

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING NOTES**

COMMITTEE: Integrated Services and Health

RECORDER: Peter Guerrero

DATE: 05/18/2006

COMMITTEE MEMBERS

PRESENT: Arleen Downing, Gretchen Hester, Ed Gold, Dwight Lee, Peter Michael Miller, Robin Millar, Hallie Morrow, Nenita Herrera-Sioco, Beverly Ching, Sam Yang

ABSENT: Sylvia Carlisle, Sandy Harvey, Kat Lowrance, Ivette Pena, Mara McGrath, Toni Gonzales

GUESTS: Felice Weber Parisi, Robert Powell, ASHA

LIAISONS: Suzanne Del Sarto, DDS, Nancy Sager, CDE,

AGENDA

- I. Introductions and Welcome
- II. Agenda Review: Revision to the printed agenda:
 - o Public/Professional Input: Robert Powell, CSHA
 - o Old Business: ES Physicians Brochure: Suzanne Del Sarto
 - o Executive Committee report
 - o Discussion will continue to choose a "specific banner title" for the priority area and identify measurable outcomes
 - o Update data required from DDS specific to assigned priority area
 - o
 - o Agenda for September
- III. Review and Approval of Minutes
Minutes approved as written.
- IV. Public/Professional Input: Bob Powell, CSHA (<http://csha.org/Positionpapers/EIGuidelinesforSLPS.pdf>) spoke on the current status of state output of SLP professionals which currently stands at 300 master's level professionals. The important issue is to fill the shortage of SLP professionals. AA degree programs for paraprofessionals have been instituted. The need to revise regulations to reflect use of speech-language pathology assistants (SLP-A) in several service areas were submitted to the Legislature last year but not entertained. A paper entitled "Barriers to Speech-Language Pathology Services" describing a mechanism Alta Regional Center used to obtain a waiver to use a SLP-A and to further inform the committee of

the shortages of speech-language pathologists was distributed. CSHA is hoping that the legislature will entertain the changes this year. Some regional centers have implemented the use of these assistants using various creative mechanisms (e.g., waivers). Other states have implemented such programs to supplement available Speech/Language Professionals. A related issue (endoscopy bill) has moved to the second house of the Legislature. This bill relates to use of Endoscope for diagnostic purposes to include speech/language pathologists in conjunction with ENTs.

Discussion ensued regarding:

- numbers of children receiving speech and language services
- payment rate differences in the state and the regional center vendoring process
- the demand on the system due to the increase in children diagnosed with Autism, professionals re-locating, and professionals returning to get advanced degrees and further training.

The Chair recommended that Rick Ingraham be asked to investigate DDS' lack of a vendor code for use of SLP-A's and how DDS feels about imbedding SLP-A's into infant program staffing protocols to avoid a separate vendor category. Dr. Yang informed the group that the "alternative service code" 616 is being used at various regional centers. Members agreed that not all centers have utilized this mechanism.

Nancy Sager contributed some statistics included in this month's ICC packet on page 60.

Rick Ingraham joined the group at this point with a reminder that vendor regulations do address OT/PT assistants and that due to fiscal restraints no possible legislation that would increase costs were entertained last year. He agreed that it might be time to re-submit the proposed changes to the legislature again.

Peter Michael Miller suggested three-part recommendation that DDS:

- work with CMS and CDE in identifying potential service needs for children with hearing loss and growth in Autism related caseloads among all three,
- identify an appropriate funding mechanism related to rates and vendorization for SLP-A's and others, and
- collect adequate data to insure that current and future needs are identified.

The motion was moved and seconded with discussion recommending that this committee not get into resource development or rate setting and simply recommend that an appropriate funding mechanism be included. Dr. Yang suggested that a bulletin be distributed to all regional centers to utilize the waiver process to allow use of the SLP-A. Mr. Powell suggested it is more important to change the law to reflect language currently in place regarding consistent use of OT/PT Assistants rather than just notify the centers of how to get around it if they choose to do so.

Bev Ching tried to summarize the discussion specific to capacity (the need for SLP-A's), and to address the current and future capacity problem. She acknowledged the need for the former but doubts that this committee can affect change in the second as none of the agencies are represented on it. Ninita Sioco referred the group to page 64 of the ICC packet that provides information on provision of services to children diagnosed with hearing loss and moved to table the discussion due to time restraints.

There was a motion to move to the question and a vote was taken and the motion was approved as follows:

ACTION ITEM:

The ISH Committee recommends DDS:

- work with CMS and CDE in identifying potential service needs for children with hearing loss and growth in Autism related caseloads among all three,
- identify an appropriate funding mechanism for use of SLP-A's, and
- collect adequate data to insure that current and future needs are identified.

A second motion was made and seconded to support the revision of Title 17, section 54342 to include language specific to the use of SLP-Assistants. Discussion ensued for clarification specific to use of SLP-A in the public schools. The committee was informed that the speech assistant is used in the department of education. A vote was taken and the motion was passed as follows:

ACTION ITEM: The ISH Committee recommends that DDS actively support proposed legislation to revise Title 17, Section 54342 to include language specific to the use of SLP-Assistants similar to that used in reference to OT/PT Assistants.

- V. Revision of the Early Start Physician's Brochure
The Chair reminded the committee that ISH and PAC members are to provide input to the revision of the Early Start Physician's Brochure, as recommended by this committee last year. A memo generated by WestEd/CPEI went out to the Chairs following the last ICC meeting asking for names of potential participants for a work group. Mara McGrath and Ivette Pena have expressed an interest in providing input. Suzanne Del Sarto is representing the department in the process and is attempting to finalize a list of interested ISH members. Bev Ching, Dwight Lee, and Ninita Herrera-Sioco volunteered with thanks from the committee. Kat Lawrence had also expressed interest per Suzanne Del Sarto and will be included and contacted. The next step is to determine a date for the work to begin. Committee staff will assist in coordinating the meeting.
- VI. Chair's Executive Committee Report: Members were referred to Executive Committee agenda on page 159. The chair shared discussions regarding the FRSC response to their assigned priority area of Child Care and the role of

the Parent Leadership Ad Hoc Workgroup in recruiting parent input and participation in the ICC and working toward a methodology to support parents coming to the ICC to provide input. Other issues will be addressed in the full ICC.

- VII. Assigned Priority area discussion:
Special Health Care Needs/ Managed Care Members are asked to e-mail Pete Guerrero with suggestions for a “banner” title for this year’s assigned priority area. E-mail address is in the ICC Booklet.

Members received a copy of the Integrated Services and Health Committee Work Plan matrix developed by the department. Discussion points from the March meeting were inserted into this matrix in order to facilitate continued discussion.

Identifying locations of low physician referral rates to Early Start. Sam Yang reminded the group that there is a difficulty in proving a negative and that the department collects no data presently that would inform this outcome. Sam Yang proposed that a better way to identify non-referring health professionals/agencies to select a specific condition to use as a proxy (e.g. Down Syndrome) and explore rates of referrals in different geographic areas. The committee reiterated that the interest of the committee is identifying those children who are referred to the public school system or regional center system at age 4 or 5 that should have been identified and referred to Early Start earlier in life. The committee needs to clarify what they are looking for and identify how to do it. Utilizing Down Syndrome would not be an indicator of the kinds of children whose diagnosis is not as clear. Sam Yang then suggested another proxy condition (Fragile X males) as clearly meeting the committee’s criteria (average age of diagnosis is 3 years).

Dwight Lee suggested that REFERRING physicians be identified to encourage continued contact and used as a source of information about possible reasons or barriers to other physicians at the local level.

Arleen spoke to the futility of committee efforts across the years in similar or related areas. Some issues discussed by the committee historically were also revisited at length. Members briefly reviewed the minutes of the Public Awareness Committee (PAC) on page 230 of the ICC booklet) which addressed outreach to the primary health care provider (PHCP).

Ensuring that children with special health care needs receive appropriate shift nursing or nursing respite funded by the regional centers. Kevin Brown who joined the committee at this point in the discussion shared that other committees are identifying agencies from whom important data can be obtained and that we consider which other agencies have the data this committee might utilize in it’s work. Arleen suggested obtaining data from State or County areas to assist in identifying underserved populations.

The committee agreed that we must:

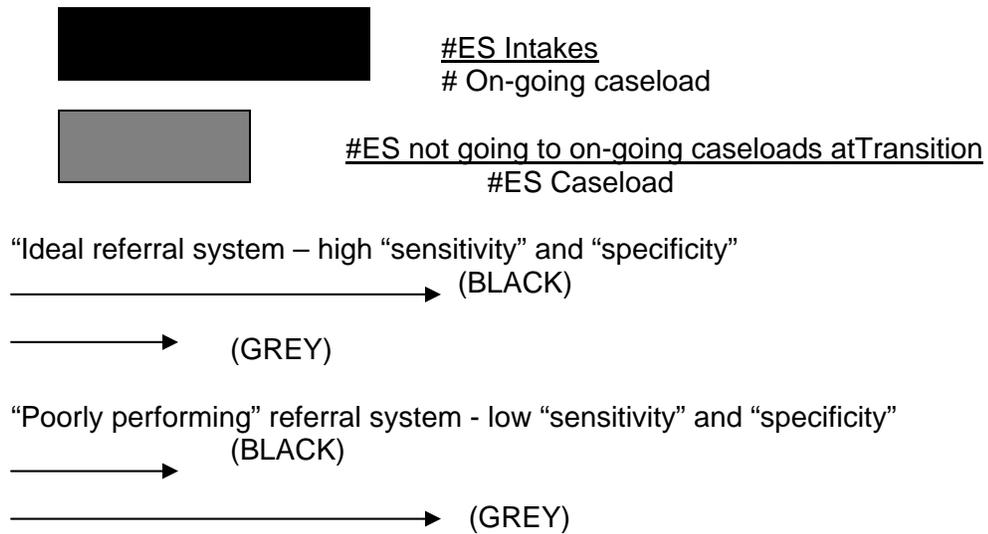
- confirm an increase in the population defined as children with special health care needs;

- confirm a lack of capacity to serve these children;
- identify fiscal barriers; and
- explore alternative mechanisms to get the needs met and funded.

Hallie Morrow suggested this would entail a chart review to identify health care and technology needs, primary payors (Medi-Cal, managed care, DPSS In-Home Nursing, EPSDT), identify the children and determine what they are eligible for and if they are getting it.

Gretchen Hester suggested that an outcome statement for this area might be to better inform parents of children with special health care needs about available nursing services and agency resources.

Sam Yang presented a model for evaluating referral patterns utilizing Existing data analyzed with respect to “sensitivity” (ratio of newly opened ES cases to size of non-ES caseload) and “specificity” (ratio of ES cases not continuing on after age 3 to size of ES caseload). These concepts are visually represented below:



Sam Yang suggested that centers where fewer children move to on-going caseloads at age three relative to the number of Early Start referrals are accepting too many inappropriate (not really high risk) infants and toddlers. Some discussion as to whether this is what the ratio really indicates ensued but cut short due to time restraints. In the absence of ES data on referrals that are denied eligibility, a “high grey ratio” could indicate hospitals, health plans, medical groups, counties, zip codes, or any other category that a regional center wants to compare, in terms of over-referral. On the other hand, a “low black ratio” might inform a regional center about under referral.

- VIII. Additional Data Needs: POS Guidelines from each RC to determine different standards for funding nursing/nursing respite services.
- IX. Interim Committee activities: None identified.

APPROVED 09-14-06

- X. Agenda for September:
- Review of Speech and language issue presented today;
 - update on brochure revision process;
 - report of previous committee activities and recommendations regarding children with special health care needs and under referring physicians (Arlene Downing and Peter Michael Miller)
- XI. Adjournment: The committee adjourned at 4:30 PM.