

October 2023 SICC Meeting Agenda

Draft April 2023 SICC Meeting Minutes

Agency Updates

Early Childhood Special Education (OSPI/ECSE)

Waiver Amendments (DSHS/DDA)

Committee Updates

Parent Institute for Engagement (PIE) Report

Personnel and Training Sub-Committee Report

Finance and Public Policy Joint Committee Report

ESIT State Lead Agency Report

Presentations

Early Intervention & Medicaid in Washington: Policy

Review & Comparative Analysis

Dept. of Children, Youth & Families

Early Support for Infants & Toddlers (ESIT) Program

State Interagency Coordinating Council (SICC) | Virtual Meeting

Date: Wednesday, October 18, 2023

Time: 9 a.m. – 3 p.m.

Role & Purpose

In order to carry out its mission, the Council shall advise and assist the State Lead Agency, and the other participating state agencies, on a broad range of policy and coordination issues. The SICC will promote an appreciation for the needs of children that have or are at risk for developmental delays or disabilities and will gain an understanding of the services required to address those needs.

Group Agreements

- State your name each time you speak
- Speak slowly– this helps our note-taker and interpreters
- Avoid using acronyms and jargon
- Be patient with one another as we practice Robert’s Rules of Order
- Zoom Do’s and Don’ts (Will)
- For Technical Assistance, please text Will Moncrease, Jr. at 564-999-0449
will.moncrease@dcyf.wa.gov.

Agenda

Native Land Acknowledgement

9 a.m. - 9:30 a.m. | Welcome & Introductions | SICC Chair E Renae` Antalan

Welcome members, review and approve previous meeting minutes and today’s agenda.

9:30 a.m. - 9:50 a.m. | Parent Stories: ESIT Services & PIE Introduction (Cohort 6)

Families will share their experience with receiving ESIT services during the COVID-19 pandemic with the council. Members will have an opportunity to ask questions and gain additional insights.

9:50 a.m. – 10 a.m. | Break

10 a.m. – 11 a.m. | The Consultant Team: Cathy Kaufman, Kaufman Strategies & Donna Cohen Ross, DCR Initiatives | Medicaid Policies

11 a.m. – 11:15 a.m. | Break

11:15 a.m. – 11:40 a.m. | The Consultant Team: Medicaid Policies Continued, Q&A

Early Intervention & Medicaid in Washington: Policy Review & Comparative Analysis

Cathy Kaufmann, Kaufmann Strategies & Donna Cohen Ross, DCR Initiatives

The Washington Health Care Authority (HCA) is focusing greater attention on developing and improving Medicaid policies that enhance and support early childhood health and development -- goals which it shares with the Part C Early Intervention (EI) program. An in-depth investigation of the policies underpinning both programs -- along with interviews with providers of early intervention services -- led to the report, *Washington's Early Supports for Infants and Toddlers (ESIT) and Apple Health (Medicaid) Programs Policy Review and Comparative Analysis (June 2023)*, posted [here](#). Today's presentation walks through the key findings and recommendations for improving systems alignment at the state level to reduce burden on providers navigating these programs and ultimately ensuring greater access to services for young children and their families.

Cathy Kaufmann has been a leader in transforming the delivery of health care and building systems of learning to support that transformation. She works with state Medicaid agencies, county governments, Medicaid managed care plans and health systems across the country. Cathy is deeply knowledgeable about designing and implementing transformation projects that can drive change in the health care delivery system and across the community. Her current clients include the nine Washington Accountable Communities of Health (ACHs) and the Oregon Health Authority.

Donna Cohen Ross is an independent advisor to federal and state government agencies, nonprofit organizations, and private philanthropy, specializing in designing and implementing policies that make public programs -- and health care delivery systems -- work better for children and families. For more than 30 years, Donna has created and led successful national outreach campaigns to increase access and participation in health coverage, nutrition assistance and tax credit programs for working families. Leveraging her deep expertise in Medicaid and CHIP policy and financing, Donna's recent efforts have helped sharpen the focus of pediatric primary care on young children's social and emotional development, leading to innovative public investments in early literacy promotion, preventive behavioral health services, lead screening and abatement, and other activities to strengthen the connections between early childhood health and early learning.

11:40 a.m. – 12:30 p.m. | Tracie Kenney

Tracie Kenney, is the Administrator of the Preschool Development Grant Birth-Five (PDG) at DCYF. In this role she manages a federal grant that funds multiple projects across DCYF, other agencies, and in communities. Today, she'll be sharing with us the newest round of projects funded by the PDG and give us an update on the Early Learning Coordination Plan.

Learn more about the plan at www.ELCPwa.org

12:30 p.m. – 12:40 p.m. | Public Comment

This time is set aside for the audience to state comments and share feedback on the SICC meeting overall. If the individual providing comment would like their comment to be included in the meeting minutes, they must provide a written summary to the SICC Chair E Renae` Antalan erenae@msn.com.

12:40 p.m. -1:10 p.m. | Lunch Break

1:10 p.m. – 2 p.m. Committee and Agency Updates

This is an opportunity for SICC state agency representatives to share insights, request advice/assistance from the council, and make announcements of upcoming events/activities.

2 – 2:10 p.m. Public Comment

This time is set aside for the audience to state comments and share feedback on the SICC meeting overall. If the individual providing comment would like their comment to be included in the meeting minutes, they must provide a written summary to the SICC Chair E Renae` Antalan erenae@msn.com.

2:10 -3 p.m. | Chair & Vice Chair Selection | Evaluation & Wrap Up

Parent Council Members will have an opportunity to present to the council why they should be the new Chair and Vice Chair. Members will also have an opportunity to share their input on the day and make recommendations for future meeting topics.

Next SICC Meeting (APR):

Wednesday, January 17, 2024 | Virtual

Dept. of Children, Youth & Families

Early Support for Infants & Toddlers (ESIT) Program

State Interagency Coordinating Council (SICC)

Wednesday, April 19, 2023

9 a.m. – 12:55 p.m.

Meeting Minutes

9 – 9:30 a.m. | Welcome & Introductions | SICC Chair E Renae` Antalan

- E Renae` Antalan, SICC Chair, welcomed meeting attendees and gave her visual description
- Group meeting agreements reviewed by E Renae` Antalan
- Will Moncrease, Jr., ESIT Partnership & Collaboration Manager, shared zoom meeting do's and don'ts and keyboard shortcuts
- Group agreements shared by E Renae` Antalan
- Brian Frisina, ESIT Tribal Specialist, expressed gratitude and led the Native Land Acknowledgment.
- E Renae` Antalan, SICC Chair, conducted roll call, SICC members each gave land acknowledgement, descriptive introductions and bonus question: *what animal would you be?*
- Motion: SICC member, Beth Krehbiel, moved to approve the *February 2023 Meeting minutes* and *April 2023 agenda*, seconded (by member Sheryl Fryberg), SICC members voted and approved unanimously.

9:30 – 9:57 a.m. | Parent Stories: ESIT Services & PIE Introduction (Cohort 5)

Will Moncrease, Jr., ESIT Partnership & Collaboration Manager, introduced PIE member, Anne Wang-Annanie. She spoke to her experiences receiving ESIT services for her unilaterally deaf son, and shared changes she would like to see within ESIT services to improve the parents' experiences, in: receiving services, getting answers to important questions and making processes and making the system easier to navigate. Especially for families and children who are multi-lingual and multi-cultural, and there are not always providers who can fully connect, since those providers often do not speak the same languages as the families or know fluent American sign language.

Members had an opportunity to ask questions and gain additional insights.

9:57 – 10:02 a.m. | Break

10:02 – 11 a.m. | Micro-Training: Anne Stone, MA, MPA | Washington Fatherhood Council Director | [Anne Stone](#)

Anne Stone, Washington Father Council Director and Early Childhood Innovation Director at the Washington State Department of Social and Health Services, Economic Services Administration, introduced herself, gave a physical description, land acknowledgement and shared a presentation exploring what we know about dads to have a deeper conversation about fatherhood inclusion in a family setting.

Tui Shelton, a father, caregiver and fatherhood advocate, shared his real-life experiences and



insights on fatherhood: the relationship with his own father and how it affected him growing up, challenges in his own life dealing with harmful societal biases toward fathers and his own personal journey as a father. Members had an opportunity to ask questions and gain additional insights. Tui answered questions and shared his thoughts on: how to help fathers to feel more involved and welcomed in the early learning setting and how providers can help make father-centric events and more inclusive environments for dads, starting with providers not immediately assuming the father isn't an equal co-parent to their child or the primary parent/caregiver.

“I wish fathers knew that their role upbringing their kids is just as important as the mother’s.” - Tui Shelton

View full presentation here: [Fathers Matter for Child and Family Wellbeing](#)

11 a.m. – 11:10 a.m. | Break

11:10 – 11:44 a.m. Micro-Training: Continued

Father Friendly Principles Poll was launched and the group voted on their **top three** out of 5 **topics** to discuss in smaller breakout groups and all together as a large group:

- 1. Promote co-parenting for better outcomes for children and families**
- 2. Recruit, train, and retain staff that better reflect the communities we serve**
- 3. Recognize, address individual and system biases**
4. Lived experiences in the design of programs and policies
5. Increase fatherhood service capacity

Shared resources

- Contest: [Kids Voices Spotlight - 2023 Fatherhood Summit](#)
- Video: [Toddler's Priceless Reaction to Her First Summer Rain with Daddy!](#)
- Events: Dad Allies: [Provider Learning Series](#)
- Photo bank: [Fatherhood Photo Bank](#)

11:45 a.m. | Public Comment

No public comment.

11:45 a.m. -12 p.m. Committee Updates

The SICC committee chairs and agency representatives had the opportunity to verbally shared updates:

- Laurie Thomas, ESIT: Upcoming Grant Application Public Comment date
- Sheryl Fryberg, Tulalip, Tribal Representative: Update about need for families to have better, more frequent access to services for their children.
- Shellea Quillen, HCA
 - www.wahealthplanfinder.org

12 – 12:30 p.m. | Lunch Break

12:30 – 12:44 p.m. | Agency Updates/Continued Committee Updates

SICC state agency representatives continued to share updates:

- Ryan Guzman, OSPI
 - [April 2023 ESCS Updates](#)
 - [Larger OSPI agency update](#), including our legislative update on [SHB 5311](#) relating fully funding special education
 - Sharing a recent finding relating to restraint and isolation: [Justice Department Secures Agreement with Washington School District to Remedy Discriminatory Seclusion and Restraint Practices](#)
- Beth Krehbiel, DSHS
 - Tracking [HB 1188](#): Concerning individuals with developmental disabilities that have also received child welfare services
- Jen Chong-Jewell (SEAC):
 - [SEAC Update](#)
 - Two recommendations SEAC formalized for the legislative session:
 - [SHB 5311](#): Fully funding Special Education
 - [SB 5559](#): Eliminating the use of restraint and isolation in WA Schools
 - [Coming into the Light: An Examination of Restraint and Isolation Practices in Washington Schools](#)

Shared Resources

- [Purple Up! For more about Month of the Military Child](#)
- [Workshops and Webinars](#)
- [2023 State Teacher of the Year](#)

12:45 p.m. | Public Comment

No public comment.

12:45 p.m. – 12:50 p.m. | Evaluation & Wrap Up

Each SICCC Member had an opportunity to share their input on the day and last remarks.

Next SICCC Meeting:

TBD | In-person

Early Childhood Special Education (ECSE) Updates

Helpful Resources When Creating a Continuum of Alternative Placements in PreK

[WAC 392-172A-01175](#) states that *special education services* mean specially designed instruction, at no cost to the parents, to meet the unique needs of students eligible for special education services, including instruction conducted in the classroom, in the home, in hospitals and institutions, in other settings, and instruction in physical education.

[WAC 392-172A-02055](#) states that each school district shall ensure that a continuum of alternative placements is available to meet the special education and related services needs of students eligible for special education services **between the ages of three and twenty-one years old.**

Special education and related services to a preschool child with a disability may include, but is not limited to, the following:

- Providing opportunities for the participation of preschool children with disabilities in preschool programs *operated by public agencies other than school districts* (such as head start or community-based child care);
- Enrolling preschool children with disabilities in private preschool programs for nondisabled preschool children;
- Locating classes for preschool children with disabilities in regular public elementary schools; and
- Providing services and instruction in the home.

If a public agency determines that placement in a private preschool program is necessary for a child with a disability to receive FAPE, the public agency must make that program available at no cost to the parent.

Additionally, [WAC 392-172A-02050](#) reminds us that The public agency responsible for providing FAPE to a preschool child with a disability must ensure that FAPE *is provided in the least restrictive environment where the child's unique needs (as described in the child's IEP) can be met, regardless of whether the local education agency operates public preschool programs for children without disabilities.* **Least restrictive environment must be determined based on each individual child's needs and should not automatically be developmental preschool.**



An Important Message from DCYF ESIT:

Access to Child Online Records Network (ACORN) Data Migration Project: Update to School District Partners

School District Partners,

We are nearing the completion of the Phase 1 data migration project and will begin data entry in our new data management system, ACORN, beginning November 1.

As part of our migration to ACORN, the ESIT Web portal will go dormant at 5 pm on October 25, and you will no longer be able to access information through this portal. We have heard from many of our school district partners in the past months about the shortfalls of the ESIT Web portal and the challenges school districts face in trying to access information and with our transition to ACORN, we have addressed some of your feedback.

Our goal is to maintain at least the same level of functionality in ACORN as we have been able to provide to our Users in the current ESIT DMS. We have worked with our vendor, the Public Consulting Group (PCG), on a solution for school district access directly in ACORN. Within the legal constraints associated with the state funding transfer, we were able to develop a solution for our school district partners, that will require and be dependent on informed written parent consent.

The ESIT web will be retired at 5 pm on October 25. A scheduled DMS black-out will last from October 26–31, 2023. During this time, we are migrating data from the ESIT DMS to ACORN. Beginning November 1, our school district partners will have access to ACORN to view child records of those children residing in their district jurisdiction, that meet the following criteria:

1. The parent/guardians have provided informed written consent for the school district to gain access to their full child and family record;
2. The child is at least 2 years and 3 months old; and
3. The IFSP Team has determined the child meets the Washington state criteria for being "potentially eligible" for Part B services.

In ACORN, you will be able to access the entire child file for those children that meet the criteria once the Family Resources Coordinator has added our school district partners as a "Transition Service Partner". Your ESIT DMS username is going to be your ACORN username and you will be directed to set up a SAW account to access ACORN. Additionally, to having full access to the records of eligible children, you will receive a monthly report that lists children who are potentially eligible for Part B. This report will list the child's name, date of birth, the parent's name, and their phone number. We will be sending the report from DCYF to those individuals listed as school district liaisons in ACORN.

ACORN training will be offered in October, and you are invited to attend these trainings to help familiarize yourself with the new platform. School District Staff may attend the live webinar trainings or take the self-guided modules via our LMS. More info on access to the self-guided modules will be available in the next two weeks. If you are interested in attending the live training sessions, please contact ESIT Training dcyf.esittraining@dcyf.wa.gov

We will be releasing a step-by-step guide to setting up your SAW and ACORN account, as well as a training document for school district staff that will explain the process FRCs follow to add school district staff to a child's file as a transition service provider. If you are not signed up to receive the GovDeliveries sent by the Early Supports for Infants and Toddlers Program, please sign up here [Washington State Department of Children, Youth & Families \(govdelivery.com\)](https://www.govdelivery.com)

For questions or suggestions, please contact ESIT Data Systems and Analysis Manager, Kim Hopkins, at kim.hopkins@dcyf.wa.gov.

Reminder: ECSE Office Hours

During these office hours, districts are invited to share current barriers and successes relating to Part C to B transition, Child Find procedures, data submission, and more. While not required, participants are encouraged to send questions or topics they wish to have addressed during office hours in advance. Register [here](#).

Questions or topics can be submitted to [Ryan Guzman](#).

ECSE Inclusion Champions Resource Share

Family Resources:

- [Storybook Conversations: Hispanic & Latino/a in STEM](#)
- [Daily Routine Exploration with Your Young Child: Daily Steps](#)

Program Wide Leadership Team Resources:

- [Intro to the Pyramid Model Implementation Data System \(PIDS\)](#)
- [Pyramid Model Implementation Data System \(PIDS\) Training Videos](#)
- [Pyramid Model Consortium Training and Technical Assistance \(PIDS Office Hours, Webinars, etc.\)](#)
- Teaching Pyramid Observation Tool (TPOT) training November 29th & 30th via Zoom
 - Contact your local ESD ECSE Coordinator(s) for more information.
- Coming Soon! Early Childhood Inclusion Champions (ECSE) Portal
 - Information on PIDS, WAPM trainings, data submissions, and more.



DDA Waiver Amendments

Proposed changes to the [Individual and Family Services](#), [Basic Plus](#), [Core](#), [Community Protection](#) and [Children's Intensive In-Home Behavioral Support](#) effective September 1, 2024, include:

- Add children and youth in dependency with the Washington State Department of Children, Youth and Families and Tribes in Washington State and children and youth who exited extended foster care or aging out of dependency as an additional eligibility group for waiver enrollment on the Basic Plus, Core, Community Protection, Children's Intensive In-Home Behavioral Support and Individual and Family Services waivers.
- Add capacity to service additional people on the Individual and Family Services and Basic Plus waivers.
- Add information about service plan coordination between the Developmental Disabilities Administration, the Department of Children, Youth and Families and Tribes when serving common clients.
- Add service limitation language to all waiver services that states that waiver services will supplement, not supplant, the child welfare services and supports a child or youth is entitled to or receives from the Department of Children, Youth and Families or from a Tribe in Washington State or from Title IV-E of the Social Security Act or from other sources.
- Update and revise waiver service descriptions and provider qualifications for multiple services.
- Permit Residential Habilitation for adults to be delivered via teleservice at the options of the waiver participant.
- Permit Remote Supports service to be accessed by adult waiver participants using Residential Habilitation.
- Revise performance measure D-a-6 to be: The number and percent of waiver participants reporting through NCI surveys that they and people they invited are involved in the creation of their person-centered service plan (PCSP).
- Revise performance measure D-a-7 to be: The number and percent of annual waiver person-centered service plans where waiver participants chose the people who participated in their assessment and person-centered planning meeting.

The proposed changes for the amendments will have no negative impacts on participants on the IFS, Basic Plus, Core, Community Protection and Children's Intensive In-Home Behavioral Support waivers.

To view a draft waiver application, click on the bolded name of the waiver above.

Send your comments to DDAWaiverAmendments@dshs.wa.gov during the comment period.



Public Comment Period

October 2, 2023 through November 2, 2023

Home & Community-Based Services Waiver Amendments & IFS Renewal

The Washington State Health Care Authority (the state Medicaid agency) and the Department of Social and Health Services (DSHS) will be submitting draft waiver amendments for Developmental Disabilities Administration's Basic Plus, Core, Community Protection and Children's Intensive In-Home Behavioral Support (CIIBS) and the Individual and Family Services (IFS) renewal Home and Community-Based Services (HCBS) waivers to the Centers for Medicare and Medicaid Services (CMS). The draft waiver amendments and renewal describe how DSHS proposes to add children and youth in state and tribal dependency or exiting state or tribal dependency as an additional eligibility group on all waivers. These draft HCBS waiver amendments and renewal are available on the Developmental Disabilities Administration's website at: <https://www.dshs.wa.gov/dda/consumers-and-families/home-and-community-basedwaivers-hcbs> A paper copy of the draft Individual and Family Services waiver renewal, Basic Plus, Core, Community Protection and Children's Intensive In-Home Behavioral Support HCBS waiver amendments documents are available upon request by contacting Bob Beckman at the address below or by calling (360) 407-1500. DSHS welcomes all comments on the draft HCBS waiver amendments and renewal. Comments may be submitted by email or mailed to Bob Beckman at the address listed below. DSHS will review all comments received during the comment period.

Bob Beckman DDAWaiverAmendments@dshs.wa.gov
Developmental Disabilities Administration
Department of Social and Health Services
PO Box 45310
Olympia, WA 98504-5310

State Interagency Coordinating Council Committee Report

Parent Institute of Engagement Report

Date: 10/18/2023

DCYF ESIT Staff Liaison: Vanessa Allen

of Members: 7

Recruiting: No Yes

If yes, please describe type of membership recruiting for (i.e. parents, providers, region, etc.):

Click or tap here to enter text.

of Meetings Since Last SICC: 4

Topics Covered: on 9/20 PIE Cohort 6 met virtually to go over what to expect during this cohort year. We had an In-person meeting on 10/2: How to Tell Your Story by Jeremy Kredlo PIE parents learned how to Identify a policy or systems issue, learned how to Follow a process, 2-3 minutes presentation and Advocacy skills. Presentation of the ESIT Comprehensive System of Personnel Development (CSPD) by DeEtte Snyder, PIE parents gained insight on Workforce Development they provided insight to workforce development initiatives through the parent lens and learn about ways to participate and collaborate. They learned the State Interagency Coordinating Council Overview, What is SICC, Subcommittees, the SICC Agenda and Joined Subcommittees. On 10/3 they attended the SICC in person retreat. On 10/16 we will be meeting and Val Arnold, ESIT State Administrator will speak and ask parent questions about their early support services stories. What went as expected? Were there any challenges that took them by surprise? As they look ahead to their child's third birthday and thought about next milestones, what questions and needs did they have about transitions? Followed by a Paid Caregiver Presentation by Whitney Stohr PIE Cohort 3 member.

Committee Challenges or Obstacles: We have had 3 members drop out do to family issues.

Recommendations to the Council, if any:

Motion #1: N/A

Motion #2: N/A

Motion #3: N/A



Personnel and Training Sub-Committee under the Washington State Interagency Coordinating Council

Quarterly Report; April-September 2023

Committee Membership

We currently have 14 committee members who bring with them different experiences and backgrounds. This is a diverse group. Members come from all over the state, including rural areas, suburbs and cities; Whitman, Yakima, Clark, Spokane, and King counties are all represented. Members come from different cultural and professional backgrounds. There are direct service providers, family resource coordinators, and administrators all represented on the team.

This diversity strengthens the group. The P & T Sub-Committee meets regularly on the second Monday of each month and there is consistent attendance. Many members have been with the group for many years, and four new members were welcomed to the group this year. The members are passionate about the topics discussed and active in the conversation.

Our former Committee Chair Angel Fettig joined the group for her last time in April, 2023, as she was stepping away after 6 years in SICC. In May 2023, Amy Baker was nominated Interim Chair until such time as the State Interagency Coordinating Council appoints a new Committee Chair.

Primary work:

The purpose of this committee is to advise the Workforce Development Team of DCYF/ESIT in the development and implementation of a formal [Comprehensive System of Personnel Development \(CSPD\)](#).

In the past six months, this group has:

- Recommended clarification and simplification of the values/description statements to ensure that the work has clear alignment toward equity and dignity for each child and family.
- Provided feedback on the guidance for the new In-Service Training Framework
- Participated in discussions that have informed the development of the state ESIT Credential. This group hopes a new Credential will create an easier pathway for those who have matched cultural/language backgrounds with those of our Washington families.
- Provided input on the strengths, concerns, and needs within each of following areas of the CSPD:
 - Pre-Service, to raise awareness of ESIT professions and the need to partner with higher education to prepare providers entering ESIT
 - Inservice, as continued trainings not only strengthen services, they also support retention
 - Recruitment and Retention, an area of crisis for ESIT programs in our state as funding does not allow our ESIT agencies to offer competitive compensation
 - Personnel Standards, to allow for culturally and linguistically diverse workforce that provides quality care

This group is working toward creating sub-workgroups in each of these three areas. Discussions in each group have begun to identify actionable activities to support our ESIT providers in Washington. This group is eager to continue to provide feedback and support in the work that the DCYF/ESIT Workforce Development Team is doing.

State Interagency Coordinating Council Committee Report

Finance + Public Policy Committee Joint Report

Date: 10/18/2023

Chair/Vice Chair: Michelle Lamotte & Brayde Willson

DCYF ESIT Staff Liaison: Lauren Thompson & Tammy McCauley

of Members: 14 + 13

Recruiting: No Yes

If yes, please describe type of membership recruiting for (i.e. parents, providers, region, etc.):

[Click or tap here to enter text.](#)

of Meetings Since Last SICC: 1?

Topics Covered:

SOPAF Workgroup – beginning late Oct

Equitable Access to Services set aside – equity framework

HB1227 as it relates to home visitor safety

BEA inflationary rate adjustment – did not meet need of provider agencies

ESIT Legislative updates – revisions sent to gov office, working on get leg rep for SICC

Committee Progress to Date: COVID review follow-up – survey drafted, asking ESIT state leadership to distribute

Committee Challenges or Obstacles: Describe challenges

Recommendations to the Council, if any:

Motion #1: Request that SICC provides direction for a work group on ensuring safety from imminent physical harm in natural environments for home visitors

Motion #2: Write as a motion

Motion #3: Write as a motion





Washington State Department of **CHILDREN, YOUTH & FAMILIES**

Washington State Interagency Coordinating Council October 2023 Quarterly Meeting State Lead Agency Report

Partnership, Prevention & Services Division



As a member program of the Partnership, Prevention, & Services Division, assigned to the Family and Community Supports Section, the ESIT State Leadership Office greets our new Interim Assistant Secretary Dr. Vickie Ybarra, appointed by Secretary Ross Hunter effective October 1, 2023. We are excited to have this opportunity to work under the leadership of Dr. Ybarra, previously serving as the Director of the Office of Innovation, Alignment, and Accountability here at DCYF. Dr. Ybarra brings a wealth of experience and a strong legacy with origins in early support services sprung from the Department of Early Learning in 2006. Welcome Dr. Ybarra!

ACORN Progress Update



The new statewide data management system for ESIT, dubbed as ACORN by local program constituents, is set to launch November 1, 2023. Our partners at all levels of the system have been working towards this momentous transition from the obsolete Silverlight Data Management System to the new ACORN for an extended period. They have helped us “stay the course” through many different trials and triumphs and we continue to be grateful for their consultation. While much of the development work associated with (a) extensive data mapping between DMS and ACORN, (b) initial customizations to ensure strong navigation by Users, and (c) sustainability of existing Data Exchanges is near completion, there are a couple of critical milestones still outstanding as the project approaches its last two weeks prior to the scheduled launch. The dynamics associated with the migration of four years of existing data as well as successful implementation of a comprehensive and tailored training system to support strong End User engagement and Administrative User oversight, are posing new unanticipated and ongoing challenges.

The ACORN Steering Committee is actively engaged in rigorous problem-solving sessions and is staying in close consultation with key partnership groups including the SICC Data Committee, a local ESIT Provider Agency with an active Data Exchange Agreement, County Lead Agency leaders, and senior members of the DCYF Information Technology Division. A decision will be made and announced through GovDelivery no later than Monday, October 23, 2023 regarding recommendations received from these consulting partners strongly encouraging reconsideration and re-setting of the launch date.

Federal Monitoring Notification from Office of Special Education Programs

In late October 2022, our agency received an initial notification of ESIT’s selection for Cohort 3 in the federal *Differentiated Monitoring and Support (DMS) System* from the Office of Special



Education Programs (OSEP). The notification briefed the agency on the key stages of the process that roll out through a multi-year process. The ESIT State Leadership Team has been preparing for the onsite federal monitoring through universal orientation and training activities being conducted by OSEP. We are currently waiting for a formal notification of the date of the DMS 2.0 Onsite Visit, reportedly coming in October 2023. The onsite visit date, likely to be during the 2024-2025 program year, will in turn auto-flag timelines for pre-visit stage timelines that involves preparation and submission of documentation materials, five months prior to the onsite visit.

Next steps include collaborating with SICC and other key partnership engagement allies to map self-assessment activities with companion timelines, while practicing co-design principles. Please be watching the ESIT Weekly publication for more information about how to engage, support, and influence this continuous quality improvement opportunity.

Child Care Development Fund Opportunity: Equity in Access for Working Parents

We are very pleased to report that our proposal titled *“Equitable Access to ESIT Services in Early Care and Education Settings for Working Parents/Guardians of Children with Developmental Delays and/or Disabilities”* has been selected and funded through the Child Care Development Fund administered by the DCYF Early Learning Division. This cross-divisional initiative will provide funding to support the provision of early support services for eligible infants and toddlers of working parents onsite in licensed early care and education settings.

Childcare partner agencies by necessity, need access to additional funding and supports to:

- ✚ Sustain staffing ratios as their lead provider(s) engage in the provision of early support services to enrolled infants and toddlers,
- ✚ Support active engagement by primary caregiver(s) in coaching and consultation sessions with itinerant multi-disciplinary practitioners at scheduled intervals,
- ✚ Implement Individualized Family Support Plans between consultations throughout daily routines, and
- ✚ Debrief with parents on child progress during morning entrance and afternoon exit transitions.

Implementation Science principles will be used to finalize a multi-year plan with several stages including Co-Designing through Exploration, Planning, and Installation Stage (Year 1), Initial and Full Implementation Stages (Year 2), and Expansion and a Scale-Up Stage (Year 3 and ongoing). First steps include the development of a State Design Team to guide and direct development and implementation of the multi-year plan.

Exploratory Statewide Personnel Strategies

There are two new exploratory strategies currently underway to potentially reduce the statewide personnel shortages being experienced throughout the state. These persistent



shortages have no regard to geographics or organizational structure. The first strategy involves cross-teaming within the ESIT State Leadership Team across the Workforce Development Team managed by DeEtte Snyder and the Service Delivery & Technical Assistance Team managed by Laurie Thomas. Representatives from these two teams will be attending the 2023 American Speech-Language-Hearing Association (ASHA) Convention being held November 16-18 in Boston, MA and staffing an Exhibitor's Booth. The purpose of the undertaking is to inform potential ESIT Speech and Language Pathologists (SLP) and Audiologists about opportunities in Washington state with the ESIT Program. The overall goals include:

- ✚ Showcasing the state of Washington as a quality place to live,
- ✚ Highlighting early intervention Part C as an exciting and viable career path,
- ✚ Showcasing the ESIT program as a strong option for employment, and
- ✚ Connecting ASHA participants with ESIT Provider Agencies who may have openings.

The second strategy being explored involves building and strengthening networking connections with the Association of Educational Service Districts (AESD). This would help create the opportunity to learn more about the Special Education Personnel Cooperatives operated by the nine regional Educational Service Districts, and their potential capacity to expand or broaden their itinerant practitioner base to include early support services. Currently four of the nine¹ ESDs contract directly with DCYF for the provision of comprehensive early support services.

Washington's Early Support for Infants and Toddlers and Apple Health (Medicaid) Programs Report: Policy Review & Comparative Analysis

The ESIT State Leadership Office has been briefed on the content of a recently published report titled *“Washington's Early Support for Infants and Toddlers and Apple Health (Medicaid) Programs Report: Policy Review & Comparative Analysis”*. This dynamic comparative policy analysis, completed through the Health Care Authority and resourced by the Perigee Fund, includes valuable information regarding the degree to which ESIT IDEA Part C services are allowable as covered services under Washington's Medicaid (Apple Health) program for Medicaid/CHIP enrollees. The report confirms that nearly all the early support services identified in the ESIT State Policies and Procedures can be covered with the exception for services that are educational rather than medical. The report further identifies challenges associated with increasing access to Medicaid-covered services as well as expanding local billing capacity and counters these challenges with well thought-out and meaningful recommendations. The report is being presented to the full Washington State Interagency Coordinating Council at the October 18, 2023 Quarterly Meeting. Presentation materials will be available on the ESIT website following the quarterly meeting.

¹ The four ESDs are ESD 112 in Vancouver, North Central ESD 171 in Wenatchee, Northeast ESD 101 in Spokane, and ESD 123 in Pasco.

Early Intervention & Medicaid in Washington

Policy review and comparative analysis

Today's Agenda

- Welcome & Introductions
- Purpose & Background
- Methodology
- Findings
 - Comparative Policy Analysis
 - Billing Codes Survey
- Recommendations
- Questions/ Discussion

Background

	Early Intervention	Medicaid
Established	1986	1965
Federal regulation	Individuals with Disabilities Education Act (IDEA) Part 303 (Part C)	Social Security Act CFR Title 42
Federal administration	Department of Education	Centers for Medicare & Medicaid Services (CMS) <i>under Department of Health and Human Services (HHS)</i>
State administration	Department of Children, Youth & Families (DCYF)	Health Care Authority (HCA)



Problem

- ▶ These programs are supporting some of the same families
 - ▶ The median percentage of children participating in IDEA are enrolled in Medicaid is 51% with a range from 9.1% to 98% across states*
- ▶ **Lack of consistency may result in under utilization of Medicaid reimbursement for EI services; therefore, alignment is necessary in:**
 - ▶ policy language,
 - ▶ program requirements,
 - ▶ covered services, and
 - ▶ reimbursement processes
- ▶ Federal statute creating the EI program states that EI programs pay for services **after Medicaid**

*Source: [Infant and Toddler Coordinators Association \(ITCA\) 2021 Finance Survey](#)



Project Purpose

- ▶ Identify opportunities for alignment across ESIT & Apple Health programs to:
 - ▶ Decreased burden on providers
 - ▶ Increase access to services for children enrolled in Medicaid
 - ▶ Guide strategies for supporting coordinated whole-child care

Do not
intervene on
that which you
do not
understand



Washington's Early Supports for Infants and Toddlers (ESIT) and Apple Health (Medicaid) Programs

Policy Review and Comparative Analysis
June 2023

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- Michelle LaMotte, Pediatric occupational therapist/ co-owner, Stepping Stones Pediatric Therapy, LLC (Spokane)
- Maryanne Barnes, Executive Director, Birth to Three Developmental Center, King County
- Janelle Bersch, Social Worker, Special Education Early Childhood Services, North Central Educational Services District, Wenatchee
- Lisa Greenwald, CEO, Kindering Center, (Bellevue, Bothell, Redmond, Renton)
- Angela Raught, Insurance Administrator, Kindering Center (Bellevue, Bothell, Redmond, Renton)
- Vanessa Allen, ESIT Family Engagement Coordinator, Dept of Children Youth and Families (DCYF)
- Lou Olson, Infant Mental Health Mentor-Clinical, HopeSparks Family Services, Tacoma
- Vianeth Zubrod, Director of Children's Developmental Services, HopeSparks Family Services

Methodology

- Comparative analysis of Early Intervention and Medicaid policies at both state and federal levels
 - Review of:
 - Federal regulations for EI and Medicaid
 - National EI guides and resources
 - Washington ESIT Policy & Program Manual
 - Washington Medicaid Billing Guides
 - Washington Medicaid State Plan
 - Washington Apple Health Integrated Managed Care model contract
 - Consultation with project advisors
- Key informant interviews
 - Variety of ESIT providers (included Neurodevelopmental Centers (NDCs) and providers who are not NDCs)
 - Geographic diversity
 - Interviews included executive leaders, billing staff, family resource coordinators, others
- Medicaid billing codes survey of a sample of ESIT providers

What is Early Intervention (EI)?

- Early Intervention is the Program for Infants and Toddlers with Disabilities
 - Federal law enacted in 1975: Individuals with Disabilities Education Act (IDEA)
 - Reauthorized in 1986: Part C of the IDEA, federal grant program to states
- Assists states in operating a comprehensive statewide system of early intervention services for infants and toddlers under age 3 with (or at-risk for) disabilities.
 - Provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.
- Goal of early intervention is to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings, including home, school and the community.

Washington's Early Services for Infants and Toddlers (ESIT) Program

- ESIT is Washington's Early Intervention program
- Services include:
 - Assistive technology services and/or devices
 - Audiology services
 - Family training, counseling and home visits
 - Health, medical and/or nursing services
 - Nutrition services
 - Occupational therapy
 - Physical therapy
 - Psychological services
 - Service coordination
 - Social work services
 - Special instruction
 - Speech language pathology
 - Transportation (for appointments/services)
 - Vision

What is EPSDT?

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a required Medicaid benefit
- EPSDT provides comprehensive and preventive health care services for children under age 21
 - All children must receive coverage for EPSDT services at regular intervals and whenever a possible problem appears to identify physical, dental, developmental and mental health conditions
 - Required benefits include scheduling appointments, arranging for treatment, and financing transportation to keep appointments
- States are required to provide any additional health care services that are coverable under the Federal Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in the state's Medicaid plan.
 - Cannot deny nor limit any medically necessary services, including services not otherwise covered by the Medicaid benefit
 - Pre-authorization and review for medical necessity is permitted

What is Medical Necessity?

- A “term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction.
 - There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service.
 - For the purposes of this section, ‘course of treatment’ may include mere observation or, where appropriate, no medical treatment at all.”
(WAC 182-500-0070)



Findings of the Comparative Policy Analysis

EPSDT and Washington's ESIT Program: Key Finding

- Nearly all the services identified in the ESIT Program Policies and Procedures Manual are allowable as covered services under Washington's Medicaid (Apple Health) program for Medicaid/CHIP enrollees
 - This is primarily due to the State's application of the EPSDT benefit
- Exceptions:
 - ESIT services that are educational, rather than medical.
 - In addition, service coordination efforts focused on health needs *could* be covered under Medicaid, but further work would be required to develop billing mechanisms and assure there is no duplication of services particularly if Medicaid Managed Care Organizations (MCOs) are concurrently providing care coordination to the child.

The majority of ESIT services are medical

- ESIT Services:
 - Assistive technology services and/or devices
 - Audiology services
 - Family training, counseling and home visits
 - Health, medical and/or nursing services
 - Nutrition services
 - Occupational therapy
 - Physical therapy
 - Psychological services
 - Service coordination*
 - Social work services
 - Special instruction*
 - Speech language pathology
 - Transportation (for appointments/ services)
 - Vision

* Some service coordination and special instruction services may be educational services rather than medical services

Services that May Not be Covered by EPSDT

- ESIT services that are educational, rather than medical are not covered by EPSDT
- **Special Instruction**
 - Special instruction focused on health needs rather than educational needs is covered by EPSDT (but educational services are not)
- **Service Coordination**
 - Service coordination efforts focused on health needs could be covered under Medicaid, but further work would be required to develop billing mechanisms and assure there is no duplication of services particularly if Medicaid Managed Care Organizations (MCOs) are concurrently providing care coordination to the child.

Additional Findings

- Washington's Medicaid and ESIT programs are aligned in provider definitions/ criteria
- ESIT services as outlined in the program manual are broad categories
 - Challenging to determine every possible service that could be provided within each of these categories



Findings from Key Informant Interviews

Key Informant Interviews

- Conducted about a dozen interviews during March– April 2023
- For many of the ESIT providers we interviewed, children with Medicaid coverage account for a disproportionately large share of the caseload, yet the revenue from Medicaid is a very small portion of the organization’s funding.
- ESIT providers expressed concerns about difficulties and delays they encountered with Medicaid billing, particularly when grappling with differences across managed care organizations, which can be inconsistent, if not unreliable.

Key Informant Interviews: Barriers to Medicaid Billing for ESIT Services

- **Services to determine ESIT eligibility and to develop the Individualized Family Service Plan (IFSP) are not being reimbursed by Medicaid in WA.**
 - Determining eligibility for ESIT services (e.g. evaluation/assessment) must be delivered at no cost to the child's family,.
 - Particular problem when child is covered under private coverage (through parent's job) with Medicaid as a secondary payor. Health insurance rules require providers to collect copays and other out of pocket costs; there must be an active IFSP before Medicaid billing can occur, so in WA, the initial services that could be billed remain *unfunded*.
 - Providers expressed concerns about properly executing their contractual obligations as well as meeting their responsibilities to children and families.
- **Inconsistent Medicaid managed care processes and timelines.** For example:
 - If a child needs specialized equipment, it may take multiple attempts to get approval, prompting caregivers to change managed care plans.
 - Securing approval (either from HCA or a given MCO) to become a Medicaid provider (even when credentials are in order) can take a long time (sometimes months).
- **Clarification of some billing mechanisms is needed.**
 - Family resource coordinators are providing care coordination and family support services that should be covered by Medicaid as part of the EPSDT benefit, but the billing mechanism is unclear to providers.



Findings from Billing Codes Survey

Billing Codes Survey

- Four ESIT providers completed a comprehensive survey on Medicaid billing
 - Three of four respondents were NDCs
 - One was a licensed behavioral health agency
- Survey asked for the most common Medicaid billing codes used in each of the ESIT service categories
- Also asked for any challenges/ issues encountered with billing Medicaid for services in each category

Billing Codes Survey Findings

- Most services billed appear to be reimbursed without any issues (though pre-authorization is frequently required)
 - Reinforcing what was heard through key informant interviews, there are differences among the MCOs in how streamlined and consistent the pre-authorization process is
- Even though respondents are skilled in Medicaid billing, some still don't understand all relevant Medicaid billing codes
 - For example, one respondent did not understand that nutrition services are a covered health service
- Some services have inappropriate limitations placed on them by some of the MCOs
 - Physical therapy – 12 visit limit regardless of age
 - Occupational therapy – 12 visit limit regardless of age
 - Speech language pathology – 6 visit limit regardless of age
- Some services are inappropriately denied as an unnecessary or non-covered service despite medical necessity
 - 92610 – Feeding/ swallowing evaluation
 - 92508 – Treatment of speech, language, voice, communication and/or auditory processing disorder (group)
 - 97533 - Sensory evaluation/ Sensory Integrative

Recommendations

Help ESIT providers and MCOs better understand current requirements and billing codes

- **Develop a consolidated Medicaid billing guide for all billable ESIT services to make Medicaid billing easier and more accessible for ESIT providers**
 - Challenging for providers to navigate multiple billing guides
 - Consolidated guide would support billing for covered services
- **Assure ESIT providers (and MCOs) are aware of all relevant Medicaid reimbursable services and their appropriate billing codes**
 - Invest in training for ESIT providers, pediatric Medicaid providers, and MCOs on topics such as the basics of Medicaid's EPSDT benefit, Medicaid-covered ESIT services, and who can deliver such services
 - Make technical assistance available to respond to questions and concerns, and to help troubleshoot problems that may arise

Simplify and Streamline Billing Codes

- **Simplify and streamline billing codes used most frequently for ESIT Services.**
 - Survey a larger number of ESIT providers about commonly used codes could inform what to include in the guide
 - Fewer codes make the billing process easier to manage
 - Billing codes could use an “ESIT modifier” so that one can distinguish between services under ESIT vs. medical care outside ESIT (which would also help with tracking ESIT services)

Clarify or Develop New Policies Where Needed

- **Establish the Individualized Family Service Plan (IFSP) as the authorizing document for billable Medicaid services**
 - Streamlines pre-authorization process
 - Assures continuity across MCOs
 - Other states have taken this approach
- **Clarify existing Apple Health policies -- and develop new ones -- to ensure ESIT providers and MCOs understand how to bill for services covered under the current Medicaid state plan.** Services that pose real or perceived barriers to Medicaid billing include:
 - ESIT Eligibility Determination
 - IFSP Development
 - Special Instruction Therapists
 - Much of their work should be covered by Medicaid but appropriate billing codes are not clear
 - Other states may characterize these services as “developmental therapy” for Medicaid billing
 - Family Resource Coordinators (FRCs) who provide clinical as well as social services and navigation services.

Manage ESIT billing through a TPA

- **Assist ESIT providers by contracting for a “third party administrator” (TPA) to manage Medicaid billing for all ESIT services.**
 - Would make Medicaid billing possible for smaller ESIT providers
 - Currently, many services that should be covered by Medicaid go unbilled because of limited administrative capacity
- **Centralized billing through a TPA could help:**
 - Ensure Medicaid claims are completed and submitted with consistency, accuracy, and efficiency
 - Position HCA and its DCYF partners to track and manage how young children with developmental needs and their families are being served by two state agencies charged with supporting their health, development, and well-being
 - Enable HCA and DCYF to pinpoint system inequities and pivot to make corrections and/or connections as needed

Recommendations for MCO Re-Procurement and Contracts

- **Leverage the next managed care re-procurement:**
 - Require MCO bidders to respond to questions about how they will ensure the connection to ESIT services in pediatric primary care.
- **Consider MCO Contract changes:**
 - Add language clarifying EPSDT requirements relative to the ESIT program.
 - Require MCOs (leadership and appropriate staff) to go through a state training on EPSDT and ESIT
 - Require MCOs to provide training for key internal staff
 - Require MCOs to employ a high-level “early childhood/early intervention specialist” to lead early intervention work
 - Direct MCOs to engage in at least one Performance Improvement Project (PIP) related to boosting support for ESIT services
- **Encourage MCO investments in early intervention community resources:**
 - Allow MCO investments into community-based early intervention resources to count as a health service (rather than an administrative expense)
 - MLR (Medical Loss Ratio) requirements mean a MCO must spend at least 85% of their capitation payments on health care, not admin.
 - Support a similar approach for investing in advancing equity and reducing disparities in screening for and enrollment in ESIT services.

Recommendations for Further Exploration

- Avoid undue financial burdens for families of young children covered under commercial health insurance plans who qualify for Medicaid as secondary coverage:
 - State legislation requiring all commercial health insurance companies pay for EI services, with premiums, copays and/or deductibles for these services waived
 - OR require commercial health insurers to allow state ESIT payment of copays and deductibles on behalf of families with children needing EI services.
- Streamline enrollment into Medicaid (as secondary coverage) for children with identified developmental needs who have commercial health insurance coverage



Next Steps

- Implementing any of these recommendations will require further consideration and planning by HCA and DCYF
 - Will also require further discussion with MCOs and ESIT providers

Questions?

