



## WV Governors Early Intervention Interagency Coordinating Council

### Final Minutes – Wednesday, November 19, 2025

#### Best Western, Bridgeport, WV & Zoom

**Members Present:** Dr. Breanna Adkins, Wendy Altizer, Katie Arbaugh (for Tina Wiseman), Cindy Chamberlin, Emily Church, Lesley Cottrell, Naomi Creer, Rhea Dyer, Dr. Beth Emrick, Susan Given, Michael Malone (for Alan McVey), Wendy Miller, Holly Rinehart, Amanda Spencer (for Lorri Bragg), Bridget Waltz, Brittany Willard, Sheila Womack, and Mel Woodcock (for Teresa Marks)

**Members Participating Virtually:** Jessica Bohman, Diane Callison, Trina Clark, Lisa Fisher, David Gustke, Garland Holley (for Cynthia Beane and Stacey Shamblin), Tiffany Kiess (for Janie Cole), Kaitlyn Lucas (for Nicholas Stuchell), Erin Morrison,

**Members Excused:** Brenda Lamkin, Dr. Jennifer McFarland-Whisman

**Members Absent:** Kristian Ball, Brittany Doss, Angel Kennedy, Jackie Newson, Kristi Walter, Stephanie Young

**Guests:** Sharon Bright, Jennifer Chase, Jessica Dempsey, Sarah Feick, Rachel Hamner, Stephanie O'Dell, Kristy Stout, Kately Thaxton

**Guests Virtual:** Shannon Balwin, Alyson Edwards, Katie Heidel, Lori Lawson, Sherry Maynard, Susan Rispress, Melissa Saddler

**Staff:** Sara Miller, and Sheila Zickefoose

Agenda Topic	Discussion/Activity	Decisions/Next Steps
<b>Welcome and Introductions</b>	Naomi Creer opened the day with a welcome and request for introductions. Each Council member and guest in attendance introduced themselves and their role.	
<b>Lead Agency Update</b>	<p>Mel Woodcock, WV Birth to Three (WVBTT) Director, and staff provided the lead agency update.</p> <p>The Individuals with Disabilities Education Act (IDEA) is 50 years old. Mel provided some background information on how West Virginia morphed into WVBTT we have today. Originally passed as the Education for All Handicapped Children Act, in 1990 the law became IDEA and included children on the autism spectrum and traumatic brain injury. There was also the emphasis on parent involvement and transitions for the first time. Full funding for special education services has not been provided to WV. Mel facilitated a conversation with ICC members reflecting on the <a href="#">WVBTT Mission and Key Principles</a>. Discussion:</p> <ul style="list-style-type: none"> <li>• Naomi Creer and Cindy Chamberlin added that the key principles help empower and give positive feedback to families.</li> <li>• Brittany Willard added that the key principles help guide collaboration and teamwork.</li> <li>• Trina Clark shared that team collaboration and communication are beneficial to the success of the child.</li> </ul>	

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<p><b>Lead Agency Update – continued</b></p>	<ul style="list-style-type: none"> <li>• Wendy Miller added trust is key and fickle. She sees how open communication and trust is key every day.</li> <li>• Rachel Hamner shared a story about how cultural beliefs within the key principles are important.</li> <li>• Cindy added a story relating to speech therapy and respecting cultural differences.</li> <li>• Wendy Altizer added that 10.4 children are born prematurely nationally. In 15 years, that number has not decreased. It is important for providers to push for evidence-based practices and best available research.</li> <li>• Kristy Stout added that in the 1990's she started with center-based services and parents were not included. She added that she had to relearn about natural environment and the benefits of coaching.</li> <li>• Sarah Feick added that the family is to take the lead, and the provider is a partner, which changes the game.</li> </ul> <p>Stephanie O'Dell provided a data update. The data set used is from June 2025 and includes children who had an initial Individualized Family Service Plan (IFSP). Analysis revealed:</p> <ul style="list-style-type: none"> <li>• Children should receive their first service within 30 calendar days of the date the IFSP is signed. On average, the first service is provided 18 days following signature: with the earliest date being at 16 days, and latest date being 23 days. This equates to a state average of 82% of children receiving their first service within 30 days. Reviewing the data at the regional level, the highest RAU region was 92% and the lowest was 60%.</li> <li>• The state staff also reviewed this data to learn about the changes that are being made to the IFSP within the first 30 days. From the June 2025 data set, there were 12% of children with changes to their IFSP within the first 30 days. Regionally, the RAU with the highest rate of change was at 26% of children with changes and the lowest was a region with 0 changes. WVBT team then analyzed what the changes were to the IFSP. 4% of over 300 children had services added. Mel confirmed that there were differences region to region, and that is something their technical assistance team can address. <ul style="list-style-type: none"> <li>• 20 changes to quantity of services - 15 added of a service, 4 removed a service, and 1 was a substitution of service</li> <li>• Six were changes to method or location</li> <li>• 16 changes of provider (or change in agency name).</li> </ul> </li> <li>• The data was also reviewed to explore the number of services that were added to the IFSP. The average number of services planned per IFSP was 2.6%. With 2.6% of children having more than 4 services planned.</li> </ul> <p>In response to this data analysis, the WVBT team edited technical assistance bulletin, <a href="#">Clarification on Individualized Family Service Plan (IFSP) Service Delivery, IFSP Review Requirements, and Defined Procedure for Virtual Services</a>, which is currently going through the approval process. Some recommendations suggested for change include:</p>	

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<p><b>Lead Agency Update – continued</b></p>	<ul style="list-style-type: none"> <li>• Documentation for recommended change (a new medical diagnosis, a change in health status, a change in family status would all be a reason to suggest a change). <ul style="list-style-type: none"> <li>• Cindy confirmed it would still be a team decision. Mel reiterated communication is key within the team.</li> <li>• Wendy A. received a call for documentation for the child's diagnoses to add three providers. Mel said documentation for concern is a reason to request an addition of provider(s).</li> <li>• Cindy expressed that whether the interim is experienced or not will determine what the team will look like.</li> </ul> </li> <li>• Virtual services should not be offered unless that is what a family is seeking, face-to-face services should be offered. Virtual services cannot substitute for face to face because they are different rates. Mel Woodcock added that cameras must be on throughout team meetings.</li> <li>• Mel went on to share that the IFSP guidance document is going through approval to match the TA bulletin.</li> <li>• There has been a request for the family assessment captured the child's physical address for GPS purposes. The forms have not been posted yet.</li> <li>• Discussion: <ul style="list-style-type: none"> <li>• Cindy expressed that WVBT is getting bare minimum of communication across team members because there is no reimbursement structure for the time. Cindy added that there is a lot of work outside of the billing time, and it is frustrating to be asked to do more things that are not billable. This is especially true when, based on Cindy's research, providers are paid on time 61% of the time. She is looking for some of the work to be removed that may not be applicable at this point. Mel added that states do their best to recognize when increases are needed and work with their partners to work toward increases. Mel added that it is so complex.</li> <li>• Cindy added that those providers that do not follow the rules have been reported, and nothing happens. She is asking for those illegally billing and providing corrupt services to be held accountable. Mel added that every single viable complaint has been addressed. Mel added that Cindy would not be privy if changes are happening with problems because it is a private process.</li> <li>• Susan asked if the visits are Medicaid funded. Mel said Medicaid is the highest funding source, along with CHIP, State funds, and Federal funds. She added that they try to pay weekly for services. Mel added that all providers sign an agreement and rider on expectations.</li> <li>• Dr Breanna Adkins said she appreciated the Technical Assistance Bulletin being edited based on feedback by WVGEIICC.</li> <li>• Amanda Spencer asked if Technical Assistance Bulletins are available online. Mel confirmed this to be so. <a href="https://www.wvdhhr.org/birth23/techasstbulletins.asp">https://www.wvdhhr.org/birth23/techasstbulletins.asp</a></li> </ul> </li> </ul>	

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<b>Lead Agency Update – continued</b>	<ul style="list-style-type: none"> <li>Wendy Miller says she is appreciative of the State support, and some conversations can make people defensive. She added she is proud to be in the WVBTT system and of the challenging work done by her colleagues and the State staff.</li> <li>Trina Clark suggested that the State has a designated folder for archived Technical Assistance Bulletins. The ICC members in the room agreed.</li> </ul> <p>Kristy Stout provided a training update.</p> <ul style="list-style-type: none"> <li>Most training has been moved into Canvas. 12 are self-paced, with 20 training courses in total currently in Canvas.</li> <li>There are still live webinars taking place. The social-emotional team came up to provide parent training. These are one-hour Zoom training sessions. They have done 5 training courses thus far. Lunch and learns, focusing on statewide resources, occur every month, with exceptions due to holidays in November and December. Discussion: <ul style="list-style-type: none"> <li>Katie Arbaugh has inquired about parent response. Sheila and Kristy said registration is growing for sessions. Childcare centers and family care providers are joining.</li> <li>Amanda Spencer added that she can see Social Workers being interested.</li> <li>Dr. Breanna Adkins asked if the OT students could complete some of those trainings, Kristy assured her anyone can complete them.</li> <li>Kristy added they are working on some additional trainings to be released soon.</li> </ul> </li> <li>Kristy added there is an opportunity to bring in a national training on the Early Start Denver model for WVBTT specifically.</li> <li>F-Words - She added they were utilizing a tool called About my Baby/Toddler that is being built into the family assessment, and they decided that it might be overwhelming. Naomi asked if the tool could be utilized further along. Kristy added they are considering implementing with the team assessing for assistive technology.</li> <li>Kristy added that they hope to offer On Time Tech sessions in the spring/summer - a Camp Gizmo type day.</li> </ul>	
<b>Recess</b>	A recess of the agenda was called for lunch at 11:51am.	
<b>Review of Minutes</b>	Naomi Creer facilitated a review of September 2025 minutes. There being no corrections or edits to the minutes a motion to approve the minutes as read was requested.	The motion was made by Emily Church, Holly Rinehart seconded, and the Council voted to approve the minutes as written.
<b>Lead Agency Update – continued</b>	<p>Stephanie O'Dell led a data review for the WV Annual Performance Report FY 2024, July 1, 2025, to June 30, 2025.</p> <ul style="list-style-type: none"> <li>Indicator 2: Services in a Natural Environment were 100% and has been since 2019. It was noted that the community setting total doubled from 2023 (48) to 2024 (97). Discussion:</li> </ul>	

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<p><b>Lead Agency Update - continued</b></p>	<ul style="list-style-type: none"> <li>• Sherry Maynor stated that Head start is now counted as a community setting and can be reasoning for the increase.</li> <li>• Indicators 5 &amp; 6: Child Count was a single day count at 4,308 and aggregate child count is 8,346. Child Count for birth to one was 3.76% of the population. Child count for birth to three was 8.35% of the population.</li> </ul> <p>Mel shared the upcoming Come with Us session in December. She also added the TA bulletin has been approved so they will share that in December. Another session will be scheduled in March 2026.</p>	
<p><b>Committee Updates</b></p>	<p>Assistive Technology</p> <ul style="list-style-type: none"> <li>• Wendy Altizer shared the committee has been researching options for a library tracking system. They have found 4 similar systems that track, label, and follow items. They will have calls with all four to determine final recommendations. They are working with Sunrise Medical/Leckey is willing to do a 5-hour training course and provide lunch in two locations with CEUs. Classes are capped at 40 providers. Debbie Adams and the Department of Education are funding classes following the pilot of the Gizmo on the Go/On Time Tech model. The committee also built an Assistive Trial step by step guide. Funding chart is addressed elsewhere. They have also created an Assistive Technology 'How to Choose' template.</li> </ul> <p>Child Care</p> <ul style="list-style-type: none"> <li>• Tiffany Kiess shared on the childcare committee. Tiffany was designated the chair, and Wendy Miller was designated the co-chair. They plan to review literature on caregiving coaching in a childcare setting; a review of WV BTT training content, explore other Part C systems on implementing services within childcare settings; Provide recommendations for design of brochures and infographics.</li> </ul> <p>Finance</p> <ul style="list-style-type: none"> <li>• Katie Arbaugh shared that they have split into finance and eligibility. They will share the information together quarterly. The finance group is meeting tomorrow at 2pm to look at a strategic plan to determine if parents should pay a portion or bill insurance for WVBTT. Eligibility will meet December 11<sup>th</sup> at 2pm.</li> </ul> <p>Service Coordination</p> <ul style="list-style-type: none"> <li>• Emily Church shared they have been discussing the knowledge and skills for service coordinators; researching other states that have ISC/OCS and their competencies; Comparing state competencies to national competencies; further discussing case load limits. Three principal areas of ideas include the matrix, documents/process, and educational support. Streamlining the matrix would help everyone. Targeted trainings on evidence-based practice could benefit everyone as well. Discussion:</li> </ul>	

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<b>Committee Updates - continued</b>	<ul style="list-style-type: none"> <li>Wendy and Dr. Adkins discussed the strengths of the Matrix, including being family centered, provider backgrounds available, searchable by location, allows providers to give a glimpse of intervention and personality styles. Some opportunities for growth include filtering by in person/virtual, a space available for certifications, or ability to search by specifics.</li> <li>Wendy provided an example of the search ability of the matrix and the limitations. Mel added that there has been an update to search via virtual VS face to face, so when funds are available, they hope to make that addition.</li> </ul>	
<b>Supporting Practitioners</b>	<p>Wendy Altizer and Dr. Breanna Adkins discussed how to support practitioners in early intervention.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>Greater focus on research and evidence-based practices, self-care and resets are important and remember your perceptions of situations are important. Naomi asked if there's self-care section of the WVBT website. Mel said they could investigate that.</li> <li>Service Matrix - The state has 887 providers as of September 2025. Providers are the structural foundation for success within the WV BTT program. <ul style="list-style-type: none"> <li>Potential of a group to designate an acceptable list of specialty skills and services to be identified on the matrix</li> <li>The search ability has been changed to search by county.</li> <li>They also suggested cleaning up the matrix, making it simpler, and color coding on years of experience, discipline, and virtual/in person.</li> </ul> </li> <li>Simplifying and eliminating redundancy in documentation, including contact logs, and missed appointment forms.</li> <li>Parent access to the portal and electronic documentation systems. Naomi suggested limited access for parents to simplify the process. Providing documentation is legally required by the IFSP. Wendy shared a story of a child that has been supported through WVBT.</li> <li>Practitioners desire training in Assistive Technology, sensory processing, augmentative and alternative communication (AAC), behavior interventions and more.</li> </ul>	
<b>Other Business</b>	<p>Sheila Zickefoose shared the draft Bylaws that were reviewed and edited by a committee after the ICC Retreat. Sheila asked the group for review and feedback or a vote to accept the Bylaws as amended. The group has decided instead of voting now, allowing additional review time, and Sheila will set up a Zoom meeting to further discuss, allowing a vote at the January ICC meeting.</p> <p>Sheila added that Alison Kreger is moving to New York, so a higher education seat is open. There is a nominee for that seat. There is still an open provider seat in region 8.</p> <p>Celebrating Connections will open for attendee registration on December 1. Vendor registration is already open.</p>	
<b>Public Comment</b>	Naomi Creer called the Council to order at 3:15pm for the public comment period. There were no individuals present for public comment.	

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<b>Adjournment</b>	There being no further business for the Council today, requested a motion to adjourn the Council.	The motion was made by Dr Adkins, seconded by Wendy Altizer and the Council unanimously voted to adjourn at 3:04 pm.