

Interagency Coordinating Council

Wednesday, May 11, 2011

10: 00 a.m. – 1:00 p.m.

Membership/Attendance/Introductions

Present: Melanie Brizzi, Dawn Downer, Donna Driscoll, Christina Endres, Melissa Wiegand-Hahn, Becky Haymond, Paul Hyslop, Molly Kitchell, Susie Lightle, Gayla Hutsell representing Kimberly Minniear, Robyn Nelson, Danny O'Neill, P. Sarah Sparks, Jamie Stormont-Smith, Jim Vento,

Absent: Senator Connie Lawson (excused), Phyllis Kikendall, P. Kevin Porter

The meeting was called to order at 10:20 AM by acting chairperson Susie Lightle.

Approval of Minutes:

The Council reviewed and approved the January 26, 2011 minutes.

Part C Coordinator's Report -Dawn Downer provided updates concerning the 2011 State Legislation and the First Steps Budget.

1. State updates- 2011 Legislation impacting First Steps

- Dawn provided 2 handouts outlining recent state legislative changes concerning First Steps. One of the legislative changes redefines *units of treatment* as now being 15 minutes. It is now possible for families to receive units of service for as low as 15 minutes and in multiples of 15 minutes. The purpose of this legislation was to give families more control of their copay. A question voiced later in the meeting concerned the impact of smaller service units on providers/services (e.g., families may now ask for only ½ hour because of increased cost sharing caps yet provider may find themselves needing to drive over an hour). Dawn replied that the issue may have to be a conversation within the agency and with the family to negotiate what is of sufficient quality and reasonable for agencies, too.
- The second handout outlined passed legislation that doubles the maximum monthly cost share for families receiving First Steps services. It was noted that funds received from insurance would offset the fee schedule and copay amounts from families. The state may also do a *tax intercept* in which state tax returns may be accessed to recoup charges when families fail to pay. Finally, this legislation now includes language that reflects current policy that allows the state to terminate services for families who are past due. It was noted later in the meeting that approximately 67% of First Steps families were at poverty level and did not have to pay.
- Legislative changes that involves accessing family health insurance plans. The legislation allows First Steps to establish and charge a flat monthly fee with health insurance programs. The legislation was negotiated with Anthem, the

state's largest insurance payer, who was supportive of legislation but asked that it would be revenue neutral in terms of what they pay. This legislative change will impact non-ERISA insurance plans- public employees, and state university plans, It is anticipated that the insurance legislation will provide FS with at least \$5 million in income.

2. Federal Updates (no handouts)

- The state has submitted its Annual Performance Report (APR) to the US Department of Education. The federal government reviewers made 2 minor requests to the report, which were responded to by First Steps and resubmitted. No final word on if the APR was approved, but Dawn felt it was likely.
- IDEA- the federal legislation that addresses, in part, First Steps and Part C state early intervention programs, is up for reauthorization. Dawn noted that Part C rules have not been updated/adopted in the past, and was not sure what the reauthorization will entail.

3. First Steps Budget and Current Cost Savings information (4-page handout)

- Dawn reviewed the efforts First Steps has undertaken this past year to reduce costs and address the \$16.5 million shortfall. DDARS asked its First Steps program to come up with a plan to cut \$9 million in the current year. These efforts have included reductions in provider rates, contracts with the SPOEs, and prior approval for high intensity services. The handout outlined each of the major efforts along with anticipated cost savings.
- Currently, First Steps has a total budget of \$62 million, and Dawn review the major expense categories presented in the handout, and anticipated cost savings amounts (e.g., contract costs were down \$.5 million; direct services down \$7.7 million; and SPOES down \$.4 million).
- Another page of the handout provided current Income/Revenue categories and amounts. For example, Part C federal revenue is \$8.7 million; state appropriation is \$6.1 million, etc. Currently there is a \$7.2 million funding gap that will soon be a \$10.7 million gap once the one-time ARRA monies are gone.
- She shared that past quarterly budget data indicated that the state was making progress in addressing the deficit.

4. Programmatic Changes

- Dawn shared that the movement to approved provider agencies, and requiring individual providers to enroll with agencies was undertaken as a major cost savings effort. Currently, there are 32 agencies, out of a total 54 original applications. Some applicants decided to merge and there were 10 applicants that were not approved. The current agencies are not publicly listed; but the state hopes to have all agencies appear on their service map by July 1.
- The state anticipated that this change would reduce the number of providers from 1000 to 750, but this did not happen as a total of 1400 providers were enrolled through the agencies, which is an increase from the number of providers in the system previously. Dawn was not sure what the FTE was and would report back

on that figure. This may impact agencies and providers as there may be too many providers available for the number of families and billable service hours needed. She noted that providers who were interested in continuing with First Steps appeared to find an agency home.

- In response to a question concerning future agency applications, Dawn noted that First Steps may allow new agency applications in the future, but they are not looking to allow new agencies to apply in areas that are covered well by existing agencies to insure that the existing agencies were not compromised.
- In response to a question, Dawn noted that First Steps will flex and work with agencies serving rural areas to insure they have full teams. In response to another question concerning families not having a choice when there is only one agency serving a specific geographical area, Dawn noted that the state's financial concerns made this less of an issue from their perspective, but invited the ICC to address this if desired.
- While concerns were voiced about possible underserved areas, and the challenge agencies will face as they recruit additional staff in cluster with fixed funds, Dawn reiterated that the state will examine those issues as they arise, but that their main priority was insuring the program is sustainable. Dawn stated that this does not mean that services shouldn't be of high quality, and that the role of the ICC may be to look at quality of services. ICC Committees could serve this role, but they have not been as active in the past. Dawn noted that she would like the ICC/committees to take a more active role and the state will provide support and data to assist them. She noted that First Steps would like to have an annual plan from ICC concerning how it would tackle the programmatic issues being voiced.

Lunch break from 11:40 – 12:35

5. New Business- ICC Committees. In response to Dawn's request that the ICC take a more active role in evaluating First Steps efforts, Susie Lightle solicited ideas for possible ICC Committees. The ideas submitted included:

1. Do we need to continue to look at consistencies among SPOES? Do we need to look at consistencies across programs/state as a whole to see if families would experience same level of quality of services across state? For example, looking at:
 - a. Quarterly reports
 - b. Referrals
 - c. Consistency at the SPOE position levels (e.g., service coordinators)
 - d. Consistent interpretation of a specific rules/procedures by all SPOES and agencies- is this happening? Part of this is consistency with the goal/intent of the specific rule (e.g., quarterly meetings with individual staff versus quarterly meeting with all staff)
 - e. Communication across the system
 - f. Service delivery models- where, how, how often, how consistently (and how do they relate to outcomes)
 - g. Costs per child as compared across clusters/diagnosis

- h. Comparisons across services (e.g., DT only or an array of services)- problem is that DT is not paid for by anybody but the state
2. Should the ICC establish clear guidelines/standards and examine how well agencies follow them? One idea was to revisit and possibly update the best practices document. Best practices should also be looking at how the type and quality of services provided are related to child and family outcomes. Should we query FS stakeholders to ask them to identify indicators?
3. Could the ICC ask agencies to conduct family surveys (rather than ICC conducting such a survey) and ask them to include items from the ICC? It was noted that an ICC Committees had submitted proposed questions.
4. How well is First Steps coordinating non-early intervention services for families? How well are we taking advantage of other local services (e.g., early head start, CCRR and child care)?
5. What happens to the children not receiving FS? Do they show up in special education?
6. Considerable discussion looking at how services can be coordinated best for families. What is the clear description of the system for families? To what extent are parents oriented to FS at the beginning? What are the role of providers and the role of families in insuring children get proper services? How clear and consistent are expectations concerning the family's role communicated to families by all SCs across the state?
7. Systems and services Committee: collaboration with priorities around transition, increase awareness of available resources, provider education on how to access these community resources- and tie this into best practices document

As a result of the brainstorming, two possible ICC Committees emerged:

1. System delivery Committee
 - a. Best practices document
 - b. Communication
 - c. Consistency with processes
 - d. Service delivery
 - e. Quality and oversight
 - f. Establish minimum standards of quality
2. Parents/Family Partnerships
 - g. Orientation
 - h. Clear and consistent expectations- what is the role of the family and what is the role of the system?
 - i. Parent to parent support to learn from one another
 - j. Service delivery models that compliment family goals and working styles

Dawn will take the suggestions and add her ideas and come back with suggestions. It was also suggested that Dawn consult with provider groups. Finally, it was proposed that the ICC meet before the next regularly scheduled quarterly meeting to continue the work done today.

It was decided that the ICC will meet June 15 from 1-3 pm at Easter Seals Crossroads Center in Indianapolis.

Public Comment:

There was no public comment.

The ICC meeting was adjourned at 2:15 pm.