

**MINUTES
May 4, 2006
Worcester, Massachusetts**

Members Present: Zulmira Allcock, Pat Cameron, Darleen Corbett, Maureen Flaherty, Peggy Freedman, Jack Harris, Julie Leahy, Karin Lifter, Ann Marsh, Anita Moeller, Judith Nest-Pasierb, Kimber O’Connell, Kathy Patisteas, Nancy Phillips, Barbara Prindle-Eaton, Kathy Rose, Pam Wildnauer, Joanne Williams, Amy Young.

Members Absent: Robin Adair, Richard Breault, Sandra Daly, Jen Greco, Pam Kuechler, Mary Lutz, Sara Miranda, Therese Murphy-Miller, Roberta Perry, Ronna Schaffer.

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

1. Welcome: Co-Chair Barbara Prindle-Eaton welcomed the group.

Approval of Minutes: The Minutes of the ICC meeting held March 9, 2006, were approved as written.

2. Director’s Report – Rob Seymour and Patti Fougere for Ron Benham: Interviewing for the position that was held by Katharine Thomas is under way; 31 resumes were screened. Once a candidate is selected, approval for this mid-level management position will take some time because it requires a background check.

The state budget process for FY 07 is proceeding in the House. The House Ways and Means Committee proposal contained \$500,000 above what the Department had requested for EI, as well as restoration of the earmark for \$1,000,000 for cost reimbursement contracts. The requested 8% for salary enhancement was not included. The Senate budget should be released in mid-May with debate beginning May 22.

The Department’s State Performance Plan (SPP) was submitted to the federal government on December 1, 2005; acceptance was received on March 30, with a few areas of non-compliance noted. A report on progress is due May 28. Areas of non-compliance include Transitions – already identified in a previous SPP – and four others: Timely provision of all services on IFSPs; IFSP completed within 45 days (we are at 93% compliance and 100% is the goal; timely correction of previous areas of non-compliance (only because we had not formally closed on the previously noted points within one year though the issues had been resolved); and submission of information from family surveys. Pat Cameron noted that the Department of Early Education and Care is eager to collaborate with the Department of Public Health because both are working on the same indicators: Transitions and Child Outcomes.

3. Office of Specialty Services – Universal Newborn Hearing Screening Program – Janet Farrell and Tracy Osbahr: Tracy introduced Janet Farrell, and a handout of Power Point slides was distributed. The Massachusetts newborn hearing screening program has stiffer requirements

than some other states; it has become a national model, and Janet is being asked to consult to other states. We are especially fortunate that, in Massachusetts, children who screen positive are immediately eligible for EI. Tracy noted the following: Language development outcomes for children identified before 6 months of age are generally quite positive. Nationally, 48% of families whose children failed the screening got to follow-up appointments. In Massachusetts, 92.7% had an appointment scheduled before they left the birthing hospital, and 90% received audiological testing. One in four who do not pass the screening will later prove to have a hearing loss. Massachusetts does rigorous outreach to find and screen children who were born out of state and those who were adopted from other countries. Most children cared for in a NICU are screened while there. Martha deHahn, the Parent Outreach Specialist, talks to every one of these families. A parent information kit is given to every family during the diagnostic process. While 50% of hearing loss is genetically determined, looking at causation cannot be mandated because individual personal and ethical decisions are involved.

Tracy stated that, in the past, most people with hearing impairment graduating from high school had a 4th grade reading level. She recommends that – even though they were screened at birth – any EI child with a language delay should receive another hearing screening during the EI assessment process because some losses are progressive. In addition, late onset hearing loss can be secondary to meningitis or use of certain medications. Re-screening in special populations is important. After identification in the newborn period, the goal is amplification by three months of age and enrollment in EI by 6 months. These factors combined with improvements in technology, cochlear implants and hearing aids mean that many children with hearing loss can have age-appropriate language development by age six. Another important consideration is that clinicians working with EI children who have hearing losses should be carefully chosen; they require specialized training with very specific content. “Hearing loss is all about the brain. Neural pathways for language are formed within the first year of life, when neuroplasticity is greatest.” Early access to language is very important; and getting beyond the debate about choice of modality is critical. Bright children with mild or unilateral losses are easily missed or denied necessary input.

A recommendation was made that ICC Steering Committee discuss creation of a Task Group or subcommittee of the Specialty Services Committee. This group would address the competencies providers need, and systems level models for approaching hearing loss in our EI population that will bring together the efforts of the medical community, audiology, and EI.

4. Early Intervention Training Center – Building a Community Curriculum Revision

Update – Philip Printz: Philip distributed a handout of Power Point slides that outlines steps being taken to revise the course description in synch with DPH’s vision for EI in Massachusetts. There is renewed commitment to build a cadre of parents who will be true co-facilitators of the two-session series of Building a Community workshops. Competencies will be re-aligned; new ones will be added and homework will change to more fully reflect the course content. A notice will go out to programs in July, and changes will be implemented in September. People who have already taken the course do not need to take it again.

5. Committee Reports. Standards Committee – Alden Wood: Revised Operational Standards will be available in Word and as a PDF in time for 7/1/06 implementation. The committee is working on the Appendix, and the Procedural Safeguards section is also being addressed. Next, the committee will work on changes in billing and data guidelines to support the revised Operational Standards. A summary document will be developed for use in training

new and re-training old staff. The committee is eager for input about what still needs clarification and will provide a feedback form for that purpose. Alden urged providers to get input from their billing staff. **Personnel Preparation Committee – Margaret Mahoney:** In March, 260 letters and recruitment brochures were sent to 2- and 4-year colleges. Email distribution is netting feedback and questions, so the committee will develop a system for responding. Information packets will be prepared that providers can use when speaking to college student groups about EI. The committee's next meeting will be with representatives of higher education. Two committee members are participating in the MEIC Quality Workforce Initiative. All of the focus is on college right now; the committee feels the brochure is not the best way to communicate with high school students, and would prefer to provide information to use for road shows and career fairs. Some agencies have placed the existing brochure on their agency websites. Karin Lifter noted that she represents the Division for Early Childhood on the Council for Exceptional Children's committee on personnel standards; a specific revision has been made in order to include age 0-8 rather than 3-8. **Program Planning Committee – Betsy Leutz for Cindy Warren and Erin Ward:** The committee will bring an Executive Summary of the Social-Emotional Well Being of Children and Families Capacity Survey to the ICC meeting scheduled for June 8. In addition, the committee will provide a status update on knowledge of current research and best practices on social emotional well being in the EI system, and articulate a vision for the system in this regard.

Specialty Services Committee – Tom Miller: The committee has discussed the progress of the 2007 EI budget through the legislature. Members have also discussed how families can be assisted to access PCA – personal care assistant – services for their EI children. Tom reported that he is a member of the Massachusetts Department of Education Recruitment and Retention Committee that targets teaching children age 3-22; he brings the needs of 0-3 year olds to the committee's attention at every opportunity. Public Service Announcements and brochures on career change in generic special education are being used. **Fiscal Committee – Peter Woodbury:** The committee continues to monitor provider claims and payments; in EI at any given time there may be three open fiscal years depending on when services were provided and when billing and all documentation was actually submitted. In FY 06, the EI system is currently running about 3% over budget, but most of that is an artifact of the timing of various aspects of billing and other sources of revenue. Regarding Early Intervention Partnerships programs, discussion with Mass Health continues as to whether there is duplication of effort between EI and MCOs – Managed Care Organizations. One possible solution is that EIPPs might bill directly to Mass Health for involved clients. The Insurance Coding Group continues work toward establishing uniform national codes for EI services that will be meaningful to all insurers across all states. The committee is also discussing the potential impact of the trend toward use of newer high deductible insurance plans that work in concert with Health Savings Accounts. Higher deductibles could impact the overall cost of EI in Massachusetts and this trend needs careful monitoring with the ability to make long range projections as it affects EI appropriations in future years. The committee is also discussing participation fees that families pay, and how to be fair to everyone in managing the fact that a few programs collected more than the amount of their original assessments, while most programs collected less. **Membership Committee – Maureen Flaherty:** The committee is working to fill a few vacancies, and to revise the ICC Member Handbook. Barbara Prindle-Eaton requested that a list of ICC vacancies be available for the meeting to be held June 8, 2006. Darla clarified that most vacancies are in state agency positions; this means the various commissioners have to work together to designate candidates. A decision was made to report a list a absent ICC members in the Minutes of this and future meetings.

6. Data System Presentation – Proventive Consulting Group – Attila Habip and Darina Skvarkova: The EIM (Enterprise Invoice Management) and ESM (Enterprise Service Management) are two interrelated new and complex systems that the state will be rolling out across EOHHS (Executive Office of Health and Human Services) programs in Massachusetts. The vision is that there will be a virtual gateway which enables citizens, via the internet, to find out and apply for services for which they are eligible. The new system will also enable management of client information and provider billing functions in a paperless system that will be time efficient and accurate. In mid-May the new systems will roll out for most Department of Public Health and other EOHHS programs. EI is by far the most complex system and therefore will be the last to reach implementation. Several EI programs have already agreed to pilot the system in late fall, 2006; overall implementation in EI would follow in 2007. Confidentiality issues are a prime consideration. Though the system will be able to flag a client who is already known somewhere within EOHHS programs, no names or identifying data would be revealed. Likewise, a provider agency would be in control of what client or fiscal information was able to be accessed even by other staff and programs within the same agency. Menu options will depend on an agency's own security system. Cost reimbursement billing would become a paperless process. Payment cycles for all kinds of billing would be reduced and providers that submit clean claims would be paid in a more timely fashion than is now possible. While the ultimate vision includes a "data mart" in which Massachusetts programs could even be compared with similar services in other states, funding for such developments is not part of current implementation. Steve McCourt stated that ideas are welcome about the types of reports EI programs would like to be able to produce; Steve will send Darina's email address to providers. Attila stressed the complexity of the EI system, which has about 300 requirements in addition to the ones included in the basic EIM/ESM implementation.

7. Member Updates: Peggy Freedman announced that the MDCC – the Massachusetts Developmental Disabilities Council – seeks input on needs in preparation for developing its next five-year plan. A two-page survey is available at www.mass.gov/mdcc. It would be beneficial to have EI needs reflected in the MDCC agenda because they are able to advocate for the needs of people with disabilities throughout the life spectrum. **Darla Gundler:** The EI Stakeholders group is reconvening on June 21.

8. New Business: ICC Retreat Topic Brainstorm. The Retreat will be held on two days in September; there is too much material to cover in one day. The time might be divided by topic areas, addressing both state and national issues related to a particular topic on the same day. Workforce development, including collaboration with higher education, was mentioned as a hot topic. Our State Performance Plan and its ingredients was another topic of interest; Representatives from the ECO Center (Early Childhood Outcomes) and from NECTAC (National Early Childhood Technical Assistance Center) might be invited to attend and share newer developments. An update from Mary Ann Mulligan, the MEIC's legislative advocate, would be of interest to ICC members. Darla Gundler pointed out that the "Hot Topics" document developed in 1999 needs to be updated.

9. The ICC meeting adjourned at 1:50 p.m.