



**NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)**  
**MEETING OF NOVEMBER 29, 2011**

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>
<b>MEETING CONVENED AT 10:10 AM</b>	<p>The following members were present:</p> <p><b>Marie B. Casalino, Assistant Commissioner</b> <b>Marilyn Rubinstein, LEICC Chair</b> <b>Maria Bediako</b> <b>Lorenzo Brown</b> <b>Nancy Calderon-Cruz</b> <b>Braden Josephson</b> <b>Lois Kessler</b> <b>Peter Pierri</b> <b>Barbara Schwartz</b> <b>Linda Silver</b> <b>Mina Sputz</b> <b>Julia Travers</b> <b>Oliver Trinidad</b></p> <p><b>Guest: Patricia Yang, NYC DOHMH Executive Deputy Commissioner/Chief Operating Officer</b></p>
<b>WELCOME</b>  <b>REVIEW AND APPROVAL OF 8.4.11 MINUTES</b>	<p><b>Marilyn Rubinstein, Chair, LEICC</b></p> <ul style="list-style-type: none"><li>• Comments on minutes from August 4, 2011(sent electronically to Council members) were solicited. Council members approved adoption of minutes with amendments from Marilyn Rubinstein</li><li>• Introduction of Patricia Yang, NYC DOHMH Executive Deputy Commissioner of Health/Chief Operating Officer. Prior to joining NYC DOHMH, Dr. Yang served as Acting</li></ul>



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	<p>Commissioner and First Deputy Commissioner at Westchester County Department of Health at inception of New York City's Early Intervention (EI) program, where she was involved in legislation and policy development and served on the State Early Intervention Coordinating Council (SEICC) as a local health department representative.</p>
<b><u>DEPARTMENT REPORT</u></b>	<p><b>Marie Casalino, Assistant Commissioner</b></p> <p>The documents included in Council members' packets will be projected onto a screen during the meeting.</p> <p>Welcomed and thanked Patricia Yang for her work in EI.</p> <ul style="list-style-type: none"><li>• Announcement of LEICC website, which contains Operating Principles, Member List, meeting date, time, venue and meeting materials. The website link is <a href="http://www.nyc.gov/html/doh/html/earlyint/earlyint-leicc.shtml">http://www.nyc.gov/html/doh/html/earlyint/earlyint-leicc.shtml</a>.</li><li>• Non-LEICC members who formerly received emails should check the website for meeting information, and are encouraged to print and bring meeting material to the meetings.</li><li>• At future meetings, for LEICC members, the agenda will be the only document distributed in hard copy. All other meeting materials will be emailed to members prior to the meeting and members should print the documents to bring with them.</li></ul> <p><b>Provider Oversight and Audits</b></p> <ul style="list-style-type: none"><li>• Approximately a year ago, the Bureau of Early Intervention (BEI) launched a project to look at the provider oversight process.</li><li>• A self-assessment tool was reviewed by the Program Reports Committee and created for provider agencies to help them understand what the BEI will be looking at when conducting program monitoring visits.</li></ul>



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**BEI Reorganization**

- Program Monitoring and Quality Improvement (PMQI) has been reorganized into two new units: Technical Assistance and Provider Oversight.
- Barbara Bieyro is the new Acting Director of Technical Assistance. Ms. Bieyro has an MS in Special Education and joined PMQI in 2003. She has worked in the BEI in a variety of roles since 1993, most recently as a Program Evaluator in PMQI.
- Patricia Pate is the new Director of Provider Oversight. Ms. Pate has been instrumental in BEI's project to review the provider oversight processes. In her four years at DOHMH, she has served as Bureau Chief for Contracts and Administration in DMH and Senior Advisor for Risk Management for the Executive Deputy Commissioner for Mental Hygiene. Ms. Pate was the Executive Director of one of Oregon's largest non-profit human service providers and has managed social and human services departments for county government in Oregon and Nevada.
- The Department extended its thanks to Phyllis Pitt for all of her work as Director of PMQI over the years.

**Learning Collaborative**

- Dr. Bonnie Keilty served as a consultant for BEI over the last year and is still doing some consulting for DOHMH.
- Dr. Jeanette Gong, formerly the Director of the Manhattan Regional Office, has been identified for the leadership of the Learning Collaborative as Acting Director for Provider Relations beginning December 7<sup>th</sup>. Dr. Gong has a PhD in psychology, has done research on memory and cognition, and coordinated one of the first National Institute of Health studies on the effect of HIV on the neurodevelopment of children. She has been a member of the



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	<p>Brooklyn Regional Perinatal Forum, and has been a member of Program Services Committee for March of Dimes since 2004. Dr. Gong has worked in EI since 1993. In 2006, she became Director of the Manhattan Regional Office.</p> <p><b>Provider Meetings with BEI Leadership</b></p> <ul style="list-style-type: none"> <li>• BEI continues to meet with provider agencies.</li> <li>• To date, BEI has met with over 50 agencies. Upcoming meeting with the remaining 40+ provider agencies will be held as one large group.</li> <li>• Meetings have been very constructive and focused on collaborative relationship between BEI and agencies.</li> <li>• Have opened dialogue with the leadership of provider coalitions, such as Agencies for Children’s Therapy Services (ACTS), InterAgency Council (IAC) and NYC Coalition for Children with Special Needs. BEI will continue to meet on a regular basis with the provider leadership group.</li> <li>• Policies and procedures will continue to be distributed to the LEICC for review. The Transition and Individualized Family Service Plan (IFSP) chapters will be distributed within the next few months.             <ul style="list-style-type: none"> <li>○ Marilyn Rubinstein requested that chapters be sent to members for comment at least three weeks before comments are due back to BEI. Dr. Casalino agreed to this request whenever possible.</li> </ul> </li> </ul>
<p><b><u>STATE EARLY INTERVENTION COORDINATING COUNCIL (SEICC) REPORT</u></b></p>	<p><b>Marie Casalino, Assistant Commissioner</b></p> <ul style="list-style-type: none"> <li>• During the SEICC meeting held on September 20, 2011, the State Department of Health</li> </ul>



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<p><b><u>SEICC REIMBURSEMENT</u></b> <b><u>ADVISORY PANEL (RAP) REPORT</u></b></p>	<p>(SDOH) announced the removal of the 15-minute billing increment from the proposed regulatory package. SDOH is committed to moving forward with the service coordination fixed rate methodology.</p> <ul style="list-style-type: none"><li>• During the RAP meeting held on September 27, 2011, there was more discussion about changes in regulation and continued discussion of service coordination fixed rate methodology.</li><li>• There was a preliminary review of provider cost report summaries. Some providers were not able to break out their EI costs and revenue. SDOH provided technical assistance to agencies and will go back and look at what information they can gather.</li></ul>
<p><b><u>DATA REPORT</u></b></p>	<p><b>Nora Puffett, Director of Administration and Data Management</b></p> <ul style="list-style-type: none"><li>• Reviewed the new data report which had been emailed to committee members and projected during the meeting.</li><li>• The new report format is based on comments from the last LEICC meeting. The next draft was shared with the Program Reports Committee which expressed an interest in seeing data presented in various ways.<ul style="list-style-type: none"><li>○ <b><i>30 and 45 Day Compliance:</i></b> Compliance has improved since 2008. There has been some recent fluctuation which BEI will further investigate; expect to see some impact of the first few months of NYEIS.</li><li>○ <b><i>Children Referred and Found Eligible, by Borough:</i></b> Referrals have been going down, which is consistent with a statewide trend. The percentage of referred children found eligible has shown a decrease from 58% in FY 2009 to 51% in FY 2011. Data for FY 2011 eligibility may not be complete due to reporting lag. Ms. Rubinstein asked if there was an explanation for the decrease. Ms. Puffett stated that last June there was a change in eligibility regulations that may be a contributing factor. Ms.</li></ul></li></ul>



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	<p>Rubinstein suggested including that information as a footnote on the report.</p> <ul style="list-style-type: none"><li>○ <b><i>Children Authorized for Services by Borough:</i></b> Barbara Schwartz questioned the significant decrease of authorizations in the Bronx. Ms. Puffett will discuss this issue with the Program Reports Committee.</li><li>○ <b><i>Age at Time of Referral:</i></b> This data has been consistent over time.</li><li>○ Julia Travers questioned if there is any data on the reasons for the decrease in referrals statewide and in New York City and if anything is being done to change it. Dr. Casalino stated that the exact cause is unknown since many factors may be contributing to the decline, and the data does not provide the answer. Marilyn Rubinstein asked that the data report look at children referred through foster care and data on whether foster care referral rates are the same. Nora Puffett stated that analyses conducted in 2008-2009 found that eligibility rates among referred children in foster care are substantially lower than those among referred children who are not in foster care.</li><li>○ <b><i>Domains of Delay Among Children Entering the NYC EIP:</i></b> There has not been much change in delay profiles of children under 18 months. Children over 18 months have been shifting toward more significant profiles, with delays in more (3-5) developmental domains, and with a substantial increase in PDD diagnoses. This suggests that, as referrals go down, it is the children most in need of services who continue to be referred.</li><li>○ <b><i>Mean Number of Basic vs. Extended Units of General Services Authorized per Child per Week (New report):</i></b> For children without a PDD/ASD diagnosis, basic units authorized have gone down and extended have increased. This validates the perception in the field that there has been a shift toward extended units authorized. Oliver Trinidad expressed an interest in knowing the clinical reason for the shift.</li></ul>
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	<ul style="list-style-type: none"><li>○ <b><i>Mean Number of Minutes of General Services Authorized Per Child Per Week:</i></b> The Data Report shows that the decrease in time spent with children is not as great as the decrease in the number of basic units authorized. Linda Silver stated that child outcome information is needed to make this data meaningful. Barbara Schwartz suggested reviewing data from the outcome study that is reported for OSEP purposes. Nora Puffett explained that children are still being enrolled in the outcome study, and that the data may not answer the child outcome questions because the study is based on parent interviews rather than clinical assessment</li><li>○ Dr. Casalino stated that data always raises questions, and because BEI is authorizing differently than in the past, BEI analyzed data by minutes as well as by units to see the impact on actual time spent with children. This is a sound way to authorize services, since there is no specific number of units that must be authorized for a child. SDOH had presented information at the September 20<sup>th</sup> SEICC meeting that showed that NYC authorizes more than the rest of the state, even with the changes in authorizations. Linda Silver stated that the bottom line is that it is the right number of services for that child. Peter Pierri noted the need to be mindful of the fiscal impact to providers of shifts in the mix of basic and extended visits.</li><li>○ Marilyn Rubinstein noted that in this year's appointments, the Council lost a representative from NYC Zero to Three; she proposed reaching out to NYC Zero To Three to recruit a representative. It was noted that there are other NYC Zero to Three participants at the table.</li><li>○ <b><i>Authorization of Special Instruction Among Children in NYC EIP:</i></b> 61% of all children are authorized for Special Instruction; 99.9% of children with PDD are authorized for Special Instruction. This report was created in response to a question raised by an LEICC member that there has been a perceived decrease in Special Instruction authorizations. The data considered only children referred in 2009, to</li></ul>
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	<p>allow enough time to capture their entire EI history. Another way to look at the data is by percent of units authorized for Special Instruction, which is about 45%. Linda Silver expressed an interest in focusing on data looking at non-PDD children who are authorized for Special Instruction. Nora Puffett reported that about 55% of children without a PDD diagnosis are authorized for Special Instruction.</p> <ul style="list-style-type: none"><li>○ Dr. Casalino reminded Council members that any suggestions or requests for data should be directed to the Program Reports Committee, chaired by Dr. Braden Josephson.</li></ul>
<b><u>CONTRACTS UPDATE</u></b>	<p><b>Marie Casalino, Assistant Commissioner</b> <b>Nora Puffett, Director of Administration and Data Management</b></p> <ul style="list-style-type: none"><li>● NYC BEI currently has contracts with 98 agencies to provide services to eligible children. In 2011, 10 agencies terminated their contracts; BEI was able to successfully transition the children being served to other agencies and is monitoring system capacity.</li><li>● In light of the Request For Proposal coming in 2012-13, BEI recently sent a short survey to provider agencies asking about their interest in providing different types of services. Ms. Puffett reviewed the survey results:<ul style="list-style-type: none"><li>○ 83% of providers expressed interest in providing service coordination, evaluation, and services</li><li>○ 72% of agencies are interested in providing ABA, but only 49% are interested if there is a requirement to use ABA aides for a minimum of 35% of service units. Peter Pierri and Nancy Calderon-Cruz noted that the suggestion of a 35% mandated minimum (in second ABA question) may have been of concern to agencies. Nora Puffett stated that BEI is still exploring ways in which to use ABA aides, and that the question elicited very helpful comments from agencies. Braden Josephson stated that it would be helpful to know what SDOH is promoting as best practice regarding the</li></ul></li></ul>



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	<p style="text-align: center;">use of ABA aides.</p> <ul style="list-style-type: none"><li>• Dr. Casalino noted that feedback on the survey illustrated the need to revitalize the Programs and Services Committee of the Council.</li></ul>
<b><u>NYEIS TRANSITION UPDATE</u></b>	<p><b>Nora Puffett, Director of Administration and Data Management</b></p> <ul style="list-style-type: none"><li>• NYEIS has been launched in all boroughs; information on all newly referred children are going into NYEIS. Six weeks ago, BEI migrated legacy children from KIDS to NYEIS, meaning that all subsequent IFSPs for all children will be done in NYEIS, and KIDS will be phased out in the next six months.</li><li>• SDOH implemented NYEIS version 1.5 a few weeks ago and has made a commitment to release a new version on a quarterly basis. The next version is expected in January.</li></ul>
<b><u>EI FINANCE UPDATE</u></b>	<p><b>Rick Kennedy, Director of EI Finance (spoke on behalf of Assunta Rozza, Assistant Commissioner for Finance)</b></p> <ul style="list-style-type: none"><li>• EI Finance has been working with SDOH to resolve NYEIS issues identified by DOHMH and providers.</li><li>• Payments through NYEIS have begun and will continue as EI Finance works through any challenges.</li><li>• On November 18, 2011, BEI Finance sent out an announcement that the enforcement of the 60-day billing requirement was temporarily suspended in recognition of issues with NYEIS.</li></ul>



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	<p>Enforcement will resume on February 6, 2012.</p> <ul style="list-style-type: none"><li>• The option is still open for providers to request advances. Interested providers should email Mr. Kennedy directly.</li><li>• Covansys will continue to make payments. Covansys has no connection with NYEIS and, therefore, cannot answer questions specific to NYEIS.</li><li>• All providers are directed to bill through NYEIS, because only through using the system will we learn about and address claiming issues. Provider input following the NYEIS rollout has been valuable.</li><li>• Linda Silver inquired if BEI could hold a round of NYEIS trainings on claiming. Mr. Kennedy stated that he is compiling an FAQ based on provider questions and guidance that is provided by DOHMH, SDOH, CMA, etc. The FAQ document will be sent out.</li><li>• Providers should try to download 835s (HIPAA-compliant response to claim submission that shows how claims have been adjudicated) and give feedback.</li></ul>
<b><u>LEGISLATIVE UPDATE</u></b>	<p><b>Marie Casalino, Assistant Commissioner</b></p> <ul style="list-style-type: none"><li>• Two important pieces of legislation have been signed by the Governor<ol style="list-style-type: none"><li>1) EI Insurance Mandate</li><li>2) Autism Bill</li></ol></li></ul> <p><b>Patricia Yang, Dr.PH, Executive Deputy Commissioner of Health/Chief Operating Officer</b></p>



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	<ul style="list-style-type: none"><li>• Spoke about EI legislation and its history.</li><li>• <b><i>EI Insurance Mandate:</i></b> Previously, there was a requirement that counties bill insurance plans for EI services but no requirement that insurance plans pay for the services. The new insurance mandate bill requires parents to provide counties with their insurance information and to get a written referral from a Primary Care Physician to serve as documentation of medical necessity, requires insurance providers to provide information about a child's specific benefit package, and extends the time of loss to 150 days. The law is now in effect but the specifics of implementation are still being worked out.</li><li>• <b><i>Autism Bill:</i></b> Overlaps with EI issues, but is not specific to EI. The law goes into effect in January 2013. It is an effort to bridge medical and developmental services for children with ASD. It amends state insurance law to prohibit denial of coverage due to ASD diagnosis, calls for a \$45,000 per child per year cap on coverage for ABA services, prohibits denial of supplemental services based on provision of services under IFSP, IEP, or OPWDD. Coverage is subject to utilization review and external appeals, and services are only covered when delivered by participating or in-network providers.</li></ul>
<b><u>COMMITTEE REPORTS</u></b>	<p><b>Marilyn Rubinstein, Chairperson, Transition Committee</b></p> <ul style="list-style-type: none"><li>• The Transition Committee met at the end of October to review the last draft of the Transition Chapter. The draft will go out to Council members for review. The Committee also looked at changes to Part C to make sure the Transition Chapter aligns with Department of Education policy.</li></ul> <p><b>Braden Josephson, Chairperson, Program Reports Committee</b></p> <ul style="list-style-type: none"><li>• The Committee is looking at data differently in an effort to meet the needs of all parties. Over the course of the Fall, the Committee worked on three projects:</li></ul>



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	<ol style="list-style-type: none"><li>1. Voluntary Self-Assessment Tool for provider monitoring; that providers can use as a best practice guide;</li><li>2. The Provider Performance Profile is in the early stages of development. The Committee is considering what data should be shared, as well as indicators and benchmarks; and</li><li>3. Data Reports for LEICC review.</li></ol> <p><b>Nancy Calderon-Cruz, Chairperson, NYEIS Provider Advisory Committee</b></p> <ul style="list-style-type: none"><li>• Committee membership is being finalized; first meeting planned for January.</li></ul> <p>Linda Silver will chair the Program and Services Committee. If LEICC members are interested in joining the Committee, they should email Felicia Poteat at <a href="mailto:fpoteat@health.nyc.gov">fpoteat@health.nyc.gov</a> by December 15, 2011. Interested non-LEICC members should email Linda Silver by December 15, 2011.</p>
<b><u>ANNOUNCEMENTS</u></b>	<p><b>Marilyn Rubinstein, Chairperson, LEICC</b></p> <ul style="list-style-type: none"><li>• Thanks to Phyllis Pitt and Jeannette Gong for their work.</li><li>• Council would like a copy of the BEI organizational chart to be posted.</li><li>• Next Council meeting scheduled for March 20, 2012.</li></ul>
<b><u>PUBLIC COMMENT</u></b>	<p>Carole Oshinsky: NY Zero to Three advocates are keeping an eye on services along with the budget. They have noticed trends of more physical diagnoses, fewer developmental and social-emotional diagnoses, fewer evaluations taking place, and increase in time to start services. In addition, parents need more time for Embedded Coaching.</p> <p>Julie Baraz: As an independent speech-language pathologist, Ms. Baraz believes that infants and</p>



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toddlers are receiving fewer services that are not therapeutic. Criteria for speech-only services have become more stringent. In addition, she expressed concerns with program quality.

Laura Ann Wilson: A special educator, expressed that the session and progress notes therapists are required to submit is onerous for an independent contractor. She has suggested changes to the reports but has not had a response.

Sara Meisel: A speech pathologist and feeding specialist, expressed the view that Embedded Coaching should be viewed as an adjunct to therapy, not a substitute. Mandates specified in IFSPs are often non-therapeutic. She echoed Ms. Wilson's concerns about paperwork.

Ari Meisel: A physical therapist, questioned the qualifications of EIODs.

Leslie Grubler: Founding Director of United New York EI Providers. Encouraged audience to sign the International Petition for the Adoption of World EI Day as a UN observance. Would like answers to the questions raised by the data report presented at the meeting. SDOH formula results in 25% rate reduction for basic services to providers.

Virginia Beaulac: A speech-language pathologist. Expressed that children and parents often do not pay attention for a 60-minute session. BEI needs to have dialogue with individual therapists, not just agencies, as therapists are the ones who do the work. She expressed concerns about rate cuts and the financial viability of working as an independent contractor in EI. She offered to speak to any interested council members about her experiences and provided her contact information.

**MEETING ADJOURNED AT 12:15 PM**