WV Birth to Three Communications to the Field

Subject: BTT Updates - Correspondence
Released: April 20, 2008

This correspondence is to provide an update regarding activities around WV Birth to Three. This is an important time for all of us. We appreciate comments from the field and from families. Having reviewed several comments, it gives an opportunity to point out some clarifications regarding current policies and/or activities within Birth to Three. I want to assure you that we will also consider all comments as we move forward. If you have comments, you can direct those to me at pamroush@wvdhhr.org.

At a time like this, the odds increase that rumors will be afloat that do not represent facts. We want to do what we can to provide accurate facts for folks. We may not be able to answer all your questions now, but we will answer what we can. If we don't have an answer, we will say so. We will also tell you when something is not accurate. For additional information, please read the original Family Cost Participation Report under the "Law, Regulations and Reporting" tab and the ICC March update on the bulletin board of the BTT website at http://www.wvdhhr.org/birth23

Family and Practitioner Clarifications

1) WV Birth to Three is not going away!
   As with any program, we must operate within the resources that are available to us. We have seen a significant growth in the number of children who are referred to WV Birth to Three and found eligible for services. We must now pause and determine the resources that we have available, and how to best use those resources.

2) We don't know yet if there will be any eligibility changes. The possibility of minor eligibility changes have been discussed previously with the ICC. In most situations, when and if eligibility criteria were changed in the future, children currently in the system would not be immediately affected.

3) It is likely that some sort of family cost participation will be put into place. This is likely to occur in addition to any changes that BTT would make related to other cost savings, etc. Other states have implemented family cost participation, and it has become an operational standard. Even if BTT could reduce system costs this year, the numbers of children who will need service in the future may continue to increase, thus there will need to be some type of family cost participation as one source of long range support of the program. The details of how this may work are still undetermined.

4) WV Birth to Three continues to need appropriately qualified professionals to provide services for families – including those already in the system or recruited individuals needed to fill unmet needs in certain geographic areas. There are no anticipated changes in the structure of BTT as the 'provider', with enrollment of specialty vendors for local service delivery. As of today, there are no known changes to the Payee or Practitioner agreements.

5) As the Task Group assists us in looking at next steps, we will have an agenda and focus on the issues that have to be resolved first. The group will need to be deliberate and on task. We have the following groups represented on the Task Group: families, enrolled practitioners, enrolled service coordinators, ICC members, Offices of the Insurance Commissioner, West Virginia Parent Training and Information Center, West Virginia Advocates, West Virginia Department of Education, Office of Maternal Child and Family Health (OMCFH), West Virginia Department of Health and Human Resources finance, higher education, and Regional Administrative Unit (RAU) representatives. The meetings are open to the public. However, space will be limited and discussion will be confined to Task Group members and their work on agenda items.

6) I have been informed by Finance, that payment for the 2/21 EOP file was released this past week. Despite rumors in the field to the contrary, payments will continue. Our Finance Director has confirmed that we should expect at least one payment per week.

Practitioner and Service Coordinator Questions About What is Happening

As you know, I sent out statewide emails on March 24 and April 9 with information about the current financial situations in BTT. As those emails said, BTT and OMCFH had been in dialogue during all of the past year with other DHHR representatives regarding finances and next steps.

Many people across aspects of state government are working to identify desired next steps related to finances. As I said above, it is most certain that WV desires to follow many other states in implementing some kind of family cost participation.

There have been some comments that asked why OMCFH was not requesting additional funding for BTT. I forget sometimes that not everyone understands the structure of state government, and that individual agencies/programs such as OMCFH or BTT cannot request funds. Those decisions are made in other structures of state government - all of which are aware of the situation and working on options.

We understand that for practitioners, families, and even us; not having full clarification yet of next steps can be stressful. There is no attempt on the part of BTT to keep secrets - if we don't have the information that is desired, we can't provide it. In times like this, it takes even more strength for us to focus and work together. Blame and accusations are harmful and unlikely to achieve anything positive.

Based on some of the comments that have been sent, it seems like it might be a good idea also to get some clarification out again on certain parts of the BTT process. Some comments were regarding changing things that are already not required in BTT, or changing things that are required under Federal law. So the following is provided as clarification regarding current structures/requirements of BTT.

Clarifications Regarding Current Practices/Guidelines

1) WV Birth to Three currently operates under the federal regulations of the Individuals with Disabilities Education Act (IDEA), 34 CFR Part 303 – ***and until such time if or when that changes, we must follow the requirements of IDEA.*** Therefore some of the current requirements of BTT are not optional, such as:

a. Having at least two disciplines for evaluation/eligibility; and
b. Reviewing the IFSP at 6 month interval
c. Discontinuing coverage of AT

2) Assistive Technology - Since our Part C system (BTT) currently does not have Family Cost Participation, services on the IFSP are not billed to insurance and thus if assistive technology is determined by the IFSP team to be a Part C service, it is not billed to insurance. (this will change in the future when BTT implements family cost participation, but for now, it's not misuse of funds - it's the law). Under IDEA, if the family wants to own the AT device/equipment, they are free to use their own insurance to purchase items - and to purchase items that may not meet our definition for AT as a Part C service.

   I have sent recent statewide emails to practitioners to remind them that they are responsible for making decisions regarding AT, just like decisions regarding other IFSP services. (This is not new information - it's included in required trainings, TA bulletins, etc). All service decisions must be based on peer reviewed research, and there must be documentation as to why the service is needed to assist the child/family to make progress toward a respective outcome/s. The team's decision must include why progress toward the outcome cannot be achieved without the service.

   As IDEA 2004 emphasized, IFSP service decisions must be made by a team - not by any one individual. (A TA Bulletin was released on this subject and can be accessed at http://www.wvdhhr.org/birth23/) Therefore, decisions about AT must also be made by a team.

   As with any IFSP review/teaming, all practitioners have four options in how they can participate - all team members do not have to be physically present, but must be involved in the decision - they can give written comment/report, have someone else represent them, be present, or participate by phone.

   Part C does not provide for services solely because a family(or practitioner) 'wants' a particular service, or because a doctor orders it - neither does it arbitrarily limit the kind of services that children/families may need to make progress toward their IFSP outcomes.

   IFSP service decisions are to be made on an individualized basis, considering each child/family's unique situation and the research that demonstrates how the service is likely to assist the child/family in making progress toward the IFSP outcome. IFSP services are not 'discrete therapies', but are designed to assist the family in knowing how to help promote their child's participation in daily activities - this might include how to modify activities to make it easier for the child to participate, or how to help the child develop needed skills and functional behaviors.

   IFSP teams are responsible for helping families focus first on the issues that are of most importance to them. Even if there is documentation that more than one discipline/expertise is needed to assist the family, the team will want to help the family prioritize their most pressing concerns. Team members should consider how to support the family without having numerous people coming and going in the family’s home.

   Since the family's priorities and the child's development will change over time, team members will likely adjust and change service frequency as indicated.. Also, as we have

shared before, except in certain circumstances it is unlikely that service intensities of 90 minutes or more would be developmentally appropriate for the child or family.

3) Child Outcomes Measurement - WV Birth to Three is using a nationally developed form for documenting child outcomes as required under IDEA. The COST 'tool' is not intended to be a 'test'. The process is dependent on at least one member of the team being very knowledgeable of typical infant/toddler functional development across all developmental domains, just knowing how to facilitate completing the form is not sufficient. Since the DS is the only enrolled discipline that by definition should be broadly knowledgeable of child development, WV has chosen to use the DS to facilitate completion of the team process of determining the child's abilities across the three OSEP defined areas of child functional development. WV is working with a national committee on training and implementation of child outcome measurements and will consider whether it could be appropriate to make changes in our state process.

4) WV Birth to Three Monitoring and Quality Assurance - BTT has a comprehensive monitoring and quality assurance process. When BTT receives complaints and the investigation results in an action against an enrolled practitioner and/or service coordinator - we do not report that identifiable action to the public. Resulting actions with practitioners/service coordinators include written notifications of improper actions and required changes, repayment of paid claims for lack of documentation or documentation that did not meet the definition, requirements for additional training, follow up monitoring/tracking to assure that changes were made, and disenrollment from the system.

5) If an individual is aware of an intentional or unintentional noncompliance with policy, that individual should report their concern to the State office. Appropriate follow up actions will be taken.

6) WV Birth to Three will continue all monitoring activities currently coordinated through the Office of Maternal, Child and Family Health monitoring unit and as called for through BTT or CFO data reviews.

7) Due to the increased numbers of children being referred to BTT, and found eligible for services, there have been questions about whether all children meet the BTT eligibility criteria. The Initial Eligibility and Evaluation and Assessment TA Bulletins on the BTT website provide detailed instruction for determination of eligibility and the role of those conducting evaluation/assessment (look under the Practitioner Information/Policies and Procedures/TA Bulletins tabs).

   BTT required trainings including Orientation, Principles of Practice, and Documentation all cover requirements for determining eligibility. Appropriate determination of eligibility is a responsibility of enrolled practitioners, interim service coordinators, and the WV Birth to Three state office. Regional Administrative Units are grantees of WV Birth to Three, and the Interim Service Coordinators are responsible for assisting to gather medical information from the child's primary health care provider, and assuring that there is written documentation to support all initial eligibility decisions.

   So that we are all able to say with confirmation that BTT funds are being used only for children who do meet eligibility criteria, BTT will begin reviews of all new initial

eligibility determinations beginning in May. These reviews will identify areas regarding policy/procedure clarifications or additional skill building needs. Technical assistance will be provided as follow up. Effective May 1, 2008, if a team is considering an eligibility category, but there is not written documentation that supports the criteria for the category, we are asking the ISC to be responsible for confirming with the team that the child cannot be determined eligible without appropriate documentation.

BTT staff are available to assist with any questions around eligibility determination. We are also available for regional conference calls.

I know that this correspondence probably has not answered all questions that folks have, however, I thought it was important to keep information flowing. As additional information becomes available, we will be sharing them to the field.

We appreciate your continued to commitment to children and families.

Thank you.

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