

Approved 2/21/07

INTERAGENCY COORDINATING COUNCIL  
COMMITTEE MEETING NOTES

COMMITTEE: Integrated Services and Health

RECORDER: Peter Guerrero

DATE: 11/18/2006

COMMITTEE MEMBERS

PRESENT: Arleen Downing, Peter Michael Miller, Hallie Morrow, Kat Lowrance,

ABSENT: Gretchen Hester, Ed Gold, Dwight Lee, Sylvia Carlisle, Sandy Harvey, Toni Gonzales, Robin Millar, Nenita Herrera-Sioco, Bev Ching, Ivette Pena, Mara McGrath

GUESTS: Mac Peterson, ICC Chair, Jahn Rokicki, HRC

LIAISONS: Kevin Brown, Samuel Yang, DDS, Nancy Sager, CDE,

STAFF: Peter Guerrero, WestEd

AGENDA

- I. Introductions and Welcome  
Chair welcomed participants and each introduced him/herself.
- II. Agenda Review/Executive Committee Report:  
As her executive committee report the Chair delineated committee discussion items from this morning's Executive Committee meeting to be added to today's agenda:
  - A. Procedure for requesting data from the department
  - B. Planned interim committee meetings prior to February
  - C. Updating outcome updates using the Outcomes template
  - D. Committee membership/representation needs
  - E. Topics of interest for full ICC presentations
  - F. Potential full ICC presentation topics (Nation wide program called Special quest teams supporting Natural environments for infants and toddlers with disabilities Early Headstart and Hilton funded – Kat will provide written information and contact numbers, AAP,
  - G. Parent perspectives of personal affects Early Start requirements and procedures
  - H. In addition, Samuel Yang requested an opportunity to discuss concerns about the Newborn Hearing Screening program.
- III. Review and Approval of Minutes  
Kevin Brown was not included as attending the last meeting. Minutes approved with this correction.

IV. New Business:

- A. Procedure for requesting data from the department: Although committee minutes included data that would be requested an e-mail or some other communication must go to Kevin Brown as an official request for data from the department.
- B. Planned interim committee meetings prior to February – ISH plans to meet on January 19, 2006 in Sacramento noting that the department has indicated funding to support interim meetings is available.
- C. Outcomes template – Committee should include progress toward developing outcomes in minutes and the Outcomes Template.
- D. Committee membership/representation needs - Arlene requested that members recommend additional parents and agency representatives to the ICC. Parents with recent Early Start experience would provide an important perspective to the committee discussions..
- E. Potential full ICC presentation topics – Kat Lowrence described an Early Head Start/Hilton funded national program called Special Quest which are locally developed teams supporting service provision in natural environments for infants and toddlers with disabilities. Kat will provide written information and contact numbers. Pete Michael Miller suggested a presentation by the Academy of Pediatrics, Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening (see page 245 of the November ICC packet) might be of interest.
- F. Parent perspectives of personal impact of Early Start requirements and procedures – not addressed.
- G. Newborn Hearing Screening program - Samuel Yang shared a handout summarizing data he compiled regarding children in Early Start who received hearing aides, stating that a goal of the Newborn Hearing Program is to ensure that hearing aids are in place by six months of age for children diagnosed with congenital hearing loss. He noted that the best outcomes in spoken language were seen in children who had aides in place by age six months. He presented recent information about four specific children, 75% of whom did not receive aides until later (9->14 months of age) even though they failed the Newborn Hearing Screening bilaterally. Samuel Yang asked if that was an appropriate outcome for the California Program. De we currently know how successful California is in getting hearing aides for congenitally deaf children prior to six months? A total of 12 hearing aids were funded by RCs (from 2002 - 2005). Of these, at least four had documentation of a failed hearing screen at birth in their charts but the aides were not funded until 7-19 months of age. He asked why these children did not receive their hearing aids sooner and why RCs needed to purchase them for some of the children rather than CCS or private insurance.
- H. Hallie Morrow, DHS, clarified that one goal of the NHS program is to implement “intervention” by six months and that the California program does not have an outcome measure related to hearing aids. The use of hearing aids is a parent decision. Such a goal would not be well received by some parents and by a large segment of the deaf community. Data specific to when a child receives hearing aides is not collected by the NHSP. She indicates that the issues around access to hearing aids are

complex and multifaceted. The outcome to look at is acquisition of language not acquisition of hearing aides. In addition, children are screened but not diagnosed at birth. The examples presented do not indicate age of diagnosis. In addition, authorizations are often delayed for these diagnostic procedures that may further delay establishing the diagnosis. Many practitioners do not follow established protocols and in many cases children are diagnosed later than age six months - when behaviorally based techniques can be used. Many audiologists are now refusing to provide aides to CCS children due to lack of reimbursement.

Samuel Yang recommended that the committee attempt to address these issues that are delaying intervention for these children. The Chair suggested that this issue be revisited to determine if anything can be done to resolve the issues of delayed diagnosis and late receipt of hearing aides (or other interventions) when they are appropriate and requested by parents.

Kat Lowrence suggested there is a gap in getting speech and language services for children with low incidence disabilities due to confusion about what agency provides that service (regional centers or LEAs), lack of specialists who use sign language and lack of availability of other augmentation strategies for these children.

Peter Michael Miller asked if there is any collaborative strategy for addressing these issues and possibly attracting audiology specialists to the state and other related issues such as appropriate reimbursement for hearing aides. The question was posed whether the committee should make recommendations to the department specific to those issues negatively impacting these very young infants? Kevin Brown expressed doubt as to whether the department could impact payment. Some collaboration between the three departments (DHS, DDS, CDE) may be able to achieve some resolution in these areas. Consensus of the committee is that some follow-up discussion is indicated. In addition, better data should be collected for this group of children.

V. Assigned Priority:

In September the committee discussed enhancing the use of managed care plan funds for evaluations and needed medical care for eligible infants and toddlers as a potential area for which outcomes should be developed. Exploring the incidence and benefit of established liaison relationships between regional centers and managed care plans was discussed.

Since September Samuel Yang has queried the regional centers regarding managed care plans in their areas and their collaboration strategies. Nineteen (19) RCs have at least one primary Medi-Cal managed care plan in their area. Nine have designated liaisons (4 physicians, 3 nurses, 2 others) to the managed care plan and meet regularly. Two centers do not have liaisons. Eight others have not responded. The twenty (20) Managed Care Plans

appear have implemented different collaboration strategies/models with their RC contacts.

Discussion ensued about current procedures between the regional centers and managed care plans that may preclude identification of children served by both and whether an improved consent process, such as a common consent form, could facilitate better collaboration and improved services. The group agrees that this area needs to be addressed but further refined.

The outcome area seems to be:

- Identification and resolution of conflicts that delay timely service provision for Early Start children with special health care needs being served by Med-Cal managed care plans
- Expediting exchange of information between RCs and managed care plans (e.g. consent forms or affirmation of necessary relationship between agencies to satisfy HIPAA requirements)

A second area identified by the committee, which will be further developed, is ensuring that all children with special health care needs who qualify for nursing care/nursing level respite receive the service when necessary.

Procedures discussed to ensure this happens include:

1. Early Start infants and toddlers who are eligible will be referred for EPSDT in home nursing service with assistance of the Early Start Service Coordinator.
2. Early Start infants with health conditions indicating a need for nursing care will receive nursing care and/or nursing level respite care when needed.

Related data requests for the two areas described above:

- a. Information on the number of children 36 months of age and under who receive in-home-nursing services from Medi-Cal In-Home Operations.
- a. Identification of the MediCal managed care plans that have EPSDT in home nursing care responsibility in their contract responsibility.
- b. Ideally information on the numbers of children eligible/qualify for nursing care but possibly not receiving it from either RC or EPSDT can be obtained.
- c. Service Coordinators and Early Start program managers are trained in how to assist families in applying for EPSDT in home respite.
- d. Determine the number of children 36 months of age and under that received nursing via EPSDT and nursing care/nursing level of respite care funded by the regional center in the past 12 months.
- e. Determine the number of MediCal Managed Care Plans, their geographic areas, and whether DHS requires the plans to have a designated liaison with regional centers.
- f. Data currently collected regarding Early Start children's health via the Early Start report and whether there is any other pertinent medical information collected.

Approved 2/21/07

- g. Determine which regional centers, if any, have a designated liaison with managed care plans.

The third area of interest is improving the coordination of medical services for children with special health care needs including appropriate involvement of Primary Health Care Providers (PHCPs) in the IFSP (development, implementation and follow-up)

Measurable Outcomes (in process):

- 1) Every ES child will have an identified PHCP who will provide medical/developmental/behavioral information to IFSP staff (multidisciplinary team), participate in delivery of ES services, and assist in monitoring service delivery and follow-up
- 2) PHCPs (including specialist practitioners) will be more knowledgeable about ES services in their community and make appropriate early referrals.

Proposed Action:

- 1) Define PHCP
- 2) Develop and implement outreach from RC/LEAs to PHCP (liaisons, information kit, training PHCPs on ES eligibility criteria
- 3) Training service coordination staff on how to work with PHCPs and how to include comprehensive health status information within in the IFSP
- 4) Include PHCP and health insurance/managed care plan data on IFSP and state data collection devices

VI. Other:

Arlene shared a letter that RCOC is sending to the department specific to the issue of use of SLP-Assistants. This is related to the action item from this committee that is going forward at the full ICC tomorrow. She also shared a copy of Autism News of Orange County & the Rest of the World that addresses the impact on the need for speech and language services. ASD Committee met. Updates can be obtained at [www.sonoma.edu/chis/asd](http://www.sonoma.edu/chis/asd).

VII. Interim Committee activities: The committee has agreed to convene on January 19, 2007 at WestEd offices in Sacramento to further develop their work plan matrix.

VIII. Agenda for February: Continue addressing priority area by work groups. Refine Outcomes and complete Outcomes Template.

IX. Adjournment: The committee adjourned at 4:29 PM.