



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI FIRST STEPS EARLY INTERVENTION PROGRAM

State Interagency Coordinating Council (SICC) Meeting

April 6, 2018

9:00 am-4:00 pm

Table with 4 columns: Present, SICC Members, Affiliation, Role. Lists attendees such as Shirley Miller, Linda Shivers, and Kara Butler with their respective affiliations and roles.

Additional Attendees:

- Miranda Richardson, MSDH, Early Intervention Data Manager
Pamela Kendrick, MSDH, Early Intervention Monitoring Coordinator
Stacy Callender, MSDH, Part C Coordinator
Valecia Davis, MSDH, Early Intervention Division Director
Debra Koonce, MSDH, Early Intervention Quality Technical Assistant Southern Region
Carey Bates, MSDH, Early Intervention Quality Technical Assistant Central Region
Kim Chancellor, MSDH, Local Early Intervention Program Coordinator
Liza VanNorman, MSDH, Local Early Intervention Program Coordinator
Anissa Pace, MSDH, Local Early Intervention Program Coordinator
Marty Chunn, MSDH, EDHI Learning Community Facilitator
Gwen Woodard, Division of Medicaid
Augusta Bilbro, MSDH, Bureau Director, CYSHCN

MINUTES

Welcome/Introductions (B. Herrington)

B. Herrington opened the meeting at 9:13 am. She welcomed all SICC members and attendees.

Review and Approval of Minutes (B. Herrington)

Quorum was established. Minutes from the January 26, 2018 meeting were reviewed. J. Parker made a motion, seconded by K. Riddle, to approve the January minutes as written. The minutes were approved as written by the SICC.

Committee Reports (B. Herrington)

The following updates were provided on the work of the committees:

- **Personnel Preparation Committee:** J. Parker, CSPD Chair, reported on the work of the CSPD Workgroup revising the Mississippi EI personnel standards. First she reviewed the crosswalk of Mississippi EI personnel standards with personnel standards of other states and the professional standards from the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC). She also reported sharing a draft version of the proposed personnel standards for Service Coordinators and Special Instructors with the MSFSEIP to incorporate into the Program Standards document. The Personnel Preparation committee will continue to revise the EI standards for additional specialties, including examiners and personnel working with infants and toddlers who are Deaf/Hard of Hearing. C. Allgood was added to the Personnel Preparation committee.
- **Public Awareness Committee:** The Public Awareness committee had not met. This committee is responsible for preparing the MSFSEIP annual report to the Governor.
- **Transition Committee:** B. Herrington, Chair, reported the Transition Committee had not met. She planned to schedule a meeting with all committee members. D. Young asked if the Transition Committee focused solely on the transitioning of families from Part C (early intervention) to Part B (special education) services or if it focused on transition throughout the EI process. S. Callender answered that the primary focus was assisting on Part C to B at three years, but transition is a process that begins upon entry into the EI program (e.g., Families are informed of the transition process and their rights at enrollment). D. Young suggested that the Transition Committee consider transition into as well as out of EI.
- **Provider/Insurance Ad Hoc Committee:** D. Young, R. Blakeney, N. Bennett, J. Slaughter, and B. Herrington were added to the committee to address provider and insurance concerns. D. Young recommended the committee be renamed to focus on opportunities rather than problems. S. Callender suggested the name Retention/Recruitment Committee with a focus on addressing how service providers are recruited and retained and removing reimbursement and insurance/billing barriers. D. Young and S. Callender discussed a lack of defined rates for types of EI Service Providers, which, if defined, could expand the pool of available providers. S. Callender recommended a rate study. D. Young also identified network parity as method for securing and maintaining EI providers. She further reported that on October 1, 2018, a new certification process will be implemented allowing for a one-step registration process to become a Medicaid and Managed Care provider. Several providers expressed their appreciation of this change as they reported it was cumbersome to register with multiple Medicaid providers to serve children and families in the EI program.

V. Davis reminded members online software was available for virtual committee meetings.

SICC Business: (B. Herrington)

(NEW) Eligibility Criteria: S. Callender requested the SICC consider a proposed change to EI Eligibility Criteria for developmental delay. As examiners across the state have used a wide range of measures, in 2016 the MSFSEIP selected the Developmental Assessment of Young Children, second edition, (DAYC-2) as a new standard measure to be used consistently across the state; however, efforts to implement this measure led to the identification of a problem with the current eligibility criteria policies. Most examiners use developmental scores; however, adoption of the DAYC-2 would require the use of standard scores (as policies require using them when available). There are concerns the current eligibility criteria using standard scores (i.e., delays of 2 standard deviations in one domain or 1.5 standard deviations in two or more domains) is not equivalent to the eligibility criteria using developmental scores (i.e., delays of 33% in one domain or 25% in two or more domains). S. Callender requested the SICC consider several options and provide a recommendation on a policy revision:

- **Option 1:** Revise the eligibility for developmental scores to 50% and 33% delay (which is more consistent with 2 and 1.5 standard deviations of delay). This would result in a narrowing of the eligibility for the program and fewer children identified.
- **Option 2:** Revise the eligibility for standard scores to 1.25 (or 1.3) and 1.5 standard deviations of delay. This would result in a keeping the eligibility for the program more consistent with the current eligibility.

K. Riddle made a motion, seconded by J. Slaughter, to adopt Option 2. The motion was passed.

C. Henigton asked if an eligibility list of established/diagnosed conditions was easily accessible to examiners and referral sources. D. Young noted the ICD-10 list of diagnosed conditions, the Diagnostic and Statistical Manual (DSM) list of mental health conditions, and the Intellectual/Developmental Disability (IDD) waiver list was accessible. S. Callender noted the MSFSEIP had been collaborating with Dr. Cannon-Smith, MSDH Pediatrician Consultant for MCH programs, on a more comprehensive list modeled on the list from the Colorado Part C Program.

Request: The MSFSEIP was requested to share the proposed list at the next SICC meeting.

(NEW) Medicaid Changes Impacting EI Services: D. Young reported on potential changes to the Medicaid State Plan. The Mississippi Division of Medicaid is amending the State plan to add Autism services and updating telemedicine and tele-health services.

D. Young also reported the new Managed Care Provider, Molina, would begin enrolling members during the October open enrollment. A member asked if current Medicaid providers would have to register separately with Molina or if they would automatically be registered. D. Young stated they would have to register with Molina (until the new one-step Medicaid/Managed Care registration process was implemented in October 2018). D. Young noted providers could begin the process of registering with Molina now, instead of waiting.

A member asked how children and families would be switched from the existing Managed Care providers (i.e., United and Magnolia) to Molina. D. Young noted efforts to eliminate delays in services and to ensure care was maintained during transitions from one provider to another.

Public Comments:

No public comments were offered.

Program Update (M. Richardson, Part C Data Manager & S. Callender Part C Coordinator)

Data Updates: M. Richardson presented the Annual Performance Report (APR) for FFY2016 [7/1/2016-6/30/2017] on the federally-required Indicators for the year and disaggregated results for each District (*see presentation and handout*). The following were noted:

- The state had decreased performance on Indicator 1 (Timely Services) and Indicator 2 (Natural Environments) due to difficulties in recruiting and retaining providers willing to serve children and families in their natural environments.
- The state also had decreased performance on Indicators 3A-C (Child Outcomes), which was expected, was due to improved accuracy in assessment practices.
- The state had improvements on Indicators 4A-C (Family Outcomes), 5 and 6 (Child Find), 7 (Timely Referral to IFSP-45 days), and 8A-C (Timely Transition) as a result of increased training, monitoring, and outreach efforts over the year.

M. Richardson informed the SICC the MSFSEIP would likely move from ***Meets Requirements*** to ***Needs Assistance*** due to continued decreases in Timely Services related to challenges with recruiting and retaining providers.

D. Young asked if specific areas had more shortages than others and, if so, why. S. Callender shared the District results, noted those with the most challenges in Timely Services. She also noted the State set a goal above the national average for Indicator 2 (Natural Environments) which also impacts availability of providers, some of whom prefer to work in clinical settings. D. Young then asked if there was a plan in place to assist areas in dealing with the critical shortages. S. Callender and M. Richardson reported on work with the Local EIP 5 on analyzing their data to make more timely decisions related to provider use. A Data Analyses plan has been developed and is being piloted with this Local EIP to identify ways to combat shortages. A. Pace also reported shortages in Service Coordination personnel related to the restrictive qualifications Medicaid allows for Targeted Case Management (TCM) combined with the low pay for the MSDH Service Coordinator position. A. Pace requested Medicaid consider additional degrees for comparably trained professionals (e.g., family studies, public health, psychology). D. Young stated DOM could review the TCM qualifications for a Service Coordinator.

Fiscal Updates: S. Callender shared the proposed Part C application, indicating most of the federal allocation is spent for direct services. She reported on the funding streams that support the Part C system and how Local EIP allocations are determined.

D. Young and S. Callender reported on the Fiscal Initiative and efforts to improve the financial health of the MSFSEIP. They also shared the results of the ECTA System Framework Self-Assessment for finance indicating significant growth. Additionally, a Circles of Influence graphic and Financial Action Plan were also shared.

SSIP Updates: S. Callender reviewed the Theory of Action which led to the development of the State Systemic Improvement Plan (SSIP) and progress on its implementation. As part of this work, J. Parker shared about a proposal to offer a Master's Degree in Early Intervention through MSU. The online program will be 30-hrs (24 hrs of course and 6 field experiences). IHL is currently reviewing the proposal.

Adjourn

The SICC Meeting was adjourned at 4:00 p.m.