

VIRGINIA INTERAGENCY COORDINATING COUNCIL
MEETING MINUTES
Tuckahoe Library
March 25, 2009

The Chair of the Virginia Interagency Coordinating Council (VICC), Rick Beaman, called the March 25, 2009 meeting to order. He introduced the newest VICC members, Dr. Lissa Power-deFur, Personnel Prep Representative; Dr. Corey Herd, Provider Representative; and Mr. William (Charlie) House, Parent Representative from Tidewater. Ms. Sandra Woodward, a new Provider Representative, was unable to attend. The Chair also shared that the following members have received reappointments from the Governor: Dr. Eva Thorp, Personnel Prep; Ms. Delly Greenberg, Provider; Mr. Rick Beaman, Parent Representative from Northern Virginia; Ms. Virginia Heuple, Provider; Ms. Jeannie Odachowski, Provider; and Ms. Sheila Nelson, Parent Representative from the Central Virginia Region. Karen Durst called the roll. The meeting was conducted with thirteen (13) members present. Please see the attendance list at the end of the minutes.

Mary Ann Discenza then provided the Part C Update. Tammy Whitlock assisted with the update on the Medicaid Initiative.

- Work continues on the Medicaid Initiative in collaboration with the Department of Medical Assistance Services (DMAS).
 - Start up has been moved to October 01, 2009 due to the need for extra time for changes to the existing data systems.
 - Statutory authority has been granted through the General Assembly to promulgate Emergency Regulations. Permanent regulations will follow.
 - Personnel qualifications for certification are included.
 - Federal requirements for a Comprehensive System of Personnel Development (CSPD) will be met through the certification requirements.
 - Training modules will be available that address specific information required for initial certification.
 - There are approximately 1,000 early intervention providers statewide.
- An Implementation Task Force is being formed to provide input into issues related to the Medicaid Initiative and the Transformation of the Part C System.
 - A joint letter of invitation will be sent from the Commissioners of the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and the Department of Medical Assistance Services to perspective representatives.
 - Representation will be statewide and will include public and private providers; parents; Community Services Board Lead Agencies; Non-Community Services Board Lead Agencies; VICC; Intellectual Disabilities Directors; etc.
 - The first meeting is scheduled for April 13, 2009 and will be held at the Henrico West Community Services Board from 10:00 AM-3:00 PM.
 - The Task Force will address issues such as Family Cost Participation, Medicaid, Insurance, TRICARE, etc.

- The Part C Office continues to work on finalizing the budget for SFY 2010.
 - The budget accompanying the Federal Application is labeled as a draft. This was based on direction given from the Office of Special Education Programs (OSEP) to use last year's allocation amount since upcoming allocation amounts had not been finalized.
 - A small increase is expected in federal funding.
 - Discussion continues on the process for determining the allocations for local systems.
- It is expected that the Part C contract for next year will be similar to the existing contract.
 - Reporting requirements are likely to change.
 - The plan is that reporting will eventually become automated.
- The Federal Part C Regulations have not been finalized.
 - Virginia will promulgate Part C regulations when federal regulations are finalized. The development of Virginia Part C Regulations was recommended by the Office of the Attorney General.

Mary Ann then reported on the Family Cost Participation (FCP). She shared the following:

- The last planned phone call of the FCP Stakeholder Group was cancelled by Mary Ann when numerous questions were unanswered that had implications broader than FCP and it was recognized that there was still work to be done.
 - A lot of discussion was held at the Intellectual Disabilities meeting related to deductibles, the sliding fee scale, Medicaid as the second payor, etc.
- Due to the broader scale of the FCP issues, it was decided that the Implementation Task Force would include FCP with the issues being addressed.

Additional information was then shared related to the certification process and the training modules. It included the following:

- Four (4) web-based core modules have been, or are being, developed and are required training for all Part C providers in order to be certified.
 - The modules include Child Development, Family Centered Practices, Service Pathway and Practitioner Requirements.
 - A separate module will be required for supervisors.
 - The Child Development Module has been piloted with feedback being provided to the Partnership for People with Disabilities who will compile the information. Changes may be made based on the feedback.
 - The expected time required for completion of the four (4) modules is 10.5 hours.
 - For those individuals who do not feel they need to look at the modules, the option exists to go straight to the test.
 - The test must be passed with an accuracy rate of 80%.
 - A list of those providers meeting the certification requirements will be provided to DMAS.
 - Recertification is required in three (3) years with 30 hours of additional training being required.

- Guidance will be provided on the expectations for topics for the 30 hours of training.
- The sessions included in future Early Intervention Conferences are being considered as a means of meeting the 30 hour requirement.

Clarification was given that college students working in early intervention under supervision as part of their educational experience are not required to obtain certification. It was shared that some students at Longwood University currently take the Part C Orientation as a class. It was also shared that Radford University will be providing special topics in early intervention as part of their 2010 curriculum.

The topic of using funds to address the provider shortage in early intervention was discussed. Suggestions included loan forgiveness or sign-on bonuses. Working with colleges and universities related to early intervention training in order to bring new individuals into the workforce was also addressed. The Personnel Prep Representatives of the VICC will be asked to be involved in further discussions.

It was announced that various groups are focusing on personnel development. The following information was shared:

- The Institute of Higher Education will be holding a Retreat April 23-24, 2009. The topic will be autism. A video focusing on early intervention will be included. The Integrated Training Collaborative is participating.
- Special Quest is addressing Personnel Training and Development for Child Care Workers. There will be thirty-two (32) statewide representatives. The focus is on inclusion.
- The National Center for Personnel Development is focusing on inclusion, specifically autism.
- The Virginia Early Childhood Initiative, under the direction of Kathy Glazer, includes a personnel component.

David Mills then shared information on the data system. The following was reported:

- The Part C data system from Alaska has been made available to Virginia at no cost.
 - Work related to Alaska's data system has slowed as work on the certification process has taken priority.
- A Senior Program Analyst began working on ITOTS on March 11, 2009.
 - A link to the Virginia Department of Health's (VDH) VISITS, which focuses on early identification and child find, will occur.
 - Joanne Boise, of the VDH, has included funding for Part C linkage in a grant application.
- Testing has been occurring on Version 1.5 of ITOTS.
 - Problems with the system are being addressed.
 - The version will include:
 - Reports on low birth weight babies and prematurity;
 - Age calculation corrections for those children with December birthdays;

- Export functions; and
- Internal upgrades.

The expected date of completion is the end of April or a bit later.

David also shared the following related to Version 1.6 of ITOTS:

- The design is 80% complete;
- The version will include a design that is being required within the Department; and
- The certification process is to be included.

The expected date of completion is the end of July or a bit later.

It was stated that Fairfax has developed a data system that provides reports and information that is needed for Part C. The system is reported to be easy to use. Allan Phillips, the local system manager from Fairfax, is scheduled to demonstrate the system in Richmond. He is willing to share the program with others.

Mary Ann then reported that the Part C Federal Application for FFY2009 is currently posted on the website for public availability and public comment, as required by OSEP. Information was also posted in local papers throughout Virginia. The public availability period began on February 09, 2009 and concludes on April 09, 2009. The public comment period began March 11, 2009 and concludes April 09, 2009. The application, signed by the Secretary of Health and Human Services, must be in Washington no later than May 18, 2009.

Information was shared on the American Recovery and Reinvestment Act (ARRA). Virginia's Part C system will be receiving \$10,265,580 with the first half of the money to be sent by the end of March 2009. The second half of the money will be sent September 30, 2009 and will be contingent on the submission and approval of Virginia's plan to monitor, gather and report data related to the use of the funds. Additional information that was shared includes:

- States are currently awaiting a call from OSEP related to the ARRA funds for Part C. A call has already been held related to Part B.
- The Governor has been accepting ideas from the public related to the use of ARRA funds in Virginia.
- The funds are considered one-time funds and sustainability must be considered in determining how the funds will be used.
- Additional information will be forthcoming.

Beth Tolley then provided an update on the state of the Infant & Toddler Connection of Shenandoah. Services are being provided through contracts with the Department. Barbara Willard, a former Part C Local System Manager, is serving as the Local System Manager. James Madison University has worked with the Department through contracting for some providers. The search continues to identify another Local Lead Agency.

Central Virginia CSB has notified the Department that they will not be serving as the Local Lead Agency for Part C in their area as of June 30, 2009. They are interested in continuing as a provider. Options are being considered for identifying another Local Lead Agency.

No other Local Lead Agencies have officially informed the Department of any plans to discontinue serving as Part C Local Lead Agencies.

It was reported that a meeting was held of the Intellectual Disabilities Council with Mary Ann Discenza representing Part C and Tammy Whitlock representing DMAS, in attendance. Discussion was held related to the transformation of the Part C system including the Medicaid Initiative. Concerns were expressed related to contracting, credentialing, the Service Pathway, and Family Cost Participation,

Public comment was then held. Nancy Butts from Professional Therapies, Inc. presented the following comments. The italicized words are verbatim from the written public comment submitted.

I work for Professional Therapies, Inc. We have provided early interventions services for 20 years. We currently provide services through three different early intervention systems in southwest Virginia serving both rural and urban areas. We have talked with a number of our private provider colleagues.

I am here today speaking on behalf of many private providers regarding the proposed changes in the EI system. I will briefly outline our concerns. You may contact me or my administrator at Professional Therapies, Inc., Jan Jessee, should you have questions or need further clarification.

We are concerned about:

- 1. The ability to access Medicaid as a secondary. If EI services are moved to EPSDT, they are defined as developmental therapy services. The only way to access Medicaid as a secondary is to go through the rehab model and bill as a rehab agency. If the primary services are developmental (billed under EPSDT) there is NO way to access Medicaid secondary. This would result in a HUGE increase in Part C responsibility.*

Just in our practice alone, the inability to bill Medicaid secondary would result in an increased liability for Part C ranging from \$15,000 to \$87,500 per year. Two of the three areas we serve have recently reduced associated costs. How can we expect them to assume increased financial liability if they are unable to pay current financial liability? In areas where there is no reimbursement for associated costs, Part C financial responsibility would skyrocket.

- 2. The current proposal calls for providers to bill private insurers for these developmental services. In this scenario, private providers would be expected to bill the same services in two different ways depending on the payor source- developmental to EPSDT and rehab to private insurers. We would be expected to call the therapy something different just to access the payor source. This is both unethical and against federal and state regulations. In this economical climate, in our opinion, it is unrealistic to expect private insurance companies to do something which would significantly increase their liability; i.e. pick up developmental therapy services. Our concern is that these developmental services could not be billed to private insurance which again increases financial liability for Part C.*

3. *The statement that there will be a potential increase in the provider pool to serve early intervention children is concerning. This is not because we do not welcome the increased providers, but because of the inequities in the ability to bill for all children. Initially, individual providers will be able to access Medicaid but not private insurance. Having a wide pool of different insurers, including Medicaid and Va. Premier, along with private insurers (who currently reimburse much less), helps Rehab Agencies continue to be able to provide Part C services. In the currently proposed scenario, the private provider agencies would be billing private insurance children while individual providers would always be accessing the children with the high reimbursement rate (i.e., those with Medicaid). This creates an unfair situation. Our understanding is that in other states, there may have been an initial increase in providers, but this was not sustained and, in fact, in one State, the provider pool dropped dramatically after a period of time because of the inequities to Private Agencies.*
4. *Current Federal law requires that therapists bill our services using our NPI (National Provider Identifier) number. Why then do providers need a different provider number for EI billing? Effective 05/16/08, the federal government mandated the use of single provider identifiers for each practitioner to be used for billing all insurers. Using a new set of provider numbers is impractical, confusing and against federal mandates.*
5. *It is unrealistic to expect private providers to pay for therapists (many of whom work very few hours per week) to participate in additional training when these providers are already licensed therapists or assistants. It would be unfair for private provider agencies to pay for all the training for these individuals only to have Part C hire them directly and thereby benefit from the losses the Private Agencies incurred. We are aware that this scenario occurred in Virginia within the last year.*
6. *Therapy services need to be reimbursed the same for therapists and assistants. Because of licensure, on-site supervision of a PTA or COTA is required. Since there is no way to bill for both the therapist and the assistant doing the same visit, continued reimbursement at the same rate will allow these skilled, qualified assistants to continue to provide these services.*

Thank you for your time and for allowing me to express the concerns of many of my colleagues across the Commonwealth of Virginia.

*Nancy L. Butts, PT
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(540) 982-2208*

Alston Standring, on behalf of the Council Coordinators Association (CoCoA), also provided public comment. The italicized words are verbatim from the written public comment submitted.

Good Morning. I am Alison Standring, local system manager for the Rappahannock Area and chair of CoCoA. I am speaking to you today on behalf of the CoCoA Steering Committee.

The CoCoA Steering Committee offers a heartfelt thank you to Mary Ann Discenza, Tammy Whitlock and Frank Tetrick for a very productive meeting on Friday March 13th with the Intellectual Disabilities Council. We appreciate the chance to have a collaborative meeting in which there was much dialog and problem solving. We appreciate the flexibility and open discussion that occurred and look forward to the continued partnership.

We also look forward to having representation on the Implementation Task Force to work with state agencies as processes, practices and regulations are developed and before they are decided upon. Having meaningful input from families and the field as part of the development process enhances the quality and endorsement of processes, practices, and regulations. A transparent environment that encourages questions and challenges benefits us all.

We appreciate the efforts of DMAS to broaden our provider pool through enrolling individuals as providers in our systems. We welcome the opportunity to work with DMAS and DMHMRSAS on the Implementation Task Force to ensure an effective process.

We understand that with the diversity of Virginia, it is difficult to please all of us. Perhaps it is difficult to please even 2 of us. As we look at the many changes of the system, it is clear that we operate in a variety of ways that meet the needs of rural and urban communities, impoverished and wealthy communities, and a plethora of service models. We ask that the VICC support as much flexibility within the system as possible in order for us to serve families in a meaningful, engaged, and collaborative manner.

We further ask the VICC as a knowledgeable, yet objective body to always keep us focused on the needs of families first. Please challenge us if you hear us compromising on practices that don't empower, respect, or partner with parents. Please be our voice of reason if we get so caught up in the moment of timelines, pathways, and reimbursement that we miss the bigger picture.

Thank you.

The following discussion was held by the VICC members related to the public comments.

- Related to Medicaid:
 - There was nothing previously in the DMAS regulations related to early intervention.
 - The Centers for Medicare and Medicaid Services (CMS) encouraged moving early intervention under EPSDT allowing for more flexibility.
 - The change is a regulatory move.
 - This move does not take away from the Rehab benefit.
 - The overall goal is to set an example for private insurance to follow.
 - NPI #s have been added for billing.
 - API #s are for those without numbers such as educators.
- Related to training:

- Training in early intervention is very important due to specific information related to Part C and the provision of services for children birth to three and their families.

Information on issues related to TRICARE in the Tidewater area were presented. Mary Ann reported the following:

- Problems were identified when a Department of Defense audit indicated that Health Net should not be reimbursing providers for speech therapy under Modifier 32. Speech therapy is an un-timed service and under the Modifier, providers were being given reimbursement at a doubled rate for a session. This was an arrangement that was developed through Health Net in previous years.
 - Health Net met with all providers and offered to remediate the issue through a cost neutral process that involved increasing rates for physical therapy and occupational therapy in order to offset the decreased reimbursement for speech services. This process would benefit all but one provider who was serving a larger number of children receiving speech.
 - Data was gathered from local systems in order to look at the financial impact of the changes.
 - It was determined that the difference in rates would amount to \$11-\$12 per child.
 - Part C was unable to offer financial assistance to local systems.
 - This issue is only impacting the Tidewater region.
 - Some TRICARE families were initially told that they would not be able to receive services in the natural environment but would receive center-based services. This was resolved with all children receiving services in the natural environment.
 - TRICARE does not require services in the natural environment.
 - VICC member, Charlie House, as a military parent, shared his personal concerns related to the TRICARE issue and the potential impact on his family and others.
 - Mr. House is willing to meet with Health Net to address the issue from the parent perspective, if needed.
 - He reported that his child's services are currently being provided in the natural environment.
- Health Net previously stated that they did not have sufficient evidence to support therapy services in the natural environment.
 - Discussion centered on providing Health Net with information supporting the provision of services in the natural environment.
- Concerns also were expressed related to Health Net not providing reimbursement for speech therapy services for children under the age of 18 months unless the need is related to feeding issues.
 - The Medical Director for Health Net reported that he has not seen any evidence-based support for speech therapy for children under the age of 18 months.
 - Discussion supported providing information on this topic to Health Net, as well.

Mary Ann White and Bonnie Grifa then provided an update on the Annual Performance Report (APR).

- The APR covers the time period of July 01, 2007-June 30, 2008 and was submitted to OSEP prior to the February 02, 2009 due date.
- The APR is currently under review by OSEP.
- It is federally required that state and local data be publicly reported.
 - Information will be made available on the Infant & Toddler Connection website at www.infantva.org, through the Family Involvement Project, through the Virginia Office of Protection and Advocacy and in local papers.
 - The state-wide public report will have links to all local system information and to the APR/SPP.
- Local Part C systems have received information on their data.
- Systems will be provided with their determination statuses by the end of April or first part of May.
- Local systems were required to develop Corrective Action Plans/Service Enhancement Plans (CAP/SEPS) to address indicators below 93%.
 - OSEP considers substantial compliance as being between 95%-99%.
 - Twelve (12) systems did not require CAP/SEPs.
 - Localities must correct non-compliance for compliance performance indicators within one year of identification. If not, enforcements may be implemented.
 - Previous enforcements have been related to the provision of technical assistance.
- A teleconference related to enforcements for noncompliance has been planned for April 09, 2009 from 10:00 AM-11:00 AM.
 - OSEP has indicated that correction of noncompliance must be addressed down to each individual child.
- As a state, improvement was shown in the area of Transition.
- Virginia continues to be out of compliance for Timely which is the percent of infants and toddlers with Individualized Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.
 - Virginia originally defined “timely” as being 21 days. As of July 01, 2008, Virginia changed the definition to 30 days.
 - Data reported to OSEP was for the 21 day definition.
 - Despite improvement in the area of “timely services”, this is Virginia’s third year of non-compliance for this indicator.
- Discussion related to the APR included the following:
 - Could enforcements affect the willingness of Local Lead Agencies to sign the Part C contract?
 - Most enforcements will likely include more in-depth CAP/SEPs, more frequent follow-up and additional technical assistance.
 - Could Virginia’s third year of noncompliance place the Virginia Part C System in jeopardy?
 - The hope is that OSEP will look at the progress and improvement that has occurred.
 - It is possible that OSEP could place special conditions on Virginia that could include more frequent calls or a compliance agreement.
 - OSEP has not been known to withhold funds from any state, at this point.

- A clarification letter will be received from OSEP related to their findings with the APR. The State will have two (2) weeks to reply. A final letter will then be issued and the findings publicly posted by OSEP.

Debra Holloway then presented the Family Report. The following italicized words are verbatim from the written report submitted.

The Family Involvement Project staff continues to be active participants in statewide committees, workgroups, regional and local activities and council meetings. Some of the activities we have attended since our last meeting include, hosting 3 waiver workshops, participating in the training workgroup, attending A Special Quest/NPDCI workgroup meeting, we met with our local representatives and participating in Early Intervention technical assistance conference calls. The Family Involvement Project also prepared families for the budget hearings around the state and assisted families with speaking at the hearings, we hosted 2 Parent-to-Parent trainings, we had a local parent representative conference call and planned an on line family newsletter for families and offer them the opportunity to participate in a conference information call about Medicaid Waivers on April 16th. We continue to participate on the Young Families Committee of The Arc of Virginia Board and we are planning a young families track at The Annual Arc of Virginia Conference to be held August 6-8th at the Omni Hotel in Charlottesville.

Discussion related to family issues included the following:

- How can families of children 0-3 be connected and have their voices heard?
 - Some families are overwhelmed and may need help in coming to a point where they are ready to express themselves and advocate for their children.
 - Providers can be instrumental in helping families reach that point.
 - A checklist on interacting with legislators has been provided through the Family Involvement Project's List Serve.
 - The Family Involvement Project will be holding a Medicaid Waiver conference call on April 16, 2009.
 - Debra Holloway is available to provide waiver training.
 - Charlie House held a meeting at his home and invited the state representatives from his region. Two representatives, family members, and various providers attended.
 - Parent support is needed related to the Medicaid Initiative.
 - The voices of families need to be heard on all work groups including the Implementation Task Force.
 - Stipends can be made available through the Family Involvement Project for assistance with child care and travel expenses for attending meetings.
 - Community-based support is needed related to disabilities.
 - There is a need to look at the continuum of services for children and to connect and work with other groups and organizations.

Related to VICC business, the Comprehensive System of Personnel Development/Medicaid Initiative Committee meeting that had been scheduled was cancelled. There was no information to report.

The VICC Chair suggested the development of a State Part C Report from VICC to be provided to legislators and others to assist with advocacy efforts. Information to be included could be the number of children served, financial resources and outcomes. It was decided that this task directly linked to the Data Research Committee and that this group would address the development of a report.

The need for a revision of the Mission and Vision Statements of the VICC was addressed. A Mission and Vision Statement Committee was formed with Rick Beaman serving as the lead. Delly Greenberg, Lissa Power-deFur and Charlie House agreed to serve on the committee, as well.

Lissa Power-deFur and Corey Herd agreed to serve on the Comprehensive System of Personnel Development/Medicaid Initiative Committee. Charlie House and Patricia Popp agreed to serve on the Data Research Committee.

Karen Durst then provided an update on the current VICC vacancies. The following positions need to be filled:

- (1 Position) Individual from a Head Start Agency or program in the Commonwealth.
- Parents:
 - (1) Southwest Region-Counties of Buchanan, Bland, Carroll, Dickenson, Floyd, Franklin, Giles, Grayson, Lee, Montgomery, Patrick, Pulaski, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe and Cities of Norton, Galax, Bristol, Abingdon and surrounding areas.
 - (1) Roanoke Valley Region-Counties of Alleghany, Augusta, Bath, Botetourt, Craig, Highland, Roanoke, Rockbridge, Rockingham and Cities of Buena Vista, Clifton Forge, Covington, Harrisonburg, Lexington, Roanoke, Salem, Staunton, Waynesboro and surrounding areas.

Members were encouraged to share the vacancy information with individuals who may be interested. Debra Holloway is assisting with identifying potential parents. Mary Ann Discenza will contact a potential Head Start applicant.

Karen also shared that there will be two upcoming vacancies as of September 30, 2009. The positions are a Legislative Representative and a Local System Manager. Contact has been made with Delegate Valentine's representative to ask if she would consider a reappointment. CoCoA will be working with Local System Managers regarding potential applicants.

It was noted that the terms of the VICC officers would be expiring as of September 30, 2009. According to VICC By-Laws, nominations for the positions of Chair, Vice-Chair and Secretary must be presented to the VICC in writing one month prior to the last meeting of the Federal Fiscal Year which would be the September 09, 2009 meeting. The nominations would be due in writing to members by August 09, 2009. Jeannie Odachowski and Mary Lou Hutton agreed to serve on the Nominating Committee.

A discussion was also held regarding possibly holding a VICC break-out session at next year's early intervention, if the conference is held. The idea of a town-hall type of VICC meeting was

also suggested. The purpose would be to discuss issues and receive input from constituents. No decisions were made.

The APR for next year was identified as an item that will require VICC input and sign-off. The next APR will be due in February of 2010; therefore, information should be presented to the VICC at the December 09, 2009 meeting. The Part C Office will also keep the VICC updated regarding the future development of the Part C Regulations.

A VICC Retreat will be scheduled in the future. The Retreat will include an orientation for new members. A theme for the retreat should be identified. Suggestions for topics should be emailed to Karen Durst at karen.durst@co.dmhmrzas.virginia.gov. The need exists for a facilitator for the retreat. Past retreats have been facilitated by NECTAC, Solutions and Judy Burtner, who has since retired. Karen Durst and Mary Ann Discenza will look at potential dates and Mary Ann will check about potential facilitators. Karen will send the summary of the last VICC Retreat to members for review.

The VICC Chair also asked members if they had any suggestions to offer for use of the American Recovery and Reinvestment Act funds. The following suggestions were presented:

- Completion of the data system with a link to the Health Department's VISITS and a possible link to the Department of Education (DOE).
- Enhancement of the monitoring and accountability system with the addition of a position.
- Provide recruitment and retention of providers.
 - The suggestion of possible loan forgiveness or sign-up bonuses was discussed.
 - Concern was expressed related to loan forgiveness because there is no statutory support. DOE and other private providers have had success in giving bonuses. Debra Holloway offered to contact the public relations person at DOE for information.
 - It was shared that in the military, bonuses are given upon completion of time served. If an individual does not meet their requirement then a pro-rated payback is taken.
- Use for infrastructure needs that do not need to be sustained since the funds will only be one-time.
- Local technology needs.
- Training incentives such as a stipend for completion for those individuals who would be certified as the first group.

The suggestion was made that it may be helpful to ask each local system to prioritize their top 10 plans for use of the stimulus funds. Systems could be asked to report how they would use the money and the amount they would dedicate to each purpose. The need for meeting compliance through the use of the funds was also stressed.

Mary Ann also shared that two years would be allotted for spending the stimulus funds with the deadline being September 30, 2011. She also shared that there are incentive funds from OSEP for states to set up a systems for 0-5 year olds. If the dollars are not used, they will be redistributed.

The following items were identified as requiring follow-up:

- The Part C Office to compile evidence-based information on the benefit of services in the natural environment and on speech services for children under 18 months of age. This information will be sent to Health Net.
- Mary Ann Discenza to contact a potential applicant for the Head Start representative vacancy.
- CoCoa to work with Local System Managers on identifying potential applicants for the upcoming vacancy.
- Debra Holloway to continue working on identifying potential parent representatives for the VICC.
- Karen to send the summary of the last VICC Retreat to members.
- VICC members to provide ideas to Karen via email for the theme for the upcoming retreat.
- Karen and Mary Ann to explore potential dates for the retreat.
- Mary Ann to check on potential facilitators for the retreat.

The following agenda items will be included for the June 10, 2009 VICC meeting which will be held at the Hanover Area Department of Social Services Office from 9:30-3:00.

- Medicaid Initiative Update;
- Part C Update;
- Data Research Committee Report;
- Comprehensive System of Personnel Development/Medicaid Initiative (CSPD/MI) Committee Update;
- Advocacy Committee Update;
- VICC Appointments/ Reappointments/Vacancies;
- Mission and Vision Statement Committee Update;
- Nominating Committee Update; and
- Plans for the VICC Retreat.

The meeting was adjourned.

VICC Attendance

VICC Members in Attendance

Rick Beaman
 Joanne Boise
 Delly Greenberg
 Dr. Corey Herd
 Virginia Heuple.
 Charlie House
 Mary Lou Hutton
 Sheila Nelson
 Jeannie Odachowski
 Dr. Patricia Popp
 Dr. Lissa Power-deFur
 Glen Slonneger
 Tammy Whitlock

Family Representative

Debra Holloway

Part C Staff

Beverly Crouse
 Mary Ann Discenza
 Karen Durst
 Bonnie Grifa
 Cori Hill
 David Mills
 Beth Tolley
 Mary Anne White

VICC Members Absent

Martha Kurgans
Lyndell Lewis
Laura Miller
Phyllis Mondak
Leslie Hutcheson Prince
Yolanda Tennyson
Dr. Eva Thorp
Delegate Shannon Valentine
Sandra Woodward

Audience Members Signing In

Cindy Burgess
Nancy Butts
Carol Cousins
Elizabeth Faulk
Natalie Fleet
Jim Gillespie
Terry Pasco
Allan Phillips
Alison Standring
Bernice Sykes