



WV Governors Early Intervention Interagency Coordinating Council

Final Minutes – Wednesday, September 18, 2024

Zoom

Members Participating Virtually: Dr. Breanna Adkins, Wendy Altizer, Jessica Bohman, Diane Callison, Melissa Carpenter, Cindy Chamberlin, Emily Church, Trina Clark, Naomi Creer, Brittany Doss, Rhea Dyer, Lisa Fisher, Kate Grim (for Susan Given), David Gustke, Garland Holley (for Cynthia Beane and Stacey Shamblyn), Jennifer Hay (for Nicholas Stuchell), Tiffany Kiess (for Janie Cole), Dr. Alison Kreger, Michael Malone (for Alan McVey), Teresa Marks, Dr. Jennifer McFarland-Whisman, Wendy Miller, Erin Morrison, Holly Rinehart, Courtney Ringstaff (for Lesley Cottrell), Mary Thompson (for Kimberly Ricketts), Bridget Waltz, Brittany Willard, Sheila Womack, Mel Woodcock (for Teresa Marks), Han Wu (for Jackie Newson), and Stephanie Young

Members Excused: Katie Arbaugh (for Tina Wiseman), Kristian Ball, Nancy Cline, Melissa Carpenter, Brenda Lamkin

Members Absent: Dr. Beth Emrick, Kristi Walter

Guests: Sharon Bright, Jennifer Chase, Jessica Dempsey, Alyson Edwards, Sarah Feick, Lisa Fisher, Kim Handley, Katie Heidel, Tara Henry, Lori Lawson, Jenny Meeks, Stephanie ODell, Susan Rispress, Kristy Stout, Kately Thaxton

Staff: Sara Miller, and Sheila Zickefoose

Agenda/Topic	Discussion/Activity	Decisions/Next Steps
Welcome and Introductions	Sheila Zickefoose opened the day with a welcome and request for introductions. Each Council member and guest in attendance introduced themselves and their role.	
Public Comment	No public comment was contributed.	
Review of Minutes	Naomi Creer facilitated a review of March 2024 and Retreat 2024 minutes. There being no corrections or edits to the minutes a motion to approve the minutes as read was requested.	The motion was made for the March 2024 minutes by David Gustke, seconded by Jennifer McFarland Wiseman, and the Council voted to approve the minutes as read. The motion was made for the Retreat 2024 minutes by David Gustke, seconded by Emily Church, and the Council voted to approve the minutes as read.
Lead Agency Update	Mel Woodcock, WV Birth to Three Director, and State Staff provided the lead agency update.	

Agenda/Topic	Discussion/Activity	Decisions/Next Steps
	<p><u>Lead Agency Transition</u></p> <p>On January 1, 2024, WV Birth to Three experienced a lead agency change to the WV Department of Health. WV has received conditional approval of the Part C application, allowing state staff to begin editing policies and procedures as necessary to bring WVBTT into compliance with the requirements of IDEA Part C. Originally, WVBTT had estimated that those edits would be completed by October 1, 2024. However, state staff have identified a need for additional time to complete these activities. WVBTT is requesting a 90-day extension to complete the revisions.</p> <ul style="list-style-type: none"> • Meeting with the WV Department of Education on 9/20/2024 to discuss/revise the State Interagency Agreement between WV BTT and WVDE. Local Part C to B Transition Procedures have been approved by OMCFH and are now with WVDE. • All WVBTT Standard Documentation Forms and brochures have been updated. • WV BTT State Plan and Procedural Safeguards are in final review. • Interagency Agreement between WVBTT/OMCFH and Title XIX is in draft. • Next steps- begin reviewing WVBTT policies and procedures. <p><u>Revised Referral Form</u></p> <p>Susan Rispress shared the revised WV BTT referral form that was divided into two sections - parent completion or non-parent completion. Some additional changes are a county drop down box, gender identification, best contact time, and language preference has been added. This form is available in the meeting handouts for review. Susan sent some test referral forms to make sure they were received appropriately. Once these forms are finalized, Susan added the functionality will be much improved. All referral forms are supposed to be returned by secure email or by fax. It is also the goal of WVBTT to review other forms to come directly to the state office. Mel added how great the changes are, and the improvements will make it more user friendly and more secure.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Susan will add information on the dropdowns to fill in the information that is needed to handwrite the form. • Naomi asked if on flyers and other documents that we have that can be put in doctor's office, etc. does WVBTT have a QR code to link to this new referral form? Can easily be added. • Sheila read the family options drop down menu for clarification as to what is considered familial. Susan shared a link that will be embedded to the website to information where they can be directed to DocuSign to complete the referral form. • Emily asked about adding a relationship to the alternate contact. Susan said she will see what she can do because space is limited 	

Agenda/Topic	Discussion/Activity	Decisions/Next Steps
	<ul style="list-style-type: none"> • Wendy Altizer asked if the state staff believe this will expedite the referral process for families – Yes • Stephanie O – the reason for referral needs to be added to the revised referral form <p><u>Service Directory Updates</u> Kristy Stout shared an update regarding the service directory changes. On August 28th, the enhancements took place and have gone very smoothly. About 80% of practitioners and service coordinators have updated their service directories, and the rest are being contacted by the regional technical assistants to see if support is needed. The form has added types of availability, years of experience, and has space for additional information. They are working on the WVBTT specialty training section. Mel added that everyone needs to update every 90 days, or they will not be current and thanked Kristy for her efforts.</p> <p><u>BTT Online Parent Portal</u> Mel provided an update on the Parent Portal. Two partner states are implementing Parent Portal currently, only selecting one item. When we reach the new year there will be a call to check in on the pilot states and WV will be able to learn from their experiences.</p> <p><u>National Provider Number (NPI)</u> WV BTT has access to Medicaid to cover services for Medicaid eligible children through an interagency agreement between Title V (Maternal and Child Health) and Title XIX (Medicaid). Within this agreement, WV BTT serves as the Medicaid Provider on record. As the Medicaid provider on record, WV BTT is monitored by the Center for Medicare and Medicaid (CMS) on an annual basis. During the last audit, WV BTT was cited for not having NPI numbers on claims that were submitted to Medicaid. Previously, WVBTT was not required to provide an NPI number. However, the audit identified that an NPI is now a requirement. An NPI is a unique 10-digit identification number issued to health care providers by the Centers from Medicare and Medicaid. Therefore, we need to be able to include an NPI number for each person who provides a service to children and families. The WV BTT program now has a program NPI, and enrolled providers must have an NPI by January 1, 2025, or Medicaid cannot be billed for services. Many providers already have NPI numbers which has been helpful. WV BTT has been given access to the WV Health PAS- Online to enter our providers into the WV Medicaid Provider System. The WVBTT state staff were trained on 9/10/2024 and have begun entering NPI. This will be an incredible task so we hope all providers will be patient and supportive of our staff as we work to accomplish this monumental task. Once a provider has been entered, they will receive an email confirming their NPI is now under WV Birth to Three.</p>	

Agenda/Topic	Discussion/Activity	Decisions/Next Steps
	<p><u>WVBTT Has Met Determination</u> Mel added WVBTT has again met determination based off the annual report. WV was one of two states last year that meets determination every year since the inception of the rating process. Mel shared kudos to the state team on compiling this report. She also thanked the RAU staff that entered all the data utilized for the final report. Mel also recognized the families for their courage, strength, creativity and sharing of their stories and experiences.</p> <p><u>Continuous Reporting Requirements</u> Stephanie O'Dell shared some data updates for WVBTT. She shared a timetable of all the events that take place for reporting requirements, reviewing activities that occur year round. Stephanie went on to share an infographic of the final Annual Report data. The infographic is available on the WVBTT Website - https://www.wvdhhr.org/birth23/lawandregs/APR_FFY_2022.pdf.</p> <ul style="list-style-type: none"> • 90.8% of infants and toddlers received IFSP services within 30 days. • 100% of infants and toddlers received services within their home or community setting • 91.5% of families reported WVBTT help them know their rights. Stephanie went on to discuss that the respondents are not representative of the overall population served in WV BTT. Recognize a low response rate from Spanish speaking families. Have moved to sending the family survey in Spanish and have contracted with interpreters to facilitate contacts with families. • 97% of children had completed a child outcome summary form. • 641 of infants in WV receive services. 4,448 children under the age of three received services. <p>A results driven accountability score is given based off the Annual Performance Report (APR) submission and data. WV received an 87.5% Results Driven Accountability Score and met the requirements for determination from the US Department of Education.</p> <p>Beginning in 2007, the Individuals with Disabilities Education Act (IDEA) of 2004, requires all states to report information on each district or region's performance in meeting specific early intervention and special education targets outlined in their State's Performance Plan (SPP). Specifically, this Act requires each state to:</p> <ol style="list-style-type: none"> 1. Have in place a State Performance Plan (SPP) that evaluates the State's efforts to implement the requirements and purposes of this part and describes how the State will improve such implementation. 2. Submit an annual performance report (APR) that evaluates the state's efforts to implement IDEA 2004. 	

Agenda/Topic	Discussion/Activity	Decisions/Next Steps
	<p>3. Report to the public on the performance of each school district and early intervention program relative to the targets specified in the SPP. (§616 (b)(1)(A)) Some targets are set by the federal government, and some are set by the state. This information provides local districts and communities an opportunity to see what is working well in their special education and early intervention programs and to identify what aspects of those programs need improvement. Local data for SPP/APR February 2024 Submission is now posted on the WV Birth to Three website - http://www.wvdhhr.org/birth23/localreporting.asp</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Dr. Jennifer McFarland Wiseman asked how our percentage of children served compares to other states. Stephanie responded that WV has always had one of the highest percentages. Stephanie inquired with Mel if the rankings were available. The national average is 11%, which WV is higher than. • Referral numbers in different counties <ul style="list-style-type: none"> • Wendy Miller stated that sometimes it has to do with culture and openness to welcoming a home visitation program or how their relationship and if they associate us with CPS. It also could be how their lifestyle is... is it a rural area or area that needs support with drug use? • Cindy Chamberlin added that there are providers that are being included in some childcare staffing counts because they are spending that much time seeing potentially all of the children in select classrooms – WVBT state staff can review BTT Online data to explore • Stephanie Young questioned if low numbers in counties is representative of low availability of practitioners and vice versa for high numbers of referrals • Sheila Woman added worth doing some regression models to identify which factors, both quantitative and qualitative, have the biggest impacts on these numbers. She also questions if there are differences in the referral sources (family versus nonfamily) and perhaps comparing that to availability of primary care providers and BTT providers. • Wendy A – echo's Cindy's questions and wonders if services in childcare versus home leads to an increase of numbers in some counties • Lori Lawson stated she will be doing some outreach on referral numbers and how Pendleton County has such high referrals. • Teresa Marks added they have some champion providers or practitioners to identify. Teresa Marks mentions the "Trusted Person" model they can make a difference in close knit communities. • Cindy observed a decrease in the number of CPS referrals • Family Outcomes 	

Agenda/Topic	Discussion/Activity	Decisions/Next Steps
	<ul style="list-style-type: none"> • Breanna Adkins questioned if the form is sent electronically/paper at the same time – there is a QR code on the form and families can choose how they complete. What about email – this is not an initial option but make it an option later. Maybe we can explore how to include this from the beginning. Challenge becomes we must have consent to send a survey by email and/or text prior to sending it. • Emily questioned if the ongoing service coordinators could assist in gathering consent from families • Wendy M wondered about gathering that at intake • Teresa shared we would need to include an opt-out option so it is not blanket permission • Naomi wondered about use of a gift card to increase response – OSEP Project officer has indicated this is not an option. However, other states have looked at providing information on child development as an incentive • Susan shares we would also need to ensure electronic submissions are secured <p><u>Recruitment & Retention</u></p> <p>Mel provided an update on recruitment and retention strategies. WV Birth to Three continues to meet with the leadership at the Department of Health to explore rate increases for WVBTT providers and the meetings are highly productive. The leadership of the Department fully recognizes the need for a rate increase. WVBTT has been able to provide everything that the Department needs to conduct their research to move a rate increase forward. Decisions to date:</p> <ul style="list-style-type: none"> • A provider survey will not be conducted because it is too time-consuming. • There will not be a percentage increase across the board - some provider rates are well below, while some are just below provider rates in other programs. <p>A cost analysis has been completed and we anticipate it will require additional funding to support a rate increase. WVBTT continues to see an increase in the numbers of children served adding to the overall cost of the system. WVBTT has seen a significant decrease in Medicaid eligible children following the “unwinding” of Medicaid. This decrease is impacting overall BTT revenue (53%) from Medicaid. WVBTT has seen an increase in children eligible for CHIP. Mel went on to share the next steps</p> <ul style="list-style-type: none"> • Development of a strategic plan for requesting additional funding for WVBTT rate increase, including leveraging other potential funding sources. • This plan will include reviewing the WVBTT policies and procedures to identify potential policy revisions to ensure we are serving the children we should be serving and that the field is utilizing evidence-based practices. 	

Agenda/Topic	Discussion/Activity	Decisions/Next Steps
	<ul style="list-style-type: none"> • Strategic planning is in development now and WVEIICC input will be part of the process. Someone asked if there is a specific timeline and when things will happen. <p>Discussion:</p> <ul style="list-style-type: none"> • Cindy questioned if we have a timeline - Mel stated once the finance team can look at fund sources, they will be able to set a timeline on how to move forward. • Trina asked if Mel was able to share what the new rates might look like. Mel said they must wait for a go ahead so they do not put something out and they cannot leverage funds for a specific rate increase. • Wendy A inquired about updates on possibilities of loan forgiveness. Mel asked if Part C could serve as a match for loan forgiveness, which the answer was no. Additional state fundings would need to be used for a match- which could be thrown into the draft package for increased funding. • Cindy inquired with this being an election year, how might that impact the process. Mel shares the department is committed to and actively advocating for change. They have been providing much education to the administration and that will of course continue when the new governor is seated. <p><u>Fall Come Grow with Us</u> Mel added that the WVBTT team will be going out across the state in October to conduct Come Grow with Us sessions to get a perspective on the Child Count and gain input on the rate increase. The shared graphic provided dates and locations.</p>	
Other Business	Sheila shared the updated WVBTT website to review as changes are being made. Sheila also shared that Great Beginnings 2024 is taking place next week.	
Adjournment	There being no further business for the Council today, Naomi Creer requested a motion to adjourn the Council.	The motion was made by Kate Grim, seconded by Holly Rinehart and the Council unanimously voted to adjourn at 12:32 pm.