

Virginia Interagency Coordinating Council (VICC) Meeting
Hanover DSS
June 13, 2012

The June 13, 2012 Virginia Interagency Coordinating Council Meeting was called to order by Ginny Heuple. The role was called by Karen Durst. There were thirteen (13) VICC members in attendance. Please see the attendance list following the minutes. The March 14, 2012 VICC minutes were corrected and approved with Ginny Heuple making the motion to approve and Phyllis Mondak seconding the motion.

Agency Reports

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

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

Virginia Department of Behavioral Health & Developmental Services (DBHDS)

Janet Lung reported an update on the Department of Justice (DOJ) initiated investigation of the Central Virginia Training Center (CVTC) pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA). In April 2010, DOJ notified the Commonwealth that it was expanding its investigation to focus on Virginia's compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court Olmstead ruling. The Olmstead decision requires that individuals be served in the most integrated settings appropriate to meet their needs consistent with their choice. In February 2011, DOJ submitted a findings letter to Virginia, concluding that the Commonwealth fails to provide services to individuals with intellectual and developmental disabilities in the most integrated setting appropriate to their needs.

In March 2011, upon advice and counsel from the Office of the Attorney General, Virginia entered into negotiations with DOJ in an effort to reach a settlement without subjecting the Commonwealth to an extremely costly and lengthy court battle with the federal government. On January 26, 2012, Virginia and DOJ reached a settlement agreement. The agreement resolves DOJ's investigation of Virginia's training centers and community programs and the Commonwealth's compliance with the ADA and Olmstead with respect to individuals with intellectual and developmental disabilities. The Department of Behavioral Health and Developmental Services will be involved in the implementation of the settlement agreement.

Janet Lung also reported that Beth Tolley has now become the Part C team leader. Janet was also delighted to welcome Terri Strange-Boston and Mary Wood-Maloney to the team.

Virginia Department of Education (VDOE) -No Report

Virginia Department of Education-Project HOPE-Virginia-No Report

Virginia Department of Health (VDH) -No Report

Virginia Department of Medical Assistance Services (DMAS)

Tammy Whitlock reported that Jeff Beard has done some reporting for Targeted Case Management to work through billing issues. Jeff gives a list to the Local Lead Agencies each month that reflects the children who are eligible and the children who are not eligible. Tammy also reported that historically, foster children and adopted children had been excluded from Managed Care but that has now changed.

Virginia Department of Social Services (VDSS)

Lynne Edwards reported that she is part of a newly developed two person team that is in the process of developing guidance on early prevention to enhance the capacity of local departments of social services to provide these services and to increase community collaboration to strengthen families before child protective services is needed.

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

Part C Update

The following Part C update was given by Catherine Hancock.

Challenges to the Early Intervention System

1. There is a significant and growing funding shortfall due to increasing numbers of children served, loss of ARRA funding, and decreasing funding by some local governments. In 2007, there were 10,330 served and in 2011, there were 14,069 children served which is a 36% increase.
2. Extremely complex federal regulations and requirements for compliance increase administrative costs and oversight at the local and state level.
3. The Medicaid Case Management rate for the Early Intervention Program is lower than what the DMAS rate study determined as the cost of providing services. It was determined that the actual cost was \$175.20 per child per month. The service payment was established at \$120.00 per month. The 2012 General Assembly approved a 10% increase in the rate which increased it from \$120 to \$132.
4. Local lead agencies lost their ability to negotiate rates with their local networks of providers thus raising costs. Part C reimburses providers for the difference between private insurance and Medicaid reimbursements which has increased the pool of available providers.
5. As of May 1, 2012, DBHDS has received requests for \$7,633,159 in additional funding for SFY 2012 from 25 of 40 local Part C lead agencies. For SFY 2012, DBHDS has allocated \$4,002,965 in one-time only funds to assist with this problem. These one-time funds are a combination of Part C state fund savings (due to ARRA funds, vacant positions, and efficiencies in operation at DBHDS) to local lead agencies and other DBHDS savings realized during this fiscal year.

Estimates of Needed Funds

Based on the survey information and projections of growth and revenues, DBHDS estimates that Early Intervention services will have a shortfall of \$8,582,170 to \$12,857,261 for SFY 2013. This is based on the average cost per child and projecting a continued growth in the number of children served. If the Early Intervention System is unable to increase funding and continues to grow at the same rate (4% to 7.5% per year), a deficit of \$8,925,459 to \$13,821,556 would be expected for SFY 2014.

Possible Solutions and Recommendations

1. Advocacy at the federal level to increase Part C Funds.
2. Increase allocations of State General Funds in 2013 with a caboose amendment in the 2013 session of the General Assembly.
3. Increase State General Fund allocation for SFY 2014 with a caboose amendment in the 2013 session of the General Assembly.
4. Increase Medicaid Early Intervention Case Management rate to \$175.20 which equals the cost as determined by DMAS.
5. Continue to work with local agencies to Increase billing to private insurance.
6. Continuing to work with local systems to maximize Medicaid billing.
7. Explore whether or not there are strategies that might limit the population served, such as changing eligibility. Changing the definition may not limit the number of children served.

Public Comment

Public Comment was submitted by Susan Shaw on behalf of the Infant and Toddler Connection of the Blue Ridge. The following italicized report is verbatim from a written report that was provided.

I would like to let folks know what the impact of Virginia's 4 million dollar shortfall has meant for our early intervention system in the City of Charlottesville and the five surrounding Counties and then make a few comments.

Our state and federal funding by the end of this year will have amounted to approximately \$763,000. We appreciate the additional funding that this represents. Like many systems across the state we have been required to increase our child find to meet federal indicators. Our child count has gone from 98 on December 1, 2009 to 254 in 2011. We brought those infant and toddlers in to serve and met our Child Find indicator, only to find ourselves forced to go out of compliance due to the cost of serving this unprecedented number of children. As of July 1, we will have roughly \$456,000 in federal and state funds instead of \$763,000, a 40 % decrease, to serve this large increase of infants and toddlers.

Unfortunately, we have given notice to 4 dedicated, knowledgeable staff that they will be laid off as of July 1. We have already lost our only infant educator to another position. We are now half the staff. We are half the staff and almost half the funds, but we still have the increased number of children. Obviously, we have a huge dilemma-more babies than funds and we need to act quickly to stay within budget. We will need to reduce the current cost of services by at least half. Families will be devastated.

I am sure you have done this, but I would like to ask the Part C office to consider what might be done on the state level in order to assist us on the local level. Such as possibly reconsidering the Family Cost Share, families at zero cap, are asking if they can pay something toward services. And can the Eligibility Criteria be reconsidered? It appears that other states have taken state level actions in light of fiscal constraints.

I feel it would be helpful if there could be regular communication directly from the state Part C office addressing the fiscal issues now facing local systems. The state Part C office did a terrific job of this during the years of the “great transformation”. I feel families, referral sources, providers, community officials, the general public and the local press need to hear directly from the state Part C office as to what is transpiring. LSM’s are constantly trying to piece together and interpret for others what we think is happening at the state level and with other local systems. It would be helpful to have official public statements to share.

After speaking to other LSM’s with system in crises, I think I speak for them when I say that there is a definite feeling of isolation and confusion. Also there is a feeling that we were brought into this fiscal crisis through the need to increase the state child count and now that we have done that locally, we have been left with the babies and a lack of adequate funds to support them. I think greater education, advisement and support for LSM’s and local lead agencies when facing budget shortages that threaten to place them out of compliance is needed. Special education law is complex and I think it may be unrealistic to expect LLA’s who not public school systems to understand those complexities. When there is adequate funding and compliance can be more easily met, the complexities are more invisible.

While it appears that everything in Virginia is highly localized, it also seems that it would be beneficial for there to be some consistency in strategies as systems address the lack of funding and the issue of non-compliance.

Thank you for all that you shoulder on a daily basis. I know it is not easy no matter where you sit. Thank you again for the opportunity to speak.

Susan Shaw, LSM, Infant and Toddler Connection of the Blue Ridge.

Professional Development

Deana Buck and Cori Hill provided information related to professional development and the Integrated Training Collaborative. They reported the following:

Talks on Tuesdays

Talks on Tuesdays are professional development opportunities that will be held the first Tuesday of each month. These one-hour webinars are designed to provide free online training opportunities related to important topics in early intervention. Topics chosen for the Talks on Tuesdays webinar series are based on feedback from EI practitioners about what they need to know more about! Talks on Tuesdays: 140 focused on Typical Motor Development 0-12 months, The Foundation of the Pyramid: Social Emotional Development within the Context of

Nurturing Relationships and Supportive Environments, and Where is "Near Somewhat?" Integrating Indicators into the EI Process.

Face to Face Events

- Kaleidoscope I for Service Coordinators
- Kaleidoscope II for Service Coordinators
- Two sessions at the SHAV Conference
- Child Find meeting in NOVA

Early Intervention Professional Development Center Website

It was reported that work is occurring on reorganizing and improving access to the website. Some of the additions to the website are: Landing Pads, Free Journal Articles, Handouts for use with Families, and Links to Websites and Videos.

One of the most popular videos on the Virginia Early Intervention Professional Development Center website is "Liam's Story, A Mother's Story". In the video Jamie, Liam's mother, reads a letter she wrote to the VA General Assembly about how important early intervention has been in her family's life. You will meet Jamie and Liam and see how, through collaboration between his family and his early intervention providers, Liam is able to communicate, use a computer, and move about at home, on trips to a museum and out to get ice cream with his family.

Family Involvement Project Report:

Debra Holloway then provided the following report on behalf of the Family Involvement Project. The italicized report is verbatim from a written report provided.

Our staff continues to participate in committees and work groups as requested. Including the Virginia Autism Council, ITC, EI Task Force, VCPD, regional meetings, Insurance Committee and Regulations Workgroup to name some. We conducted four Medicaid waiver trainings around the state with local systems. The Arc of Virginia staff continues to provide technical assistance for families this quarter including assisting families with referral to services, transition and request about waiver information. We continue in development of the Early Intervention Family Support Network and met twice this quarter. This network is made up of families and VICC parent representatives and they will be our local connection as we are identifying one parent or board member of each of our 25 local Arc Chapters to be a part of this network. This network of families will be able to provide support to local families, provide quality assurance feedback and participate on workgroups and committees. This committee has provided feedback on changes being made due to regulation changes. We are also developing advocacy tools for families to advocate for their rights and to support increased funding for early intervention services. In partnership with part c staff we were able to host a webinar for the EIFSN "Introduction to Early Intervention" and we are making changes and will be hosting this webinar again next quarter for a larger audience and have this resource available on our

website. The Arc of Virginia has also been spreading the word about the Department of Justice Agreement and the fairness hearing that took place last week supporting families to advocate in support of the agreement and to be involved in its implementation.

Please join us and spread the word about our annual convention August 9-11 in Virginia Beach. We will be having a young family track with sessions targeted around early intervention services and family requested topics!

Insurance Committee

Beth Tolley and Kelly Hill reported the following information:

Understanding Your Private Health Insurance “Fact Sheet”

Please see attached.

Private Insurance Worksheet

The Private Insurance Worksheet was developed by Debra Holloway. It is a very effective tool for families and should be viewed as a fact sheet and worksheet. Please see attachment for a copy of the form.

Local System Survey

The Local System Survey was conducted to collect more information from the local systems. Some of the questions asked on the survey were:

- Does the Local System have private providers?
- Is billing done internally, by private providers, or both?

Beth and Kelly noted that 27 out of 34 local systems have private providers to do billing, 18 local systems have a combination of both, and 16 local systems does internal billing.

Discussion was also held related to the need to add a component about billing MCO's to the regulations. Tammy Whitlock suggested encouraging families to appeal to both insurance and MCO's.

Update Letter to Governor McDonnell

Please see attached.

Lead Task Force

Karen Durst reported on the progress of the Lead Task Force. She reported the following:

Discussion was held as to the upcoming work of the Lead Task Force and the current financial concerns across the state. It was determined to move forward with the group and the presentation of a recommendation to the VICC as to whether children birth to three with elevated

lead levels should be automatically eligible for Part C services. The Task Force will be asked to also provide a recommendation on the level of elevation in a child's blood test that would meet eligibility requirements and possible services that might be provided. The following individuals have agreed to serve on the task force: Phyllis Mondak, Dr. Patricia Popp, Brian Campbell, Nancy VanVoorhis, Debra Holloway, Dr. Colleen Kraft and Karen Durst. The recommendations will be provided at a future VICC meeting.

VICC Vacancies and Reappointments

It was reported by Rick Beaman that Ginny Heuple and Jennie Odachowski has been appointed. All other appointments are on a hold list.

The following Action Items were identified:

- Deana will send Karen the link to the Regulations Webinar.
- Karen will move forward with the Lead Task Force toward a recommendation

The following are agenda items for the September VICC meeting:

- Insurance Committee update to the Early Intervention Rider;
- Update on Child Find information and Data;
- Professional Development Update;
- Homelessness Presentation;
- Part C Update.

The next meeting of the VICC will be held September 12, 2012. The location is the Hanover Area DSS Office.

The meeting was adjourned.

VICC Members Present:

Barbara Barrett
Rick Beaman
Catherine Cook
Delegate Anne Crockett-Stark
Lynne Edwards
Dr. Corey Herd Cassidy
Virginia Heuple
Kelly Hill
Janet Lung
Phyllis Mondak
Jeannie Odachowski
Tammy Whitlock
Sandra Woodward

VICC Members Absent:

Angela Leonard
Sonia Lopez
Kathleen McCauley
Edwin Scott Moran
Allan Phillips
Dr. Lissa Power-deFur
Leslie Hutcheson Prince
Jackie Cunningham
Joanne Boise
Glen Slonneger
Patricia Popp

Family Representative:

Debra Holloway