

MINUTES
January 11, 2007
Worcester, Massachusetts

Members Present: Robin Adair, Zulmira Allcock, Darleen Corbett, Peggy Freedman, Pam Kuechler, Ann Marsh, Neal Michaels, Judith Nest-Pasierb, Kathy Patisteas, Stanley Potrude, Barbara Prindle-Eaton, Tanya Wheeler, Pam Wildnauer, Amy Young.

Members Absent: Richard Breault, Pat Cameron, Sandra Daly, Jen Greco, Jack Harris, Julie Leahy, Karin Lifter, Sara Miranda, Anita Moeller, Therese Murphy-Miller, Kimber O'Connell, Nancy Phillips, Kathy Rose, Ronna Schaffer, Joanne Williams.

Non-Voting Committee Chairs in Attendance: Margaret Mahoney, Tom Miller, Cindy Warren, Alden Wood, Peter Woodbury.

1. Welcome: Co-Chairperson Barbara Prindle-Eaton welcomed the group. She introduced Neal Michaels, who recently became the Department of Social Services Representative to the ICC.

Approval of Minutes: The Minutes of the ICC meeting held November 9, 2007, were approved as written with the following correction: The names of Mary Lutz and Maureen Flaherty should be deleted from the list of those who were absent because they were no longer ICC members at the time of that meeting.

2. Director's Report – Ron Benham: Ron began by asking for a moment of silence in memory of Mary Buxton, who passed away unexpectedly on December 18, 2006. Mary was Program Director of the North Shore Infant Toddler Program of Cerebral Palsy of Eastern Massachusetts. Margaret Mahoney then spoke about the important contributions Mary had made to our EI community in the short time she had been a program director. For example, she was a member of the Personnel Committee and its Higher Education Subcommittee, and had recently volunteered to be the Northeast Representative to the Massachusetts Early Intervention Consortium (MEIC).

Public Hearing: Ron summarized the Public Hearing held on December 18, 2006, regarding the Department's 21st Year Application to the federal government for Part C continuation funding under IDEA. Attendees included 157 adults and 12 children. Forty-four people offered testimony that day, and 235 pieces of correspondence have been received. Regarding proposed changes in eligibility from 25% to 30% delay, and increase in parent participation fees for some higher income families, 100% of those commenting say, "Please don't do it." Ron stated that DPH Commissioner Paul Cote has discussed the matter with JudyAnn Bigby, Secretary of the Executive Office of Health and Human Services. Discussions with both House and Senate Ways and Means budget analysts are under way.

Discussion: Zulmira Allcock distributed a letter dated January 8, 2007, which MEIC sent to Governor Deval Patrick; she urged everyone to write or call the Governor without delay. This is particularly critical because we need to explain that the cuts to EI are not part of the 9C cuts that the new Governor has already rescinded. The budget shortfall is real, and the Department intends to pay providers for all services rendered; further delay could mean deeper cuts. The Department would have to be directed by the Governor's office before continuing to operate in deficit. If the situation improves, money could be

restored to cost reimbursement and regional consultation programs. However, after raising eligibility, even if it were lowered later, there is no way to recoup for the families whose children were already denied services. We need an increase in the retained revenue cap in order to maximize federal reimbursement against state dollars spent for services provided by developmental specialists.

Robin Adair, physician representative to the ICC, commented on the very complex funding mechanism for EI. She expressed concern that, as a pediatrician, she works hard to increase developmental screening to identify more children and do it earlier, but that is like setting trains on a collision course if funding for EI is not stable. Ron responded that only a true entitlement could correct the situation because it is not realistic to run a quasi-entitlement program on a fixed budget. All interested parties need to come together around the question: How big will EI become in this state? Does the program lose its soul if it doubles in size to 60,000 children? Our partners in MECCS – the Massachusetts Early Childhood Comprehensive Systems project – ask how they can help, because they understand that raising the bar of EI eligibility and fee access directly affects their work. The only other solution is a significant increase in the federal Part C allocation; that is not likely to happen soon.

Ron confirmed that the proposed solution excludes changes in the way specialty services are administered and paid for. However, at DPH, a physician on loan from CDC will take an overarching look at current trends in diagnosis and treatment, and anticipated numbers in autism spectrum disorders in Massachusetts. To date, the Department has paid 100% of costs that might well be spread across other systems. A waiver request to the federal government, to allow some costs to be born by Medicaid, has been submitted by the Department of Mental Retardation; however, at best it will cover 100 children with the most severe conditions across a wide age span.

3. Presentation on National Provider Identifier: Laura Pizza Plum, HarvardPilgrim Health Care, representing the **Massachusetts Health Data Consortium**, distributed a handout on the new National Provider Identifier (NPI) that all health care providers must begin using on May 23, 2007. The intent is to simplify billing transactions. However, because to date each insurance carrier has a different identifier system, the transition is labor intensive; providers may experience delayed payment if the translation is not done correctly and in time to be tested before the start date. In Massachusetts EI, the agency that is certified by DPH to provide EI services is the “billing entity,” whereas in other health care prototypes, the individual clinician may sometimes be the billing entity. To further complicate matters, there is no universal definition of EI in use among insurers or across the nation. A “complex agency” that provides services under more than one service prototype, for example EI and mental health and substance abuse, will need to determine which prototypes need a unique NPI and apply for them without delay. Laura stressed the importance of immediately sharing NPIs with every payer an EI program does business with, so that payers can crosswalk “legacy” (old) numbers to the NPI with ample time for testing before May 23.

Meghan Morrissey, Blue Cross Blue Shield of Massachusetts, recommended that agencies that have more than one BCBSMA contract get a separate NPI for their EI program. **Karen Peschell, Tufts Health Plan**, emphasized that Tufts, for example, is not changing its internal systems but is “mapping” legacy numbers to NPIs. She stressed that complex agencies should be very cautious about changing billing structures within their agency. **Keith West, MassHealth Customer Service Supervisor**, distributed a handout. MassHealth has over 30,000 providers from which to collect NPIs. A similar process of mapping legacy numbers to NPIs will take place.

The contact information for each presenter is contained in the two handouts. **Peter Woodbury, Chair of the ICC Fiscal Committee**, urged the insurers to plan how they will handle the inevitable problems that will arise during this huge transition.

4. Presentation: A Helping Hand: Mother to Mother – John Lippitt: John Lippitt is Project Director for the new Mother to Mother project, previously referred to as Identification and Treatment for Infants and Their Families. Katee Duffy is the liaison to EI at DPH. John distributed a one-page description of the project, funded by a three year grant from the United States Children’s Bureau. John described how two major federal policies have some together under CAPTA, the Child Abuse Prevention and Treatment Act. One policy mandates that children under three for whom abuse or neglect has been substantiated must be referred to Part C Early Intervention programs for evaluation. The other policy requires that infants with in utero exposure to illegal substances must also be referred. Commenting that it is a rare treat to have policy leading practice, John reviewed our growing knowledge, over the past 25 years, of the multiple risk factors affecting infants and toddlers involved in these situations. *Neurons to Neighborhoods* identified four clusters of risk that often overlap, magnifying their impact on the developing child: Child abuse and neglect; parental substance abuse; parental mental health issues; and domestic violence or intimate partner violence.

The Massachusetts Early Childhood Linkage Initiative – MECLI – piloted collaboration between the Departments of Public Health and Social Services in situations where there was a substantiated case of child abuse or neglect in a child under three. Working Paper #3, *Excessive Stress Disrupts the Architecture of the Developing Brain*, published in 2005 by the National Scientific Council, is available at www.developingchild.net. It details the potentially devastating result of rupturing an infant’s nurturing relationship to a caregiver – something that often occurs when substance exposure is present. In the Mother to Mother project, five systems will collaborate to identify best practices: Health care, child welfare, child development/EI, mental health and substance abuse. Pilot projects at Cambridge-Somerville EI, Lipton EI in Fitchburg, and Thom/Springfield EI will roll out over the next two years, and there is a good chance of extending federal funding into a fourth and fifth year. Innovations in practice include hiring a Family Support Specialist who is a peer in recovery, and insuring that EI is “at the table” so that a child’s developmental needs are fully attended to when the initial DSS family service plan is designed. **Discussion:** The following points were clarified: This is the initial roll-out; expansion statewide, including into rural areas, will come in phase two. If funded, an additional small grant will help the project begin services during pregnancy by utilizing Early Intervention Partnerships Programs that are already in place at each EI pilot site. Training for the Family Support Specialist will be shared between the Federation for Children with Special Needs and the Institute for Health and Recovery. Neal Michaels, DSS, clarified that, because the mandate for this project rests in two pieces of federal legislation, it must move to full implementation. Neal emphasized the critical opportunity to address child development issues from the very beginning of a family’s involvement with DSS. Ron stated that through MECCS and other initiatives there is growing interest in collaboration across state agencies and the potential to tap funding from multiple sources for projects such as Mother to Mother.

5. Update on State Performance Plan and Annual Performance Report – Ron Benham and Patti Fougere: Patti distributed a handout, *Part C State Performance Plan (SPP) and Annual Performance Report (APR) – Part C Indicator Measurement Table*. She explained that a year ago Massachusetts submitted its State Performance Plan and outlined its goals over the coming six years. Benchmarks must show positive numbers, not slippage. On February 1, 2007, the Department submits its APR, which is closely tied to its SPP. There are seven compliance indicators that have targets of 100%. OSEP is under pressure to show positive outcomes for children served in Early Intervention. Massachusetts showed slight slippage in the percent of services provided in natural environments. The Department thinks that is due to the percent of children served who have complex problems, as well as to growing staff shortages. In summary, Ron congratulated providers for the hard work done to achieve significant improvement on compliance indicators over the past year. Massachusetts doesn’t anticipate substantive changes from OSEP on indicators for the coming year, but there will be some tweaking.

6. Committee Reports. Standards Committee – Alden Wood: Alden distributed *Early Intervention Billing Guidelines for Staff*, a draft of a one-page guidance document designed to help both clinicians and billing staff find consistent answers to common billing questions. Programs will be free to decide how to use the information; for example, it could be adapted to fit a specific program, then laminated and given to every clinician. **Personnel Preparation Committee – Margaret Mahoney:** A handout, *A Comprehensive System of Personnel Development – FY 2006*, was distributed. This is a required section of the Department’s Part C Application. In 2003, the committee did a comprehensive review of the CSPD; since then there have been only minor changes. The committee will be addressing how experienced clinicians enter EI after working in other program prototypes, and it will also consider what parallels may exist with other systems, for example, the Department of Early Education and Care. **Program Planning Committee – Cindy Warren:** The committee continues to focus on social emotional development. Cindy distributed a survey dated January 15, 2007, that is being sent to Program Directors to determine what S-E assessment tools and practices are now in use, and what else may be needed. **Specialty Services Committee – Tom Miller:** Tom distributed minutes of the 12.21.06 committee meeting and reviewed each of the points in the report.

Fiscal Committee – Peter Woodbury: The committee has updated its Strategic Plan, identifying several issues it will focus on: Changes in insurance products that may increase the Department’s payment responsibilities; changes in the profile of disciplines represented among EI staff; and the ongoing dialogue about parent participation fees and the methodology used by the Department for collecting those fees from providers. **Discussion:** Points made in discussion included the following: Because there was no year-end accounting, the Department doesn’t yet know whether there was a significant increase in non-payment the last time family fees were increased. As insurance products change, (higher deductibles, health savings accounts, etc.) program directors receive more calls from families and they need more information about the various options. Families whose children have complex needs may not choose these newer products; however, some employers will not offer a choice. Since DPH pays co-pays and deductibles for EI services, it is essential to be proactive in analyzing trends; the Department could become responsible for some deductibles as high as \$4,000 or \$5,000 annually. We also need to know how many additional families might access Medicaid under health care reform. It would be helpful to have an economist research these questions.

7. Member updates: Barbara Prindle-Eaton stated that Steering Committee is proceeding with the ICC Strategic Planning process and is reviewing “hot topics” identified at the Retreat that was held in October, 2007. Committee members will be receiving information about this. Two other handouts were distributed: An announcement that a PBS documentary, *Through Deaf Eyes*, will air on March 21; and *Suggestions for Effective Use of Interpreters or Translitterators*.

8. New Business: Zulmira Allcock announced that the annual MEIC Conference is May 9-10, 2007. **Ron Benham** stated that an email from John Hager, Assistant Secretary of Education, indicates that new Part C Regulations may be released in the first quarter of the new calendar year. Five Public Hearings would then be held across the country. No groundbreaking changes are expected. Ron also expressed appreciation to families and providers for their legislative advocacy in support of the EI program in Massachusetts.

9. Adjournment: The ICC meeting adjourned at 3:15 p.m.