WV Governors Early Intervention Interagency Coordinating Council

Final Minutes – Wednesday, January 15, 2025

Holiday Inn West, Charleston, WV & Zoom

Members Present: Wendy Altizer, Katie Arbaugh (for Tina Wiseman), Christy Black (for Susan Given), Melissa Carpenter, Trina Clark, Naomi Creer, Rhea Dyer, Garland Holley (for Cynthia Beane and Stacey Shamblin), Angel Kennedy, Han Wu (for Jackie Newson), Kristi Walter, Brittany Willard, and Mel Woodcock (for Teresa Marks), and Stephanie Young

Members Participating Virtually: Kristian Ball, Jessica Bohman, Diane Callison, Cindy Chamberlin, Emily Church, David Gustke, Jennifer Hay (for Christina Mullins), Tiffany Kiess (for Janie Cole), Dr. Alison Kreger, Brenda Lamkin, Michael Malone (for Alan McVey), Dr. Jennifer McFarland-Whisman, Wendy Miller, Holly Rinehart, Mary Thompson (for Kimberly Ricketts), Bridget Waltz, Sheila Womack

Members Excused: Brittany Doss

Members Absent: Dr. Breanna Adkins, Erin Morrison, Dr. Beth Emrick, Lisa Fisher, Courtney Ringstaff (for Lesley Cottrell)

Guests present: Lee Ann Blankenship, Sharon Bright, Jennifer Chase, Jessica Dempsey, Stephanie O'Dell, Susan Rispress, Kristy Stout, Kately Thaxton

Guests Virtual: Katie Casto, Beth Copley, Justin Davis, Sarah Feick, Katie Heidel, Lori Lawson, Toni McKinley, Samantha Modley, Emily Moss, Candice Mullins, Brooke Peyton, Nicole Sergent, Rae Simmons

Staff: Sara Miller, and Sheila Zickefoose

Agenda/Topic	Discussion/Activity	Decisions/Next Steps
Welcome and Introductions	Naomi Creer opened the day with a welcome and request for introductions. Each Council member and guest in attendance introduced themselves and their role.	
Public Comment	Naomi Creer called the Council to order at 9:43am for the public comment period. Sheila shared a letter from Tammy Butcher, Licensed Psychologist and Developmental Specialist for public comment. Hello, My name is Tammy Butcher, and I am a Licensed Psychologist and Developmental Specialist in the WV Birth to Three System. I have worked primarily in Region 7 for the past 29 years. I am unable to attend the ICC meeting but would like to make some comments about the recent changes related to the limit of face-to-face eligibility/assessment to six (6) units. I realize that reductions must be made due to the fact that there are more children that need to be served and there are many less	

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Public Comment – continued	children enrolled in Medicaid, however I do not believe that this reduction is the answer. I have four main points to discuss: 1. There are many times that an evaluation/assessment can be completed in that time frame, however, there are many times that it cannot. For example, when trying to determine if a child has a diagnosis of Autism, I typically complete at least 2-3 tests in addition to the Family Interview. Many times, I am in the home past the 2.5-hour mark because these tools require time to complete. There are also other reasons that an excess of 90 minutes is needed such as when a developmental specialist completes an assessment, or an occupational therapist completes an assessment related to sensory concerns. We simply need more time, and I ethically would not be able to just leave a family at the 90-minute mark, however, it is also not sustainable for us to work routinely without payment for our professional services. 2. In all other professional settings, due to completing a professional report and utilizing our specific education and knowledge, assessments are typically contacted at a much higher rate than intervention (or what is called therapy in other settings). We have always received the same rate for assessment versus intervention. I have already heard people in the field stating that in essence, why will they do any assessments when they can just go to the home and provide an hour of intervention for a lot less time and effort and about the same amount of money? I think that we will have less practitioners willing to do assessments and only offer intervention services due to this which will cause delays in timelines and less practitioners available to serve families. Another option that the state could review is to pay one lump sum contract amount for an evaluation versus units. If we need to use 1 hour or 3 hours, we could do what we need to do and the contract for a lump sum could be paid (but it would also have to be a higher rate than intervention because that is what is fair to practitioners and equal to other professional settings). 3. Many of the practitioners in the field are relatively new to the system and it is sometimes a challenge with eligibility because they are not fully trained. They sometimes identify children as being eligible when in fact they should not be, and it becomes challenging to debate in the eligibility meeting. I believe that shortening the assessment time will leave practitioners even more prone to making errors which will in essence cost more money in the long run. Practitioners in the field are also mentioning that they will add disclaimers to their reports such as they were "not able to finish the assessment in 90 minutes due to time constraints" or skip sections of the report which will reduce the validity of these results, diminish the professionalism of the reports, as well as decrease the family's faith in the overall assessment and report that we provide. We have worked for many years in my area to be a knowledgeable, trusted, and	

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Public Comment - continued	professional referral resource for physicians and other sources, and I would not want to see this decreased. 4. There are other measures that could be explored other than the assessment time being reduced in order to reduce cost. For example, every practitioner on a team continues to complete Annual Evaluations even if a child has an Established Condition such as Autism Spectrum Disorder. Why are we not focusing on the areas of concern with one or two assessments instead of doing all of the evaluations again since they will automatically be eligible for services? Another measure that could be taken is that, in our region, we routinely have initial eligibility teams with 3-4 practitioners. This simply overwhelms the family in the beginning and is not necessary to establish eligibility. Imagine you go to the doctor, and they refer you to 4 doctors and they are all calling to schedule appointments within the next two weeks. It would be overwhelming to anyone. In years past, we completed the two required evaluations and then added assessments later if/when needed. Again, I work primarily in Region 7 so this is my viewpoint and may not be representative of other Regions in the state. As I mentioned, I understand that there needs to be changes made, however, I disagree with the decision to reduce assessment time after 21 years without change. If anything, children are becoming more difficult to assess than they there were 20 years ago and the reduction in time many ultimately decrease the number of services available, the quality of the assessment and the report, and a decrease in meeting timelines as well as how many children and families we can serve. Thank you for your time regarding this matter and thank you all for the services you provide. Thanks, Tammy M. Butcher, M.A. Licensed Psychologist, #949 Developmental Specialist Mel has requested the WVBTT receive a copy of the letter. Sheila directly provided a hard copy of the letter to Mel Woodcock. Wendy Altizer stated she received a call from someone with similar concerns as stated in the letter from a different perspective, in that should they be diagnosing children through WVBTT?	
Family Story	Katie Heidel, WVBTT Regional Technical Assistance Specialist joined ICC virtually to share a family story. She shared on her son, Jacob, who is now 13 years old. Katie began by providing a background story on her path to her current position. She shared that after Jacob was 3 months old, and the pediatrician noticed something was "off". Jacob's head circumference was measured and there was significant growth and was referred for an	

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Family Story - continued	ultrasound. A growth was found and was diagnosed as a pituitary tumor, a Craniopharyngioma Tumor with calcium deposits that engulfed his pituitary gland, his optic nerve and was resting on his carotid artery. She described the emotional and mental challenges through the diagnosis and how she decided to take it one moment, one day at a time. Katie shared pictures of friends, family, and community coming together for "Team Jacob". After surgery, Jacob had post-operation, complications including epilepsy, diabetes insipidus, no pituitary function, optic nerve atrophy, infantile spasms. Katie described how they tried to celebrate the small victories. Once they went home, they had to make many trips back to Baltimore and once they were home, they decided to call WVBTT. The WVBTT team provided service coordination. Developmental specialists, physical therapy, occupational therapy, nutrition, speech and vision. Katie Heidel shared how much support the WVBTT provided both professionally and personally.	

Lead Agency Update	Mel Woodcock, WV Birth to Three Director, and the WV BTT State Staff provided the lead agency update.
	
	Mel introduced Stephanie O'Dell to share the state Annual Performance Report (APR). The report is submitted in February every year, the information from the APR in process is shared with the ICC today for approval to submit. Data covered in this APR is from July 1, 2023, to June 30, 2024. There are 11 indicators that Stephanie shared where we were in the past compared to the data for the date range. All data is shared within the PowerPoint provided.
	• <u>Indicator 1- Timely Services</u> - Data demonstrates a significant drop in timely services over the last two years. This can contribute to the lack of documentation from practitioners who are no longer providing services in BTT.
	  • Discussion:
	  • Naomi inquired if there is any way to get the practitioner disenrolled information could be obtained in a timelier manner. Stephanie shared that if they pull data 3 months out rather than 6 months out, that may help to catch disenrollment.
	  • Trina shared that maybe they can create a form that they have to complete to do a better job tracking.
	  • Rhea suggested that WVBTT online had some type of report from the system to find trends for specific groups to catch problems earlier. Her example is to filter any practitioner that has not logged a note in 30 days. She also requested legacy access to children's accounts because access ends before the billing cycle ends which is problematic.
	  • Wendy Altizer asked why they chose September. Stephanie explained a month is chosen randomly for a selected quarter. Stephanie stated they do not have the capacity to look at the whole year, so they can only select one month for a representative population.
		See provided PowerPoint with all detailed data

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Lead Agency Update – continued	• Indicator 2 is Service in Natural Environment – This is an indicator where WVBTT does well. This indicator looks at a specific date for a representative population, which they have been 100% for years.
	  • Discussion
	  • Brittany inquired where else services could be provided. Stephanie stated that sometimes in residential facilities or in a provider's location. Stephanie emphasized WVBTT practitioners need to make sure a natural environment is a family and child preference, not a practitioner or provider preference. Mel added there is some national conversation about changing the definition of natural environment. Any changes would be after 2026/2027, which would take at least three years to collect quality data when and if it were changed.
	• Indicator 3 Child Outcomes – This indicator focuses on the three national child outcomes, including positive social- emotional skills; acquisition and use of knowledge and skills and use of appropriate behaviors to meet their needs. The only children excluded from this are those who receive less than 6 months of service, which is 1,079 for 2023-2024. For 2023-2024 there is a 98% completion rate for children with at least 6 months of service with complete child outcome data. Stephanie reviewed how they determine child outcomes and progress categories. There are five exit program categories (A-E). She went on to share how the summary statements (SS) were calculated. Mel added for this year there was much less conversation and activity/training around social-emotional development, which may account for the slight decrease.
	  • Discussion:
	  • Katie Arbaugh inquired if a child received something like an autism diagnosis is that information extracted. Stephanie shared not for this indicator, but they do look at the data and diagnosis in the state systemic improvement plan.
	  • Brittany Willard inquired why the indicator 3, Summary Statement 2 target was dropped. Stephanie shared that in 2018, BTT started to observe changes in the trend for the summary statement measurement. The theory is that the state systemic improvement plan activities likely contributed to this change. In 2021, the ICC approved a revision to the target. Mel shared the state systemic improvement plan is a five-year plan, so they reset goals about every five years.
	• Indicator 4 Family Outcomes – Explores the three national family outcomes, including families reporting they know their rights; can effectively communicate their children's needs; and feel equipped to help their children develop and learn. In 2023-2024, 2,137 surveys were mailed and 384 were received back. Stephanie shared that the capacity of the state team limited the amount of phone call follow-ups that could be completed for this year due to the implementation of the National Provider Number	

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Lead Agency Update - continued	project. Stephanie added that there is a team goal to do the phone call follow ups regularly and to mark the envelopes to identify it as a survey from WVBTT to hopefully increase response. Mel shared that when they did the Come Grow with Us sessions, Stephanie utilized parent comments for each region, and Mel requested that for the March meeting they can share some of those comments with ICC.
	• Discussion
	  • Trina asked if the WR Code to access the survey is individualized. Stephanie shared the QR Code is general, but each responder has a survey ID.
	  • Katie Casto suggested a text message link for a survey may increase response.
	• Indicator 5 percent of children served ages birth to 1 - Serving 3.1% of infants under one year old, WVBTT is always high and in the top three with this measurement.
	• Indicator 6 percent of children served ages birth to 3 - Serving 3.1% of children under one three years old, WVBTT is always high with this measurement. Mel added that the plateau in these numbers may be good news. In a few years we can make better decision on funding and needs as a program.
	• Indicator 7 45-day timeline – Data demonstrated that there is a decrease for the second year, so this will be considered slippage. Four of the eight regions were not meeting the 45-day timeline, noting delays in interim service coordinator turnover and practitioners not able to get in to do evaluations. Stephanie added timeline dates within the program online record that counts down daily to help practitioners. RAU dashboards have been added to help track referrals and initial IFSPs.
	  • Discussion
	  • Nicole Sergent (a guest) commented that as a long-term provider, she worries about the 45-day timeline goals going forward with continued decline in enrollment/available service providers in all areas of the state. Stephanie noted the shift back to face to face might be contributing factors to the percentage decrease. Mel also added that it may be helpful to gather data to determine if others are waiting to do IFSP meetings because they are waiting on multiple professionals rather than the required two.
	  • Wendy Miller added the interim service coordinator is a complicated role and not easy to fill and takes a long time to learn.
	  • Emily Church, Cindy Chamberlin and Rachel Hamner (a guest) all agree that three disciplines or more are usually included.
	  • Trina asked if a specific region was driving down the numbers. Stephanie shared that 3 of the 4 regions had similar numbers. Trina inquired if that's data we can review. Stephanie shared that local data from previous reporting years is available on the WV BTT website under Laws and Regulations.	

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Lead Agency Update - continued	• Indicator 8 Transition Planning - This indicator includes the percentage of toddlers exiting Part C with timely transition planning. This indicator includes three sub indicators:
	  • Indicator 8a – development of an IFSP with transition steps and services - will have slippage because there has been a decrease for the past two years.
	  • Indicator 8b – child notification -
	  • Indicator 8c – transition conference – The draft data shows a significant decrease in the early childhood transition conference. Stephanie added this was mostly due to missing documentation. The state is still obtaining missing documentation.
	  Discussion:
	  • Naomi inquired if there could be some kind of notification on the program for when all documentation is in. Stephanie shared there has been a tracking system for a while. If the transition conference did not happen in a timely matter, there must be a reason entered, but sometimes the reasons are not listed. Mel added that the new online transition training may help with the nuances that are being mentioned.
	  • Rachel Hamner (a guest) added that they often get the Teaming Authorization without the date listed.
	  • Emily Church suggested talking about these during one of the Service Coordinator Community of Practice meetings to help remind providers.
	• Indicators 9 & 10 – Dispute Resolutions and Mediation Agreements - Jessica Dempsey shared on behalf of the WVBTT team. She provided definitions of written/signed complaints, mediation requests and due process complaints. Three written/signed complaints were received between 7/1/23-6/30/24 and zero mediation requests and zero due process complaints. Jessica provided clarification that a formal complaint must be sent directly to the party which the complaint is about. Jessica then shared on Periodic Monitoring sharing on a 6-year monitoring cycle. The cycle would begin with a cohort of EIS providers who have been actively providing BTT services for a year or more. EIS would then be placed in a random sequence order. Each month, 15 EIS providers with active caseloads are monitored and will receive a letter informing them of this monitoring. Technical Assistance professionals will select a few child records, review the documentation, and utilize a checklist to document results and return it to the CQI Coordinator. Based on the results, technical assistance and/or a corrective action plan will be provided.
	  • Discussion:
	  • Trina inquired what mediation would look like. Mel added that if a family has a formal complaint and is not resolved to their liking, they can request mediation.	

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Lead Agency Update – continued	• Rhea Dyer inquired how records are selected for monitoring/review, the provider would probably not have access so they cannot also check. Stephanie added that only documentation from the past six months for an active caseload on the practitioner's caseload. • Wendy added she put in a request to combine a cancellation request and a contact log. Rhea added that if the entry could somehow be direct entry into WVBTT online it would be much more helpful and may provide data needed. Christ Black asked what other states have. Mel said some states have streamlined records and still have people not entering information. • <u>Indicator 11 – State Systemic Improvement Plan (SSIP)</u> - Kristy Stout shared information on the SSIP. She shared that there was professional development focuses on autism, Family Guidance Routines Based Intervention (FGRBI), motivational interviewing and substance use. The participants in the FGRBI Communities of Practice have reported enjoying opportunities to connect with other practitioners, experienced a shift in mindset related to service delivery, and learned a lot about data-based decision making. The autism team supported several training opportunities, including the Pyramid Model. Kristy added they received a lot of positive feedback; but there was a challenge to get folks that begin the course to finish the course. The autism team also did a 9-month cohort of the Early Start Denver Model. The autism community of practice met monthly, focusing on sleep safety and transition. Any practitioner is welcome to join in. The Building Resiliency team focused on supporting families with substance use disorder. They were able to gain feedback from some moms who dealt with substance use and what was helpful and not helpful from WVBTT. Two trainings were offered for Motivational Interviewing and there were weekly practice meetings. A challenge includes getting individuals to join the practices. She also shared a new professional development and training page on the WVBTT website. Two flyers are available about trainings in Canvas and trainings availability in WV STARS. Based on Stephanie, Jessica and Kristy's information provided, does ICC feel confident in WVBTT submitting the Annual Report. Naomi Creer made a motion for a complete submission of data for the APR. All members approved. A report will be signed by Naomi Creer stating that the ICC adopts the WVBTT report as their own for submission. Additional BTT Updates: • <u>Electronic Referral Form</u> - Susan Rispress shared on updates. She shared that there will be an electronic link powered by Docusign on the website soon. Susan covered some updates that were made, including the parent referral form having rules to skip them over any portion meant for non-parent referrals. She added that the paper version will still be available on the website.	

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Lead Agency Update - continued	• National Provider Identified (NPI) – Mel provided an update on the process. On January 1, 2025, all WVBTT providers were required to have an NPI, a unique 10-digit number issued to health care providers. Approximately 760 individuals have completed the NPI process.
	• Virtual Services Technical Assistance Bulletin - Effective January 15, 2025, all virtual services provided by direct service providers and service coordinators will be limited to up to 60 minutes (four units) per session. Teaming meetings will be an exception to this rule with there being no change to previous billing caps for virtual teaming activities. Effective April 1, 2025, all direct services will be provided face-to-face. WVBTT is designing a prior authorization process for circumstances where virtual direct services are justified.
	• Evaluation & Assessment Technical Assistance Bulletin - Effective January 15, 2025, WVBTT will require that evaluation/assessment be completed with the child's family prior to any assessment completed in additional locations. Evaluation/assessment will be service authorizations limited to up to 90 minutes (six units with family present), and up to 60 minutes (four units in childcare). WVBTT felt the need to clarify evaluation and assessment procedures for authorization limits. A revised technical assistance bulletin will be released (copy provided to ICC) on January 16, 2025. Mel shared the WVBTT Child Care Observation/Assessment Summary Report will be used when practitioners are completing assessment activities in a childcare setting. (document shared with ICC). Mel provided an overview of the document and hosted any questions, highlighting that a child should not be removed from a classroom for an assessment. A child care outcome page has been added to the IFSP. Mel added that we need to reset standards and expectations.
	  • Discussion:
	  • Wendy asked how childcare agreement would be obtained. Mel stated there just needs to be documentation. Mel has contacted Lisa Urtl to meet to see what high quality services in childcare would look like.
	  • Rhea inquired about the assessment in the childcare setting portion would be useful for. She stated the loophole would be "during the family assessment process". The concern would be this would allow additional hours without parent's presence. Mel made notes for edits.
	  • Naomi is concerned with safety and identification, can WVBTT have identification to be able to show. Mel said they have used the driver's license because if someone leaves WVBTT, they will still have the identification. She asked Han Wu to do some research on options for digital IDs.
	  • Jennifer Chase (a guest) and Trina asked if we have a child care consent that is signed by the child care providers. Mel appreciated all the feedback, and she hopes to have more open conversations moving forward.	

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	• IFSP Document Revision - The final update is that there was a modification to the IFSP, that a one-time authorization is for only one time. Susan is working on posting the IFSP review. Mel added that they may be reaching out for a second review as tweeks are being made. Additional Discussion: • Wendy asked if telehealth ending March 31st will affect WVBTT. Mel responded that Medicaid is a partner to WVBTT and she will be reaching out to Sarah Young to have a conversation to gain further understanding. Wendy added that there needs to be more coaching in childcare settings. Trina asked if changes to ongoing virtual services will still rolling out April 1st. Mel stated that the WVBTT team wanted to gather more information before those changes are rolled out. • Cindy Chamberlin asked if they should be doing anything to encourage the rate increase. Mel said with the Governor just being sworn in, she is hoping there will be some conversation during the upcoming legislative session and budget hearings. Christy Black added to write to finance chairs and vice chairs to explain the importance of the rate increase. All finance and vice chairs appointments are available on the website. Mel inquired when disability awareness day is, which is February 26th. Mel added WVBTT relies on the public and families to advocate on WVBTT's behalf. Sharon Bright (a guest) asked if practitioners could advocate? Mel stated that as a private citizen you can advocate. Christy added that if you are not a state or federal employee then you can educate. Mel added they can ask their attorney. Sheila shared concerns reported on the private BTT Support Facebook page that family stories do not seem to help, talking to people does not seem to make a difference, and more and more practitioners are leaving. Christy added it must be a coordinated effort across state entities, practitioners and families. Teresa Marks, Interim Director of OMCFH, Justin Davis, Interim Director of the Bureau for Public Health who joined us this morning and Sherry Young, Secretary for the Department of Health are all supportive of WVBTT. WVBTT state staff work closely with the leadership of the department to educate but must follow the guidance of the department as we proceed. Mel added in the last year and a half they have gained a new director of WVBTT, a change in Lead Agency, and they have been battling and working hard. The secretary, the commissioner and the finance team have all been advocating for WVBTT.	
Review of Minutes	Sheila Zickefoose facilitated a review of the November 2024 minutes. There being no corrections or edits to the minutes a motion to approve the minutes as written was requested.	The motion was made by Wendy Altizer, seconded by Melissa Carpenter, and the Council voted to approve the minutes as written.
Unfinished Business	There is no unfinished business for the Council to address at today's meeting.	

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Other Business	Annual Membership Review will occur in February.	
Adjournment	There being no further business for the Council today, Naomi requested a motion to adjourn the Council.	The motion was made by Stephanie Young and the Council unanimously voted to adjourn at 3:01 pm.