

**MINUTES**

**March 12, 2009 – Marlboro, Massachusetts**

**Members Present:** Robin Adair, John Garcia for Lois Aldrich, Darleen Corbett, Kelly Ann Coyne, Jack Harris, Peggy Lee, Karin Lifter, Margaret Mahoney, Anne Marsh, Kimber O'Connell, Jennifer O'Leary, Kathie Rose, Joanne Sweeney, Arlene Tannenbaum, Joanne Williams.

**Members Absent:** Jennifer Amaya-Thompson, Richard Breault, Kristin Britton, Pat Cameron, Sandra Daly, Jen DerBogosian, Jen Greco, Pam Kuechler, Neal Michaels, Sara Miranda, Therese Murphy-Miller, Nancy Phillips, Ronna Schaffer, Nancy Schwartz, Pam Wildnauer.

**Non-Voting Committee Chairs in Attendance:** Zulmira Allcock, Rena Ginsberg, Peter Woodbury.

**1. Welcome:** Tri-Chair Margaret Mahoney welcomed the group. She introduced John Garcia, who is representing Medicaid on behalf of Lois Aldrich.

**Approval of Minutes:** The Minutes of the ICC meeting held January 8, 2009, were approved as written.

**2. Director's Report – Ron Benham:** Ron reported on the Public Hearing held February 27, 2009, relative to Massachusetts' Twenty-Third Year application to the federal government for participation in Part C of IDEA. There were 80 attendees; 38 gave verbal testimony. Seventy-five letters have been received to date. The public comment period extends through March; however, comments will be welcome until early May when the application must be submitted. Ron emphasized that written comment should be addressed to Ron but also to Commissioner John Auerbach.

**Federal updates:** The American Recovery and Reinvestment Act of 2009 contains significant dedicated funding for Part B and Part C of IDEA. Charts for every part of the Act and every state are available at [www.ed.gov/OSEP](http://www.ed.gov/OSEP). The Act contains \$7.5 million for Part C in Massachusetts, spread over two years; timing for release of funds is not yet clear. Stimulus funds can only be used to supplement – not to supplant – current effort. Nationwide, Part C funding is now at \$434 million annually. When the appropriation reaches \$460 million, 15% of anything additional must be set aside for states that wish to develop a service system for children birth through five. Thus far no states have indicated interest; if that continues, some money might be reallocated.

**State update: FY 2009:** Based on January service delivery data, there is a shortfall in the EI budget for FY 09. A supplemental budget request has been filed for an increase in FMAP (Federal Medicaid Assistance Percentage) for EI. This is the state's share that allows EI to access partial federal reimbursement for Medicaid services already provided. The Recovery Act provides for Massachusetts' reimbursement to be increased from 50 cents to 56.2 cents for each dollar spent. This time-limited increase will particularly benefit our EI system because we have seen an increase in the proportion of children insured by MassHealth as well as in the number of EI staff who are Developmental Specialists, who will be billable to Medicaid July 1, 2009. This change is retroactive to 10/1/08 and will help to offset the current year shortfall in EI. **FY 2010:** Assuming eligibility remains at 30%, we anticipate a \$6 million shortfall for FY 2010; even with stimulus money we would be \$3 million short.

### **3. Further comment on Part C Application – An extension of discussion that occurred at the Public Hearing.**

**Proposed change in transition policy:** At the Public Hearing on 2/27/09, the Department proposed reducing from 45 days to 14 the time a program has to terminate services once a child is determined no longer eligible. This happened because children were receiving substantial amounts of ongoing service after their reassessment date. Providers feel strongly that 14 days is not sufficient to communicate with a family, plan a reasonable transition, and complete necessary paperwork. Providers requested guidance regarding the legality of an existing IFSP once a child is determined no longer eligible, as well as what prior notice really means, the actual number of units and the allowable service types. Program directors also requested feedback if their individual programs appeared to be outliers.

### **Transfer of responsibility for insurance co-payments and deductibles from the state to families:**

House One simply said the Department would no longer satisfy co-payments and deductibles for EI services, and was silent regarding how this should be handled. Provider and parent representatives expressed grave concern that families will be unable to assume this responsibility because, for children receiving multiple services per week, co-pays add up very fast and, as eligibility is tightened, a higher proportion of EI children require these intensive services. Providers also worry that they are required to provide services as outlined in IFSPs, but may be unable to collect the fees. Ron stated that there would be a “stop loss” provision – an upper limit on annual payments, and that participation fees would be discontinued if we start charging for co-pays and deductibles. Middle class families could potentially be most affected. Those with any MassHealth product would not pay these fees. While some states do central billing, Massachusetts does not favor such a plan because there is no shared risk. Ron emphasized that no decision has been made, and that several things must play out first; for example, first dollar services, the Recovery Act, autism insurance legislation, and further moves by the legislature.

**4. Presentation: Shishmanian Award Recipients – Holly Newman:** Holly explained that there have been about 80 recipients since these awards were first given in 1994. They are designed to honor Eunice Shishmanian, first Chair of the ICC. Eunice is now a member of the interdisciplinary faculty at Northeastern University in Boston, where graduate students in seven disciplines have an opportunity to participate in a sub-specialty certificate program in Early Intervention. Holly introduced the four Shishmanian Award recipients: **Caley Arzamarski**, Northeastern University; **Abby Carlson**, Wheelock College; **Erin Dolan**, Northeastern University; and **Katie Ericksen**, Mass General Hospital Institute for the Health Professions. Each person made a brief statement emphasizing how meaningful their practicum placements in EI programs have been as well as how much they have learned from supervisors and from families.

**5. Vote: Partnering for the Success of Children with Hearing Loss Task Force Report:** Tracy Osbahr explained that the Department is requesting “sanction” from the ICC in order to move forward, and has also asked for each EI program to identify a contact person who will become an in-house specialist. This person will receive information, participate in training, and mentor other staff in their program.

**Motion: The ICC recommends acceptance of the report, *Partnering for the Success of Children with Hearing Loss Task Force Report*, dated November, 2008. The motion received unanimous approval.**

**6. Certified Early Intervention Specialist (CEIS) Process – Next Steps. Holly Newman:** Holly distributed two handouts: *DRAFT Mission Statement – 2009 CEIS Process Review*, and *Massachusetts Early Intervention Specialist Competencies, Revised 2008-2009*. She explained that the Competency Indicators had already been approved by a mail vote of the ICC. IDEA requires each state to maintain a

system for verifying qualifications of personnel who work in EI, and periodic review of that system, so that it continues to

- Embody core values of MA Early Intervention.
- Provide an opportunity for applicants to demonstrate competency in all 53 revised competency indicators.
- Provide the applicant with an opportunity to highlight their work by means of an equitable submission and review process.
- Provide documentation of the applicant's service coordination practice.

Meetings with stakeholders, and various other reviews, will lead to an ICC vote, probably in May, 2010.

**7. Presentation on Autism Legislation:** Judith Ursitti, from Autism Speaks, and Dave Harmon, from the Asperger's Association of New England, updated the ICC on the status of Massachusetts legislation to achieve insurance coverage for treatment of autism spectrum disorders. Two handouts were distributed: *An Act Relative to Insurance Coverage for Autism* with attached FAQ; and *Summary List of Medications Used to Treat ASD Symptoms*. Judith's son, now age five, was diagnosed with autism when he was two and the family was living in Texas. Dave's daughter, now age 20, was diagnosed with Asperger's Syndrome when she was four. They each described a long saga of difficulty in obtaining insurance coverage for necessary treatment, which led them to become vigorous advocates. Autism Speaks is currently active in 34 states. The website, [www.autismvotes.org](http://www.autismvotes.org), has a page for each state. On World Autism Day in April, 2009, a federal bill will be introduced that would mandate insurance coverage for autism services. Passage would support a nationwide effort that is moving slowly, state by state. In Massachusetts, House 984, An Act Relative to Insurance Coverage for Autism, has been filed due to the efforts of AFAM – Advocates for Autism in Massachusetts. Sponsors are State Representative Barbara L'Italien and State Senator Frederick E. Berry; 116 other legislators have signed on.

House 984 specifically covers care for individuals diagnosed with one of the Autism Spectrum Disorders by a licensed physician or psychologist who determines the care to be medically necessary. Five types of care are specified: Habilitative or rehabilitative care, including Applied Behavior Analysis supervised by a Board Certified Behavior Analyst; pharmacy care; psychiatric care; psychological care; therapeutic care. Autism insurance bills have already passed in eight other states, yet families experience continuing difficulties with interpretation of the laws, and necessary treatments are still being denied. If the federal law were to pass, it would eliminate some of the loopholes and establish at least a minimum standard. A critical issue is whether specific treatments are evidence based because insurance usually does not cover experimental treatment. Another major issue is whether treatment is medical or educational in nature. However, IDEA is not affected by this legislation. Private insurance coverage does not diminish a school system's obligation to provide a Free and Appropriate Education (FAPE).

Ron Benham commented that in 2009 Massachusetts will spend about \$11 million for autism specialty services for EI children. He stressed the need for coordination of educational and medical services, regardless of payment source. ICC members expressed concern about the specificity of language in the bill; for example, it names ABA treatment but not others respected approaches. One fear is that insurance companies might "prescribe" ABA by denying coverage for other types of treatment. Robin Adair spoke about her experiences as a behavioral pediatrician who often would prefer not to make a categorical diagnosis of autism at the outset, but has no choice if a child is to get treatment. Prescriptions for specific therapies tend to restrict potential opportunities for cross training and collaboration. ICC members urged the advocates to talk to all constituencies involved without delay. Contact information

was exchanged and dialogue with the EI community will continue. Darla Gundler agreed to send the Autism Speaks PowerPoint to ICC members.

**8. Presentation on Annual Performance Report – Patti Fougere:** Patti distributed a handout: *MA DPH Early Intervention Services Annual Performance Report Data Summary*. She explained that in December, 2005, the Massachusetts EI system submitted its 6-year plan to OSEP – the federal Office of Special Education Programs. We are required to do an APR or Annual Performance Report of our progress in complying with fourteen indicators. Massachusetts has made good progress. The Department will be convening a small working group to help figure out how we can achieve further improvement without overburdening providers.

**9. Committee Reports: Standards Committee – Zulmira Allcock:** The committee will meet on April 1 to look further at expanding certification of EI staff into the mental health field. **Personnel Preparation Committee – Rena Ginsburg:** Current activity includes production of a DVD on recruitment of EI staff that will be presented at the MEIC – Massachusetts Early Intervention Consortium – conference in May; another meeting with representatives of higher education; and creation of a brochure on the importance of play. **Program Planning Committee – Joanne Williams:** The committee will do a presentation at the MEIC Conference on embedding social-emotional screening into program practice. The committee will also be partnering with the Personnel Committee on the play brochure. **Specialty Services – Jack Harris for Tom Miller:** The committee has been discussing the autism insurance bill and the Task Force report on services for children with hearing impairment. Jack announced that cell phones are available for low income people through a federally funded program. Go to [SafeLink.com](http://SafeLink.com). **Fiscal Committee – Peter Woodbury:** The committee is discussing ways to analyze the effect that recent changes in service delivery may have on numbers of children in the system along with the volume and cost of their services. The Department has promised to provide whatever data is available about the effects of moving to 30% delay, 6-month eligibility re-evaluations, and requiring full diagnosis of autism.

**10. Member Updates:** Joanne Sweeney distributed the MEIC Conference brochure and an advocacy alert regarding the FY 2010 state budget for EI. **Margaret Mahoney** asked ICC members to consider the possibility of holding committees meetings in conjunction with ICC meetings.

**11. The ICC meeting adjourned at 3:05 p.m.**