

Virginia Interagency Coordinating Council (VICC) Meeting
The Arc of Virginia
December 09, 2015
Final Minutes

The December 09, 2015 Virginia Interagency Coordinating Council Meeting was called to order by Kelly Hill. There were seventeen (17) VICC members in attendance. Please see the attendance list following the minutes. The September 9, 2015 VICC minutes were approved with Allan Phillips making the motion to approve and Joanne Boise seconding the motion.

Agency Reports

The Arc of Virginia, New Path Program

Angela Langrehr reported that the ARC of Virginia is focused on building up parent leadership around the state. Angela also noted that there are families who have expressed some confusion and had a lot of questions about the Medicaid Waiver redesign. This has prompted the ARC of VA's Advocacy Director to develop a family friendly webinar that will provide information regarding the Medicaid Waiver redesign. More information on the webinar will be forthcoming.

The ARC of Virginia is also focusing strategies to reduce the number of families that have to wait to receive services. The Governor's proposal provides the minimum number of I/DD Waivers required by the DOJ settlement agreement, which will help only 3% of the I/DD Waiver waiting list each year. If additional Waiver slots are not included in the budget, the I/DD Waiver waiting list will continue to grow substantially and thousands of Virginians with I/DD will continue to wait for the services they need. The Arc of Virginia is asking legislators to use the new I/DD Waiver structure to cut the waiting list in half.

Virginia Department for the Blind and Vision Impaired (VDBVI)

Lisa Auwarter informed the VICC that the Virginia Department for the Blind and Vision Impaired now has an Education Coordinator that will begin in January and will be stationed at the Richmond office. The VDBVI also has a part time Education Coordinator in their Roanoke office and is looking to hire a clerical support person for the Fairfax office. There is a conference for families and professionals that will be held March 6th-9th, 2016 in VA Beach. More information on the conference will be forthcoming.

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

VA Department of Behavioral Health & Developmental Services (DBHDS)

Catherine Hancock presented the VA Department of Behavioral Health & Developmental Services agency report on behalf of Heather Norton. Heather is very proud of all the work that the Part C Staff and stakeholders have done on the State Systemic Improvement Plan.

The department now has a new Interim Commissioner, Jack Barber, M.D. We will be happy to invite him to attend one of the VICC Meetings.

Virginia Department of Education (VDOE)

Dawn Hendricks reported that the Virginia Department of Education also has a State Systemic Improvement Plan. The VDOE's State Systemic Improvement Plan is about increasing graduation rates. The department is ensuring that they are including early childhood education in the SSIP and looking at how it can impact graduation rates. The State Systemic Improvement Plan is also focusing on attendance, discipline, academics, reading and mathematics. Dawn also informed the VICC that the December 1 Special Education Child Count Data collection is open throughout most of December, but will temporarily close for the holiday's and will re-open in January should anyone needs to make any changes to the data.

Dawn also reported that the 2014 school year data is currently being analyzed. The target percentage for children receiving services in a general education or typical community environment was 31%; the VDOE came in a little under at 30%. The target percentage for children receiving services in a separate class, school or facility was 25% and the VDOE came in at 27%. The VDOE will continue to focus on improving this data.

Lastly, Dawn informed the VICC that Virginia Department of Education is currently collaborating with DaSy to receive Technical Assistance to improve data collection and usage. Topic cohorts focus on a topic of mutual interest to a small group of states. Each participating state develops a TA plan outlining the individualized technical assistance, and participates in cross-state webinars, face-to-face meetings with virtual pre-meeting work and post-meeting follow-up with their fellow states. The topic cohort the VDOE will be participating in is called Powerful 619 Data. This topic cohort addresses improving the quality and/or comprehensiveness of state data on early childhood special education services and the children who receive them. Designed to support the state in using data to inform decisions that improve results, this topic cohort will identify the barriers to data use that states are facing, explore the strengths and weaknesses of current data on early childhood special education, and share strategies states are using to address their challenges.

Virginia Department of Education-Project HOPE-Virginia

Dr. Popp informed the VICC that she has just completed the Consolidated State Performance Report. The Consolidated State Performance Report is a collection of data from schools about the number of children identified as homeless. For the third year in a row, Virginia identified over 18,000 homeless children across the commonwealth.

Lastly, the Elementary and Secondary Education Act (ESEA) is being reauthorized, and it has been passed by the house. There will be more information forthcoming regarding the reauthorization of the ESEA.

Virginia Department of Health (VDH)

The following is from a written report that was provided by Bethany Geldmaker.

1. Agency
 - a. Identifies areas and populations that are most vulnerable to adverse health outcomes based on Social Determinants of Health
 - b. Community Environmental Profile
 - c. Consumer opportunity profile
 - d. Economic opportunity profile
 - e. Wellness Disparity
 - f. Data dashboard
 - g. Multiple Factors
 - i. •Socioeconomic
 - ii. •Health Resource Availability
 - iii. •Social Determinants
 - iv. •Community Factors
 - v. •Built Environment

2. Health updates: <http://www.vdh.virginia.gov/>
 - a. Flu- <http://www.vdh.virginia.gov/flu/>
 - b. Hand washing
 - c. Immunizations
 - d. School enrollment- begins in February
 - e. Holiday travel – lots posted on the web- www.virginiadot.org and <http://www.511virginia.org/>
 - f. Holiday safety- food, toys, decorations
 - g. Winter preparedness- <http://www.vdh.virginia.gov/news/Alerts/WinterWeather/> and <http://www.511virginia.org/> for weather and road conditions

Virginia Department of Medical Assistance Services (DMAS)

Joanne Boise reported that for the state fiscal year 2016, the year to date data for the number of unduplicated kids served in Part C is around 5,300 and the total amount paid to date for Medicaid is about \$10.5 million. Lastly, Joanne mentioned that she was looking forward to the announcement of the Governor’s budget.

Virginia Department of Social Services

The following is from a written report that was provided by Aleta Lawson.

1. Head Start Program Performance Standards – Proposed Revisions Announced June 2015
 - Comments submitted jointly with Virginia Head Start Association on September 16, 2015
 - Major Proposed Changes:
 - ✓ Full-Day Full-School-Year Preschool
 - ✓ Increased Focus on Research-based Practices
 - ✓ Strengthened Professional Development
 - ✓ Increased Involvement of HS in State Quality and Data Systems

2. Early Head Start – Child Care Partnership Grants
 - Eight Grantees throughout VA – various stages of implementation, 540 children, over 29 child care partners involved (center-based and family child care)

3. 2013-2014 Virginia Head Start Collaboration Office Needs Assessment Survey – Annual survey of local Head Start program community partnerships: continues to indicate very strong relationships with Part B and Part C Early Intervention providers. Thank you so much for your expertise and your continued partnership with all of our Head Start programs!

4. Office of Head Start 2014-2015 Program Information Report (PIR) Summary Report – Virginia Data

➤ Number of Children Served	17,055
➤ Head Start Children (3 to 5 Years Old/Kg Entry)	14,421
➤ Early Head Start Children (Birth to 3)	2,500
➤ Migrant/Seasonal Head Start Children	134
➤ Pregnant Women	255
➤ Number of Children Enrolled Who Have an IEP	1,506
➤ Number of children Enrolled Who Have an IFSP	344
➤ Number of Families Served	16,069

State Corporation Commission (CSS), Bureau of Insurance

Yolanda Tennyson of the State Corporation Commission’s Bureau of Insurance (BOI) stated that the BOI assists thousands of consumers each year by responding to inquiries and complaints. If a consumer’s coverage for health care is provided through their employer, it is very important to know if the coverage is fully insured or self-insured. The BOI encourages fully insured consumers to try to resolve any problem with their company, plan, or agent before contacting the Consumer Services Section. Many times a mistake has been made, and is easy to correct upon inquiry. If their problem is still unresolved after contacting their insurance company or agent, they may file a complaint with the Bureau of Insurance or with the Consumer Service Section to discuss their concerns. A Consumer Services representative will be able to address many of their questions or provide assistance that may help in resolving their complaint. If they cannot assist you by telephone, we will advise them on how to file a complaint. The Consumer Services Section can be contacted at 1-800-552-7945.

The following are some of the Plans the Bureau does not regulate:

- Self-insured employer plans and health and welfare benefit plans
- Medicare
- Federal employee plans
- Commonwealth of Virginia employee benefit plan
- Military Insurance plans, for example, Tricare
- Medicaid
- Workers' Compensation Claims

If the consumer's coverage is self-insured, then problems will need to be addressed by their employer first. If the issue continues to be unresolved, the consumer can file a complaint at the Department of Labor, an agency of the federal government.

If a consumer is denied because of medical necessity, they can get help with the BOI internal appeal section, the Office of the Managed Care Ombudsman. Their toll free number is 1-877-310-6560, please choose Option 1.

Early Childhood Mental Health Virginia

Bonnie Grifa, State Early Childhood Mental Health Coordinator shared information about the Early Childhood Mental Health Virginia initiative. Please review the attached handout.

Quality Improvement Committee

Allan Phillips shared information about the National Early Intervention Longitudinal and Child Find Trends. Please review the attached handouts.

Part C Update

Catherine Hancock reported that Part C continues to participate in the federally offered national technical assistance that is being made available to states. Virginia continues to be used as an example to other states because of the progress made in terms of planning and tools. Catherine is very proud of the work everyone has contributed. The Part C Program is also working to improve collaborations with the VA Early Hearing Detection Program.

Lastly, Catherine reminded the VICC that she continues to participate on the Council for Childhood Success and one of the recommendations of the committee is to increase funding for home visiting programs.

SSIP Updates and Input

Please see the attached State Systemic Improvement Plan handouts that Kyla Patterson presented to the VICC.

Public Comment

The following italicized report is verbatim from a written report that was provided by Alison Standing.

I am Alison Standing, Part C System Manager for the Rappahannock Area serving the city of Fredericksburg and four surrounding counties. Thank you for the opportunity to provide comment on the SSIP.

The SSIP is a very detailed document yet it has no associated fiscal impact. Twenty-two pages of plans require a great deal of resources to accomplish. However, the plan does not detail the

costs associated with implementation, how the authors will seek out the needed funds, or how the plan will be adjusted if resources are not available.

Elements of the plan suggest a level of unnecessary detail will be added to the contract between DBHDS and the local lead agency-such as listing by name each person who performs a function within the local lead agency and requiring the use of the Child Outcomes booklet to be part of the team discussion in determining outcome ratings and progress. There is no apparent added benefit to incorporating these items into the contract and no clear mechanism for monitoring the use of the booklet during team discussions.

Many local early intervention systems are stressed by inadequate funding to support the infants and toddlers coming into our systems as evidenced by the repeated requests for additional funds and very large caseloads, especially for service coordinators. While we may agree with some steps in the plans it is a challenge to embrace that which diminishes your resources when you do not have enough in the first place. And all local systems are already working very hard to bring families from referral to transition while maintaining compliance. Finding the time to add new processes, including providing the needed training, is going to be a challenge.

Therefore, I urge you to consider fewer systemic interventions, choosing those that will have broad impact toward increasing the percentage of infants and toddlers with IFSPs who demonstrate improved use of behaviors to meet their needs. Investing large-scale system-wide time and energy in multi-pronged approaches simultaneously diminishes the objectivity and determination of which approach is effective and which is not.

One such intervention is to improve the Child Outcomes booklet so that it is more consistent and updated. This book is the foundation for determining outcome ratings. Ensuring that providers have a consistent foundation leads to consistent outcomes.

Improve inter-rater reliability with outcome ratings. This will include comprehensive, consistent, and frequent training. Require validity checking via an online testing mechanism for initial and recertification.

Improve the skills and culture involved in the coaching model with more consistent training, implementation, and feedback. Currently training has been done on a one-time basis, and then is dependent on master coaches at the local level to provide the ongoing training and support. There are local systems who do not have the resources to keep the training and support going, and there are master coaches who do not have time in their work schedule to assume this ongoing responsibility. Consistent coaching and implementation of training is needed with refresher courses, annual trainings, and better initial training, and all of it should be provided by the state.

The goal is to demonstrate an increased percent of infants and toddlers exiting Part C early intervention exhibiting age appropriate behaviors to meet their needs in our early intervention system. The cost in time and labor to our direct service staff is as critical to the plan as are the massive costs of implementing the data system. Four years is not long. Short-term strategies are needed to increase the percent of infants and toddlers exiting Part C early intervention exhibiting age appropriate behaviors to meet their needs. Data in itself will not increase age appropriate behaviors and are not a substitute for improving the Child Outcomes book and

consistency of staff. These are strategies that will increase the percent of infants and toddlers exiting Part C early intervention exhibiting age appropriate behaviors to meet their needs in the next four years.

Thank you.

Public Comment cont.

The following italicized report is verbatim from a written report that was provided by Susan Shaw.

Thank you for this opportunity to comment. I am speaking today on behalf of the 12 Local System Managers who comprise the CoCoA Steering Committee. CoCoA is the local system manager association and the steering committee includes two local system managers from each of the six regions of the state. Our comments today address the SSIP.

Because the success of the SSIP depends upon collaboration among many partners, the CoCoA Steering Committee wants to first thank the Part C office for the opportunities to provide input into the development of this plan.

The draft SSIP disseminated to LSMs on December 1st is an ambitious plan encompassing a wide range of steps in an effort to increase the statewide percentage of infants and toddlers with IFSPs who demonstrate improved use of appropriate behaviors to meet their needs.

Our impression is accomplishing the identified steps in the course of the next four years will require a significant investment of time and money on the part of the state office and the local systems. We need help understanding how local systems, including those already operating without enough staff and/or funds to fulfill current responsibilities, will fully participate in the SSIP activities unless there is additional funding available.

As a possible strategy, the system managers on the CoCoA Steering Committee suggest focusing first on those activities that would likely have an immediate, positive influence on improving the accuracy of the outcome ratings. We strongly support the plan to revise the indicator booklet in early 2016 in conjunction with additional and ongoing training to influence the fidelity of ratings. We believe these activities alone could have a significant impact on the reliability of ratings within and across local systems. We recommend consideration be given to focusing primarily on these activities first, and then implementing additional steps, as needed, to help us increase the percentage of children using appropriate behavior to meet their needs.

Thank you again for the opportunity to provide input into the plan and to comment today.

Professional Development

Please see the attached Professional Development update handout Deana Buck presented to the VICC.

VICC Summary of Insurance Committee Work

The VICC Insurance Committee will continue to provide training information related to insurance credentialing, billing, documentation, and appealing denials. The Insurance Committee will also continue to explore how to achieve a more effective process with Tricare.

Kelly Hill also informed the VICC that on October 23, 2015, she presented a webinar titled "*Master the Code - An Introduction to ICD10 Diagnosis Coding for Early Intervention Providers and Billers*". Kelly was excited to report that there were 125 registrants.

Action and Agenda Items

- State Systemic Improvement Plan Follow-up
- Open Forum Implementation

The next meeting of the VICC will be held March 9, 2015. The location is:

The Arc of Virginia
2147 Staples Mill Road
Richmond, VA 23230
(804) 649-8481

The meeting was adjourned.

VICC Members Present:

Lisa Autwarter
Aleta Lawson
Kristen Jamison
Allan Phillips
Dr. Patricia Popp
Yolanda Tennyson
Wyvonne Harsley
Bonnie Grifa
Bethany Geldmaker
Joanne Boise
Kelly Hill
Lynn Wolfe
Dawn Hendricks
Jeannie Odachowski
Catherine Rey
Kristine Caalim
Joy Spencer

VICC Members Absent:

Leslie Hutcheson Prince
Kate McCauley
Dr. Patricia Abrams
Kerry White
Delegate Daun Hester
Sandra Woodward
Heather Norton
Cathy Cook
Angela Leonard

Family Representatives Present:

Angela Langrehr