

**MINUTES**

**November 14, 2002**

**Worcester, Massachusetts**

**Members Present:** Zilmira Allcock, Margrit Bechara, Hope Colen, Kathy Dunn, Renee Duseau, Magalie Eugene, Peggy Freedman, Mary Jones, Pat Knipstein for Claire Brady, Karin Lifter, Margaret Mahoney, Sarah Miranda, Therese Murphy, Pat Pellegrino, Roberta Perry, Barbara Prindle-Eaton, Joyce Rowell, Mark Sandt, Judy Sleeper, Mary Ellen Thompson, Deborah Turiano.

In addition, proxies were received from the following members who could not attend, regarding the vote to be taken on the Revised Operational Standards: Claire Brady, Karin Elliott, Deborah Turiano (present in the morning only), Amy Young.

**I. Welcome and approval of Minutes – Barbara Prindle-Eaton:** Barbara welcomed Members of the ICC. The Minutes of the ICC meeting held September 12, 2002, were approved as written.

**II. Overview of OSEP National Early Childhood Conference:** The Massachusetts ICC and Early Intervention Services system was well represented at the National Early Childhood Conference recently convened in Washington, D.C. by the federal Office of Special Education Programs (OSEP).

Jocelyn Woog, Communications Specialist, Parent Leadership Project, described her experience at this conference which brings together parents of children with disabilities and early childhood professionals. Jocelyn gained appreciation of ways in which the federal government recognizes the importance of Early Intervention, how differently various states do things, and the extent to which Massachusetts leads the way.

Suzanne Gottlieb reported on a session about the concept of a Medical Home as it is implemented in Pennsylvania, and also described developments here in Massachusetts. She distributed a Policy Statement, dated July, 2002, which was issued by the American Academy of Pediatrics (AAP), and a brochure about the Care Coordination Program of the Massachusetts Department of Public Health (MDPH). A Medical Home for children with special needs is not a specific place, but it is a concept. “The AAP believes that the medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. It should be delivered by well-trained physicians who provide primary care and help to manage and facilitate essentially all aspects of pediatric care.” It is a goal of the Surgeon General’s Healthy People 2010 initiative that all children with special health care needs will be cared for in a medical home. To be considered a medical home requires using a broad-based definition of children who have or are at risk for disabilities and require health and developmental services beyond those required by typical children. Medical home embraces the idea that parents and professionals are equal partners and that care is coordinated in order to assist families to obtain medical and non-medical services. Suzanne explained that Massachusetts is in the second year of a 3-year federal Maternal and Child Health grant enabling the MDPH to enter into partnerships with pediatric practices. This has involved placing Care Coordinators (the former Regional Health Specialists) in seven pediatric practices across the state. A new Request for Response (RFR) will enable 7 additional practices to

become involved over the next year. Two websites may be of interest: [www.aap.org](http://www.aap.org) and [www.medhomeinfo.org](http://www.medhomeinfo.org).

Darla Gundler described an early bird brainstorming session she attended at the conference regarding full family involvement in EI, guided by the concept “nothing about us without us.” Darla commented on how differently ICCs organize themselves and do their work across the country. She is one of just fourteen ICC staff people across the 50 states.

Barbara Prindle-Eaton also commented on differences among ICCs. The first day of the OSEP conference was specifically planned for ICC members. Massachusetts is far ahead of other states. That third party payers are the leading source of funding for EI is amazing to those from other states. She commented on what seems to be an undercurrent of resentment toward the nine states that serve at risk children. Barbara also commented on workshops she attended. One pertained to developing new partnerships to achieve inclusive personnel preparation and practices. There are not many models which involve stand-alone certification procedures for EI personnel. Barbara has volunteered to be on the Steering Committee to plan next year’s OSEP conference.

Ron Benham then shared his impression of dominant themes reverberating throughout the conference. These include: financing for EI; early identification of children needing services; increased emphasis on accountability; emphasis on Jack Shonkoff’s *Neurons to Neighborhoods* science-based approach; the need to align our EI language with the No Child Left Behind initiative to show where EI fits in; empowering parents; and reducing bureaucracy to increase local flexibility. Ron met briefly with Jackie Twining-Martin, our federal Part C liaison, regarding the continuing process of Part C monitoring in states. Jackie suggested holding a public hearing on our revised Operational Standards as part of our next Part C Application for continuing funds.

Ron continued: The Infant-Toddler Coordinators Association, which meets during the OSEP Conference, is maturing as an organization – for the first time, there is competition for positions on the Board. It’s important that we support our younger colleagues if this system is to grow. Ron led a couple of sessions, including one exploring incentive funding in the Part C allocation to states. In another, on serving children at risk, there is some negativism about that issue that seems to go with limited funding. People from other states are reluctant to engage in dialogue because they view us as so far ahead of what they are struggling with. We have benefited from extraordinary stability of leadership in EI at all levels. When the OSEP meeting was taking place, results of the recent national election were not yet known. Leadership of the Education Committee is expected to pass from Ted Kennedy to Senator Gregg of New Hampshire. Due to the influence of *Neurons to Neighborhoods*, we can anticipate that children in the child welfare system – those with a substantiated 51-A in Massachusetts – will be automatically referred for screening and assessment. There will be a parallel emphasis on broadening eligibility to include diagnosed conditions in a family such as domestic violence, substance abuse, and maternal depression.

On a positive note, the Infant-Toddler Coordinators Association is asking for a Part C funding goal of \$750 million; current funding is \$417 million. The Senate reauthorization bill is due in January; it will probably not include incentives for serving at risk children. Ron and other Part C Coordinators will participate in a focused discussion on monitoring, aimed at identifying important indicators of how a state is doing. The average number of 0-3-year-old children served is now at 1.99%. States with narrow eligibility should be identifying most of those children before age one, and be serving at least 1% of all children under 12 months of age. Challenges to Part C Coordinators include the fact

that some states are not spending all their Part C dollars, and continuing controversy over whether services to children in groups should be funded.

**III. Committee Reports. Fiscal Committee – Michelle Fagnano:** The Committee continues its ongoing monitoring of spending levels, insurance issues, HIPPA (Health Insurance Privacy and Portability Act) implementation, ability of programs to track their claims against payments received, and monitoring of receivables. A new task group was appointed to obtain information on industry salaries and benefits. **Low Incidence Committee – Tom Miller:** Tom distributed Minutes of the most recent meeting. The Committee in reviewing its Goals for FY 03, and is looking for input. **Program Planning – Joanne Sweeney:** The Committee has worked on incorporating therapeutic strategies into daily activities. It will be revising the IFSP form, the brochure and the guidance document, to reflect current language – for example, regarding natural environments. These revisions do not involve changes in content. The Committee is looking for additional members. **Personnel Preparation – Karin Lifter:** The Committee is revising the Comprehensive System of Personnel Development (CSPD). There are five sections: Recruitment, retention, preparation, qualifications, and support. The Committee hopes to present the revisions to the preparation section to the ICC later this year. **Kathy Dunn** reported for the **Task Force on Recruitment and Retention:** the group is now drafting a report, to be finished in March. Right now the Committee is looking for sample formats for exit interviews; examples should be sent to Kathy. Barbara Prindle-Eaton asked the Committee to plan for reviews of draft documents before they become final drafts. Karin Lifter stated that a plan would be brought to Steering Committee.

**Standards Committee – Dan Couet:** In preparation for a vote today, Dan displayed overheads on which various comments about revisions to the Operational Standards were charted. He presented the Committee's conclusions. For example: 1) Regarding co-treatment, more information is to be gathered; meanwhile, one co-treatment per month remains the standard. 2) Child-focused groups: Language clarifying definitions of Lead Site, Shared Site, and Participatory Site has been inserted; 3) Third party payers will not reimburse for services on a child's third birthday; therefore a waiver is still required; 4) Before changing standards, further research regarding child and family characteristics will be done; 5) a recommendation is being made to develop a one-page notice regarding multiple programs which can be given to families in any area served by more than one EI program; 6) Language regarding required coursework for developmental specialists will not be changed; regional specialists are accumulating a reference list of the general nature of courses offered at local colleges; 7) There will be further exploration regarding the required ratio of developmental specialists to enrolled children; 8) The Committee was asked to consider changing the required turn-around time for submission of EIIS forms from 10 days to 15 or 20 days; however, they respected Jean Shimer's caution that this would cause increased billing losses because of failure to get insurance documentation in place before billing for services.

**Motion: It was moved and seconded that the ICC accept the Revised Operational Standards as presented today.**

**Discussion:** Zulmira Allcock, representing the Massachusetts Early Intervention Consortium, acknowledged the tremendous effort that has gone into revising the Operational Standards. The MEIC requests further consideration of a number of issues and questions whether the Standards must be finalized during this fiscal year. Dan responded that further delay would have significant fiscal and programmatic implications. The MEIC questions whether it is acceptable to exceed the 6% ratio of developmental specialists when hiring license-eligible social workers and nurses who must wait for an exam before getting their licenses to practice. MEIC also expresses concern regarding the inability to

use clinical judgment regarding family characteristics when determining a child's eligibility. Ron Benham asked that these concerns be taken under advisement but not offered as amendments today. Judy Sleeper stated that, as Metro-West provider representative, she feels unable to vote today because the responses to issues previously raised were unknown until today. Kathy Dunn, representing providers in the Southeast, expressed these concerns: limitation to one co-treatment per month limits full access to needed services for some children; programs cannot hire new grad nurses and social workers because these candidates cannot wait to begin work while obtaining their licenses. Other concerns: Mark Sandt requested consideration of including multiple births as an eligibility risk factor. Another commenter expressed concern that it is left up to the parent to ask for help if English is not their primary language.

Process clarification: All the expressed concerns will be taken under consideration; they will be brought to Steering Committee, which will establish time lines and will be held accountable for timely action. When indicated, policies can be updated without formal review by the Standards Committee.

**An amendment to the original motion was offered and accepted to add the words "license-eligible" in the Qualifications section.** Ron Benham expressed concern, stating that most of the wished-for changes have significant fiscal implications, and therefore cannot be considered in amendments today. After further discussion, **the amendment and its second was withdrawn.**

**Vote: In favor of the original motion: 16. Opposed: 3. Abstentions: 2. The motion passes.**

Barbara Prindle-Eaton thanked the Standards Committee and all the other Committees that participated in this long process. She stated that, as Chairperson, she has noted the various comments, and gives assurance that these concerns will be taken up by Steering Committee and the process will move forward. Judy Sleeper commented that Dan Couet's product was excellent, and requested that it be included in the Minutes.

**IV. The meeting was adjourned at 2:17 p.m.**