

Virginia Interagency Coordinating Council
December 12, 2001

This meeting was held at the Department of Information Technology (DIT) in Richmond and was tele-linked to three other locations including another room at DIT, Catawba Hospital in Southwest Virginia and Southeast Virginia Training Center in Tidewater. The meeting was called to order at 9:40 AM by Dr. Blackman, Vice-Chair. See attached attendance list.

Beth Tolley reviewed the procedures for public comment. Barbara Mease requested that folks not be required to provide a verbatim written report of comments. Anne Stewart stated that the VICC would like to encourage public comments in a multitude of ways, including emails and phone calls to any member of the VICC, and through participation in committees and work groups. The reason for requesting a written record is to validate the importance of the input through written documentation. The written copy does not need to be verbatim.

Anne Stewart acknowledged the September 11, 2001 tragedy and offered to provide a list of web-based resources to provide information about how to talk with family, how to cope with the events and subsequent emotions, and modifications to use for children with a disability. The list will be attached to the minutes and will also be emailed to Part C council coordinators and the family-professional list-serve.

Family Report

Wanda Pruett reported that families are concerned that no extra dollars are being committed to the early intervention system. Wanda also provided information about the Family Involvement Project, including handouts for VICC members. See attached Family Report and handouts.

The value of the parent-professional email list-serve was discussed, including using it for conference announcements. Anne Stewart asked if there was a link to the Service Coordination trainees. Anne Lucas reported that a contract has been developed with the Virginia Institute for Developmental Disabilities (VIDD) to coordinate all of the work that is being done in training. An advisory committee will be developed and will address linking to the list-serve. Family Involvement Program information will be shared at all trainings provided through Part C.

Brenda Laws reported that Regina Myrick attended their council meeting and offered to send the family newsletter to service coordinators and the service coordinators will disseminate to all families in order to keep them informed.

Jim Blackman asked if families should be referred to the Arc in Charlottesville in order to be connected with other families. Wanda Pruett suggested that information about the Parent Involvement Program, including Parent to Parent be provided directly to the parents. Wanda requested that providers not make the decision about what information families should or should not receive. Cherie Takemoto said providing parents with connections to other parents allows parents in the system to serve as "early intervention cultural guides" for new families entering the system. Anne Lucas suggested that providers give families the toll free number (1-888-604-2677) so that the families can be linked to the family representatives for information and assistance.

VICC Appointments

Anne Stewart has continued to make calls and speak with elected representatives about the need for appointment of new members to the VICC. She reported that the meetings have been good, though no specific assurances of action have been made. She encouraged individuals to make calls to their representatives. She suggested that Family Support and Advocacy (FSA) Committee take a leadership role in this area. Dana Yarbrough responded that the committee is working with Shirley Ricks and Anne Lucas. Shirley reported that the FSA is doing a good job in advocating for VICC appointments. Cherie Takemoto said that, according to Bobby Stettner-Eaton, interagency coordinating council appointments is an issue for many states.

Part C Update

Local Contract

Anne Lucas reported that the draft revised local contract was disseminated and posted on the Web site (www.dmhmrzas.state.va.us/vababiescantwait/) for public comment in November. Public comment will continue through January 21, 2002. A representative group of state and local personnel developed the new contract, which clarifies roles and responsibilities of fiscal agents, local councils and the state. The workgroup will review the public comments and make modifications. A copy of the draft contract is currently at the Office of the Attorney General (OAG) for preliminary review. Any changes made as a result of public comment will be sent to OAG. The current local contract is a 9-month extension of last year's contract (through June 30, 2002). New contracts will be from July 1 through June 30.

IDEA reauthorization

Shirley Ricks, Anne Lucas, Mary Ann Discenza, Cherie Takemoto and Pat Abrams attended a preliminary meeting in Washington, DC this month concerning reauthorization of the Individuals with Disabilities Education Act (IDEA). (This was a preliminary public meeting. The official public comment meetings will be announced to allow sufficient opportunity for comment.) Part C is not permanently authorized; Part B is. There was universal support in the parent meeting for permanent authorization for Part C. Input heard at the meeting included the following:

- IDEA is too complex
- IDEA focuses more on process and timelines than outcomes for children and families
- Lack of trust and the litigious atmosphere associated with special education are issues for Part B and may also be relevant to Part C. There is an emphasis on mediation (which has been the focus in Virginia).
- OSEP is looking for outcomes.
- Use of tax dollars to fully fund IDEA (30% more than current funding is needed to reach the level of federal funding specified in IDEA).
- Consideration of revisiting the nonsupplanting regulation in light of the tremendous amount of funds localities have pumped into early intervention and special education.
- Special education can't be fixed by having a separate program. Early general education needs to be strengthened at federal level (don't know how yet) for children who are having difficulty, especially with reading/literacy.

Pat Abrams reported that approximately 300 people, including individual parents and representatives from private and public schools and parent training centers, attended the public hearing. Cherie Takemoto reported that discussion included issues for children with behavioral problems and the need to extend education for all children who need it, regardless of whether their behavior (which interferes with their learning) is the result of a diagnosis or condition that makes them qualify for special education.

Cherie Takemoto reported that Loretta Petty, a former Virginia Interagency Coordinating Council member has been appointed Deputy Assistant Secretary for the Office of Special Education and Rehabilitative Services.

Interagency Data System

DMHMRSAS has a contract with Old Dominion University (ODU) to develop an integrated data system. Jeff Harlow (ODU) is contracting with Health Informatics and has created an integrated tracking database. A case management module for children's specialty services has also been developed. The design of the data system is intended to be user friendly and practical. Through better collection of more comprehensive data, it will be possible to get a better idea of family needs throughout the state, as well as answer cost and utilization questions. The data system is a Web-based module and will be able to integrate data from other data systems. The individual child count data is being collected via this system as a first step.

Funding Formula

The current funding formula does not take into consideration the various base funding levels from one locality to another. Regardless of how the Part C formula is revised, it would be layered on an uneven funding base due to the wide variation of local funding levels. One goal for the interagency integrated data system is to be able to collect the kind of information that can be used to develop an equitable funding formula that will address variances in local funding levels. At this time, there is not a clear picture of the total early intervention funding or how that funding is used.

Public Comment

The following persons provided public comments. Jean Hearst, Pat Rogers, Carol Burke, Nancy Butts, Debbie Clark, Jeannie Odachowski, Katie McCullough, Kathy Phillips, Janice Tawny, Linda Hutton, Jaime Estes, Dana Yarbrough, Debbie Billodeaux, and Deana Buck. Much of the public comment centered on a concern by providers about their ability to continue to provide early intervention therapy services. The central point was that the reimbursement system by Medicaid (especially through the implementation of Medallion II and the new parent sliding scale fee structure) was insufficient to pay for services. Some programs are losing money each time they provide therapy services. Crossroads CSB reported that they have ceased providing services because they cannot recruit providers at the rate they are reimbursed. In addition the costs of providing services in the natural environment along with associated travel expenses are not reimbursed by Medicaid. See attachment for full text of comments.

Part C Update – continued

2000 Virginia Policies and Procedures

Anne Lucas reported that the 2000 Virginia Policies and Procedures were disseminated in August. Localities have been asked (through the MIMS process) to make necessary modifications (as a result of revision of state policies and procedures) by May 1, 2002.

Tuition Assistance

David Mills provided an update on Tuition Assistance update. Tuition assistance funds have been used by 15 persons; 12 who are/were taking graduate level courses and 3 who were/are taking undergraduate level courses. Three individuals have completed their coursework and now meet the highest standard requirement.

Family-Centered Early Intervention and National Significance Natural Environments Project

Beth Tolley reported that Carol Trivette provided family-centered early intervention training for Part C staff, parent representatives and Local Regional Direct Service Committee (and other local) representatives in October. Training materials are available on a regional basis. A follow up will be planned in conjunction with representatives from the National Significance Natural Environments Project personnel in early 2002.

Continuous Improvement Monitoring Process (CIMP) Committee

Anne Lucas reported that the CIMP committee met in August to continue improvement planning. The August meeting included training in use of the logic model for analysis of data, improvement planning and collection of evidence of change. Staff from the Office of Special Education Programs (OSEP) participated in the meeting. Plans of Improvement were initiated during the August meeting for Ability to Pay and the 45-Day Timeline. These were finalized and submitted to OSEP October 15, 2001. Work was also done using the logic model to facilitate analysis of data about service coordination from the self-assessment process. This was also submitted to OSEP along with a timeline for submission of remaining plans of improvement. A conference call meeting was held in November. Committee met November and the following decisions were made.

- The timeline will be revised- remaining Plans of Improvement will be submitted to OSEP in May 2002
- The role of the CIMP Committee will be oversight and coordination. The committee will review plans of improvement and including proposed strategies to determine if they are appropriate to meet the desired outcomes. Existing groups will develop the proposed plans of improvement and will do the follow up and revisions. Assignment of topics to committees is as follows:
 - 45-Day Timeline - LRDS
 - Ability to Pay - CQI-ATP
 - Cultural diversity - Cultural Diversity Advisory Committee (CDAC)
 - Service Coordination - PTDC (with consultation with the Family Support and Advocacy Committee and the Local Regional Direct Services Committee)
 - Data - Integrated Data Task Force
 - Local Monitoring - Monitoring and Improvement Measurement System (MIMS) Task Force

- Finance - Early Intervention Interagency Management Team (EIIMT)
- Plans of Improvement are to be drafted and submitted to the CIMP Committee in February for review prior to submission to the VICC at the March VICC meeting. The final Plans of Improvement will be due to the Part C office the first part of April for processing through DMHMRSAS by May 1, 2002.
- Broad input will continue to be encouraged and facilitated. (Anne Stewart reported that the committee started with a very broad based work group and has now created an administrative structure that will meet federal requirements, maintain broad input, take advantage of existing committees and integrate use of logic model throughout existing early intervention committee. The CIMP Committee is another check for the system – comparing plans to evaluation findings and looking for systemic issues.)

Persons interested in participating on the CIMP Committee should let Anne Stewart know. Anne Lucas stated that integrating the work of existing committees into the CIMP process is important because the improvement process is continuous. Jeff Harlow and Nancy Butts are Co-Chairs of the CIMP Committee. CIMP will be on every VICC agenda.

Brenda Crockett asked what the EIIMT is doing to address the finance. Each management team member has been asked to work with their agency head to maintain commitment (including financial) to the early intervention system.

Barbara Mease commented about the number of public comments concerning funding issues. She said that when people had regular Medicaid, there were not as many problems with funding and questioned whether Medicaid could allow infants and toddlers to have Medallion I or regular Medicaid rather than a Medicaid HMO.

Wanda Pruet, Chair of the EIIMT reported that without a system in place to provide the information about the total actual costs of provision of early intervention, it is difficult to determine what additional funding is needed.

Election of VICC Officers for 10-1-01 - 9-30-02

Shirley Ricks presented the slate of officers nominated by the nominating committee:

Cherie Takemoto – Chair
 Anne Stewart – Vice-Chair
 Brenda Laws - Secretary

Jim Blackman moved that the slate of officers be elected. Pat Dewey seconded the motion. VICC members voted and the motion passed.

Anne Stewart expressed appreciation to outgoing officers.

Public Awareness Update

See Public Awareness report. David Mills reported that work is progressing on the public awareness materials. The next step is internal DMHMRSAS review of the drafted materials. May is the target date for official launch of the public awareness campaign. The agency contracted to do the public awareness work developed a cover for the annual report (which is to be sent to OSEP this month following approval by the DMHMRSAS Commissioner).

Monitoring and Improvement Measurement System (MIMS) Update

Mary Anne White provided information about the current activities and timelines for MIMS. This round of MIMS has been a learning experience and changes will be made based on what has been learned. 19 councils went through MIMS site reviews; reports have been completed for 8 of those. State Review Team (SRT) training will take place in Spring 2002. Site visits will occur from July through December 2002. Mary Anne also reported that the MIMS task force has changed focus. The task force will function in advisory role.

Continuous Quality Improvement - Ability to Pay (CQI - ATP) Work Group Update

Mary Ann Discenza reported that the work group continues to meet to address questions that have arisen during implementation. Wanda Pruett, State Family Representative and Emily Dreyfus, Chair of the VICC Ability to Pay Work Group will work together to set up (and implement) a mechanism to obtain broad input from families about the new procedures. One of the biggest challenges at this time is dissemination of information (answers to questions, clarifications, etc.) to the field. A list-serve was developed and may be expanded. The goal is to find the most effective way(s) to get information to the field that is clear, concise and timely. The ATP-CQI Workgroup will meet again in February 2002.

Other Business

Cherie Takemoto asked that the VICC address the issue of funding in response to the public input heard earlier in the meeting. She asked for clarification about not having the needed financial information. Wanda Pruett responded that the EIIMT (and Early Intervention Agencies Committee) does not have complete and accurate information about the cost of providing services. Pieces of information are available, but not the total cost of providing early intervention in each locality. Anne Lucas stated that the only funds Part C has control over are Part C federal funds and \$125,000 State funds designated for Part C early intervention. While data (complete information concerning the total cost of providing early intervention services) is essential, the focus must remain on the welfare of the children and families, including the number of children needing services and who is not getting services. Shirley Ricks stated that issues dealt with years ago must be revisited. Data is needed about how infants and families are impacted, not just information on the impact to providers. She reported that there is an issue with the fact that most of the information is self reported data. Anne Stewart emphasized the need to collect information in multiple formats.

Pat Abrams stated that at the IDEA federal public meetings she attended, most state directors commented that they wanted national standardization of Medicaid reimbursement for both Part C and Part B.

The VICC needs to make sure that people know when public comment is accepted. Detailed information about children not being served is needed.

Cherie Takemoto made a motion that the "VICC send a letter to the Agency Heads, Governor Gilmore and Governor-elect Warner highlighting the concerns heard today and requesting a meeting. Helen Bessant-Byrd seconded the motion. The question was called and the motion passed.

Brenda Crockett reported that children are not being served. Anne Lucas responded that Part C must be informed if children are not being served. The Part C Office has received information

about the need for additional funds, but has not received information about children not being served. This is the information that is needed: numbers of children who can not be served and the services that are needed.

Barbara Mease said the process for addressing the funding and reimbursement issues is not proactive. Providers have provided scenarios and information. She stated that individual providers are not the issue and shouldn't be; when the same issues are heard from so many providers, it is a systemic issue.

Shirley Ricks reported that all of this information has been presented to agency heads. The agencies require justification of funding needs related to the numbers of children needing services and the numbers who will not receive services because of funding issues.

Helen Bessant-Byrd stated that both issues must be addressed: the number of children not being served and how financial issues are impacting providers.

Barbara Mease stated that one of the most effective things for early intervention was the law allowing children to opt out of Medicaid Managed Care. "This law was turned into an appeals process rather than parental choice." She recommended families and providers getting together to support legislative action. Barbara stated that she believes that appropriate Medicaid reimbursement would resolve much of problem.

Cherie Takemoto reminded providers informing families about the list-serve can help with linkages and networking.

Anne Stewart expressed appreciation for what people have done to serve children and families and to gather information to demonstrate continued financial needs.

The meeting was adjourned at 12:35 PM.

The following committees met after the VICC meeting:

- Family Support and Advocacy
- Local Regional Direct Services Committee
- Personnel Training and Development Committee

Attachments:

- Attendance
- Resources for Coping and Assisting Children to Cope with Trauma
- Public Comments

December 12, 2001 VICC Meeting Attendance

VICC Members

Anne Stewart	Cherie Takemoto	Brenda Laws
Helen Bessant-Byrd	James Blackman	Shirley Ricks
Pat Abrams	Glen Slonneger	Yolanda Tennyson
Pat Dewey	Charlotte Scharff	Barbara Mease

Families	Committee Membership		Committee Membership
Dana Yarbrough	FSA	Wanda Pruet	FSA
Stacia Lee	FSA	Shelly Walker	FSA

Council Coordinators

Brenda Crockett	LRDS	Jeannie Odachowski
Allison Standing	LRDS	Mary Lou Hutton
Kathy Phillips	LRDS	Sue Balun
Katy McCullough	LRDS	Cindy Burgess
Debbie Billodeaux	LRDS	Heidi Graham
Linda Eggleston		Diane Evans (parent)
Susan Werner (parent)	FSA	Jaime Estes
Carol Burke	CoCoA Chair	Dick Aubry
Deana Buck	LRDS	Shayla Hill

Providers

Sandy Mahon		Pat Rogers	
Jean Hearst		Nancy Butts (grandparent)	LRDS
Cori Hill	FSA	Frances Rudd	FSA
Elizabeth Hutton		Janice Tawny	
Melissa Agee		Tristan Robertson	
Nora Turner		Debbie Clark	

Administration/TA, etc.

Linda Bradford (DOE)	LRDS	Cheryl Collier	MR Director
Jeff Harlow		Frances Rudd	FSA
Darlene Warsing		Linda Hutton, Program Supervisor	

Infant & Toddler Connection of Virginia Staff: Anne Lucas, Beth Tolley, Bev Crouse, Mary Ann Discenza, Mary Anne White, Cathy Fisher, Karen Durst, Chanel Billips, Muriel Felder, Keishia White

Resources for Coping and Assisting Children Cope with Trauma

www.nectas.unc.edu/violence/sept11resrcs.asp

National Early Childhood Technical Assistance Center

www.counseling.org/consumers_media/facts_childtrauma.htm

From the American Counseling Association website:

Helping Children Cope with Trauma

After any disaster, children are most afraid that the event will recur, that they or someone they love will be hurt or killed, that they may be separated from those they love and be left alone. Here are ways that you can help children cope with trauma:

- 1) Allow children to express their feelings about what has happened and share your feelings with them.
- 2) Reassure children that they are safe and that they are loved.
- 3) Be honest with children about what has occurred and provide facts about what happened. Children usually know when something is being sugar-coated.
- 4) Help children return to as normal a routine as possible.
- 5) Spend extra time with your child, especially doing something fun or relaxing for both of you.
- 6) Remember the importance of touch. A hug can reassure children that they are loved.
- 7) Review family safety procedures so children will feel prepared the next time an emergency situation occurs.
(NOT IMMEDIATELY IN THIS CASE.)
- 8) Talk with teachers, baby-sitters, daycare providers and others who may be with children so they understand how the child has been affected.
- 9) Watch for signs of repetitive play in which children re-enact all or part of the disaster.
- 10) Praise and recognize responsible behavior and reassure children that their feelings are normal in response to an abnormal situation.

www.counseling.org/consumers_media/

This part of the link also connects to information about how to identify post traumatic stress disorder and how to help you cope with crisis situations yourself.

www.esrnational.org/

Educators for Social Responsibility

www.esrnational.org/guide.htm

This section has questions and answers about how to respond to THIS crisis.

<http://cep.jmu.edu/vadisaster/kidspage/4kids.htm>

Virginia Disaster Stress Intervention: Primarily for natural disasters but the model/info/activities may be adapted.

Subject: Parent-Child Workbook

Annette La Greca at the University of Miami has been working on a parent-child workbook to help children (6 - 12 years) and families cope in the aftermath of the Sept. 11th attacks. (see description below). This project is funded by the BellSouth Foundation, and the initial distribution of copies is free. The workbook is at the printer and will be available for distribution within the week. If you would like a copy, please send your best mailing address to: e.lee@miami.edu.

Helping America Cope: A Guide for Parents and Children in the Aftermath of the September 11th National Disaster

The purpose of the project is to develop a workbook for parents and children to use together to facilitate children's coping with the aftermath of the recent bombing of the World Trade Center and the Pentagon on September 11th, 2001. This workbook has been developed as a public service, to help families cope. Although there are many disaster-related materials available, none specifically focus on parents and children working together.

The project brings together two individuals who have substantial expertise in understanding children's reactions to disasters and in helping children cope more effectively. Dr. La Greca has conducted two grants funded by BellSouth - one that focused on children's reactions to Hurricane Andrew and how to facilitate children's coping following natural disasters, and a current second project that is examining children's reactions to community violence and how to "keep children safe." (See www.psy.miami.edu for details.) Mrs. Sevin is a former Miami-Dade County, Florida teacher with over 30 years experience in the field of education. She is known for creating and implementing innovative educational techniques and programs, and has developed a number of educational workbooks for children on topics such as coping with disasters, safety, multicultural awareness, conflict resolution, and HIV awareness. (See www.7-dippity.com for specific examples).

Dr. La Greca and Mrs. Sevin will work together to develop a parent-child activity book that could be used with children from 6 to 12 years of age.

Based on prior research regarding children's reactions to disasters, the book will focus on key issues that will help children and families cope with their behaviors and feelings in the aftermath of the recent national disaster.

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II. Helping Children and Families Cope: Coping Strategies that Are Helpful

5. How Does Your Child Cope?
6. Things that can help: Normal Routines
7. Things that can help: Reducing Exposure
8. Things that can help: Staying Physically Healthy

III. Helping Children and Families Cope: Dealing with Special Situations

- 9. Fears and Worries- What You Can Do
- 10. Intrusive Thoughts and Dreams - What You Can Do
- 11. Managing Anger: What You Can Do
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IV. Helping Children and Families Cope: Final Section

- 13. Common Questions and Answers
- 14. Helpful Websites
- 15. Your Impressions of the Workbook: Questionnaire to Return

Children and Post Traumatic Stress Disorder: What Teachers Should Know

New From ERIC - October 22, 2001

The ERIC Clearinghouse on Teaching and Teacher Education has posted the first title in their 2001 ERIC Digest series. Available in HTML (<http://www.ericsp.org/pages/digests/PTSD.html>) and PDF (<http://www.ericsp.org/pages/digests/PTSD.pdf>) formats, this Digest explores how teachers can help prepare children to cope with trauma by understanding the nature of trauma, teaching children skills for responding to an emergency, and learning how to mitigate the after-effects of trauma.

Public Comments

December 12, 2001 Virginia Interagency Coordination Council Meeting

Note: Italics indicate that the comment was transcribed directly from the written copy provided by the commenter.

Jean Hearst, Director of Rehabilitation Services:

Healthkeepers Plus, one of the major Medallion II insurers, continues to remain a major problem for early intervention service providers. Reimbursement remains at \$49.50 /visit. We have continually expressed our dismay with Angela Brooks, the provider relation's representative; however, we have seen no change. The current \$49.50 does not cover the cost of service in the natural environment. Providers are prepared to inform councils that they will no longer accept Healthkeepers Plus referrals in the imminent future. Part C will be left with the expense of paying for the services that this Medicaid provider should be adequately reimbursing. We ask that VICC support providers' efforts to ensure adequate reimbursement from Healthkeepers Plus in order to support our councils and families.

Pat Rogers, Provider, Chesapeake Center

As a private provider of therapy services for Virginia's early intervention population in northern Virginia, Richmond, and Tidewater, we remain concerned about our ability to continue given the current reimbursement rates. Rates of reimbursement from third party payers were negotiated prior to, and independent of, the mandate to provide services in the natural environment. Consequently, we do not recoup the additional costs incurred through travel expenses and the loss of time from staff driving. We rarely recover enough to break even which we have been stressing to the VICC for several years. We are now at the point that, although committed to early intervention we are having to change the way we do business to counteract the loss of revenue. Specifically, in Tidewater we have made the decision to not accept any more Healthkeepers Plus referrals because the reimbursement at \$49.50 does not cover the cost of providing services in the natural environments. Since providers in this area with the expertise for this special population is limited, Part C will need to cover these families now. In addition, bearing in mind that the impact of the new Ability to Pay Scale on funding will not be known for some time, we are concerned that the State has yet to commit additional funds to offset increased expenses to our early intervention system.

Furthermore, we are clear that the obligation to cover the cost of the medical procedure belongs to the insurance companies. The obligation to cover the cost of adhering to the natural environment mandate belongs to Part C. As long as the real cost of the natural environment (regulation) is hidden, the individuals who are responsible to ensure that there is money available, and we will not be able to move along to full funding.

Carol Burke, Council Coordinator for Rockbridge County, CoCoA Chair

On behalf of the steering committee of CoCoA, the Council Coordinators' Association of VA, I have a public comment.

First, CoCoA wants to thank Anne Lucas for her continued support of and communication with CoCoA. At each steering committee meeting, we develop a list of questions for Anne and she responds to our questions prior to the next meeting. This has been very helpful.

We also want to thank David Mills and Wanda and Leann Pruett for attending our November Cocoa meeting and sharing the draft public awareness materials with us.

We want to share our concern about the dissemination of forms to the field. On September 25th, we received the final revised IFSP form and the instructions read that we were to implement this form on October 1st. We would like to suggest that the state Part C office recognize that it takes time to implement a new form and so to please allow us, in the future, reasonable timelines for implementation of new forms, especially forms that are as long as involved as the IFSP. We do try our best to meet Part C office timelines but this one was unreasonable.

Those of us who completed the MIMS process last spring are concerned by the delay in receiving our state review team reports. For many of us, we have been waiting over 7 months and still do not have a report. A wait this long for our reports is excessive; how meaningful will these reports be since so much time has passed? We hope that the process can be significantly improved so that this does not happen to the councils in the next round.

Finally, and while this comment has been made before, we want to remind you again that we are continuing to struggle. Our struggles are significant and growing.

We are struggling with insurance. Most of us have major insurance issues and we need help because we cannot solve our insurance problems ourselves. For example, the early intervention benefit is no benefit at all with some VA insurance companies; the payments, when we get them, are low and the amount of effort it takes to get payment makes it hardly worth the effort. With other insurance companies without early intervention benefit, it is, of course, no easier. We are spending an increasing amount of time on the phone trying to get approvals and payments while the reimbursement continues to shrink.

We are struggling to find and keep providers. Some localities cannot find providers that will accept certain insurances; providers cannot maintain a contract with many insurance companies because the reimbursement rate is so low. And providers are becoming more vocal about having to drive to the natural environment without being compensated for their time.

We are struggling because, for many of us, our child count is increasing and this is before the big statewide public awareness kickoff. As much as we want to have new public awareness materials, a statewide public awareness campaign that triggers even more referrals will likely make our situation even worse.

All of our struggles involve money. No other issue on your agenda will matter if we do not have the funding to continue to provide services. Therefore, Cocoa suggests to the VICC that you make the funding early intervention top priority. In the face of these financial struggles which are making our workdays more stressful by the day, we, as council coordinators, remain committed to early intervention and we would be glad to work with you, the Part C office and the early intervention Management Team in order to develop strategies to fully fund our system. Thank you.

Nancy Butts, Private Provider

I am a P.T. by training who is pediatric managed at a private practice serving children in 4 different council areas. I have been a P.T. since 1966 and have worked in E.I. more than 10 years. I stand before you today with deep concern for the children served through Part C being able to continue to receive therapy services. My concern is compounded by the fact that my colleagues are in similar situations.

Look around you! The chairs occupied by private providers today may very well be empty at the next VICC meeting in March. This is a stark reality, which is the product of a number of situations

- 1. The natural environment mandate makes the cost of providing therapy to any child more. (At present with private insurance children, the amount we lose by seeing a child for therapy can often be more than \$60 a visit based on our company cost for providing services). This includes parents and Part C responsibility. WE LOSE MONEY BASED ON OUR COSTS EVERY TIME WE SEE A PART C CHILD!*
- 2. Decreased revenues from insurance companies (who may be covered by the E.I. mandate but reimburse perhaps \$20-\$30 for a visit).*
- 3. Increased costs to get the small amount we get from private insurance. Typically it takes 2 months to get insurance company responses. It is not atypical for it to take 6 months to get reimbursed by a commercial insurance company. It takes time and money to refile and refile.*
- 4. Ability to pay has shifted more costs to Part C and Part C funds have not always been available to cover these costs. We have no assurance that Part C will be able to cover all of its obligations to Private Providers.*
- 5. Uncertainty regarding FAMIS and Medallion II Virginia Premier. Pre-authorizations will be needed on all Medallion II Va. Premier children and will be time consuming to get (and will cost the providers additional time and money). It appears from what information we have that more frequent reauthorization of visits may be needed again involving more time and money for providers. The CROWNING BLOW is that our reimbursement from them will be more consistent with private insurance. This will be another place where we will be losing money each time we provide a visit (to) a child. We are in a crisis situation at this time.*

We ask the VICC to be aggressive in assisting providers with this crisis situation at least to ensure that Part C funds are there to cover Part C obligations and to help with making funds available for help with administrative costs previously written off by therapy agencies.

Debbie Clark, Regional Director of Operations, Heartland Rehabilitation Services

My name is Debbie Clark and I represent Heartland Rehabilitation Services. Heartland provides therapy to five interagency councils in fifteen counties in southwest and western VA. We have the privilege of serving some wonderful families in some of the most beautiful areas of the state. However, these areas also happen to be some of the most rural and rugged in VA. It is not unusual for our therapist to drive over one thousand miles per month. We often log over one hour of travel to reach a family's home.

Therapy providers are often perceived as self-serving and certainly, this criticism is warranted in some instances. However, rehab agencies have been making significant contributions to early intervention for many years. For years providers have absorbed the indirect costs of infant services including indirect time for documentation, communication, meeting, and travel. We have also absorbed the cost of mileage and have often provided speech therapy to families at a considerable financial loss. One reason we have been able to continue serving babies and their families in rural VA is the ability to recoup the cost incurred in serving Medicaid eligible families.

At Heartland Rehab our average cost for treating early intervention families exceeds \$53.00 per visit. With implementation of the Medallion II Medicaid managed care program, we estimate that our typical reimbursement will drop below \$33.00 per visit. We simply will not be able to withstand the financial impact of this loss in reimbursement.

While cost based reimbursement may not always be the most efficient mechanism of paying for rehab services, it is often the only way of assuring that rural families who often face many social and economic challenges get the services they need. Complete elimination of a cost based system without a viable alternative method of reimbursement essentially amounts to an abdication of our responsibility to serve needy children and their families.

Therapy provides need your help in addressing this difficult issue. Information regarding the Medallion II expansion has been ambiguous but we understand that there may be an option for families to write and request to remain in the non-managed care Medicaid program. If this were indeed an option, would infant service coordinators be able to share this information with families and assist them in completing the paperwork necessary to decline participation in Medallion II?

Please join with your providers as we seek ways to continue serving infants and their families.

Submitted by Debbie Clark, PT

Jeannie Odachowski, Council Coordinator for Piedmont

I am Jeannie Odachowski, Council Coordinator and Infant Program Coordinator in the Piedmont Region of VA. The service providers in our area want you to know that we too, are struggling financially. We have done everything we have been asked in terms of finding additional sources of funds for family support, equipment, service coordination, etc. Yet we do not have enough money to fund early intervention in our area.

Some of the reasons for this include the fact that we had to import therapist from the outer edges of our catchments area in order to maintain services in natural environments. This has been costly in terms of administration costs, but our families are very happy with the services that have been provided. The level of teaming among service providers has really improved as well. The ability to pay mechanism has just been implemented so we don't know the full impact of that yet, however, I can tell you we only have about 8 families who actually pay for any services.

The advent of VA Premier in our area has been reason for concern. Many families have NC care providers. We were told recently that VA Premier wouldn't cover out-of-state providers. It would have been helpful for us to know this in advance. No written information has been disseminated about these changes to Council Coordinators that I am aware of, and yet we are supposed to manage a large array of services and service providers. This is like playing blind man's bluff-unfortunately the stakes is quite a bit higher. The impact of VA Premier has yet to be felt. I hope it doesn't feel like an earthquake when it is felt.

Sometimes I feel like Council Coordinators are expected to be experts in everything including all types of insurance policies, reimbursement procedures, funding sources of all types, and of course services to infants and their families. The Part C office wants us to begin assessing Title IV E money. Well, we have no information on how to go about doing this, nor do we have the time required to figure it all out 40 different times. The resource book on optimizing funding sources has a brochure on Title IV E, which is what we were referred to when we asked

questions. It has nothing about how to access this money. My counterpart in the Healthy Families Program tells me it requires the cooperation of the director of Social Services, do they know this? She is having little success in our region.

What I want from the VICC and the Early Intervention management team is to provide us with timely information on these issues we are struggling with; real, concrete support with developing funding sources – so it doesn't have to be done 40 different ways (we all know what happened when we had 40 different IFSPs), and a pledge that they will do whatever it takes to fully fund early intervention services in this state.

Katy McCullough, Council Coordinator for New River Valley

As Council Coordinator of one of the first implementation sites for the statewide ability to pay scale I must tell you that we are in financial crisis. Two and a half months into the current contractual years I am out of direct service funds in the line items of PT, OT & SLP. I have bills accumulating on my desk daily for services that have been rendered and continue to be provided, for which I cannot pay. I have had one provider put a stop treatment on two of our children due to reimbursement concerns.

Approximately 50% (30) of our participants have private insurance. Monthly caps for those children range from 0 (47%) to \$165 (3%) the average cap being \$26. This amount barely covers two treatments of therapy; assuming that the insurance company requires a \$15 co-pay which is conservative. Some insurance companies do not cover early intervention services, which then obligates the Part C budget to cover each service at our contracted rate of \$90. As you can imagine, these numbers quickly add up.

I urge the VICC to take the action necessary to approach Commissioner Kellogg regarding the process for LICCs to request and access additional funding. The demand for these funds is imminent. Also, provide us with leadership and guidance about how to resolve the contradiction of our federal requirement not to deny or delay services due to an inability to pay and Part C not having the ability to pay what has become our obligation.

Thank you. Katy McCullough

Kathy Phillips, Council Coordinator for Middle Peninsula-Northern Neck

Dear Members of the Virginia Interagency Coordinating Council,

I will reiterate what I have shared with you at previous meetings of the VA Interagency Coordinating Council regarding the near-crisis situation in our region. This rural area continues to experience severe difficulties in ensuring early intervention services for all of the children in need of service.

1. Despite efforts at cost cutting and changes in implementation, the funding available for early intervention services is not adequate to serve the many children who are being served.
2. The few "stop gap" measures that were put into place, such as accessing the additional funding this summer, have run out.

3. *No solution has been found to the need for additional staff-while others systems have mandated limits on the number of children who can be served by a provider, Part C has no such safety measures for therapist, educators, or service coordinators.*
4. *No solution has yet been found to reducing the cost of travel throughout our extremely rural area—2,200 sq. miles continues to be a daunting challenge, and we watch the fluctuating cost of gasoline with dread, awaiting another crisis.*
5. *No solution has been found to making the rates paid by insurance companies more acceptable, despite the fact that they have been shown to be well below the actual cost of providing the services.*
6. *And the funding formula for Part C dollars remain as it was, despite the concerns expressed that it does not provide equity across the regions.*

Our numbers continue to grow. Our need for real solutions continues to grow. We ask again for your immediate assistance with ensuring early intervention services in our region.

Sincerely, Kathy Phillips

Janice Tawney, Director of Rehabilitation Services, the Children's Center

Janice introduced herself and stated that she was one of the providers for Western Tidewater Interagency Coordinating Council. She expressed thanks to the VICC for the opportunity to serve children with developmental disabilities and delay and their families. She expressed concern about the reimbursement level for therapy services. She requested that reimbursement rates be reviewed.

Linda Hutton, Prince William Interagency Coordinating Council

Prince William County's Early Intervention Program is having difficulty meeting the requirements of Part C due to increased numbers of families needing services, low insurance reimbursement, and increased work required to implement recent changes. Efforts to implement natural environments place an additional strain on resources. In addition, child find activities include services (such as developmental screening and/or developmental evaluation) to many families who may never be eligible for Part C services and therefore, to date, are not counted for funding.

We would like to advocate that the State consider changing its current financial process, as it does not allow the true financial need to be expressed. When available we have requested additional funding but the process makes it very difficult for us to benefit from those available funds. The additional funding provided is one time funding, which must be encumbered and used within a short period of time. The one time funding does not permit the hiring of needed additional staff because the funding is not guaranteed for the next year. Additionally, the short time for use of the funds does not permit enough time to address County Policies that require the Board to accept the funding before it is spent.

We would appreciate your consideration of these issues and support for increased funding for Early Intervention services.

Jaime Estes, Council Coordinator for LINC (Crossroads)

Crossroads Community Services Board is the fiscal agent for the Local Interagency Network for Children (LINC Council) and operates the Infant Intervention Program that serves Planning District 14. PD 14 is a largely rural area that includes seven counties—Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward. The council and program have had to cease delivery of direct physical, occupational, speech/language therapies requested by families/caregivers with special needs children, aged 0 to 3. At present, the reasons encompass challenges that we suddenly find unique to our Board, but may be or soon may be affecting others.

- 1. Reimbursement from HMOs (Health Maintenance Organizations). Crossroads previously contracted with therapy providers and then billed the Department of Medical Assistance services (Medicaid) for the services (fee-for-service system). When Medicaid switched to managed behavioral healthcare by HMOs, reimbursement rates plummeted. We were contracted with private providers to pay \$55 to \$60 per session while the HMOs were paying us \$28 to \$30 per session. Needless to say the private providers did not lower their charges to us and our CSB absorbed these losses for more than two years until we simply could not afford to continue subsidizing the physical, occupational, and speech services. In effect we were using other funds to pay for services that should have been paid by Medicaid through the HMOs. Localities were unable to provide funds to make up this difference. Therefore, we ceased agency-contracted services for physical, occupational and speech therapy, giving up our Medicaid billing number.*
- 2. Loss of Sole Therapy Provider. Crossroads/LINC issued a Request for Proposal (RFP) for another entity to provide the therapies and bill the HMOs and other third party payers. By doing that we would eliminate the administrative and billing responsibilities as well as the actual service delivery. We received only one respondent willing to serve our entire catchments area. We entered into an agreement with them. Within two months of their initial delivery and billing for services they terminated the agreement, citing lack of revenue and too much administrative responsibility.*
- 3. High cost of so-called “administrative” fees. We issued another RFP, but provider agencies are now demanding “administrative” fees of up to \$300 per hour to make up for the shortfall in reimbursement from HMOs and the additional costs to implement “natural environments.” We received limited response to this RFP and staff began to individually contact providers for other infant intervention programs.*
- 4. Implementation of natural environments. This has been a major obstacle for providers especially in a rural area such as P.D. 14 which covers 2,818 sq. miles. Providers are able to serve non-Part C (federal funding and regulations governing early intervention) clients in an office, clinic, or program setting without incurring the additional transportation and staff-time costs associated with traveling to remote locations of individual family homes. For these agencies, providing services that require this extra layer of costs with no structure for reimbursement is not an attractive proposition and they are just saying “no’.*
- 5. Limited number of therapists based in rural area. The agencies that have responded to our most recent Request For Proposal (RFP) are based in urban areas in Tidewater and northern Virginia. These providers are quite some distance from our rural, catchment area. They are dependent upon hiring local professionals who live in P.D. 14, again,*

because they cannot afford to have the staff travel and time. Unfortunately, we do not have a significant pool of these professionals locally. Those who are in the area are committed to other clientele, again, in situations much less demanding than now exists with early intervention.

6. *Ability-to-Pay Structures. This is the latest challenge, which is slated to begin January 1, 2002. Per information shared in training, families may opt to refuse billing of their private insurance and monthly fees charged may also be capped, thus reducing even further the revenues necessary to keep early intervention services viable and available to children who need them.*

Despite beginning the Crossroads Early Intervention Program with a state grant in 1983, Crossroads staff are now faced with the reality (of) a severe reduction or even elimination of some CSB provided early intervention services in the area. At the 15th anniversary, staff saw many of the infants who have received services over the years. Staff and families saw the successes and achievements accomplished by the infants, now teens and young adults, and their families. Our disillusionment now is that we will not see the 20th anniversary of the program with the same successes for those currently receiving services. Crossroads staff, family members and other community individuals continue to work on the issues and problems as noted above

Additional program and financial information

<u>Infant Program</u>	<u>Revenue</u>	<u>Expenditures</u>	<u>Surplus (Deficit)</u>
FY 1998	18,435 (101,990 CAID)	183,435	0
FY 1999	164,515 (87,198 CAID)	163, 616	899
FY 2000	109,295 (47,729 CAID/HMO's)	166,478	56,284
FY 2001	136,365 (40,000 CAID/HMOs)	171,238	34,873
FY 2002(YTD)	47,868 (1,800 CAID/HMOs)	71,318	23,450****

**** Eliminated PT/OT/ST as an agency provided service. Bills from PT/OT ST received from FY 2001 and paid in FY 2002.*

Dana Yarbrough, Parent

Dana showed the VICC the Respite Tool kit that was developed by the Family Support and Advocacy Committee. This will be disseminated in the next month or two to each council.

Debbie Billodeaux, Council Coordinator for Fairfax-Falls Church

Fairfax continually serves more infants each year. Our weekly number of MDE (multidisciplinary evaluations) has gone up from 9.15 (2000) to 11.5 (2001) and we have increased our annual number served by 144. There are increased costs for assistive technology and translators/ interpreters. The increased costs have been funded by Fairfax County in the past.

Fairfax requested additional funding last year. Our request was approved and we appreciate it. We also requested additional money for this year at the same time because we knew we would need it. We need a commitment from the state for additional funding for this year. Fairfax County is experiencing significant budget shortfalls for this year and has informed us that they

will not allow the Early Intervention Program to go over budget this year without a firm commitment from the state to cover the costs. We are requesting a process that will give us a written commitment before midyear.

The FFICC will discuss fiscal issues at the January meeting and make plans for waiting lists and other options if no commitment has been made.

Deana Buck, Council Coordinator for the Richmond Infant Council

I serve as the Council Coordinator for the Richmond Infant Council, the interagency council responsible for the provision of early intervention services at this very location. I have three concerns to share with the VICC today. The first relates to the implementation of the state's new ability to Pay Mechanism. In our locality, we prioritized our fiscal intake processes to first meet with families who do not have Medicaid coverage for their children's health care. It is important to note, that in our locality, 70% of children receiving early intervention services are eligible for Medicaid. That means that we had approximately 50 families to meet with and conduct 50 financial intakes using the new ATP procedures. We started this process in mid-November. To date, I am aware of three families who have decided to leave the Part C system rather than pay the amount they would be responsible for paying. For these three families, the significant expense is due to the fact that they are receiving special instruction, a service that is not reimbursed by their private insurance. Another family wants to discontinue special instruction and add OT, as OT is covered by their insurance. While the number of these types of experiences is small, I anticipate that more of these stories will emerge as we, the Part C system, implement this new process. I think it is important for us, as a system, to ensure that families are not denied Part C early intervention services due to an inability to pay.

The second item of concern relates to the RIC's experience with MIMS. We were a site in last year's MIMS processes. Our site visit was April 18, 2000. To date, we have not received a written report outlining the findings of that visit. The report was initially due 30 days after the visit, then correspondence from the Part C office indicated that they would be late, but would be here before the end of October. It is now December 12, 2001. It is most difficult for our council to make corrective actions without a plan. We agreed to complete all MIMS related activities in accordance with established timelines. It's time local councils were afforded the same courtesy.

Finally, and most importantly, I am concerned about the adequacy of funding resources for local councils to serve eligible children this fiscal year (through June 30). I joined a work-group at the Part C office to review the application process that was used last year to respond to requests for additional funding. At that time, we learned of several councils (that) had already identified a need for additional funds for this fiscal year. I agreed to contact CoCoA about sending out a quick survey to council coordinators to learn more about council fiscal realities. 27 of the 40 councils responded. All regions of the state were represented – 3 from southwestern Virginia, 5 from northern Virginia, 4 from Richmond/Central, 4 from Roanoke, 7 from Tidewater, and 4 from the Valley.

Of the 27, 3 indicated that their local councils would not need additional funds this year. 3 more were not sure, as the new fiscal year had just begun. The remaining councils – 21- indicated that they would need additional funds. 5 indicated that they would need funds in the first quarter (by December 2001), 6 would need funds in the second quarter (by March 2002) and the remaining 12 would need funds in the final quarter of this year (by June 2002). Councils also estimated the amount of funding they would need. They range from \$626,719 to \$760,719. It is important to note that this survey asked council coordinators to estimate their needs, not provide a written justification. The reasons indicated for these needs include:

1. *Changes related to new ATP procedures, including potential limits on use of private insurance (16 councils)*
2. *Financial realities of providing services in natural environments (3 councils)*
3. *Self-insured employees that do not have early intervention benefits (1 council)*
4. *Administrative fees of private providers to offer services in natural environments (4 councils)*
5. *Increase in number of children served (6 councils)*
6. *Lack of coverage for evaluations by Sentara HMO, Tricare (2 councils)*
7. *Increased council operation costs (1 council)*
8. *Impact of private insurance utilization, added to existing funding issues (1 council)*
9. *Need for funding is related, in part, to terrible reimbursement rates by third party payers and is completely unrelated to the new ATP system. The rates were terrible before ATP (1 council)*

While this information is not complete, I think it provides a relevant picture of the financial realities faced by local councils across Virginia. The minutes from the last Agencies committee mentioned that there was not enough information about financial needs across the state. I think this summary provides information that demonstrates the needs of local councils and warrants speedy consideration and adoption of mechanisms for allocating additional dollars to local councils.

Thank you. Deana McGuire Buck