of work and we have much more work to do. She encouraged people present to share their stories, their knowledge, the good work of the Virginia Early Intervention System, and the needs of the system. "Don't be shy; speak up at meetings, in Kroger, with neighbors, at any gathering."

Nancy Wilson strongly encouraged attendees to present the data about what early intervention does. "Educate the Commissioner, Secretary, and others." Nancy referred attendees to the Zero-to Three publication that has a good article about this.

Debbie Billodeaux responded to Cherie Takemoto's comment about addressing Tidewater's loss of funding. She said this is related to the need for an updated state interagency agreement that clarifies how all the state agencies collaborate to provide Part C and particularly how DMAS and Part C collaborate. "We expected this last year and it would be helpful to local councils to have this support as they update local interagency agreements. She also said there is a need for support at the state level for additional funding. Comments regarding the return of funding are not supportive. Early Intervention is not unique in returning money. It happens in most agencies and is not reflective of the need for money.

A quorum for VICC member attendance was reached at 11:30 and the meeting was officially called to order. See attached attendance list. Beth Tolley reminded attendees that the minutes of the June meeting were approved electronically (via fax and/or email) and are posted on the Virginia Babies Can't Wait! web site.

Cherie Takemoto made the following motion:

Having had an opportunity to provide input into the Welcome Book, I move that the VICC delegate to the Family Support and Advocacy Committee dissemination of the Welcome Book incorporating the suggested changes and including the PEATC book. Dr. Blackman seconded the motion. The motion passed.

Nominating Committee Report

Dr. Elisabeth Hutton reminded members that committee chairs/co-chairs need to be elected now and that the Chair/Co-chair for each committee for October 1, 2000 through September 30, 2001 should be reported at the September VICC meeting.

She reported that a slate of nominees is being developed for VICC officers. The current officers have expressed their willingness to continue to serve. Any other interested persons should contact Dr. Hutton by the first of August. The VICC officers will be elected at the September 13, 2000 VICC meeting.

There has been no word on the nominations for VICC membership. Cherie Takemoto suggested writing a letter from VICC to the governor telling him that as the Virginia Interagency Coordinating Council, we believe that babies in Virginia are a high priority. We have federal membership requirements and bylaw requirements. It is a concern that due to the number of vacant positions, we did not have a quorum for 2 hours this morning.

Cherie Takemoto made that following motion:

That the VICC forward a letter to the Governor to inform him that we believe that babies are a high priority; that we have regulations and bylaws that require certain membership; and we are not in compliance and we are being monitored by OSEP this year. Forest Mercer seconded the motion. The motion passed.

Dr. Blackman made the following motion:

That the VICC go on record to support an early intervention system in which special instruction is provided without cost to families; and charge the Ability to Pay workgroup to consider this (including a determination of the implications of this).

Discussion followed and included the point that the financial piece must be considered to determine how the service would be funded. Policies are made by agencies. The system that is currently in place requires people to pay fees for services.

Cherie Takemoto seconded the motion. The motion passed with six members voting in favor of the motion and three abstaining.

State Interagency Agreement

The state interagency agreement was sent to the Office of the Attorney General. It was returned with modifications. The modifications have not been completed by all of the agencies. It will need to be sent back after all of the modifications are completed. The agreement does not address fiscal issues. The EIIMT will follow up.

Representatives (Substitutes) for Absent Members

Cherie Takemoto stated that she was informed that substitutes could be used only for agencies. The other members are individually appointed by the Governor and cannot designate another person to serve in their absence. Agencies can appoint/send alternates to the meetings.

Other comments

Glen Slonneger suggested the use of a "parking lot" (or similar tool) during future VICC meetings to record issues that are off-topic but which require attention at some point.

Glen Slonneger encouraged individuals to contact their representatives in order to influence government. He said the name of the Virginia Department for the Visually Handicapped will be changed January 1, 2001 as a result of one person's efforts. (The new name will be the Department for the Blind and Visually Handicapped.

The meeting was adjourned at 12:30.

The following committees/workgroups met following the meeting: Local Regional Direct Services, Personnel Training and Development, Ability to Pay-Continuous Quality Improvement.