



NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)
MEETING OF March 4, 2014

the intersection with infant mental health system with EI. The Social-Emotional Task Force (SE Task Force) was created as a result of a presentation at the June 13, 2013 SEICC meeting. The SE Task Force consists of SEICC members, Early Childhood Advisory Council members and community leaders. The SE Task Force goal is: “Develop guidance for the field to ensure that practitioners have the necessary tools available to identify and treat young children in need of social and emotional supports or interventions.” The task force will focus on identifying the best strategies for identifying social-emotional delays and providing the best interventions, particularly around appropriate referrals in transition out of EI. Four (4) key areas of focus are :

- Cultural and linguistic competencies and practices;
- Workforce development;
- Identifying a common “front door” for families; and
- Children aging out (Transition).

Annual Performance Report:

- Federal report on NYS performance on Federal EI performance indicators was submitted to the Office of Special Education Programs by the New York State Department of Health (SDOH) in March 2013. The performance data had been presented to the SEICC in December 2012. Letter of determination was received by SDOH in June 2013. There were three (3) possible determinations: Performance:
 - meets requirements;
 - needs assessment; or
 - needs intervention.
- New York State (NYS) determination was “needs assessment.”
- Four (4) indicators that presented issues were (with level of NYS compliance):
 - Timely initiation of services (77%),
 - 45-day timeline (83%), and
 - Two (2) indicators on Transition (85% and 79%).Target for indicators is 100%. Preliminary data may not be accurate because some information was missing that may improve numbers. SDOH felt comfortable that compliance would increase when this information was obtained.

Capacity Analysis Plan:

- Donna Noyes (SDOH, Bureau of Early Intervention) presented a capacity analysis plan. There has been significant concern on capacity and delivery of services, changes to Service Coordination, and the SDOH



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fiscal agent transition. Discussion was on analyzing capacity on the county and provider level and looking at the “start date of services” as the measure of capacity.

- SDOH administered a survey to municipalities to assess system capacity. Preliminary data shows shortage of occupational therapists, physical therapists and specialized vision and hearing service providers (not unique to the April 1st transition).
- Data analysis of the following information is currently being conducted:
 - Child count data,
 - Number of provider agreements,
 - Number of rendering providers,
 - Time to start date of services.
 - Number of providers by active service authorizations by service type.
 - Time to evaluation to IFSP and services.

The full-day, quarterly SEICC meetings are public meetings which are available online. The meetings are held in Albany, New York and are webcast, available at <http://www.health.ny.gov/events/webcasts/>. A recording of the live webcast is available for approximately 30 days after the meeting at: <http://www.health.ny.gov/events/webcasts/archive/>.

APRIL 1st TRANSITION: Agencies

April 1st Transition:

According to SDOH, as of December 2, 2013, providers have been paid for 90.5% of the claims submitted between April 1, 2013 and December 2, 2013. SDOH’s fiscal agent, Public Consulting Group (PCG), states that they have issued payments for more than \$368 million which include Medicaid and local government funds. Total of 55% of claims to insurers have been adjudicated by the insurers totaling \$4.4 million paid.

- PCG is working with the NYS Department of Financial Services (which oversees the insurers) and insurers to assist with adjudication and misdirected payments, collection of remittance data from insurance to go to the state fiscal agents, and work with providers on workable denials and requests for additional information for claims.
- PCG’s Call Center has been up and running since October 1, 2013, dealing with claims, documentation and EI billing.

PCG’s Steering Committee is continuing to meet and have conference calls. There is a Steering Committee for the municipalities, providers, and parents.

- PCG and SDOH are doing trainings and webinars for providers and municipalities.
- Challenges include payment delays to providers because of insurance issues, claims rejections and denials



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by insurers.

- Dr. Helen Murphy stated that there was a meeting with PCG in Albany where testimony was presented by many community members and providers around New York State (NYS). State Assemblymen Cahill (District 101 and Chairman of the Standing Committee on Insurance) asked if he could visit the PCG Help Center, which is in Memphis, Tennessee. Mr. Cahill later reported that the Call Center is understaffed (5 workstations) and may not have the capacity to deal with the needs of NYS. Providers are calling the Help Center and being put on hold because Help Center staff do not know the answers to their questions and have to ask questions offline from other sources. Mr. Cahill brought the issue up with PCG.
 - PCG is listening to community/provider concerns from its Provider Workgroups.
 - PCG is giving out information on how to register with commercial insurers to get information.

Marie Casalino, Assistant Commissioner

- **Assistive Technology (AT):** SDOH will be releasing a new process for requesting AT devices and submitting claims to PCG. Providers will be notified as soon as the process is finalized by SDOH. Payments will be from PCG.
- The April 1st transition has not had as great an impact on capacity of services in NYC as it has had on other parts of NYS.

Lidiya Lednyak, Director of Policy and Quality Assurance

Reported on NYC BEI's extensive Technical Assistance (TA) process to help new agencies (new to NYC or EI) which is implemented once a new provider receives a Provider Agreement with SDOH. The TA process was developed to prepare providers who are new to NYC to ensure services meet all regulatory requirements. The TA process is a collaboration between the NYC DOHMH Bureau of Early Intervention (NYC BEI) and the provider.

- NYC BEI is notified of new agencies by SDOH and by new providers in anticipation of receiving a Provider Agreement.
- Provider is invited to participate in the TA process.
- TA Unit sends the new provider resources about the NYC BEI system, e.g., NYC Policies & Procedures Manual, NYC Self-Assessment Tool for Providers, Functional Outcome Assistant Tool, relevant web-based resources, etc.
- Provider submits information, including a full description of planned EI services, quality assurance plan,

FAMILY INITIATIVES



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and internal policies and procedures.

- Orientation and targeted TA is provided on the provider's submission.
- Meetings range from four (4) hours to two (2) days. Providers meet with NYC BEI staff from Provider Oversight, TA Unit, and Evaluations Standards Unit, etc.
- Highlights of the TA process:
 - Explanation of provider monitoring process, fraud detection/prevention, highlights of NYC BEI Policy & Procedures, documentation requirements, Family-Centered practices, evaluations, Initial Service Coordinator/Ongoing Service Coordinator responsibilities, qualified personnel, and New York Early Intervention System (NYEIS).
 - Upon completion of the TA process, provider launches full operations in NYC.
 - Two months after launch, NYC BEI Provider Oversight Unit conducts a compliance assessment.
 - Results are shared with TA Unit and provider to identify further TA needs.
- The TA process also supports organizations that would like to expand to add service types or boroughs.
- TA specific to Applied Behavioral Analysis (ABA) Services: According to SDOH, ABA services are not a distinct service type, but NYC BEI believes in focused efforts to support those using this model.
- TA provided to new ABA providers in order to ensure:
 - NYC BEI is aware of the unique aspects of each ABA program to provide service coordinators and families with information about approved ABA providers.
 - New providers of ABA services are aware of the full range of expectations, requirements and responsibilities pertaining to ABA services, such as: best practice per NYS Clinical Guidelines, documentation requirements, qualified personnel, supervision, staff training, and billing rules.
 - Providers submit their plans for the provision of ABA services, including:
 - projected capacity
 - approach
 - curriculum
 - policy on aversive techniques
 - process for writing the child's program
 - data collection system
 - parent education in ABA techniques
 - plan for training of interventionists
 - staffing structure
 - supervision and training
 - collaboration among interventionists
 - internal QA process for ABA cases
 - Targeted TA is provided based on provider's submission
 - Upon completion of the TA process, provider launches full ABA service model or expands to include these services.
 - Since April 1, 2013, 24% EI providers expanded to include ABA services, of which 44% expanded to home-based and center-based ABA.
 - Seven (7) new providers who completed the TA process are providing services in NYC.
 - TA is currently working with 12 additional new providers who want to begin NYC service



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provision within the next six (6) months.

- New providers are encouraged to start smaller, get experience, and go through Provider Oversight cycle once.

Discussion:

- Dr. Murphy asked if there are numbers for the number of providers before April 1st and after. Lidiya Lednyak indicated that some providers have left EI (St. Mary's recently). However, prior to April 1st, there were 86 providers, now there are 92. NYC BEI is actively monitoring cases, so that there is no disruption in services. Furthermore, there has been an increase in the number of providers expanding to provide ABA (21 of 86 providers have expanded to ABA).
- Christopher Treiber asked how long the NYC BEI will continue providing TA with a provider agency, and with how much guidance from SDOH. Ms. Lednyak answered that there is frequent communication between NYC and SDOH. Providers are required to have a full Quality Assurance (QA) plan in place within three (3) months after they receive a SDOH Provider Agreement.
- Dr. Casalino stated that NYC BEI is responsible for the delivery of services via the IFSP which is a responsibility that NYCBEI takes seriously. Measures are in place to ensure that providers can deliver services and know what is expected of them.
- Toni Rodriguez inquired how service coordinators and parents can get a list of providers. Ms. Lednyak is about to publish an updated list on the NYC BEI website. After the new provider receives TA, Regional Offices are notified of the new provider.
- Ms. Calderon-Cruz asked if Provider Oversight will have a separate set of monitoring measures for ABA (checking on their ABA plan, or other particulars), and will providers be notified of that. Ms. Lednyak stated that such actions have not been implemented. NYC BEI is looking to create a session note that is more geared towards ABA services, and a workgroup to assist in the development on an ABA Session Note.
- Dr. Casalino added that Provider Oversight has worked on regulatory compliance, and is now focusing on quality of services.
- Ms. Calderon-Cruz added that there are challenges to monitoring compliance. It is a huge undertaking that would require more Provider Oversight staff, but is important.
- Dr. Casalino added that quality oversight has to start with regulatory compliance. Changes are difficult and come with time.
- Dr. Murphy commented that work needs to be done to create a group developmental session note for use in center-based activities. The current general session note does not work for center-based activities; need to get a committee together to get that work done. Session notes need to be adapted for ABA services as well.



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DATA REPORT

- Dr. Murphy also stated that ABA is now a licensable profession in NYS. EI has been “carved out” for the moment so as to not disrupt services.
- Catherine Warkala asked how many hearing and vision therapists there were before April 1st. Ms. Lednyak answered that a complete count is not available. The capacity has always been limited, and it is unclear if it has been compounded by the transition. Ms. Warkala asked also if there could be a possible incentive for Occupational or Physical Therapists to get more professionals in the field, possible scholarships, educational credits, etc. Ms. Lednyak indicated that those types of incentives do not exist right now. Ms. Warkala also asked about the website updates and the provider list and if there is a target date. Ms. Lednyak answered that they are hoping for the coming quarter.

Dr. Casalino recognized Ireti Bobb’s (Director, Early Intervention Services) and the Regional Offices’ work to ensure that children receive services. Also recognized Provider Oversight and the rest of the leadership team and their many efforts.

A resource guide has been created for families and service coordinators. Release is scheduled for March 2014.

Early Intervention Website:

- The website is currently being updated to be more parent-friendly and accessible.
- Work continues on efforts to allow parents and community partners to make referrals through the website.
- EI providers still refer via NYEIS.

Text 2 Families Texting Program:

- Text Messages are being finalized.
- Members of the LEICC are on the Steering Committee for Text 2 Families.
- The Committee met in February to review content and provide feedback on text messages.
- Currently working on promotional materials about the text messaging initiative to be sent to families in their EI Welcome packet.

Nora Puffett, Director, Administration and Data Management

Updates on Data Reports and Provider Oversight findings.

- Data Report: Number of referrals has not changed much due to the April 1st transition. Referrals are on target, minimally lower than last year.
- Referral source: (newly available with NYEIS data) is consistent throughout the quarters and only needs



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to be reviewed annually. Dr. Murphy stated that the numbers confirm what they knew already about referral sources.

- Service provision: Cumulative numbers of children receiving EI services has been consistent throughout the years (2008-2014). Mr. Treiber wanted clarification that the number of referrals and number of children receiving services take into account the carryovers from the previous year. Ms. Puffett confirmed.
- Annual performance review: Percent of Initial IFSP meetings held within 45 days from point of referral has improved since 2009. Highest rate of compliance in first quarter of 2014 at 71%.

Dr. Casalino stated that there have been discussions about posting each agency's Provider Oversight findings on the website. They have decided to postpone posting results for about a year (after another full cycle) and then bring it up to the LEICC before posting.

Ms. Rodriguez stated that it is interesting to see that about the same number of children were referred since 2012, but fewer children were served. Dr. Casalino reported that in 2010, NYS changed eligibility requirements for the program, making them more stringent for children with speech delays.

Provider Oversight 2013 Results: Provider Oversight monitoring results were favorable, with improvement since 2012. Overall, agencies did well. There was a significant improvement since 2012 in ongoing service coordination. Currently there are 60 to 70 agencies doing service coordination. Monitoring results in the services domain were consistent across the two (2) years. Dr. Murphy asked if issues with service coordination were due to documentation. Ms. Puffett confirmed that documentation is an issue, but there is no way to know whether it's the only issue, or reflects underlying poor performance. The 2013 results were an indication that systems, protocols for documentation and supervision had improved.

April 1st Transition: Agencies had concerns that, due to the transition, they may not have been prepared for a monitoring visit. Data looked at 2013 monitoring results before and after the transition. Results were slightly better in the second half of the year (after the transition). This was particularly impressive because many agencies monitored in the second half had Corrective Action Plans in 2012.

**CURRICULUM BASED ASSESSMENT
(CBA) PILOT PROJECT UPDATE**

Prashil Govind, MD, MPH, Medical Director

- One (1) year CBA pilot project end date: February 24, 2014
- Final sample included 188 children with assessments completed. Half of these children had more three



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(3) or more assessments completed.

- Currently completing pilot evaluation with preliminary analysis of child progress by developmental domain. Data as of December 2013 suggest that after six (6) months in the pilot, children made more progress than those after three (3) months in the pilot. Sample size is small, but indicative of the type of analysis that can be done with AEPS assessment results.

Next Steps:

Complete and review pilot evaluation components. Surveys were sent to interventionists and agency coordinators to evaluate clinical utility of the tool as well as feasibility of implementation. Reliability testing of interventionists will be done by having them score online video observations of children. The data analysis and longitudinal analysis of overall progress for assessments will be completed by the pilot end date. Pilot agencies want to continue using the AEPS voluntarily. The AEPSi subscription has been extended for the enrolled children. Special thanks to the pilot agencies and coordinators: All About Kids- *Lawrence Preiser & Diane Nelson*, Achieve Beyond- *Sonu Sanghoee*, Little Wonders- *Jackie Chessen & Rosalba Maistoru*, NY League- *Chris Lanni & Hedi Levine*, Up Wee Grow- *Beth Godnick*

Discussion:

Ms. Calderon-Cruz asked what the plan is for city-wide roll out, including costs and time. Dr. Govind responded that they need to evaluate the pilot first before going city-wide.

**Jeanette Gong, Ph.D. Director, Intervention Quality Initiatives
Jacqueline Shannon, Ph.D., Chairperson & Program Head, Early Childhood and Art Education, at
Brooklyn College**

Updates on collaboration between NYC BEI and CUNY Brooklyn College to offer an Advanced Certificate program in Early Intervention and Parenting at CUNY Brooklyn College.

Program would be 18 credits (6 courses at 3 credits each) and 280 clinical hours of fieldwork.

First course started in January at Brooklyn College titled, “Supporting Diverse Family and Parent Child Relationships,” (taught by Haroula Ntalla) and it combines applied aspects of family-centered practice and Embedded Coaching along with theory and research. There is required fieldwork of 10 hours with a parent and child dyad. Fieldwork is an important component of the Advanced Certificate program.

**BROOKLYN COLLEGE ACADEMIC
COLLABORATION**



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The second course requires 60 hours of fieldwork and the third course requires 120 hours of field work. If someone is already in the field of EI, then they do not need to do additional fieldwork.

Other courses include: Communication (typical and atypical) and Motor Development (typical and atypical) also requiring fieldwork. The final course is on assessments. Topics covered in the advanced certificate include: working with parents on how to integrate strategies, evidence-based family-centered practices, looking at the parent-child dyad, multiculturalism and its effect on child development, infant mental health, and understanding, evaluating and treating young children in a holistic way.

Brooklyn College has approved the classes, and Dr. Shannon has gotten support by provost and the Dean of CUNY Schools of Education, State Department of Education is also supportive. Next step is to get approval from the CUNY Faculty Council on March 11, 2014.

Thirteen students (13) are currently enrolled, ten (10) are Brooklyn College students, and three (3) are EI providers. They are hoping to offer a section in the summer. United Federation of Teachers (UFT) voiced interest in having its members taking a course, but enrollment was low. Thirty (30) others have expressed interest and will be followed up with. Second set of courses would be held at 25 Broadway in downtown Manhattan to be accessible to providers.

Brooklyn College has also met with TheraCare (Nancy Calderon-Cruz) and other agencies: YAI and Bellevue (Dr. Benard Dreyer, Dr. Alan L. Mendelsohn, Dr. Karen Hopkins), Susan Linker, Child Life Coordinator, and Dr. Vanessa Rodriguez, Clinical Psychologist and Child Mental Health Specialist at the Department of Child and Adolescent Psychiatry to discuss fieldwork placement for students.

Dr. Shannon has been working on this initiative with Gail Gordon, Mary DeBey and Haroula Ntalla from CUNY, Phyllis Ackman, PHD from JBFCS, Sonia Ortiz (EI physical therapist) and Angela Delli Gatti (EI special educator).

Dr. Gong added that the certificate programs are open to EI professionals (those currently working as interventionists), not just graduate students at Brooklyn College.

Discussion:

Mina Sputz asked if speech therapists are encouraged to do the advanced certificate, or if there were evidence-based practices (like Embedded Coaching) covered in the Brooklyn College Speech Language program that speech therapists could take.



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<p><u>SERVICE COORDINATION TASK FORCE</u></p>	<p>Dr. Shannon is working on those partnerships, and also working on applications for Continuing Education Units for practitioners.</p> <p>Ms. Sputz asked if Brooklyn College was working with SUNY Downstate in terms of Early Intervention. Dr. Shannon answered that they are happy to partner with them.</p> <p>Nora Puffett, Director, Administration & Data Management</p> <p>LEICC Service Coordination Task Force developed survey that was administered to service coordinators and supervisors. Got good response. Will report at next meeting.</p> <p>Ms. Calderon Cruz suggested that NYC BEI should expand surveys to providers and parents to get feedback on their experience at the Regional Offices, and in EI. Dr. Casalino said that this could be something that one of the LEICC committees could look into doing.</p>
<p><u>CHAIRPERSON REPORT</u></p> <p align="center">LEGISLATIVE UPDATE</p>	<p>Helen Murphy, Ph.D., BCBA-D LEICC Chair</p> <p>ABA Licensure in NYS. January 10th 2014, in effect July 1st 2014. Governor Cuomo signed into Educational Law, licensing of ABA practice in NYS. This law establishes a new state license for behavior analysts (with at least a master’s degree) and a new state certification for behavior analyst assistants (with at least a 4-year college degree), with a restricted scope of practice. Governor Cuomo stated his concerns “with the potential for service disruptions and increased costs immediately in the Early Intervention program and also after an exemption for other states agencies and provider subsets.” Concerned that there would not be enough licensed practitioners to match the City’s needs. NYC Early Intervention is not immediately affected by change.</p> <ul style="list-style-type: none"> • The Office of the Professions will have the application on its website. Anyone who is currently board certified nationally in Applied Behavioral Analysis at Masters (BCBA) or Doctorate level (BCBA-D) will be certified through NYS, and be grandfathered in. More information, and application, would be on the website (http://www.op.nysed.gov). The criteria are strict for licensing. New license requires committee approval from the Office of Professions. Committee has not been named or convened as of time of the LEICC meeting. <p>“Hannon-Gottfried Bill/Pay and Chase” The bill gets to the heart of the problems in EI bill claiming. It requires the State Fiscal Agent (PCG) to conduct fiscal management and payment of claims for the EI program</p>



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by:

- seeking payment on behalf of EI providers directly from commercial insurers;
- filing and conducting all appeals of payment denials by commercial insurance plans directly with the insurer; and
- paying EI providers within 30 days of the receipt of a claim from a provider, regardless of the status of any appeals.

In the Senate, it is co-sponsored by Senator Hannon, the Chairman of the Health Committee, Senator Seward, the Chairman of the Insurance Committee, Senator DeFransisco, the Chairman of the Finance Committee and several other Senators. In the Assembly, it was introduced by Assemblyman Richard Gottfried and was co-sponsored by 37 Assembly members, showing incredible support for EI providers. Should know more about this next month. Providers would be submitting claims through NYEIS to the PCG website.

Conflict of Interest: No new updates. Preliminary injunction issued in February 2013 is still in effect. Evaluators can still provide services to children that they have evaluated. Judge Thomas had a death in his family; trial has been postponed to March 27-28th. Trial to decide whether it is a conflict of interest for evaluators to provide services to the children that they evaluated.

Executive Order 38: No update. Executive Order is still in effect. Providers must be in compliance. Limits on state-funded administrative costs and executive compensation.

1. State funding is split: 75% direct service costs, and 25% administrative costs. The percentage of administrative costs will go down over the course of three (3) years.
2. Executive salary cap is \$199k a year.
3. Executive Order 38 is in effect now. Agencies operating on the NYC fiscal year, July 1st through June 30th, must be in compliance by July 1, 2013. Agencies on a calendar year must be in compliance by January 1, 2014.

Judge will rule on this as well, and we should know something by April.

Immunization requirements: There have been six (6) new cases of measles reported in Manhattan in children and adults. Additional cases suspected because of exposure, cases are noted as starting February 5, 2014.

Six (6) immunizations are mandatory for children who attend center-based programs, day care centers, or schools for children 0-18 years old:

IMMUNIZATION REQUIREMENTS



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<p>COMMITTEE</p> <p>MENTOR SUPPORT EDUCATION NETWORK COMMITTEE</p>	<ul style="list-style-type: none">• Updates were covered by Prashil Govind. <p>Mary DeBey, PhD, Early Childhood Art Education Department, Brooklyn College</p> <ul style="list-style-type: none">• Dr. Shannon gave most of the updates in her presentation above. <p>There will be changes in EI with Mayor De Blasio’s push for Universal Pre-Kindergarten. Early childhood centers rely on the 4-year olds to balance out the costs of the younger students. Having Universal Pre-Kindergarten would move the 4-year olds to public schools and out of the centers. Infant and toddler programs (Early Headstart programs, daycare centers) need to be strengthened. Dr. DeBey and Dr. Shannon met with the Administration for Children’s Services to brainstorm ways to strengthen the day care and Early Headstart programs.</p>
<p><u>PUBLIC COMMENT</u></p>	<p>No public comment.</p>
<p>MEETING ADJOURNED 11:43 PM.</p>	<p>Next meeting scheduled for August.</p>