



NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)
MEETING OF March 31, 2015

AGENDA ITEMS	DISCUSSION
MEETING CONVENED at 10.05 A.M.	<p>The following were present:</p> <p>George L. Askew, Deputy Commissioner, Family and Child Health Administration, NYC DOHMH Marie B. Casalino, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH Christopher Treiber, Chair of LEICC Nancy Calderon-Cruz Cindy Lin Chau Mary DeBey Lois Kessler Tracey LeBright Rosalba Maistoru Anita P. Richichi Toni Rodriguez Lisa Shulman Linda Silver Mina Sputz Catherine Warkala</p> <p>Guest Speakers: Robert Stephens, MS, Office of Health Insurance Services, DOHMH Renee Noel, MPH, Bureau of Child Care Paula Francis-Crick, MPH, Bureau of Immunization</p>
<u>WELCOME AND INTRODUCTIONS</u>	<p>I. Christopher Treiber, LEICC Chair</p> <p>a. Review of procedures for LEICC meetings:</p> <ul style="list-style-type: none">• Attendees should pre-register on the New York City (NYC) Department of Health and Mental Hygiene (DOHMH), Bureau of Early Intervention (NYC BEI) website for LEICC meetings.• Meetings are open to the public, but the audience does not address the LEICC members during the meeting.• Audience members may sign up with Felicia Poteat to speak during the “Public Comment” section. <p>b. As of May 15, 2014, NYC’s Local Law No. 103 of 2013 and the New York State (NYS) Open Meetings Law require “open” meetings to be both webcast and archived. This meeting is being recorded today.</p> <p>c. Transcription is available for this meeting. Written meeting minutes will still be made available.</p> <p>d. Introduction of a new parent member: Cindy Lin Chau.</p>



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necessary tools available to identify and treat young children in need of social and emotional supports or interventions.

- Draft guidance was submitted to the Committee in December 2014. There will be no changes made to the regulations.
- Funds have been identified for a consultant editor to consolidate all workgroup efforts.
- Relevant NYC data was shared at meeting for discussion.

b. State Performance Report. Received NYC 2013-14 preliminary data, and it was submitted to the federal government.

c. NYEIS Update: NYS is continuing to work on enhancements to reports and functionality.

d. April 1, 2013 Transition Presentation:

- NYS Department of Health (SDOH) reports that child enrollment data indicated that enrollment is consistent pre/post transition.
- Rendering provider capacity has increased 5.8%
- Ratio of provider per child stayed constant at four (4) therapists per child.
- Number of billing providers has declined 20.4% (probably due to rendering providers consolidating into fewer agencies).
- Payments: mean time for full payment to provider agencies = 15 days, to independent providers = 20 days.
- The mean number of days from service to date of claim in 2012 was 54 days. In 2014, it decreased to 39 days.
- Commercial insurance claims adjudicated within 60 days is 91.6% (15% of submitted claims were reimbursed by third quarter in 2014).
- The Assistive Technology (AT) process was implemented in NYC in 2014 and will incrementally be rolled out to the rest of NYS.
- SDOH is monitoring insurance claims and payments. (per SEICC member Brad Hutton):
 - Percent of EI money from commercial insurers (2%),
 - Percent of claims submitted to commercial insurers that are paid (15%).
- SEICC members discussed the administrative burden to providers for billing and consideration of a rate increase.

2. March 12, 2015 SEICC Meeting Report

a. **Health Homes:** Health Home applications from the provider community have been received. The planned implementation is October 2015. EI phase-in to begin early 2016.

b. **State Systemic Improvement Plan (SSIP):** It is a Federal requirement for each state to identify a comprehensive, ambitious, and achievable plan designed to improve results for infants, toddlers and their



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- Lisa Shulman asked if there was a way to calculate the number of children referred to EI with emotional behavioral issue as a chief concern. Ms. Puffett answered that from a data perspective, 50% of children come in without a reason for referral.
- Christopher Treiber asked where the data was pulled from. Ms. Puffett replied that it was retrieved from what is reported in NYEIS, the Multidisciplinary Evaluation (MDE), and the MDE summary. Mr. Treiber also asked if the data represented only eligible children. Ms. Puffett confirmed that it was. Mr. Treiber then explained that it would be important to look at those children who were initially not found eligible, but later found eligible.
- Ms. Rodriguez added that parent depression, post-partum depression, poverty, noncompliance and the parents' social emotional state should also be taken into consideration.
- Ms. Silver added that social-emotional issues are also seen in children from ages three (3) to five (5) which then impacts the individual as they enter adulthood. Dr. Casalino added that the SED Task Force has input from many sources; EI is not the only resource.
- Mary DeBey asked what the primary diagnosis was in the data presented. Ms. Puffett answered that the data presented includes social-emotional concerns across all domains, because social-emotional concerns can impact all domains.
- Nancy Calderon-Cruz commented that the data presented could be very useful in changing eligibility requirements due to concerns about social-emotional delays.

DEPARTMENT REPORTS

**APRIL 1ST TRANSITION:
PROVIDER AGENCIES
HEALTH HOMES UPDATE
ASSISTIVE TECHNOLOGY**

V. Lidiya Lednyak, Director of Policy and Quality Assurance

a. New York City Early Intervention Provider Landscape (pre- and post-April 1, 2013 Transition)

- Total EI Providers: pre 4/1/13 = 85, at 3/30/15 = 105
- Group Providers: pre 4/1/13 = 41, at 3/30/15 = 43
- ABA Providers: pre 4/1/13 = 31, at 3/30/15 = 58
- Service Coordination (SC) Providers: pre 4/1/13 = 76, at 3/30/15 = 83
- Evaluation Providers: pre 4/1/13 = 74, at 3/30/15 = 82
- 40 (new and existing) provider agencies are actively engaged in the NYC BEI TA Process.
- Provider directory updates will be initiated in April, 2015.
- New and existing providers can contact BEI TA at EITA@health.nyc.gov

b. Health Homes: The Goal of Health Homes (HH) is to expand the availability of Medicaid Care Coordination services to more than 200,000 children across the State that are eligible under the optional State Plan benefit created by the Affordable Care Act. HH will provide enhanced care coordination and linkages to community services and supports: EI is a natural link to HH.

- Current Status: Timeline
 - HH Application period ended March 2, 2015.



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LEICC DISCUSSION

- NYC BEI is part of DOHMH that is currently reviewing HH applications.
- HH application approval to serve children: March 2, 2015 – June 15, 2015 (currently 34 agencies expressed interest in being a Health Home).
- SDOH will begin HH enrollment for children in October 2015.
- System readiness (webinars, trainings, etc.) will begin June, 2015 - September, 2015 for new HH.
- **Current Status: EI Impact**
 - A target date for enrollment of children in EI has not been announced.
 - NYC BEI is participating on the New York State Association of County Health Officials (NYSACHO) workgroup with SDOH to discuss EI HH implementation.
 - Specific operational details and work flow are currently being discussed.
 - EI providers are encouraged to join HH networks.
- c. **Assistive Technology:** As of October 1, 2014, Assistive Technology Devices (ATDs) will only be procured from vendors that have an agreement with SDOH.
 - SDOH worked collaboratively with NYC BEI to roll out a process for the provision and payment of ATDs in the NYC BEI.
 - Under the new process, NYC BEI providers no longer pay for ATDs up front.
 - Process implemented October 1, 2014.
 - NYC BEI is closely monitoring system issues.
 - Issues:
 - Understanding the new procedures and procurement process; and
 - Adjusting to the new role of the AT Vendors.
 - All questions about the new ATD procedures and forms should be sent directly to the EITA@health.nyc.gov

Discussion:

- Lisa Shulman asked if the ABA providers included group providers and developmental providers. Ms. Lednyak confirmed that they did and can break them out at the next meeting.
- Ms. Silver asked if the boroughs are adequately covered by new providers and inquired about the TA process. Ms. Lednyak explained that the providers did not have preference over boroughs and explained the TA process.
- Ms. Calderon-Cruz inquired about the impact of the difference in requirements for HH versus the eligibility for children in EI for the service coordinator. Ms. Lednyak replied that SDOH is working on these issues with NYC BEI on its committee.



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ACADEMIC PARTNERSHIPS

- Ms. Rodriguez asked whether the increase in independent providers were represented in the data. Ms. Lednyak said the numbers were small (5) but starting to grow.
- Ms. Silver wanted clarification between HH and Medicaid Case Management. Ms. Lednyak said that they are similar but have different funding sources and different eligibility requirements where HH is broader.

VI. Jeanette Gong, Ph.D., Director of Intervention Quality Initiatives

a. Academic Partnerships for the upcoming fiscal year 2015-2016: Brooklyn College Advanced Certificate in Early Intervention and Parenting

- Meeting with providers to finalize fieldwork placements: Met with Infant and Child Learning Center in March and plan follow-up meetings with Little Wonders, TheraCare of New York, University Settlement Society of New York and Bellevue Hospital.
- Completing the Fieldwork Handbook/Manual: This will include the parent consent, student expectations, the fieldwork coordinator's responsibilities and relevant forms.
- Applying for CEUs for EI professionals and post-graduates who take the EI courses.
- Piloting the use of technology in the Human Development I and II courses: plan to use videos to support student reflection and use of family-centered best practices.
- Meeting with and supporting other academic partners: Hunter and SUNY Downstate Occupational Therapy Program.
- Finalizing their Evaluation Plan by developing surveys for both the students and clinical supervisors; identifying the tools that will be used to evaluate the students' skills during fieldwork placements; and determining what data to collect and analyze.

b. Academic Partnerships: SUNY Downstate Occupational Therapy Program

- Creating the curriculum for two (2) on-line courses (Intro to EI and Topics in EI).
- Completing the Fieldwork Handbook and Manual.
- Creating Fieldwork Placements and meetings with EI providers.
- Creating evaluation materials: Creating tools to evaluate EI courses, fieldwork experiences, and to get clinical supervisors' feedback, etc. Also, creating a self-assessment tool for students to track their competency at four (4) points: before they start the program, after they complete the courses (but before fieldwork), after fieldwork placement, and six (6) months after graduation.

c. Academic Partnerships: Hunter College

- Finalizing their proposal for the academic partnership
- Finalizing elective EI courses in the School of Continuing Education
- Graduate and post-graduate students and EI professionals across disciplines can take these courses.

d. Academic Partnerships: Future collaborations include Queens College and Lehman College.



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HEALTH INSURANCE SERVICES

- e. **Fieldwork Placement Contacts:** Agencies interested in offering fieldwork placements should contact the following individuals:
 - Brooklyn College: Amanda Lopez: alopez@brooklyn.cuny.edu and Dr. Jacqueline Shannon: shannon@brooklyn.cuny.edu
 - SUNY Downstate Occupational Therapy Program: Dr. Beth Elenko: Beth.Elenko@downstate.edu and/or Jasmin Thomas: Jasmin.Thomas@downstate.edu
- f. **Upcoming Professional Development Trainings** (dates are being finalized).
 - Reflective Supervision Training with Rebecca Shahmoon-Shanok, Gail Gordon, Phyllis Ackman, and Elaine Geller.
 - Bilingual Evaluations Training with Catherine Crowley.

INFLUENZA REQUIREMENT

- VII. Robert Stephens, Training Liaison Manager, Office of Health Insurance Services (OHIS).** OHIS has been working with the Early Intervention Program to provide medically needy children 0-3 years of age with health insurance and other benefits.
- a. OHIS goals
 - Expand the NYC capacity to identify and enroll uninsured and under-insured children and families into public health insurance programs.
 - Improve access to health care for the medically vulnerable/high-risk population
 - Provide assistance with access to the Affordable Care Act marketplace.
 - b. Extra health insurance benefit is available for children in EI.
 - c. NYC DOH has staff members that are Certified Application Counselors that work with families.
 - d. These benefits will provide a child in EI with adequate medical coverage, help pay for medical bills, and reduce financial hardship for the family.
- VII. Renee Noel, Bureau of Child Care and Paula Francis-Crick, Bureau of Immunization**
- Flu Mandate:**
- a. All children six (6) to 59 months of age who are enrolled in child care must receive the influenza vaccine by December 31 of each year.
 - b. The requirement applies to programs regulated by NYS Articles 43 and 47.
 - c. Rationale for requirement:
 - Highest priority is daycare: Children less than five (5) years are the most vulnerable for severe influenza illness, and are at increased risk of serious illness and death.
 - Influenza in young children is common and costly.
 - Vaccination of children in daycare children will promote “herd immunity” that protects others in



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- the community.
- Vaccinating young children would prevent tens of thousands of influenza cases in NYC.
- d. Board of Health approved on December 11, 2013.
- e. Enforcement:
- Year One:
 - Education (communitywide, public media campaign, promotional material).
 - Enforcement: Education of daycare staff only, no Notice of Violation.
 - Year Two: Issuance of Violations begins January 2016
 - Child care programs must be in compliance by December 31, 2015.
 - Education of daycare staff from April-December 2015.
 - Issuance of a Notice of Violation for inspections conducted January-March 2016 for child care programs not in compliance with the Health Code.
- f. Exemptions – In accordance with NYPL §2164, exemption from specific immunizations may be permitted for:
1. Medical Contraindication – immunization may be detrimental to the child’s health. Must be certified by a physician licensed to practice medicine in NYS.
 2. Religious Grounds – Parents/guardians hold genuine and sincere religious beliefs which are contrary to the practice of immunizations. Parent/guardian must provide a letter addressed to the day care provider’s permittee.
- The permittee may require additional information supporting either exemption.
- g. Day care program obligations
- Retain completed medical forms for all students enrolled.
 - Have medical forms readily available for inspection by DOHMH.
 - Ensure that all children enrolled have the required immunizations and/or exemption letters.
 - Adhere to the Health Code by which they are governed.
 - Permittee may refuse to allow any child to attend a child care service without acceptable evidence that the child has met the requirements.
- h. Monitoring: Tracking will be done through the Citywide Immunization Registry (CIR).
- i. Contact information:
- Bureau of Child Care - Website and Borough Office contact information:
www.nyc.gov/health/childcare or call 646-632-6100.
 - Bureau of Immunization - <http://www.nyc.gov/html/doh/html/living/immun.shtml> or call 347-396-2433.

LEICC DISCUSSION

Discussion:



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	<ul style="list-style-type: none">- Mr. Treiber stated that the providers/daycares are in a difficult position with parents by sending children home when they have not been properly immunized or risk receiving a citation from NYC DOHMH. Mr. Treiber also asked if a scheduled appointment or an “intent to immunize” would be sufficient to prove immunization. Ms. Noel stated that the relationship that NYC has is with the establishment, not the parent. The daycare center/provider has the relationship with the parent. Ms. Francis-Crick added that a documented notice to get immunized is a “show of good faith” to pass review and it is the responsibility of the daycare center to follow up with parents.- Lisa Shulman also added that the mandatory dates are not arbitrary. The flu vaccine for example, has a health-indicated date to be effective against the flu season.
CHAIRPERSON REPORT: Legislative Update	<ol style="list-style-type: none">1. Christopher Treiber, LEICC Chair person<ol style="list-style-type: none">a. December Provider Meetings:<ul style="list-style-type: none">• Group made recommendation to ask legislature for a 4.8% increase in EI rates. Recommendation was denied.• NYS Governor’s budget lowered EI allocation by \$4 million, with the justification that there was an abundance of providers and under-utilization of services. The group questioned the data collection and is waiting for a response.b. School Psychology (NYS Assembly Bill 5325, introduced by Member Deborah Glick):<ul style="list-style-type: none">• Children who are transitioning out of EI must be evaluated to see if they qualify for Committee for Pre-School Special Education (CPSE)).• According to the State Education Department (NYSED), school psychologists may no longer conduct CPSE evaluations as of August 2014, but most pre-school providers who conduct evaluations use school psychologists.• In the SDOH memo to EI providers, only psychologists who have a Ph.D. and are licensed in NYS can conduct initial evaluations and provide services according to their scope of practice. As a result of the memo, most of the CPSE evaluation sites stopped conducting evaluations in fear of citations for about four (4) weeks.• NYSED released a second memo recognizing the impact and advised CPSE evaluation sites that they may continue to conduct evaluations. They will not be cited for using school psychologists. Some providers have not resumed conducting evaluations in fear of the Office of State Comptroller’s audit authority.• The State issued a waiver that would grant permission for school psychologists to conduct 4410



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POLICY REVIEW COMMITTEE	<p>evaluations for children and not create a new licensure requirement.</p> <ul style="list-style-type: none">• In the proposed bill, those conducting evaluations must be employed in a salaried position by the center-based provider (not a consultant). The group is asking for the language in the bill to be clarified. <p>II. Tracy LeBright, LEICC Policy Review Committee</p> <ul style="list-style-type: none">a. The Transportation Policy was reviewed, and more parent reimbursement and car service options are available for families that need them.b. Distribution of Metrocards is going to be assumed by EI, not by the service coordinators or providers.
PUBLIC COMMENT	No public comment.
MEETING ADJOURNED 12 PM	Next meeting scheduled for July 2015.