

Virginia Interagency Coordinating Council (VICC) Meeting
The Arc of Virginia
September 11, 2014
Final Minutes

The September 11, 2014 Virginia Interagency Coordinating Council Meeting was called to order by Kelly Hill. The roll was called by Karen Durst. There were sixteen (16) VICC members in attendance. Please see the attendance list following the minutes. The June 11, 2014 VICC minutes were approved with Joanne Boise making the motion to approve Allan Phillips seconding the motion.

Agency Reports

The Arc of Virginia, New Path Program

The Arc of Virginia update was given by Jamie Liban. 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 and support to family members with services questions. The information and referral component can take a lot of time, between the initial consultation and necessary follow up. Key trends in I and R calls have been accessing inclusive preschool, questions re: the Individual and Family Support program and reported difficulties accessing EDCD Waiver.

The Arc of Virginia is working with the Part C office to facilitate family input on the State Systemic Improvement Plan. A webinar will be held for families receiving early intervention services on Tuesday, October 7th at 1pm. Registration can be accessed at <https://cc.readytalk.com/cc/s/registrations/new?cid=7a0ekrzkeecc> or via The Arc of Virginia's facebook page.

The Arc of Virginia hosted its State Convention July 31-Aug 2 at the Hilton Short Pump. Nearly 500 people with disabilities, family members and professionals were in attendance. Sessions focused on helping families access needed support and learn about advocacy.

We are currently interviewing candidates for the Director of Family support, Director of Advocacy and administrative support. We anticipate these new members of The Arc of VA team to be in attendance at the next VICC meeting.

Virginia Department for the Blind and Vision Impaired (VDBVI)

Glen Slonneger reported that the Virginia Department for the Blind and Vision Impaired is encouraging people who are interested in services to individuals who are blind and visually impaired to apply to the Secretaries office for appointments to the Virginia board for the blind and vision impaired and also for their state rehabilitation council. In July and August the department partnered with the Virginia Department of Education to provide training to the parents of children who are blind in the basics of reading and writing of Braille. The department also provided intensive training to teachers of the vision impaired on how to teach Braille. Glen then reported that one of the major changes to the field of visual impairment is that the Braille Code (reading and writing) will be combined with the Nemeth Braille Code (mathematics), and will be called the United English Braille Code. And Lastly, the department is anxiously waiting to find out the impact of budget shortfalls.

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

VA Department of Behavioral Health & Developmental Services (DBHDS)

Heather Norton, the new director of Community Operations, informed the VICC that as of August 1, 2014, the Infant and Toddler Connection of Virginia transitioned back under the Division of Developmental Services and that she will be working with the Part C program directly. Heather went on to explain that moving forward in terms of helping children transition from early childhood services into those services that might have lifelong needs, the transition will help forecast the needs of individuals and link them more quickly to supports and services. And lastly, Heather reported that she also oversees autism services and there is linkage between those services and support that are offered in Early Intervention as well as the department. The connection of the Infant and Toddler Connection of Virginia to the VA Department of Behavioral Health & Developmental Services will help strengthen and coordinate care for individuals from birth to death.

Virginia Department of Education (VDOE) -No Report

Virginia Department of Education-Project HOPE-Virginia

Dr. Patricia Popp informed the VICC that the sub-grant rewards were offered to the local school districts. Project Hope has its annual Homeless Education Conference on December 4th-5th, 2014 at the Hotel Roanoke. The conference will include issues surrounding early childhood as well as across the spectrum going through the transition into college. Project Hope has become a point person for the school divisions to ensure that refugees are getting the health services and addressing other issues as needed. Because a lot of young refugees are here to work so school might not be their first priority, this negatively impacts the graduation rates.

Virginia Department of Health

Dr. Bethany Geldmaker

Dr. Bethany Geldmaker informed the VICC that the department is continuing to undergo further internal reorganization due to budget cuts. The Children with Special Health Care Needs and the Infant Program will be managed by Dr. Laura Kalanges who is with the Office of Family Health Services. Bethany manages Early Childhood Health which serves children from early childhood through adolescents and is also heavily involved with the infectious disease division. Bethany informed the VICC that the goal of The Child Health Programs at the Virginia Department of Health is to get information out to all and improving the health and well-being of children across the Commonwealth with the belief that all children deserve the same care. Lastly, time is approaching for the Maternal And Child Health Block Grant application(Title V). This year the national performance measures are heavily focused toward children with special needs.

Ruth Frierson

Ruth Frierson of the Newborn Hearing Program presented on the 2012 Hearing Screening and Follow-up Survey Data. Ruth reminded us that the goal of the newborn hearing program is to have children screened before one month of age, diagnosed by three months of age and enrolled in Early Intervention by six months of age. Out of the 161 children diagnosed with permanent hearing loss, 157 of those were eligible for Part C services. 64 out of the 157 were enrolled in Part C by six months of age.

Historically, over the last few years the program has greatly improved their system, their follow-up numbers, has reduced the age of diagnosis, and has seen improvement across the board with data. Unfortunately, the data for enrollment of children into Early Intervention services has not shown improvement. A workgroup was formed to determine how the enrollment data could be improved. As of August 1, 2014, a new module was released to train Early Intervention providers on how to use the visit system. Since August 1, 2014, 83 providers has signed up and been trained, 44 providers has used the system, and there has been 16 referrals.

Virginia Department of Medical Assistance Services (DMAS)

Joanne Boise reminded the VICC that as of July, there will be no uninsured waiting period for enrollment into FAMIS. The department is still working on bringing back enrollment in the FAMIS Moms Program which is for pregnant women. Along with that, the department will be increasing the poverty level for enrollment in Plan First which is a family planning program. Effective in August, the Cover VA Call Center will be turned back into a central processing unit. Joanne was excited to report that DMAS had a big week because of the announcement of the Governors 10 Point Plan. Joanne's unit will be actively involved in a couple of those plans, one being, making FAMIS applicable for dependents of state employees. Joanne was also excited to report that DMAS is planning to offer dental services to pregnant women.

Virginia Department of Social Services (VDSS)

Aleta reported that the only new information she has about the Early Head Start-Child Care Partnership grants is that the grants were due August 20, 2014 and they are in the process of assembling the grant review panels now. She does not have official information on how many grant proposals were submitted from Virginia.

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.

Part C welcomed new monitoring consultant Sarah Moore who was formerly the Local System Manager for the Chesterfield Infant Program. There has been some money set aside to develop an interface with the ITOTS system and our local users. I am excited to report that because the way Part C is funded, they were not asked to come up with any budget cuts. Several staff attended Improving Data, Improving Outcomes Early Childhood National Conference hosted by DaSy, ECTA, and IDC in New Orleans, LA where we gave five presentations. The biggest thing that Part C has been focused on is the State Systematic Improvement Plan. Our OSEP contact, Danny Rice, complemented Virginia on its progress, he stated that “ we are one of the better oiled engines going”.

Professional Development

Deana and Cori presented a video titled “What is Early Intervention”. This video features Virginia service providers, families, and administrators as they describe early intervention. Video clips and photos are also featured to help viewers understand what early intervention looks like and why it works. The video can be viewed on the new Virginia Early Intervention Professional Development Center’s website (www.veipd.org). Cori went on the report that intensive work on the certification modules revisions has required a lot of behind the scene work to get the management system merged. The certification modules and the non required modules are now on one site. On September 9, 2014 there was a Talks on Tuesdays webinar titled “Do You Hear What I Hear”. With over 100 registered, the webinar provided an opportunity for early intervention providers, administrators, and families to learn more about Virginia's Early Hearing Detection and Intervention (EHDI) program. Ruth Frierson, Program Manager, shared key information about how Virginia is doing to meet the 1-3-6 benchmarks for early hearing detection and intervention. Ruth was joined by a panel of experts who was able to address questions about hearing, family support, and collaborations with the Part C system statewide. Ruth also discussed changes that have been made to increase collaborations with Part C local systems.

The Virginia Early Intervention Professional Development Center is very excited because there has been an 10% increase in the blog being used internationally. Cori informed the VICC that they are preparing for the Early Intervention Institute conference that is being held October 14, 2014. The Early Intervention Institute is designed as a professional development opportunity to provide EI practitioners with current, practical knowledge and skills related to the implementation of evidence-based practices with families of infants and toddlers. The featured keynote speakers will be Dr. M'Lisa Shelden and Dr. Dathan Rush. Early intervention service providers (developmental service providers, occupational therapists, physical therapists, speech-language pathologists, etc.), service coordinators; local system managers; supervisors and administrators, faculty and students should attend this conference. Registration is \$50.00 per person.

Please see attached handouts presented by Cori Hill and Deana Buck.

Public Comment

The following italicized report is verbatim from a written report that was provided by Robin Crawley.

I am speaking today on behalf of the twelve members of the CoCoA Steering Committee. The steering committee includes two local system managers from each of the six regions of the state.

The steering committee would like to thank Part C office for the informative SSIP webinars in August. It was helpful to see the statewide data, and we appreciate the opportunity to be involved in the process. We thank the Part C office for extending the due date for Family survey demographic data to early February.

We are encouraged by the Governor's recent action establishing the Children's Cabinet and the Commonwealth Council on Childhood Success. This demonstrates Governor McAuliffe's ongoing priority for early childhood. We look forward to the work of the Cabinet and Council and stand ready to assist in any way we can.

We would like to make a request of some VICC members. As you might know, each local system is currently drafting their local interagency agreements. Our agreements must be finalized, signed and submitted to the Part C office by the end of October. We would appreciate VICC members from the Department of Health, Department of Social Studies, and Department of Education encouraging participation in the development of the local agreements by your local counterparts. Your support of this process on the local level would be very helpful. Thank you!

Finally, some local systems are anticipating a financial shortfall this fiscal year. In response to a recent survey, 9 of 33 responding local systems report a projected deficit which totals \$67,000. Other systems are not currently anticipating a shortfall and, for some, it is because of continued local funding. However, local funding amounts are also decreasing and will eventually reach their capacity for funding EI services. A continuing issue, noted in the

Initiative Inventory for the State Systemic Improvement Plan, is the rate for EITCM does not yet come close to the actual cost to the actual cost of providing this service.

In light of the survey results and the Governor's announcement of a two year state budget shortfall which will directly impact the local leads, we are interested in plans to address our projected Part C shortfall. We would also appreciate a reexamination of the allocation formula, including how it pertains to private and public insurance reimbursements. Local System Managers are willing to support this effort.

Thank you for the opportunity to offer our public comment.

Insurance Committee Update

The following italicized report is verbatim from a written report that was provided by Kelly Hill. **Please note:** *The asterisk notes where TA might be indicated – to address with Insurance or Local System.

We had 17 completed surveys, 7 gave partial responses with missing insurance information/collections.

Barriers to Getting in network/payments:

- 1) *No need for providers - Private Insurance does not distinguish between EI and Pediatric Out-pt. Rehab.*
- 2) **No office in Northern Va. – Kaiser*
- 3) *Credentialing each provider vs. entire Group is time consuming – Carefirst*
- 4) *Timing – For Ex: TriCare requires that the referring Physician put the order for Assessment in the HER prior to being done. The parent calls to request assessment and Part C timeline starts but the Physician's office is lagging. Sometimes the parent hasn't discussed their concerns with the Dr. and the Dr. requires the child be seen by their office in order to address concerns and write the referral – this is a Tri-care requirement. Some local systems have started identifying insurance at intake so that parent can be alerted to this need if they are Tri-care.*

**More physician education has to be done to educate them on our Part C timeline requirements (different than private clinic). Timing – denials continue due to missed timelines regarding submitting claims; re-authorizations; and requests for more information.*

Lead Agency billing methods aren't keeping up with Medical billing – may be due to lack of training/lack of office support/and over-reliance on Medicaid and Part C. In some programs, this billing lag is also impacting families who do have a cost share.

- 5) **Denials due to lack of “organic cause” (clinical etiology is not present). Most often occurs in Speech. Perhaps this can be addressed by Part C office referencing “habilitative services” as an essential benefit.*
- 6) *Private Providers are opting out of getting in-network because they are small and this is time-consuming.*

**Private Providers must bill for their services no matter what the insurance is; in or out of network; even if they know it will be denied.*

Lead Agency Barriers:

- 1) *Private Providers or Billing offices unable to provide requested survey information – this is very concerning since it is part of provider contracts, budgeting, and fiscal management.*

**Part C may need to address accountability as part of TA*
- 2) *Decreased support and communication between ITC program and Lead Agency – LSM’s reporting they are not aware of what is happening with Claims processing once it is given to Billing Dept.*

Additional Areas of TA Need:

- *Tri-Care management*
- *Anthem - improve EI processing beyond a single person (not limited to one person)*

State Systemic Improvement Plan (SSIP) Update (Kyla Patterson and Beth Tolley)

SSIP: Factors to Consider in Selecting the Initial Cohort of Local Systems

Purpose: Since we have limited resources (money, time, etc.) and need to demonstrate a significant impact on our chosen result within a relatively short period of time, states are expected to initially focus their implementation of improvement strategies on a subset of their statewide system. Since Virginia’s data did not show any one population doing worse than another in a way that we could say it was due to the quality of services, it makes sense to focus on a subset or cohort of local systems rather than a subset of the population.

Suggested Factors to Consider in Selecting the Initial Cohort of Local Systems:

- Level of interest from the local system
- Local system’s data system (more robust)

- Include a diverse group of local systems:
 - Mix of local systems at low and high end of performance on children leaving at age expectations in the area of children taking action to meet needs
 - Variety of configurations for service delivery (all in-house, all contracted, mixed)
 - Mix of demographics
 - Large and small systems
 - Across regions
- Local system's status on data quality measures
- Enough children in total cohort to make a statistical difference in results
- With a smaller cohort, will have quicker results with rapid improvement cycles
- Local systems with internally driven accountability for the process
- Consider short-term and long-term improvements and how moving from the cohort to statewide implementation will work
- Consider collaboration with Virginia Department of Health's Continuous Quality Improvement plan/process for children with hearing loss

SSIP: Brainstorming Possible Improvement Strategies

Purpose: To identify potential broad improvement strategies that will increase the percentage of children exiting at age expectations in the area of children taking action to meet needs

Suggested Improvement Strategies (number in parentheses indicates number of votes the strategy received as a priority from VICC members):

- Include focused family input and support in planning and implementation of improvements; ask families for their ideas about improvement strategies; consider comparison of family perspective to provider and state perspective (7)
- Improve data quality and inter-rater reliability (6)
- Increase training on scoring/rating children in the area of taking action to meet needs (6)
- Collaborate with Virginia Department of Health on work they are doing to improve outcomes for children with hearing loss (5)
- Provide training that helps providers connect the dots between the assessment tool, the Child Indicator booklet, and the rating (4)
- In improving results for children, look at how families interact with their child (4)
- Improve our statewide data system (ITOTS) capacity (3)
- Assure providers who participate in indicator ratings all understand typical development, avoiding development drift (2)
- Map out the data (2)
- Increase interagency collaboration (2)

- Improve data sharing on individual children (2)
- Have the service provider(s) look at the initial rating on taking action to meet needs to see if they agree with the score given by the initial assessment team (2)
- Develop an interface between state and local data systems (1)
- Provide training and tools to increase competence with working in challenging situations, such as when family is missing appointments, not interested in coaching, etc. (1)
- Clarify how to incorporate cultural/family values and expectations into the rating (1)
- Develop operational definitions of terms used to ensure shared understanding (1)
- Link to initiatives for families to help meet families' significant and ongoing needs
- Ensure providers conduct and consider ongoing assessment of family resources, priorities and concerns
- Increase the ability of providers to communicate with and understand family needs, resources, preferences
- Look at variability of levels of service coordination and family support
- Link to policy work across agencies and initiatives to improve upfront support for children and families that can prevent issues
- Collaborate with other initiatives related to home visiting and screening
- At local system level, learn from providers how they do the ratings
- Analyze results on this indicator in relation to child's diagnosis and develop improvement strategies and expectations that are specific to a given diagnosis
- Conduct a cross-sector needs assessment at the local level using the data we've gathered
- Conduct a process flow analysis at the local level, include families
- Build communication bridges throughout the EI process
- Expand use of social media to improve communication at all levels of the system (state to local, local system to providers, among providers, with families)
- Look at successes other programs have had in using texting, apps, and other electronic solutions (including partnering with wireless providers) for appointment and other reminders
- Improve connection/communication with other agencies serving an individual child and family
- Leverage resources and reduce duplication by figuring out what other agencies are involved with this family and sharing resources across those agencies to reduce the number of people interacting with the family
- Set tone, environment with the improvement strategies that fosters honesty (not punitive)
- Develop and share case studies with ratings
- Ask each family what they want and what will work for them for communication and coaching

Autism Presentation (Dr. Donald Oswald)

Dr. Oswald is the Director of Diagnostics and Research at Commonwealth Autism Service. Dr. Oswald is a licensed clinical psychologist with over 30 years of experience working with people with autism spectrum disorders. He obtained his PhD in clinical psychology in 1989 from Virginia Tech and completed a clinical internship at the Yale Child Study Center. Dr. Oswald has been active in teaching and research related to the diagnosis and treatment of individuals with autism spectrum disorders.

For the past 20 years, he was on the faculty in the Department of Psychiatry at Virginia Commonwealth. While there, Dr. Oswald collaborated with Commonwealth Autism staff in creating the Trans-disciplinary Assessment Clinic to provide diagnostic assessment services to young children and their families. He served on the Commonwealth Autism Service Board of Directors for twelve years before joining the staff in 2010. Dr. Oswald is an Independent Trainer for the Autism Diagnostic Observation Schedule and the Autism Diagnostic Interview – Revised and has provided training workshops on these instruments throughout the state of Virginia.

Attached are the PowerPoint slides handed out at the VICC meeting.

Quality Improvement Committee

Allan Phillips discussed the tables/graphs of the monthly birth to one and birth to three child find trends. He reported that they have been following the same patterns with growth in both areas and the birth to three child count is consistent and going up.

Please see attached handouts presented by Allan Phillips.

Other VICC Business

VICC Quality Improvement Project

- Request fiscal report from CSBSs
- Rework Questions
 - Carol Burke and Lynne Wolfe
- Resend to Local System Managers
- Emphasize the purpose and benefit

The following December agenda items were identified:

Agenda Items

- ICD-10 information follow-up;
- SSIP;
- State-Identified Measurable Result (SiMR) Update;
- Insurance Survey Updates; and

- Karen Walker and Dr. Oswald presentation.

The next meeting of the VICC will be held December 10, 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
Kelly Hill
Joanne Boise
Allan Phillips
Dr. Patricia Popp
Jeannie Odachowski
Yolanda Tennyson
Dr. Corey Herd Cassidy
Ruth Frierson
Virginia Heuple
Heather Norton
Aleta Lawson
Bethany Geldmaker
Sandra Woodward
Rick Beaman
Cathy Cook

VICC Members Absent:

Leslie Hutcheson Prince
Edwin Scott Moran
Angela Leonard
Sonia Lopez
Phyllis Mondak
Kate McCauley
Phyllis Mondak
Kate McCauley

Family Representative Present:

Jamie Liban