

**NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)**

11.15.2019	10:00 AM	CUNY School of Law
<p><b>LEICC Member Attendees</b></p>	<p>Lidiya Lednyak, MA, PMP, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH            Jacqueline D. Shannon, Ph.D., Chair of LEICC            Tricia DeVito, MS, Ed., SDL            Liz Isakson, MD, FAAP            Catherine Ayala            Sonu Sanghoo, MS, CCC-SLP            Cara Chambers, MS            Christopher Treiber, LMSW            Yuriy Pawluk            Rosanne E. Saltzman, LCSW            Sundari Periasamy, MD</p>	
<p><b>Welcome, Introductions, and Minutes Approval</b></p>	<p><b>Dr. Jacqueline Shannon</b> opened the meeting by reminding attendees that New York City’s Local Law No. 103 of 2013 and the New York State Open Meetings Law require “open” meetings to be both webcast and archived; therefore, today’s meeting was being recorded.</p> <p><b>Dr. Shannon</b> reviewed the procedures for LEICC meetings, including that attendees should pre-register on the New York City Bureau of Early Intervention (NYC BEI) website. She reminded attendees that, while meetings are open to the public, the audience does not address the LEICC members during the meeting. Audience members may sign up with Aracelis Rodriguez or A. Felicia Poteat if they wish to speak during the “Public Comment” section. <b>Dr. Shannon</b> stated that transcription will be available for this meeting, and that written meeting minutes will be made available. <b>Dr. Shannon</b> introduced Lidiya Lednyak, the new Assistant Commissioner of the Bureau of Early Intervention. She stated that we have two new members, Rosanne Saltzman and Yuriy Pawluk. She introduced Ms. Saltzman and Mr. Pawluk to the council.</p> <p>LEICC members introduced themselves. Minutes from the June meeting were approved.</p>	

<p><b>Introduction of Deputy Commissioner, SEICC Report and Bureau Updates</b></p>	<p><b>Lidiya Lednyak</b> introduced Dr. Daniel H. Stephens, the new Deputy Commissioner of the Division of Family and Child Health.</p> <p><b><u>SEICC Report</u></b></p> <p><b>Lidiya Lednyak</b> provided a summary of the State Early Intervention Coordinating Council (SEICC) meeting held on 9/19/2019.</p> <p><u>NYS OSEP Determination.</u> NYS received a determination of “Fully Meets Requirements” from the Office of Special Education Programs for Federal Fiscal Year 2017.</p> <p><u>Medicaid State Plan Amendments Update.</u> On June 13, 2019, the Center for Medicaid Services (CMS) approved a State Plan Amendment (SPA) for Early Intervention (EI) Services, SPA 18-0039. SPA moves EI services from rehabilitative services to Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT).</p> <p><u>State Plan Amendment Highlights.</u> Four mental health practitioner types were added to the list of approved providers: Licensed Mental Health Counselor, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, and Licensed Creative Arts Therapist. School Psychologist Practitioner was not added.</p> <p><b>It should be noted that the new practitioner types approved by the SPA, cannot be utilizing in the Early Intervention Program until State Department of Health regulations and guidance are released.</b></p> <p>Requirements for “under the supervision of” for Licensed Master Social Workers (LMSW) working under a plan of supervision by a LCSW include: LMSW apprises the supervisor of the diagnosis and treatment of each client, the supervisor provides oversight and guidance in diagnoses and treatments, the supervisor regularly reviews and evaluates the work of the LMSW and the supervisor provides at least two hours per month of in-person individual or group clinical supervision.</p> <p>Requirements for “under the direction of” applies to all other types of therapists working under a plan of supervision. “Under the direction of” means that the supervisor: Sees the participant at the beginning of and periodically during the course of treatment and is familiar with the treatment plan; has continued involvement in the care provided and reviews the need for continued services throughout treatment;</p>
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assumes responsibility for the services provided under his/her direction; spends as much time as necessary directly supervising services to ensure child and family are receiving services in a safe and efficient manner in accordance with accepted standards of practice; and keeps documentation supporting the supervision of services and ongoing involvement in the treatment.

SPA clarifies some covered activities for common EI service types: Speech Language Pathology, Occupational Therapy, and Physical Therapy services may be provided to a child’s caregiver when they directly benefit the child. Special Instruction services including activities that extend into the child’s daily routines and promote developmental skills such as: Motor development, physical growth and development, sensory perception and information processing, behavioral interactions, cognitive processes and social interactions. The claiming process for transportation will also be changing as a result of this SPA.

Provider Workforce Capacity Task Force Update. The charge for this task force is to develop recommendations for the NYS Department of Health to increase EI provider workforce capacity. Topics discussed: Connections with high schools, colleges and universities that prepare students/potential EI service providers; review of the 1600-hour requirement; conditional approval of EI providers; quality assurance plans and professional requirements; service delivery methods or models to enhance capacity in underserved areas/zip codes; and technology solutions /GIS Locator/Information-Sharing.

Discussion

**Christopher Treiber** inquired about getting feedback from individuals doing EI work. **Dr. Shannon** responded that at Brooklyn College they have almost 500 students who are early childhood education majors, half of them special education. Brooklyn College started to integrate more EI content at the undergrad level and was seeing more student interest in going into EI. **Lidiya Lednyak** stated that there is a lot happening in New York City particularly with the academic partnerships, but that's not happening in the rest of the state. Part of the role of this work group will be to share what the EI Program has done in New York City and some of the challenges we faced.

Work Group for Dissemination of the Social Emotional Development Guidance. The charge is to facilitate the dissemination and promote the use of the Guidance Document in the EI Program.

- Project Workgroups: E-Learning-Use of Guidance Document for EIP workforce; total of six modules. Date completed: 8/20/19.
- Webpage-On social-emotional development for families. Launched: 11/30/18.
- Desk Aides-Documents to help address social-emotional development with families throughout the EIP process.

Update on RFP to Support Operational Management of the EIP and NYEIS Update. The NYS Department of Health RFP 17744, Support for Operational Management of the EIP, was awarded to Public Consulting Group Inc.(PCG). Contract registered 9/6/2019. Scope involves conversion to a new web-based system for all Early Intervention case management. The go-live date for the new case management system has been updated to Summer 2020. The timeline for the new case management system is:

- From September to October 2019: Business requirements development.
- From October to December 2019: System and functional requirements.
- From December 2019 to April 2020: System development and testing.
- From May to June: 2020 Initial training for municipalities and providers.
- Summer 2020: System launch.

- a. Provider Management enhancements to include: Migration of provider information from NYEIS, including approval and agreement history, qualified personnel and service models, capture all provider-related data, including type of agreement, affiliations, service categories, and identifiers such as NPIs, capture of Assistive Technology vendor information and capture of vendor information for respite and transportation.
- b. Fiscal Management: By Summer 2020, EI Billing will accept direct submission of claims from billing providers, assume responsibility for all claims entry including validation and editing previously taking place in NYEIS and provide enhanced QA/QC of billing and claiming process and payments.
- c. Child and Case Management: Convert and migrate all historical data for active children from NYEIS (data for non-active children to be migrated by August 1, 2020), facilitate collection of data for state and federal reporting requirements such as Child Outcome Summary (COS) and Annual Performance Reporting (APR), capture all data needed for each step of the child’s EIP

lifecycle, including referral, initial service coordination, evaluation, IFSP and services, transition and child, and family outcomes. It will allow for the upload and storing of PDF attachments.

Discussion

**Dr. Elizabeth Isakson** asked if the new system will allow New York City to access and analyze data directly as we currently do in the NYEIS system. **Lidiya Lednyak** replied that EI has an agreement with the state where we get a data extract of our own data. This enables us to report and run the EI program. We think that that's going to stay in place.

**NYC Bureau of Early Intervention Updates**

**Lidiya Lednyak** stated that the NYC BEI Learning Management System (LMS) launched 7 months ago, in April 2019. She provided a list of current and upcoming online trainings. **Lidiya Lednyak** also stated that NYC Early Intervention providers will receive an email from the NYC BEI when new trainings are launched and those who already have an LMS account can obtain the latest NYC BEI updates via the LMS “Announcement” portion of the home page. To sign up for the BEI Professional Development Mailing List, email [EmbeddedCoaching@health.nyc.gov](mailto:EmbeddedCoaching@health.nyc.gov)

**Lidiya Lednyak** stated that the Evaluation Standards Unit launched an enhancement to the provider letter. New provider letters launched November 12, 2019 provided more detailed feedback, including follow-up actions that must be completed on resubmitted MDEs and names of MDE team members who should receive a copy of the letter. Also, resubmissions now require a separate addendum; NYC BEI will no longer accept an amended MDE or amended individual reports. BEI is also introducing new letter types, including a “Quality letter” for those MDEs that go to IFSP but have quality issues.

**Kandrea Higgins** spoke about the NYC BEI Regional Office (RO) implementation of case continuity. As of November 4, 2019, all NYC EIP Regional Offices had implemented a case continuity model. Each child and family in the program will work with the same EIOD for the duration of the child’s stay in the NYC EIP. Case continuity works to ensure that all children and families receive timely and high-quality services. Case continuity has been an effective model in Staten Island for many years and the other Regional Offices have worked on city-wide implementation over the past two years. Some of the benefits of case continuity are that it reinforces a family-centered and team approach by providing an opportunity for the EIOD to develop an on-going partnership with the families. It makes it easier for information to be

	<p>shared and it enables families to make informed decisions based on their concerns, their priorities, and their resources. Another benefit of case continuity is that the child will have the same EIOD from start to end of the child’s involvement in EI.</p> <p><b>Kandrea Higgins</b> also spoke about recurring scheduling. Effective November 4, 2019, all Regional Offices are scheduling IFSP meetings on a recurring basis. Families and providers are offered future meeting dates at the time of the current IFSP meeting. For example, at the initial IFSP, the family will be provided with a date, time and location, 5 months into the future, to facilitate the review meeting. Some of the benefits of recurring scheduling are that it ensures that meetings with families occur on a timely basis and reduces the possibility of gaps and expired service authorizations. Recurring scheduling does not change the regulatory responsibilities of the Ongoing Service Coordinator (OSC) and the OSC must submit the IFSP Meeting Request/Confirmation form to the RO within the specified timeframe. IFSP meetings will continue to be scheduled at a time and location convenient to the family. All questions regarding case continuity and recurring scheduling should be directed to the Regional Director in your borough.</p>
<p><b>Data Report and Provider Oversight</b></p>	<p><b>Nora Puffett</b> reviewed the data report. Data was presented on referrals, receipt of service, and children’s retention in the Program by borough and race. She also reviewed Provider Oversight results and discussed the Annual Monitoring Results.</p> <p><u>Discussion</u></p> <p><b>Christopher Treiber</b> asked if the total percentage of population can be added to the data report. <b>Nora Puffett</b> responded that it can be added.</p>
<p><b>United for Brownsville Presentation</b></p>	<p><b>Kassa Belay</b> from United for Brownsville (UB) spoke about the measurable improvement in the language and social-emotional development of children aged 0-3 in Brownsville. He also spoke about the development of a sustainable community infrastructure that positions parents/caregivers and service providers to work collaboratively towards shared goals.</p> <p><b>David Harrington</b> from UB presented an organizational chart on participatory planning for UB efforts.</p>

	<p><b>Kassa Belay</b> did a presentation on UB’s Family Advisory Board (FAB) and Provider Action Team (PAT). <b>David Alexis</b>, a member of FAB, spoke about his positive experience with the Early Intervention Program.</p> <p><u>Discussion</u></p> <p><b>Cara Chambers</b> asked if there’s any coordination between the work that United for Brownsville does and the foster care work that SCO does. <b>Kassa Belay</b> responded that SCO has its own foster care program. It’s one of the largest foster care providers in the city. SCO is at the table, but other organizations as well are thinking about how this includes their foster care work.</p> <p><b>Cara Chambers</b> inquired about how the work of United for Brownsville can be replicated in other areas of the city that are experiencing the same needs. <b>Kassa Belay</b> replied that Brownsville is the community they are operating in and focused on, but they are also doing their best to lift up the learning that they’re doing, and catalogue it in a way that it can be used to replicate this approach and bring it to field in other communities.</p>
<p><b>Inclusive and Family-Centered Infant-Toddler Care (iFam-iTcare) Research Project</b></p>	<p><b>Dr. Karen McFadden</b> from the Early Childhood Education and Art Education Department at Brooklyn College spoke about the Inclusive and Family-Centered Infant-Toddler Care (iFam-iTcare) Research Project. She presented on the racial disparities in accessing EI services in NYC, the participants of the project, and the methods used. <b>Dr. McFadden</b> also spoke about qualitative questions and the next steps of the project.</p> <p><u>Discussion</u></p> <p><b>Dr. Sundari Periasamy</b> asked if the questionnaire will be going to the providers. <b>Dr. McFadden</b> responded yes.</p>
<p><b>Repeal of Religious Exemption for Immunizations and Comprehensive Background Check Process</b></p>	<p><b>Shanaya John</b>, the director of Training and Child Care Communications for the NYC DOHMH, Bureau of Child Care, spoke about the repeal of religious exemption for immunizations, and about the comprehensive background check process for child care workers. She stated that on June 13, 2019, Governor Andrew M. Cuomo signed legislation removing non-medical exemptions from school vaccination requirements as a result of a measles crisis in pockets of New York due to the low rates of vaccination. Public Health Law §2164, as amended by Chapter 35 of the Laws of 2019, applies to students attending all schools as defined in Public Health Law §2164 to include any public, private or parochial child care center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary schools.</p>

The following programs are impacted by the repeal of religious exemption:

- a. Article 47 Regulated Programs: group child care centers, non-residential child care centers, and child care programs that have a permit to operate.
- b. Article 43 Regulated Programs: school-based child care, non-residential child care affiliated with an educational institution that has a certificate to operate, group family day care, family day care, and school-age child care programs regulated by NYS Office of Children and Family Services (OCFS).
- c. All private, public and parochial schools.

Through a formal process, that will include public comments and a public hearing, revisions to the Health Code are currently being proposed to the Board of Health. These revisions align Article 47 with the new state law regarding immunizations, as well as the removal of the religious exemption for the influenza mandate. **Ms. John** stated that a valid medical exemption must be on a medical exemption form approved by the Department of Health. The form must be signed by physicians licensed to practice medicine in the State of New York and must contain sufficient information to identify the medical contraindication to a specific immunization. The Department of Health and Mental Hygiene recommends that healthcare practitioners consult the ACIP and be confirmed annually or at the time of expiration, if less than one year.

Discussion

**Lidiya Lednyak** asked if the health code proposal goes according to plan, what is the projected implementation date. **Ms. John** replied that I don't know the exact date, but it will be in 2020.

**Christopher Treiber** asked if the forms are available on the Department of Health website in New York City. **Ms. John** responded yes, they are, and you can also go to the Bureau of Immunization's website.

**Ms. John** spoke about the new clearance requirements effective September 25, 2019. The Child Care and Development Block Grant (CCDBG), also called the Child Care and Development Fund for New York State, is the primary source of United States federal funding for child care subsidies for low-income working families and funds to improve child care quality. States receiving CCDBG funds must adhere to the requirements, which includes inspectional cycles, staff training, and security clearances. The 2014 reauthorization of CCDBG changed the requirements of background clearances, and other areas, for child



	<p>care operators across the nation. The most notable changes are: Providers no longer receive clearance results directly, new hires cannot begin working until the program receives an eligibility letter from DOHMH, existing staff of GCC should hold on submitting A-Series packets and getting reprinted, SCR renewals are now every 5 years, and all individuals must be cleared under CBC by September 30, 2020. The relevant forms are the A series for group childcare centers and the 6000 packet for OCFS. For more information you can contact the NYC DOHMH Central Clearance Unit (CCU) by email at <a href="mailto:ccu@health.nyc.gov">ccu@health.nyc.gov</a> or by fax at 347.396.8052, you can also visit NYC DOHMH Bureau of Child Care Borough Offices</p> <p><u>Discussion</u>  <b>Christopher Treiber</b> asked if staff who worked out of state would get conditional approval. <b>Ms. John</b> responded yes; staff who have worked in other states will get a letter stating that they are conditionally approved.</p>
<p><b>Early Intervention Transition Coordinator Program</b></p>	<p><b>Caitlyn Moore</b> presented on the Bronx EI Transition Coordinator Program. The pilot launched in January 2019 in District 7 to provide direct support for families in the South Bronx. District 7 is a 3-K for All district, and it has a high rate of referrals to CPSE. The program will soon be formally opened to Districts 7, 9 and 10 (all of CPSE region 1). Families can walk into the DOE Family Welcome Center at 1 Fordham Plaza for support, or they can text “AfterEI” to 877-877 and opt-in to have a Transition Coordinator contact them. Families can email <a href="mailto:EltoPreschool@schools.nyc.gov">EltoPreschool@schools.nyc.gov</a> with questions and requests.</p> <p><b>Caitlyn Moore</b> spoke about the DOE Guide to the EI to Preschool Transition. This guide is available on the DOE website at the “Moving to Preschool” page here: <a href="https://www.schools.nyc.gov/special-education/preschool-to-age-21/moving-to-preschool">https://www.schools.nyc.gov/special-education/preschool-to-age-21/moving-to-preschool</a> (scroll down to the section on “Transitioning from Early Intervention”) in English, Spanish, Chinese, Korean and Bengali.</p> <p><b>Alicia Calev</b> stated that the partnership with the Bronx Regional Office, DOE, and the families has been strong and beneficial. E-Faxing of referrals to CPSE has been successful. Pilot implementation statistics and updates were provided.</p> <p><u>Discussion</u>  <b>Christopher Treiber</b> had a question regarding the total percentage of families that have children transitioning out of EI and how many been supported through the process. <b>Caitlyn Moore</b> responded that since the pilot launched in February they been collecting information on families.</p>

	<b>Dr. Shannon</b> commented that it would be interesting to see whether the CPSE case conclusion rates are different for students in the pilot versus students who are transitioning who are not in the pilot.
<b>LEICC Committee Updates</b>	No updates were given.
<b>Public Comment</b>	- <b>Linda Silver</b> made a public comment regarding the Medicaid plan.  The meeting was adjourned at 12:09 PM.

# Early Intervention Data Report

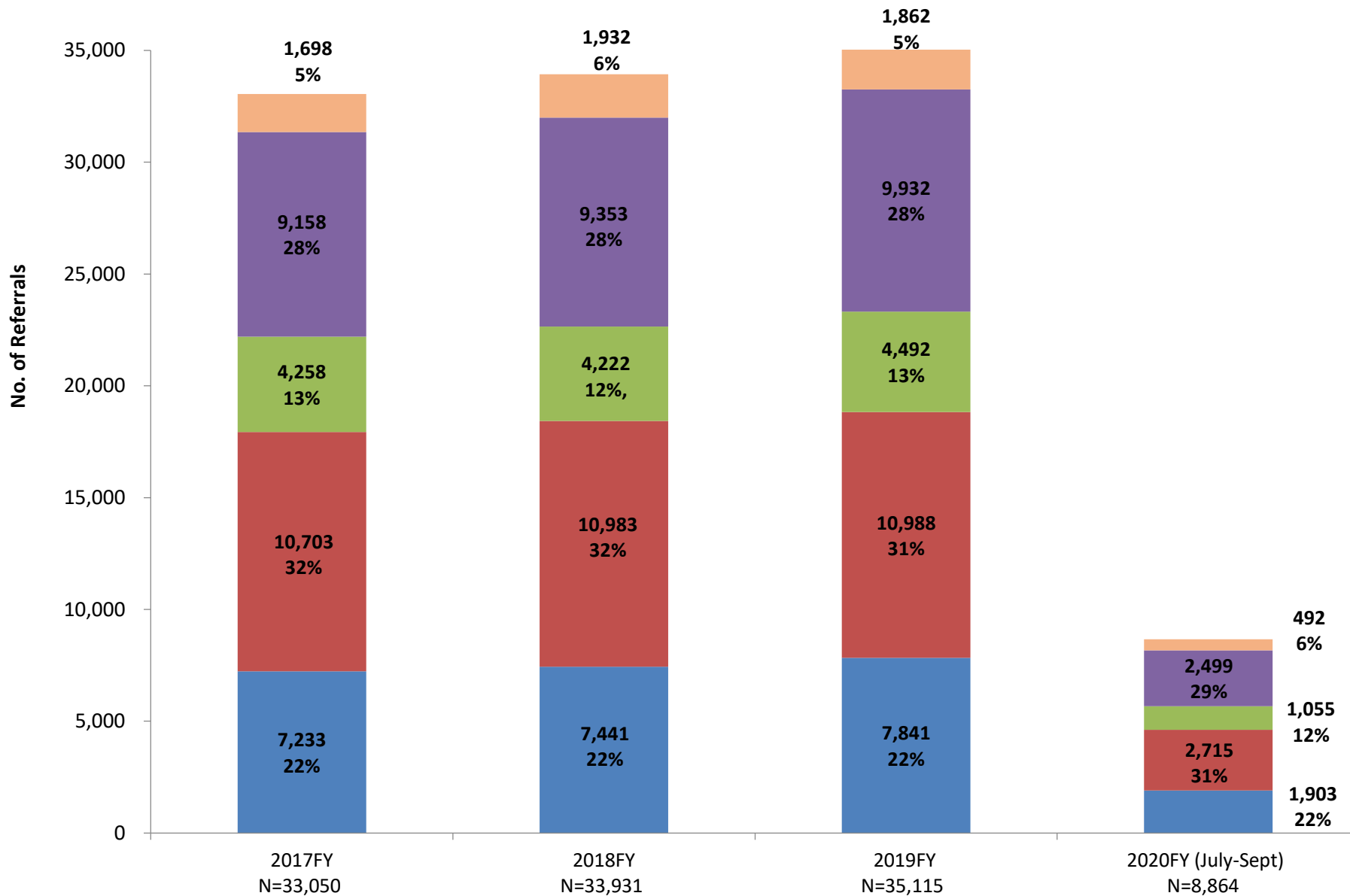
Nora Puffett, MPA

*November 15, 2019*

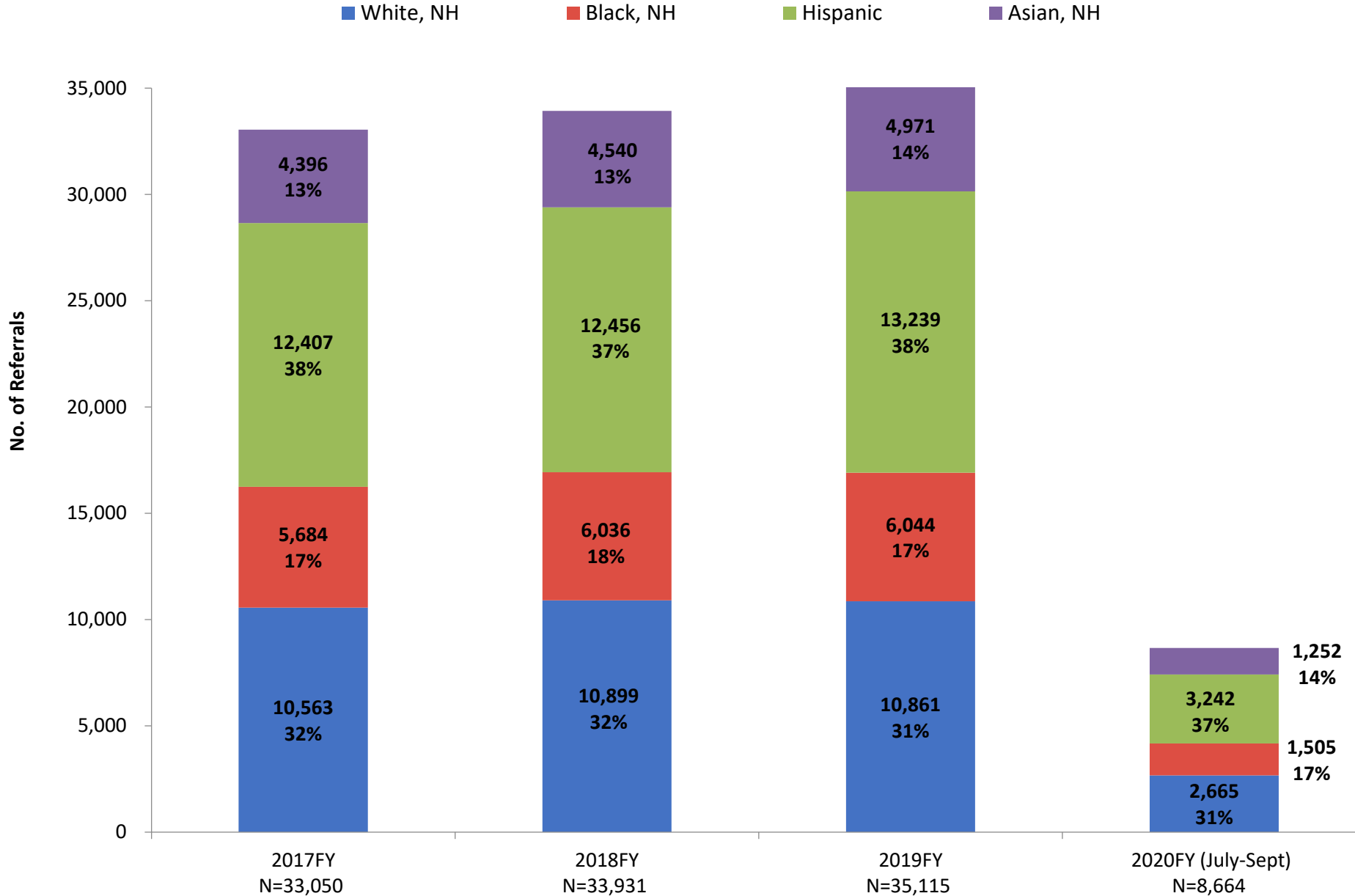
# Number of New and Re-Referrals Per Fiscal Year, by Borough

## July 2016-September 2019

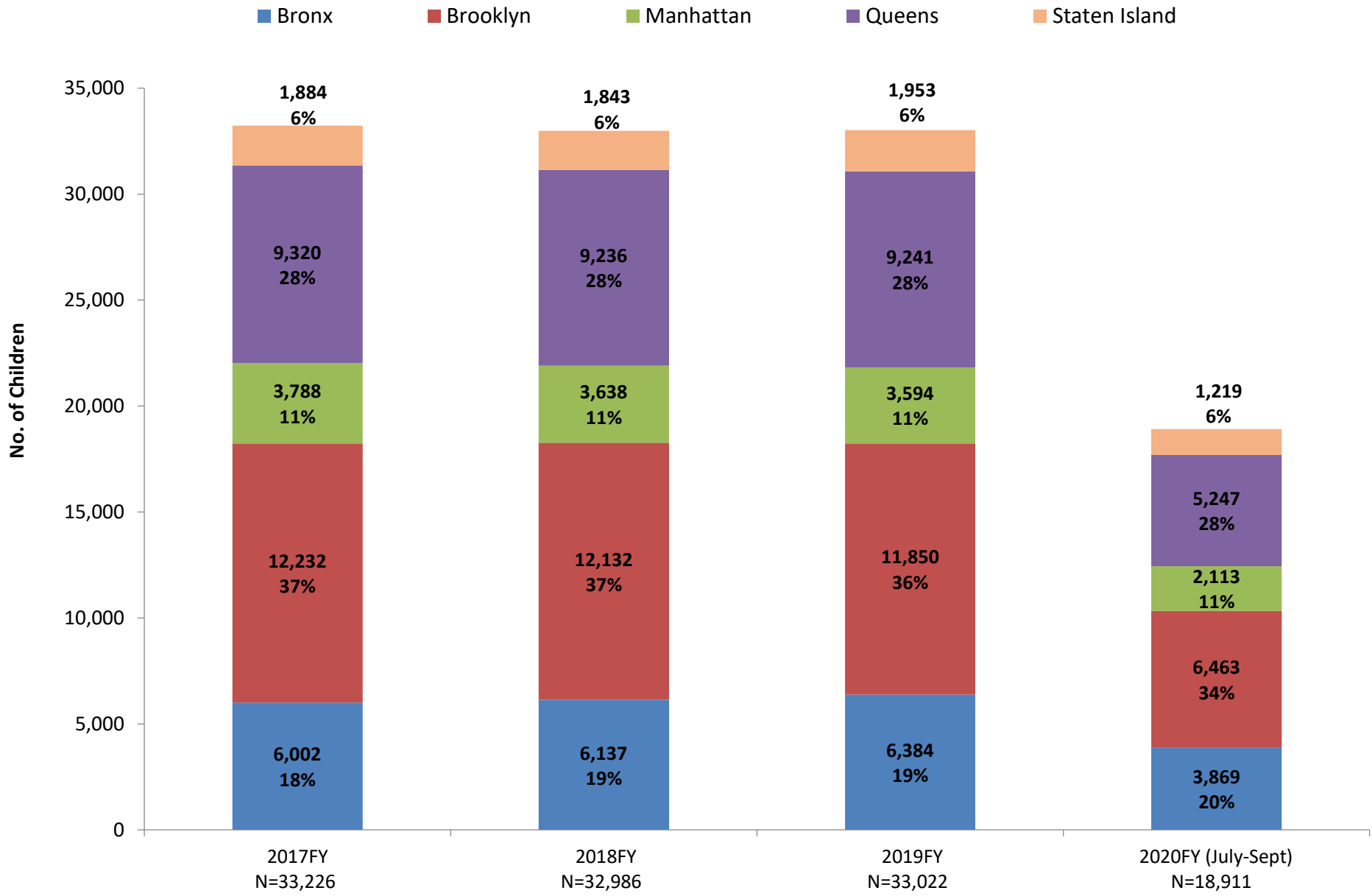
■ Bronx
 ■ Brooklyn
 ■ Manhattan
 ■ Queens
 ■ Staten Island



# Number of New and Re-Referrals Per Fiscal Year, by Race and Ethnicity July 2016-September 2019

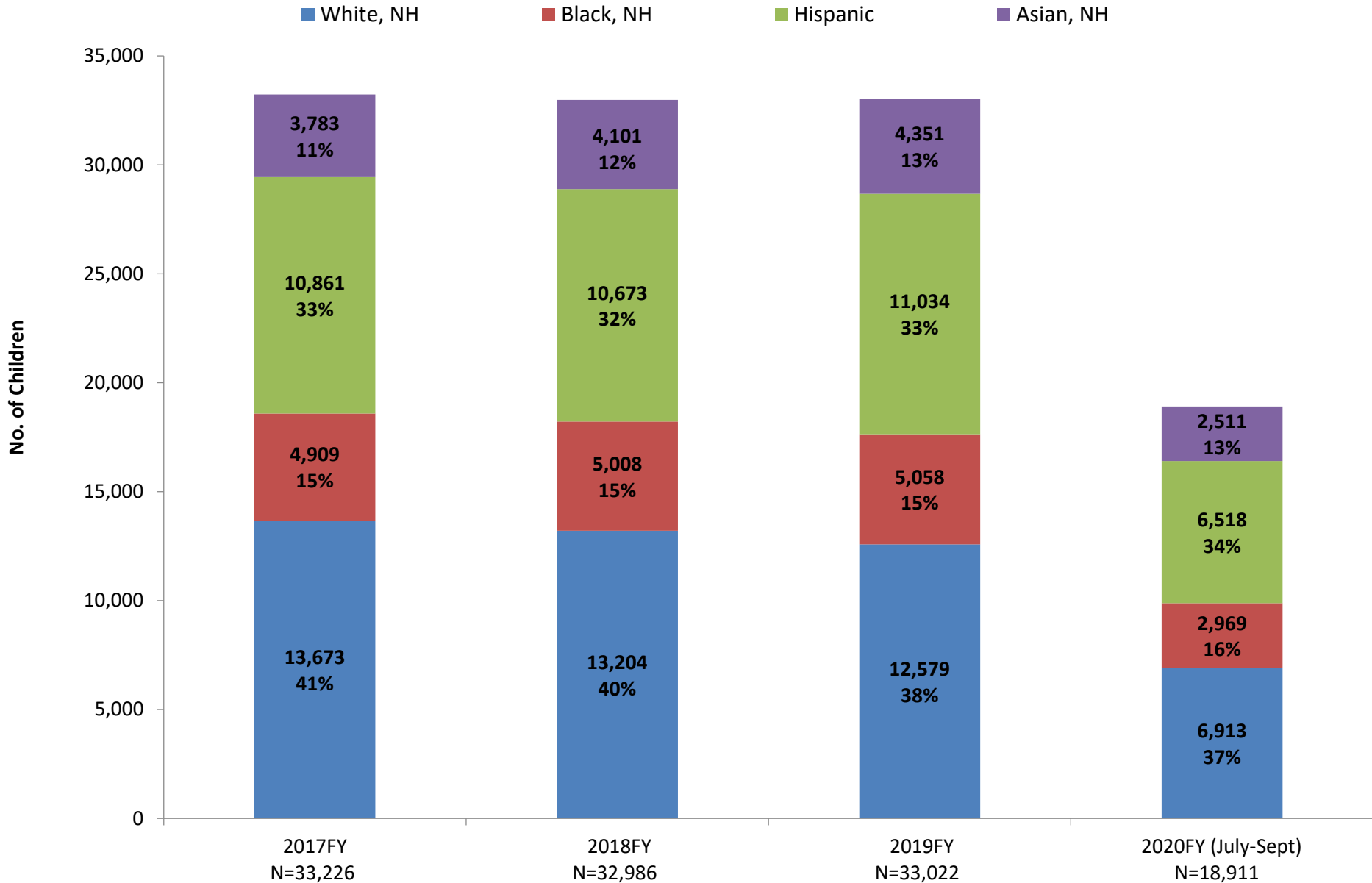


# Number of Children Receiving General Services Per Fiscal Year, by Borough July 2016-September 2019



\* General services include all those except for service coordination, evaluation, assistive technology and transportation.

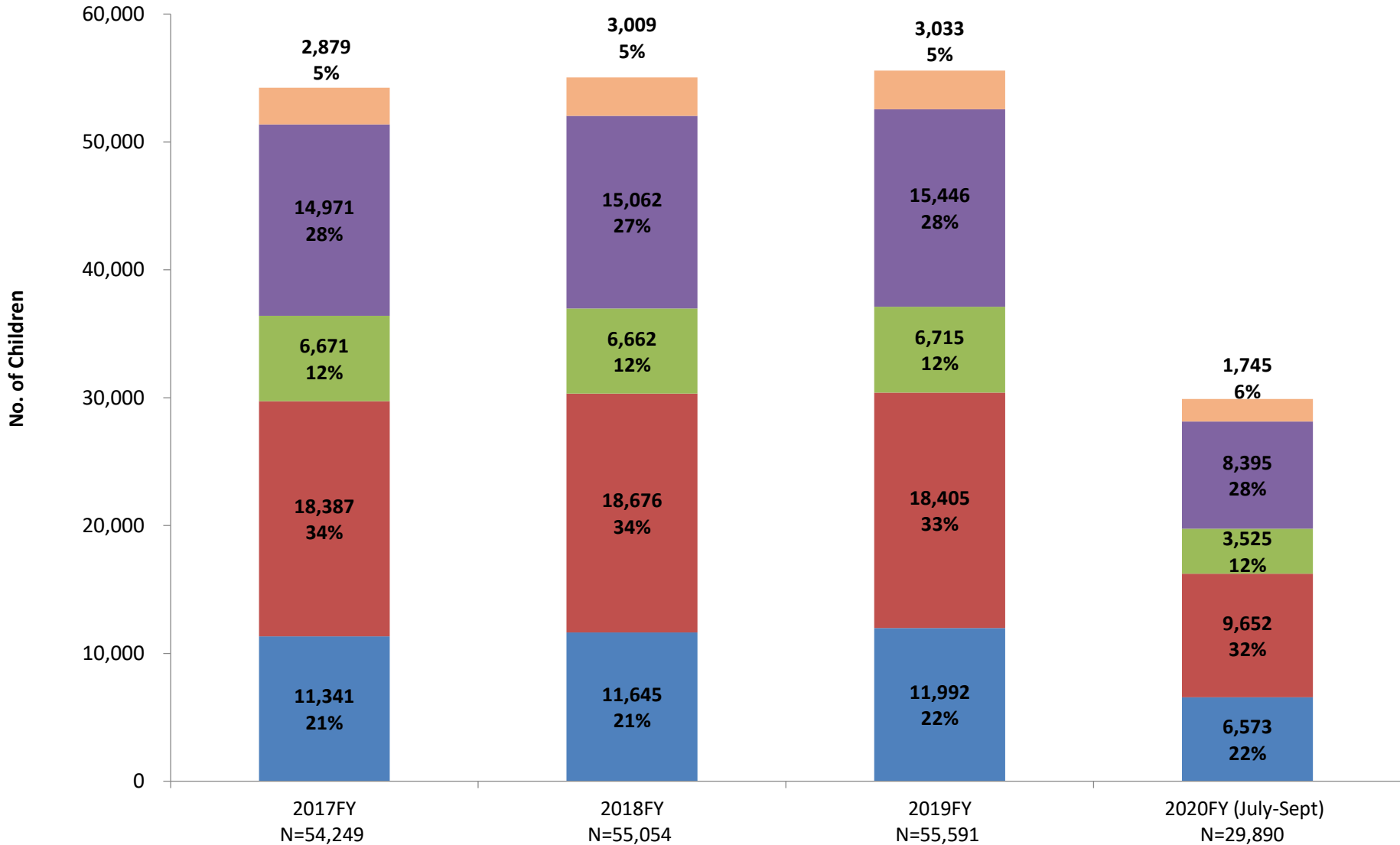
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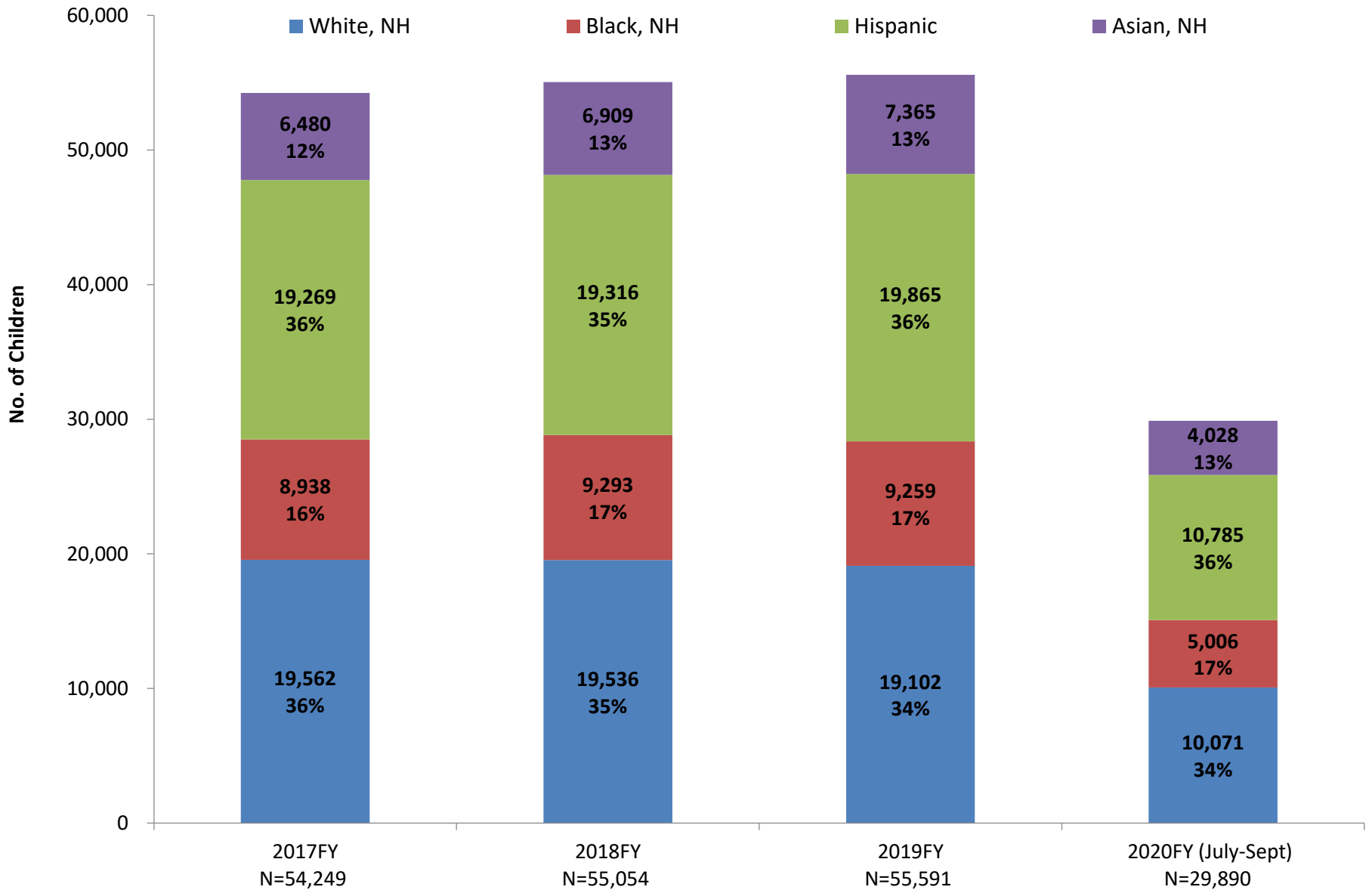
# Children Receiving Any Type of Service Per Fiscal Year, by Borough: Service Coordination, Evaluation and/or General Services July 2016-September 2019

■ Bronx     
 ■ Brooklyn     
 ■ Manhattan     
 ■ Queens     
 ■ Staten Island



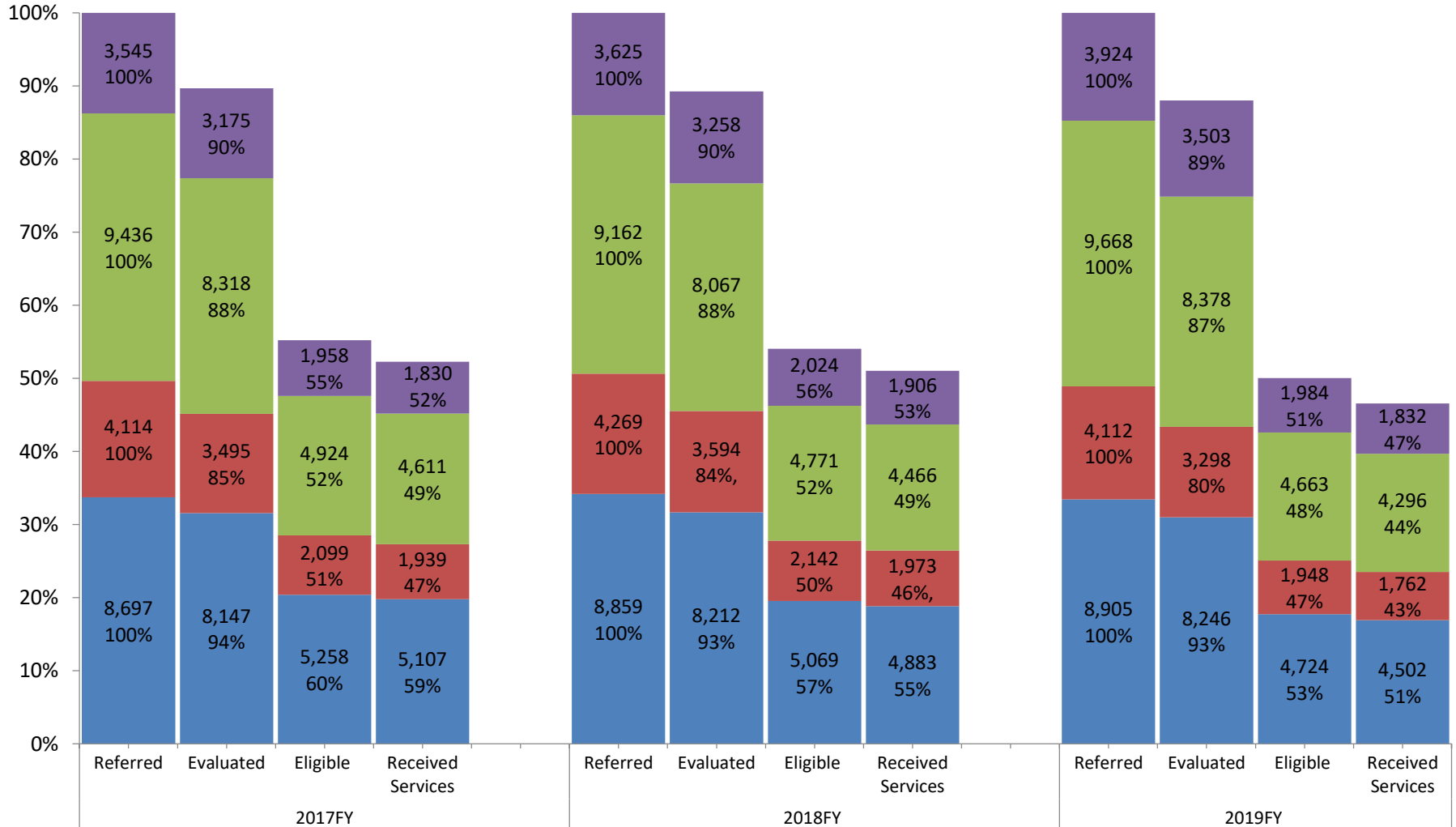


# Children Receiving Any Type of Service Per Fiscal Year, by Race and Ethnicity: Service Coordination, Evaluation and/or General Services July 2016-September 2019

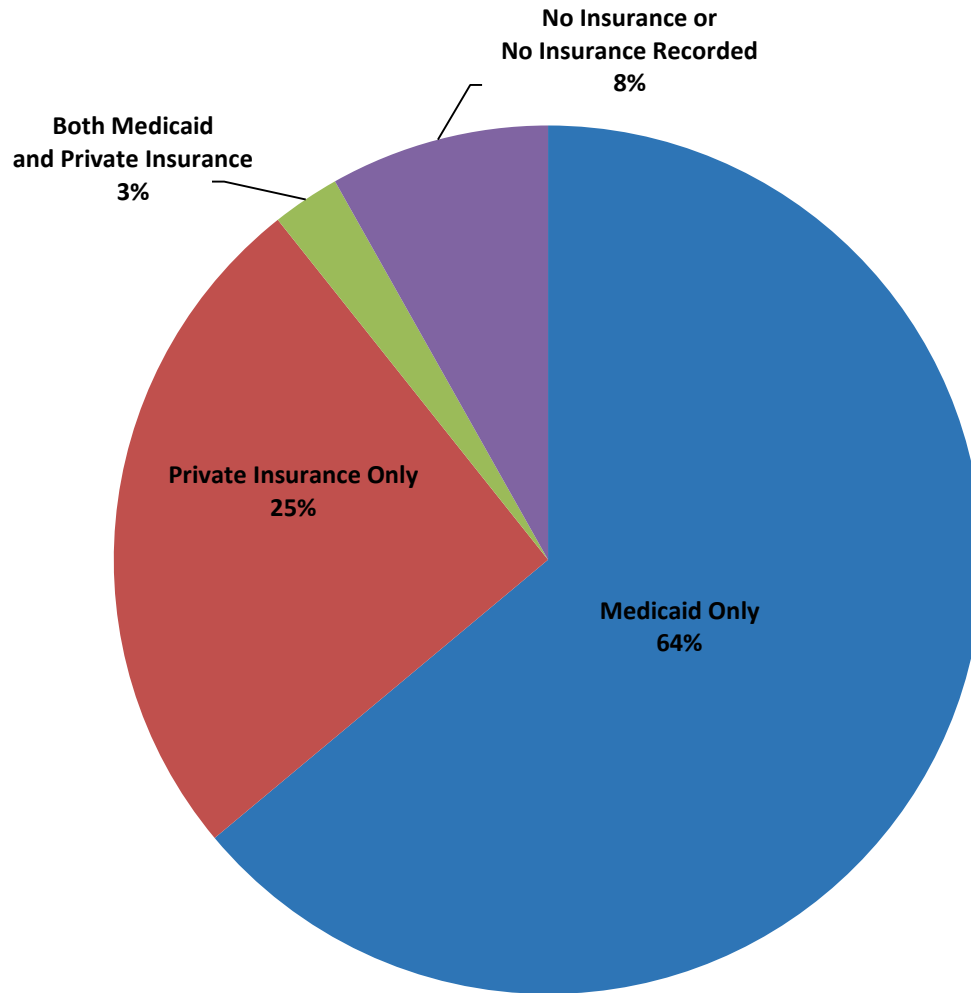


# Progress of New Referrals Through the EIP by Race and Ethnicity, Citywide, July 2016-June 2019

Population Estimates by Race/Ethnicity by Year						
	2015		2016		2017	
	0-3 Pop	% of Pop	0-3 Pop	% of Pop	0-3 Pop	% of Pop
White NH	104,987	30.1%	103,453	30.5%	100,656	29.7%
Black NH	70,370	20.2%	69,468	20.5%	70,480	20.8%
Hispanic	125,772	36.1%	123,436	36.6%	121,330	35.8%
Asian NH	47,442	13.6%	47,673	13.8%	46,847	13.8%



# Insurance Status of Children Receiving General Services July 2019-September 2019 N = 18,930



Note: Medicaid Managed Care plans and Child Health Plus are categorized as Medicaid. This chart shows the most recent or current insurance policy unless a child has both Medicaid and Private. In that case, both is given preference.