

## **FSSAC meeting minutes**

November 9, 2007

Sanders Building, Room 306

Members Present: Diana Colgrove (Chair), Novelene Martin (Vice-Chair), Ted Maloney, Sandy McGennis, Dr. Michelle Danielson, Ron Herman, Priscilla Halcro, Laurie Frank, April Ganser, Sandi Marisdotter, Lucy Hart-Paulson, Barb Stefanic, Dan McCarthy

Others Present: Erica Swanson, Jackie Emerson

**Parent story:** Novelene and her family adopted Nathan in April 2007 after being present at his birth. He will be 3 in January. At 9 months he was evaluated and diagnosed with mild MR. He later went through the E&D clinic at DEAP and was found to have substantial global delays – his gross motor skills at 10 months were equivalent to a 4 month old. Fortunately, Novelene worked for DDP for many years and knows the system very well. After early intervention and work by Novelene and her family, Nathan's skills were age equivalent when he was 22 months. Thank you for sharing, Novelene!

The **agenda** was reviewed and changes made.

**Minutes** were reviewed. Sandi made a motion to accept the minutes as presented. Lucy seconded the motion and all voted in favor.

**ABCD Project** – Keith Ouzts, the Medicaid EPSDT officer for Montana, reviewed the ABCD (Assuring Better Child Health and Development) program, the data they are collecting and the effort to education healthcare practitioners and recruit them to do screenings for kids. In October and November there were 126 screens and 11 referrals.

Helena Pediatric has joined the effort and will be doing the screenings and providing data. Bozeman public health nurses are doing the screenings and providing data – in return EPSDT will purchase a packet in Spanish for them since they have a nurse that serves only Spanish-speaking population

Michelle suggested informing docs that they can be reimbursed for doing the ASQs. Keith reported that the family does the ASQ and it does not require extra time from the doc and they have found it cut down on office visit time because after the ASQ parents were prepared to ask specific questions

**Letters of Determination:** Letters of determination have gone out to each of the seven regional Part C providers. These letters will not be reported on the web site and will not be reported to the public. They are used in the Part C process which will be reviewed annually and changed as needed. The Council reviewed the tool handout.

## **Executive Planning Process (EPP)/Budget Planning**

What do we need to gather to educate Legislators regarding the need for additional funding for Part C?

The discussion points included:

- How far back do we need to look back for increase in costs? Cost for therapies? 5 years?
- Information should include the costs for people to get where they need to get treatment - transportation costs. Some families regularly drive many miles to get treatment and turn down some treatment because the child cannot handle the amount of travel and the family decides it is not worth it.
- The time for treatment has remained the same but costs have gone up. And there is a lack of speech therapists.
- There is a cost for the agency to get out and see people – can these costs be captured?
- DDP should choose a point in time to gather data. Could use the contract rates in 2002 vs 2007, but there are different costs in different communities. Could use an average or could do a percentage of increase over time. Capturing costs 10 years ago would be difficult but could do 5 years.
- Use just the basic services - OT, PT, ST – orientation & MOB. Info could make reference to other services but only present data on the most compelling. They are the most used and will show the most difference. Has there been an increase in usage?
- Include the rate of inflation – cost of gas.
- Research showing reliability: From Neurons to Neighborhoods, conducted by the National Academy of Sciences, is a study of child development that includes information on neurobiology as well as the social sciences and special education, etc. The final report is 400 pages but an 80 page executive summary is available. Early Intervention (EI) is one of the subcategories and the research shows proof that EI works. The report is not all good news because some data is inconclusive. EI literature shows more specific practices that work but would be too narrow for this process.
- The information needs a break out of Part C average cost from Family Education and Support (since they are wrapped together at the Central Office level) in order to get an accurate number. The average daily or monthly enrollment could be used.
- Almost everything is built into the average cost –Child Find, Family Support Services
- Information should include insurance data - the percentage of families on Medicaid vs private vs none; Part C has to pay for those with no coverage vs underinsured
- Numbers of kids: (handout) The 618 Data Child count could be used with the percentage of census estimates and the total number of kids in those ages. Information should also demonstrate the cost of finding and serving more kids over time. Include the national average which should reflect the number of kids found. Include data from surrounding states.

**State Performance Plan (SPP)** – Mountain Plains has provided laminated cards with all of the SPP/APR indicators that Part C will report on each year.

**Annual Performance Report (APR):**

1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. OSEP has allowed states to define timely and has approved MT's this far. Montana's data shows that we are at a 100%.
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children- this data comes from

Child count – The three areas where children receive services are home, community base, and other – need to train providers for consistency as to where services are delivered

3. Child outcomes – This indicator will be reported on the SPP. States will have to only report progress data and will not have to set targets until 2010.

4. Family outcomes – This data is collected through the surveys that the providers do each year. On this indicator states will have to ensure that the information is representative of their state.

5. Percent of infants and toddlers birth to 1 with IFSPs compared to other states with similar eligibility and national data – MT ranked 5 out of 16 states with narrow eligibility – need to look at activities that need to take place and resources involved - target 1.58% - do we want to reset target – might work with demographers and data to see if that target might be too high – add activity to APR and SPP.

6. Percent of infants and toddlers birth to 3 with IFSPs compared to other states with similar eligibility and national data- – Mt ranked – target 2.13% actual 1.94% - activities from providers – review and advise on target – other: Headstart and Early Headstart, mental health, (need to list those under other)

Numbers served did continue to increase even with no new funds since 2000 and now numbers show regression, we need to know why.

- other ways to improve child find: ABCD; day care screening tool (D- they suggest and try to get families to take kids to child find); claim jumper goes to all Medicaid providers ; FO in Bozeman involved in daycare association and many more referrals there; public awareness/involvement at the local level; info from surveys re source of referral; homeschoolers and child find is at local public school – info to homeschool networks; local churches; midwives;
- funding to promote – everyone has to take part but the effort is less coordinated and less effective, less personal

CHIP – apply for Medicaid – when that is denied they send info on how to apply for chip – has cm option but has to be requested – thru application (w/ BC/BS) – would be good for info to cm's

7. 45-day time line- MT met 100%

8. Transition- There is a new option with indicator 8B that states can include data for the an opt out - – working with OPI to share information on transitions to Part B – OPI was identified as needing assistance in gathering data

9. General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. -100% - nothing to report

10-13 none – informal are usually log that managers keep

14. data accurate and timely we are at a 100% here.

Montana's Comprehensive Plan: It is now updated with all of the information provided from the FSSAC and the Child and Family Providers. This is the plan that we will be working on for the year 2007-2008. Status of each of the outcomes will be updated as the year goes on. The plan goes to OSEP on a quarterly basis and they have provided appreciative feedback; they refer back to it and know we are looking at improvements.

**DDP Updates:**

The DDP Direct Care Conference was held in Missoula on November 6, 7, and 8. The conference featured speakers on teaching adults with profound disabilities, on autism, abuse/ neglect issues, and medication interactions.

Interagency Workgroup on Service Coordination: DPHHS has formed a workgroup with representatives from agencies that serve individuals that may need service coordination and funding from more than one agency. To start the effort the group is trying to address coordination of information and services for kids in out-of-state residential placements. Right now only DPHHS agencies are involved but OPI and Corrections may be added in the future.

Autism workgroup – DDP has formed a workgroup to look at services for individuals with autism. The group is looking at services and waivers from other states and trying to determine what would be included for a waiver for Montana. Funding required for a waiver will be in the upcoming budget requests so the group needs to decide some of the details quickly. The workgroup has reviewed research that shows that intensive early intervention services result in the most improvement for kids with behaviors associated with autism. DDP is also asking the group to research services for adults with autism.

- SPAM 2: The issues addressed by SPAM 2 that directly affect Child and Family services are direct care staff recruitment and retention and also direct care wage and provider rate increases.

**Waiver** (Perry) The DDP is still in negotiations with CMS regarding the Waiver amendment to include self-directed services. If a family chooses not to self-direct services, IFES case management and family training services – previously bundled under the Family Support Specialist service - will have to be unbundled into Waiver-Funded Children’s Case Management and Caregiver Training and Support. At the age of 16 the child and family in IFES may choose to receive case management from an Adult Targeted Case Manager which is covered under State Plan Medicaid and would free up cost plan funds that could be used to purchase other waiver services. More information will be available as soon as the amendment is final and approved by CMS.

**Part C Application packet:** The packet this year is very similar to last year but the one due date May 2008 will require changes because of the new rules and regs.

**Membership:** Interagency coordination is difficult with vacancies on the Council. DDP needs input from those agencies. The Governor’s office is reviewing membership list and requirements. Erica will meet with the new person to see if she can finalize the Executive Order and the Council membership.

**First Steps:** Lucy and Dan have made changes to the First Steps booklet and will send them to Erica who will correlate the information and then send the document to Diana to include her suggested changes.

NEXT meeting: Feb 21