Virginia Interagency Coordinating Council (VICC) Meeting Hanover DSS

September 12, 2012 Final Minutes

The September 12, 2012 Virginia Interagency Coordinating Council Meeting was called to order by Lissa Power-deFur. The role was called by Karen Durst. There were sixteen (16) VICC members in attendance. Please see the attendance list following the minutes. The June 13, 2012 VICC minutes were corrected and approved with Lissa Power-deFur making the motion to approve and Phyllis Mondak seconding the motion.

Agency Reports

Virginia Department for the Blind and Vision Impaired (VDBVI)

Glen Slonneger reported that the Virginia Department for the Blind and Vision Impaired has revised its website with cool features for infants and toddlers. The website features a 5 part training series that has been developed by the Department for the Blind and Vision Impaired to help identify possible vision problems and to clarify the suggested methods in Virginia's Early Intervention Vision Screening process.

The components of the training package are:

- Part 1 Sequence of visual development, birth-12 months
- Part 2 Sequence of visual development, 12-48 months
- Part 3 Physical Observations and Types of Eye Diseases
 Includes examples of eye diseases often seen in infants and toddlers and possible explanations for behaviors such as posturing. This part begins the training on the Part C Screening Tool.
- Part 4 Methods for Using the Part C Testing and Screening Procedures
 Includes testing methods that can be used and understood by the screeners and offers suggestions of when to refer to an eye care professional.
- <u>Part 5 Screening Procedures (con't.) and Resources</u>
 This part concludes the screening tool and offers resources for further information.

The homepage of the website also features videos of assessments done by Carla Brown, a nationally recognized teacher of the visually impaired who works with the Fairfax County Early Intervention program.

Virginia Department for the Deaf and Hard of Hearing (VDDHH) -No Report

Virginia Department of Behavioral Health & Developmental Services (DBHDS) -No Report

Virginia Department of Education (VDOE)

Phyliss Mondak reported that the Department of Education is currently working on the Annual Performance Report for the Office of Special Education but before the APR is sent to OSEP, it will be sent to the Superintendent for review. Phyliss also reports that the VDOE is creating a spreadsheet for Early Intervention to report children. This spreadsheet will be used to compare children referred by the VDOE to determine where children are falling through the cracks.

Virginia Department of Education-Project HOPE-Virginia

Patricia Popp reported that Project Hope had a cut in funding this year and has been without an Office Manager since April. Pat also presented information on the homeless children and youth. Please see the attached for more information

Virginia Department of Health

Joanne Boise reported that the Department of Health is implementing a new grant to assist infants with congenital heart disease. Congenital heart defects are problems with a baby's heart that are present at birth. There are many types of congenital heart defects that can affect the different parts of the heart. These heart defects range from being life threatening at birth to creating no problems until a child is older.

Virginia Department of Medical Assistance Services (DMAS)

Jeff Beard informed us that Tammy Whitlock has accepted a new position as Assistant to the Director of DMAS. Jeff also noted that the billing procedures for providers will be changing October, 1, 2012.

Virginia Department of Social Services (VDSS)

The following VDSS update was given via written report from Lynne Edwards.

• The first 2 sections of the new Early Prevention Guidance within the Division of Family Services Manual have been approved and will be published within the next 30 days. Directors, local agency supervisors, child welfare workers and community partners will be receiving information and training on the new guidance over the next 3 months. The guidance focuses on early intervention (prior to child protective services involvement). The guidance reflects best practice based on a trauma informed, strength based, family engagement model using the protective factors as a framework for practice. Collaboration is a key component of early prevention. A

- website of prevention resources is being developed and will be available by the first of the year.
- The 2013 Child Abuse and Neglect Prevention Conference is in the planning stages. It is scheduled for April 15, 2013. The theme of the conference will be "Insuring Their Future: Invest in Children".
- Effective July 1, 2012, Changes to the Child Abuse and Neglect Mandated reporting law (Section 63.2-1509) were implemented. The changes included, among others, the following:
 - New Mandated Reporters include individuals, 18 years and older who are connected with certain public and private organizations;
 - A requirement to report no later than 24 hours after having a suspicion of a reportable offense;
 - o Increased penalties for failure to report; and
 - Specific circumstances requiring a report to be made to CPS for a substance exposed infant.
- Mandated Reporter training is being revised to reflect the legal changes and to include information on the impact of trauma on children and families and on what reporters can do to prevent maltreatment before it is suspected.

State Corporation Commission (CSS), Bureau of Insurance-No Report

Part C Update

The following Part C update was given by Catherine Hancock.

Challenges to the Early Intervention System

- 1. There is a significant and growing funding shortfall due to increasing numbers of children served, loss of American Recovery and Reinvestment Act (ARRA) funding, and decreasing funding by some local governments. In 2007, there were 10,330 served and in 2011, there were 14,069 children served which is a 36% increase.
- 2. Extremely complex federal regulations and requirements for compliance increase administrative costs and oversight at the local and state level.
- 3. The Medicaid Case Management rate for the Early Intervention Program is lower than what the DMAS rate study determined as the cost of providing services. It was determined that the actual cost was \$175.20 per child per month. The service payment was established at \$120.00 per month. The 2012 General Assembly approved a 10% increase in the rate which increased it from \$120 to \$132.
- 4. Local lead agencies lost their ability to negotiate rates with their local networks of providers thus raising costs. Part C reimburses providers for the difference between private insurance and Medicaid reimbursements which has increased the pool of available providers.
- 5. As of May 1, 2012, DBHDS has received requests for \$7,633,159 in additional funding for SFY 2012 from 25 of 40 local Part C lead agencies. For SFY 2012, DBHDS has allocated \$4,002,965 in one-time only funds to assist with this problem. These one-time funds are a combination of Part C state fund savings (due to ARRA funds,

vacant positions, and efficiencies in operation at DBHDS) to local lead agencies and other DBHDS savings realized during this fiscal year.

Estimates of Needed Funds

Based on the survey information and projections of growth and revenues, DBHDS estimates that Early Intervention services will have a shortfall of \$8,582,170 to \$12,857,261 for SFY 2013. This is based on the average cost per child and projecting a continued growth in the number of children served.

If the Early Intervention System is unable to increase funding and continues to grow at the same rate (4% to 7.5% per year), a deficit of \$8,925,459 to \$13,821,556 would be expected for SFY 2014.

Possible Solutions and Recommendations

- 1. Advocacy at the federal level to increase Part C Funds.
- 2. Increase allocations of State General Funds in 2013 with a caboose amendment in the 2013 session of the General Assembly.
- 3. Increase State General Fund allocation for SFY 2014 with a caboose amendment in the 2013 session of the General Assembly.
- 4. Increase Medicaid Early Intervention Case Management rate to \$175.20 which equals the cost as determined by DMAS.
- 5. Continue to work with local agencies to increase billing to private insurance.
- 6. Continuing to work with local systems to maximize Medicaid billing.
- 7. Explore whether or not there are strategies that might limit the population served, such as changing eligibility. Changing the definition may not limit the number of children served.

Homelessness Presentation: Starting Life without a Home

Please see the attached presented by Dr. Patricia Popp.

Public Comment

Public Comment was submitted by Alison Standring on behalf of the Infant and Toddler Connection of the Rappahannock Area. The following italicized report is verbatim from a written report that was provided.

My name is Alison Standring, Local System Manager for the Rappahannock Area. I also represent early intervention on the VACSB Public Policy Committee.

VACSB recognizes the need for early intervention funding and has made early intervention a priority for this coming legislative session. They recently sent a letter to Governor McDonnell requesting an allocation of \$8.5 million.

Local System Managers were asked to encourage their boards of directors, local governments, and parents to send a letter to the governor celebrating the success of early intervention and asking the governor to provide funding for early intervention now.

I am also coordinating on behalf of VACSB with Voices for Virginia's Children on their Unified Early Childhood Agenda which includes early intervention among its top priorities.

Funding the system this year is critical. We can't wait for funding through the budget process; local systems won't see that money until spring – much too late for many infants and toddlers.

Professional Development

Deana Buck and Cori Hill provided information related to professional development and the Integrated Training Collaborative. They reported the following:

The Early Intervention Professional Development Center has reorganized and improved access to the website. Some of the additions to the website are: Landing Pads, Free Journal Articles, Handouts for use with Families, and Links to Websites and Videos. There has been 18,000 new people who visited the website. The Virginia Early Intervention Professional Development Center sponsored 4 webinars. The next Talks on Tuesdays Webinar Series, Addressing the Receptive Language Skills of Young Children will take place December 4th, 12:00-1:00pm. The Virginia Early Intervention Professional Development Center has also collaborated with early intervention providers and early childhood special educators in Virginia for the Creating Connections to Shining Stars Conference.

2012 Conference Highlights

The 2012 conference featured a keynote with Dr. John Almarode discussing what early interventionists and early childhood educators can do to support brain development. Dr. M'Lisa Shelden and Dr. Dathan Rush presented a full day and a half institute on using coaching interactions in early intervention and early childhood settings. Information on many other important topics was presented in half day seminars and breakout sessions. To download the 2012 conference session Power Points and handouts, please visit http://www.literacyaccessonline.org/ttaconline/ss2012.htm.

One of the most recent videos on the Virginia Early Intervention Professional Development Center website features Delly Greenburg, Infant Educator at I&TC of Fairfax-Falls Church. In the video, Ms. Greenburg describes her experience at the Creating Connections to Shining Stars Conference 2012. The website features the training module, Rules of the Road: A Foundation for Understanding Early Hearing Detection and Intervention. This is the first in a series of modules designed to help early intervention practitioners, and medical doctors navigate the Early Hearing Detection and Intervention process in

Virginia. The website also features a Blog with EI Strategies for Success. The blog includes articles and videos with an option to post comments.

Family Involvement Project Report

Debra Holloway then provided the following report on behalf of the Family Involvement Project. The italicized report is verbatim from a written report provided.

Our staff continues to participate in committees and work groups as requested. Including the Virginia Autism Council, ITC, EI Task Force, VCPD, regional meetings, Insurance Committee and Regulations Workgroup to name some. The Arc of Virginia staff continues to provide technical assistance for families this quarter including assisting families with referral to services, transition and request about waiver information. We continue in development of the Early Intervention Family Support Network and met once this quarter. This network is made up of families and VICC parent representatives and they will be our local connection as we are identifying one parent or board member of each of our 25 local Arc Chapters to be a part of this network. This network of families will be able to provide support to local families, provide quality assurance feedback and participate on workgroups and committees. We attended the Creating Connections Shining Stars Conference and hosted/co-hosted two sessions: Medicaid Waivers and "A Parent's Perspective on Family Centered Practices." We have also developed an advocacy tool for families to advocate for their rights and to support increased funding for early intervention services. A fall Early Intervention Webinar Series for families has also been developed including: Introduction to Part C Early Intervention, Part C Regulation Changes, How Families are Affected, Early Intervention Advocacy, Private Insurance and Medicaid Waivers.

We hosted our annual convention this quarter and had over 400 attendees. We had a young families track with sessions targeted around early intervention services and family requested topics, including "Exploring Medicaid Waivers" and "A Parent's Role in Early Intervention."

Virginia Early Hearing Detection and Intervention

Ruth Frierson provided the following update on the Virginia Early Hearing Detection and Intervention Program:

The mission of the Virginia Department of Health Early Hearing Detection and Intervention Program is to minimize or eliminate communication disorders resulting from hearing loss. The goal of the Virginia Early Hearing Detection and Intervention program is to identify congenital hearing loss in children before three months of age and to assure enrollment in appropriate early intervention services before six months of age. In 2011, 118 infants have been identified with hearing

loss but only 25% of them receive services prior to 6 months of age, 98.2% of infants were screened before 1 Month of Age, 2.8% of infants did not pass the screening, and 78% of infants received follow-up.

The Virginia Early Hearing Detection and Intervention program is in the process of implementing new strategies to conduct follow-up which proves to be challenging because they are short staffed. The program is also trying to come to an agreement about data sharing with Local Systems and Audiologists.

Child Find Information and Data

Please see attached handouts presented by Allan Phillips.

Insurance Committee Update

Beth Tolley reported that Kelly Hill has been working to gather information about where the issues are occurring in billing and coding. Kelly has also worked with Debra Holloway on the Understanding Your Private Health Insurance worksheet.

Private Insurance Worksheet

The Private Insurance Worksheet was developed by Debra Holloway and Kelly Hill. It is a very effective tool for families and should be viewed as a fact sheet and worksheet. Please see attachment.

Lead Task Force

Karen Durst reported on the progress of the Lead Task Force. She reported the following:

The group is planning to meet September 13, 2012 in order to develop a recommendation for the VICC related to whether to include an elevated lead level as an automatic qualifier for Part C services for children ages birth to three. The Task Force will provide their recommendation to the VICC at the December 12, 2012 VICC meeting. Those serving on the Lead Task Force include Brian Campbell, Karen Durst, Catherine Hancock, Debra Holloway, Dr. Colleen Kraft, Phyllis Mondak, Dr. Patricia Popp and Nancy Van Voorhis.

VICC Vacancies and Reappointments

Information was received from the Governor's Appointment Office that a press release will be published soon related to VICC member reappointments. The reappointments involve Catherine Cook, Kelly Hill, Rick Beaman, Sandra Woodward and Dr. Lissa Power-deFur.

As of September 30, 2012, the VICC terms for Delegate Anne Crockett-Stark, Legislator, and Allan Phillips, local system manager, will be expiring. No information has been received related to appointment of a representative for Head Start.

The following Action Items were identified:

- Deana will send Karen the link to the Regulations Webinar.
- Karen will move forward with the Lead Task Force toward a recommendation

The following are agenda items for the December VICC meeting:

- Part C Update and Discussion;
- Professional Development Update;
- Annual Performance Report;
- Recommendation of the Lead Task Force;
- Lead Dustbuster Kit;
- Insurance Committee Update;
- Child Find Information and Data;
- VICC Reappointments and Vacancies

The next meeting of the VICC will be held December 12, 2012. The location is the Hanover Area DSS Office.

The meeting was adjourned.

VICC Members Present:	VICC Members Absent:	Family Representative:
Barbara Barrett	Delegate Anne Crockett-Stark	Debra Holloway
Rick Beaman	Lynne Edwards	
Jeff Beard	Kelly Hill	
Joanne Boise	Sonia Lopez	
Dr. Corey Herd Cassidy	Janet Lung	
Catherine Cook	Scott Moran	
Virginia Heuple	Leslie Hutcheson Prince	
Angela Leonard	Kate McCauley	
Phyllis Mondak		
Allan Phillips		

Jeannie Odachowski Dr. Patricia Popp Dr. Lissa Power-deFur Glen Slonneger Yolanda Tennyson Sandra Woodward