

Virginia Interagency Coordinating Council (VICC) Meeting
The Arc of Virginia
March 12, 2014
FINAL Minutes

The March 12, 2014 Virginia Interagency Coordinating Council Meeting was called to order by Kelly Hill. The role was called by Karen Durst. There were fifteen (15) VICC members in attendance. Please see the attendance list following the minutes. The December 11, 2013 VICC minutes were approved with Phyllis Mondak making the motion to approve and Glen Slonneger seconding the motion.

Agency Reports

The Arc of Virginia, New Path Program

The following Arc of Virginia update was given by Debra Holloway. The following italicized report is verbatim from a written report that was provided.

VICC Family Report

The Arc of Virginia staff continues to provide technical assistance for families this quarter including assisting families with services questions and request about waiver information. We continue to participate in committees and workgroups including Virginia Autism Council, VCPD, ECHMH Board, ITC, and COPA.

The Arc of Virginia continues to be excited about and spreading the word about “New Path” The Support Network for Families in Early Intervention.” New Path is a program of The Arc of Virginia designed to help parents and families navigate the Early Intervention System. We have a monthly newsletter and New Path section of The Arc of Virginia site. (New Path tab at www.thearcofva.org) Our website is full of resources and information for families! We continue to provide information and referral to families who have children receiving early intervention services. We are working on increasing our Facebook presence and we are launching a contest where someone will win a gift card once we reach 200 likes. The Arc of Virginia has also provided trainings for families; we held 1 face –to face training Exploring Medicaid Waivers at Fort Lee. We held 4 webinars one Advocacy Forum for families to learn about how to advocate at the General Assembly, Environmental Modifications and Assistive Technology, Inclusive Playgroups and a Regional Support Teams webinar. . The Arc of Virginia also published an Action Alert having families contact their local representatives regarding Early Intervention funding.

The Arc of Virginia supported families to attend the Public Hearings on January 3rd. The Arc of Virginia participated in the Developmental Disability Advocacy Day on January 22nd

along with our annual awards banquet. Our 2014 Advocacy Calendar featured two families receiving early Intervention services at the Infant and Toddler Connection of Fairfax and Infant and Toddler Connection of the Middle Peninsula Northern Neck.

Save the Date for The Arc of Virginia 2014 annual convention July 31-Aug. 2nd at the Hilton Short Pump in Richmond where over 500 individuals with DD/ID their family members and providers will attend.

Virginia Department for the Blind and Vision Impaired (VDBVI) -No Report

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

VA Department of Behavioral Health & Developmental Services (DBHDS)

Janet Lung informed us that the General Assembly session brought about some changes that she thinks will result in improvement in the crisis response services, emergency custody and temporary detention order processes and new approaches on the way the CSBs identify a bed for persons in need. Janet also updated the VICC on leadership changes. Jim Stewart, Commissioner of the VA Department of Behavioral Health & Developmental Services has retired, John Pezzoli is now the Acting Commissioner. Olivia Garland has also retired and Daniel Herr is the new Assistant Commissioner for Behavioral Health Services.

Virginia Department of Education (VDOE)

Phyllis Mondak reported that Dr. Wright who is the Superintendent of the Virginia Department of Education has announced her retirement. Phyllis is in the midst of having her indicator reporting for preschool to be moved to a web based system, which will be a better way for the school systems to stay updated on what is happening. Phyllis is also hoping to tie in reporting from Part C to the SEA about who is being referred to the LEA. The Creating Connections to Shining Stars conference will not be held this summer due to hotel issues, but the conference will resume in 2015.

The Virginia Department of Education focus in the General Assembly was on SOL's. A bill that was tabled was the bill that would make it felony for teachers who do not implement an IEP, knowingly or not.

Virginia Department of Education-Project HOPE-Virginia

Dr. Patricia Popp informed the VICC that she is on the planning committee for the Creating Connections to Shining Stars conference. Dr. Popp will be doing a Talks on Tuesdays on Early Intervention in May. And lastly, Dr. Popp reported that she has the resources to do a launching pad that will relate to homeless education issues for young children and youth.

Virginia Department of Health

Joanne Boise reported that they also had some leadership changes. Dr. Cynthia Romero has resigned and the current Interim Commissioner is Dr. Marissa Levine. The General Assembly was fairly quiet for VDH this year but they did get a legislation passed that mandates critical congenital heart disease screening statewide. The HRSA grant for the newborn hearing screening program is up for competitive continuation. The focus of the grant application is continuing to be reducing lost for follow up with particular focus on quality improvement and doing short cycles of change.

Virginia Department of Medical Assistance Services (DMAS)

Ashley Harrell is in an acting management position at the Virginia Department of Medical Assistance Services and is replacing Brian Campbell as the VICC agency representative for DMAS. Ashley informed the group that the General Assembly approved to elimination of the 4 month uninsured waiting period for FAMIS eligibility. This will go into effect on July 1, 2014. The Cover VA call center currently has about 100 employees and since its start in October 2013, it has received 167,000 calls and as of this month has completed 33,000 applications for either Medicaid or FAMIS.

In other initiatives, part of the Affordable Care Act, is that the states have to implement Hospitals presumptive eligibility. Babies of FAMIS enrolled moms are deemed eligible for one year, this started last year as a pilot and now enrollment is done through the call center within 2 business days. There have been 257 enrolled since January. And lastly, Ashley reported the Magellan implementation is going on and children in foster care and adoption assistance will be transitioned into managed care.

Virginia Department of Social Services (VDSS)

Aleta Lawson, Director of the Head Start State Collaboration Project for the Division of Childcare and Early Childhood Development informed the VICC that Margaret Ross Schultze has been appointed by the Governor to continue as the Commissioner of the Virginia Department of Social Services. The department is required to conduct a needs assessment survey every year of the local programs to gage the status of their community partnerships. The results show that there is a consistent strong relationship with Parts B and C providers across the state. The federal government restored the sequestration funding for Head Start. Operational levels are hoped to be fully restored by March 2015.

In other big news, the Omnibus bill came through for the funding of a new Early Head Start and childcare partnership initiative. There is an annual training conference being held in Williamsburg in a couple of weeks. It is to include staff, parents and community partners.

Aleta also shared with us that there is an Early Head Start article featured in the Virginia Child Protection Newsletter (VCPN). The Virginia Child Protection Newsletter (VCPN) is published by James Madison University through a contract with the Virginia Department of Social Services. Each newsletter is focused on one or more topics on child welfare. The articles provide a survey of literature and also address current practice issues. Aleta is working with the editor to feature Head Start in the next issue.

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

Part C Update

The Part C update was given by Catherine Hancock. The following italicized report is verbatim from a written report that was provided.

1. *SSIP - This afternoon, Kyla and Beth will present a new initiative that is required by OSEP which is the State Systemic Improvement Plan. I am excited about this - builds on what we're already doing and that it moves us toward a focus on outcomes and results for children and families.*
2. *Status of funding requests in General Assembly*
 - *DBHDS submits requests for funding but doesn't have the final decision on which priorities are in the Governor's Budget. This year, there were other important initiatives such as the DOJ Settlement and the need for improving the crisis mental health system. In my experience, if a program receives significant funding in one biennium, it will not receive funding in the next biennium. There have been several funding initiatives for Early Intervention in recent years. They include:*
 - *SFY 12 - Additional funding from DBHDS \$1million*
 - *SFY 13 - \$2.25 million in the 2013 Caboose bill*
 - *SFY 14 - \$6 million*
 - *SFY 15 & 16- the additional \$6 million from last year was included in the base amount of state general funds allocated to Early Intervention*
 - *SFY 15- DBHDS identified an additional \$250,000 in special funds to upgrade ITOTS*
 - *SFY 14- Medicaid revenue was \$25.4 million. This includes approximately \$12.6 million in state matching funds.*
 - *These funding amounts compare favorably and generally exceed the allocations for other DBHDS programs. I think this demonstrates significant support for Early Intervention services.*
3. *Local allocations for next year (Dec 1st vs Jan 31st count)?*
 - *One model of allocation that is being considered would be to use each systems higher child count, either December 1st or January 31st.*

- *We recognize that an increase in one local system's child count, means less money for another local system. However, since the allocation formula is based on the money following the children, our goal is to allocate money based on an accurate picture of the number of children being served in each local system.*

Professional Development

Cori Hill provided information related to professional development. Webinars have been conducted on cultural awareness and Down Syndrome. Upcoming webinars are: May- Homelessness, April-Child neglect, June- home visiting safety. The EI recertification modules are being updated and coaching training is planned for this spring with follow up in 6 months with TA. There is a video in the works on evidenced based practice, there is also a new page being created on the website titled "What is EI and how it works".

The Early Intervention Professional Development Center's website has had 5,431 visits, 3, 656 unique visitors, and 13,597 page views. In addition, the Early Intervention Strategies for Success Blog has had 5,758 visits, 14,616 page views, 4,267 unique visitors, 522 subscribers, and over 100 posts.

Public Comment

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

My name is Alison Standing, I am the Local System Manager for the Rappahannock Area. I am speaking today on behalf of the twelve members of the CoCoA Steering Committee. The steering committee includes two local system manager representatives from each of the six regions of the state. For those of you who might not be familiar with CoCoA, CoCoA is comprised of the local system managers, and is our network for support, information sharing, and collaboration. In addition, CoCoA works closely with the VACSB regarding issues that affect our statewide early intervention system, including funding.

The steering committee would like to thank the VICC for the February 7th letter which acknowledges the efforts by the Part C office, local leads, system managers, and providers for the accomplishments demonstrated in the State Performance Plan.

We also would like to acknowledge the Integrated Training Collaborative and, in particular, Cori, Deana and Dana, and let them know how much our local systems appreciate the training website and its growing list of resources, and also the Talks on Tuesdays.

In addition, we are very grateful that DMAS and the Part C office were able to work together to eliminate the requirement to follow third party liability requirements when submitting claims for early intervention targeted case management. Thank you!

We are disappointed that our Part C budget amendments failed this year, and we are hoping we can secure and then maintain full funding in the future so all systems can serve all eligible children.

Finally, we appreciated the opportunity for collaboration last Friday afternoon when Catherine met with Bernita Sykes, our current CoCoA chair and local system manager for Henrico.

Thank you for the opportunity to provide our comments.

Part C and the Affordable Care Act

Althea Battle, Deputy Commissioner of the Life and Health Division from the State Corporation Commission (SCC) talked with the VICC about the Affordable Care Act and Part C- the SCC provides oversight and must approve all policies that are sold in Virginia. The SCC also reviews the policies to make sure that the EI benefit is in the policy. Please see below, speaking points from Althea's presentation.

- The \$5000 limit goes away with ACA (no dollar or visit limitations). Grandfathered plans can still have a limit.
- Rehab & Habilitation services are part of essential services (benchmark plan is state plan). May follow up on a complaint and do a targeted examination.
- The SEC will investigate complaints.
- The ACA doesn't apply to self insured and out of state plans. Must follow the rules of the state in which the policy is issued.
- If there is a problem with the insurance company or the policy, the SCC may be able to help
- Virginia doesn't have a definition of habilitation. VA is using the definition in the uniform glossary; this is in notice of plan benefits.
- Doesn't have a number of grandfathered plans that are in effect in VA. A plan will lose this grandfathered status if there is significant change in plan or costs. Plans in place on 3/23/2010 are grandfathered.
- Denials based on lack of medical necessity, can submit to Ombudsman at SCC – will help consumer with appeals process, if appeals process is exhausted then can go to external review. Can file on behalf of client with authorization from client. The CCC plans to have a list of companies who are operating on or off the exchange. Must be comparable if on or off. On exchange, are able to get federal subsidies. Only fully insured plans are on the exchange. Plans must meet VA requirements because SCC reviews and approves the plans.

Insurance Committee Update

ICD10

Kelly Hill took pediatric services webinar on March 11, 2014 and learned that crosswalks in software systems may not be reliable and therapists will need to learn how to code using the manual. This will require time and training. For every one code in ICD-9 there can be up to 14 options in ICD-10. There are supercodes that can indicate environmental situations such as if a child is in Foster Care.

Every child in part C receiving Occupational Therapy, Physical Therapy, or Speech will need a new Dr. authorization by October 1, 2014 with new dx code on it. Therapists will need to use their clinical assessment data to add codes for what they are treating in addition to the medical condition in order to establish medical necessity.

Medicaid will begin allowing trials of ICD-10 codes from April, 19, 2014 through August 29, 2014. Please refer to the website on how to use their training tools. Contact other Insurance Companies to ask about their trials. Private Insurance is behind in terms of establishing what ICD-10 codes will be covered and what will not.

Preparing for the State Systemic Improvement Plan (SSIP)

The Preparing for the State Systemic Improvement Plan (SSIP) update was given by Kyla Patterson. The following italicized report is verbatim from a written report that was provided. The handouts from the meeting are attached.

Catherine, Beth and I went to MSRRC Forum on the SSIP a couple of weeks ago. Phyllis was there too as part of the Part B contingent from DOE. Lots of great information. Wanted to make sure VICC members, as our primary stakeholder group, had some baseline understanding, since this is really going to drive our work and resources over the next 6 years. This presentation and supplemental materials were developed prior to OSEP's publication of the final SPP/APR package. Please use these materials accordingly.

But there's reason to be excited about this plan ... first, because we're going to be focusing on improving results for children and families instead of compliance; and second, because it will fit in with what we're already doing in Virginia.

The previous SPP/APR cycle has ended. Other indicators the same (except 9 and 14). We will no longer have to list improvement activities for each indicator. Why an SSIP – have focused on compliance and it has improved. That did not lead to improvement in results, outcomes for children and families. Now we get to focus on results ... more interesting, more closely tied to why we're in this field. Important to know that this will drive our use of resources

over the next 6 years. This is what we'll be measured on; must show impact so it will involve our time, focus, and money.

The proposed SSIP is to be developed in 2 phases and then implemented in a third phase that occur over the new APR reporting period of 2015-2020. Phase III continues thru 2020. Phase I is our task between now and February 1, 2015. The SSIP will be based on a detailed data and infrastructure analysis. Presented as a list of steps or items to complete, but not really linear; may loop back.

The Broad data analysis is about examining a wide range of data to be confident that an area of focus that eventually is selected has been well informed. When we look at our data, we'll see highs and lows that will begin to give us a sense of where we want to head. A broad analysis will prioritize low areas or areas of concern to help direct where we want further deeper analysis. There are a variety of data sources. Determine which indicators you want to focus on and the questions you want to answer. Then look for variety of data sources that can help answer those questions. Look for patterns, trends, gaps, outliers, etc.

Governance, Fiscal, Quality Standards, Professional Development, Data, Technical Assistance, and lastly, Monitoring and Accountability are the system components that make up the infrastructure. In broad infrastructure analysis, you want to think about which of these are associated with/contribute to high performance on child and family outcomes and which are associated with low performance.

Once you have potential focus area, you will need to do a more in-depth data and infrastructure analysis to confirm and figure out why it's happening. More specific questions will have you disaggregating data to look across subgroups or local systems, looking at trends, comparing sets of data. You will also have to look at how each system component (infrastructure) connects to the primary area of concern and look at coordination of the system components. As a result of putting together the information from the in-depth data and infrastructure analyses, you can confirm and/or further define primary area of concern you had as the focus for improvement.

A "Good" Focus for Improvement is supported by the data, will make a significant impact on results, aligns with current priorities and initiatives, will (has potential to) leverage resources, addresses issues of disparate outcomes, is supported by leadership, has the necessary commitment to change and is feasible/doable (2-4 years). There's a body of evidence from the data that substantiates the rationale behind the focus. The story you can tell from your data is convincing to stakeholders. Focus area aligns with current priorities and initiatives in the state. The system has adequate capacity to support improvements in this focus area.

After the focus for improvement has been identified. The next step is to talk about what we're going to do about it and develop our theory of action. Also, describe changes in the State system, LEA's, EIS's, school and provider practices that must occur to achieve the State-identified, measurable improvement in results. States should consider developing a logic model that shows the relationship between the activities and the outcomes that the State expects to achieve over a multi-year period.

During Phase II, the state will strengthen the state infrastructure to support implementation of SSIP; support local systems in implementing evidence-based practices; and develop an evaluation plan.

During Phase III, state will conduct and review results and determine the progress of ongoing evaluation development and revise the SSIP as needed.

Theory of Action – Our Theory of Action will be to identify potential improvement strategies and development series of “if-then” statements that will be reviewed at the December VICC meeting. The final draft will be made available for stakeholder review and comment through end of December.

Broad Data Analysis and Input

Please see attached handouts presented by Beth Tolley. Notes on the VICC responses to questions regarding Broad Data Analysis and Input are attached as well.

Quality Improvement Committee

Allan shared with us that they are “Having the best year ever!” The committee is trying to determine what data that they should be looking at. Please see Beth’s Broad Data Analysis and Input handout for the data that the committee will be focused on.

Child Find Information and Data

Please see attached handouts presented by Allan Phillips.

Other VICC Business

VICC Vacancies and Reappointments

The Letter of Appreciation that was sent out by Kelly Hill was seen by Local System Managers but not the EI providers, Cori will check to see if she can get it out to them. The letter written to the Secretary of the Commonwealth regarding assistance in addressing the VICC membership

appointments and reappointments was sent out the last week of February. The office has been in contact with Karen and it is suggested the vacancies and expired appointments be tackled first, then the 2014 appointments, and lastly, the by-laws changes.

The following Action Items and June agenda items were identified:

Action Items

- SSIP continuation of Phase One with the VICC;
- Revision and implementation of survey related to insurance;
- ICD-10 information follow-up;
- In-depth data analysis;

Agenda Items

- SSIP;
- Agency Reports-Part C Report
- Insurance Committee updates;
- Quality Improvement Committee updates.

The next meeting of the VICC will be held June 11, 2014. The location is the:

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

The meeting was adjourned.

VICC Members Present:

Glen Slonneger
Angela Leonard
Kelly Hill
Joanne Boise
Phyllis Mondak
Allan Phillips
Dr. Patricia Popp
Jeannie Odachowski
Yolanda Tennyson
Sandra Woodward
Janet Lung
Aleta Lawson

Cathy Cook
Virginia Heuple
Ashley Harrell

VICC Members Absent:

Leslie Hutcheson Prince
Edwin Scott Moran
Dr. Corey Herd Cassidy
Em Parente
Rick Beaman
Kate McCauley
Sonia Lopez

Family Representative Present:

Debra Holloway