

**INTERAGENCY COORDINATING COUNCIL  
COMMITTEE MEETING MINUTES**

**COMMITTEE:** Quality Service Delivery Systems

**RECORDER:** Angela McGuire **DATE:** November 18, 2004

**COMMITTEE MEMBERS**

**PRESENT:** Marie Kanne Poulsen, Jim Bellotti, Linda Landry, Beverley Morgan-Sandoz, Fran Chasen, Lois Pastore, James Cleveland, Letha Sellars, Robert Evans, Susan Graham

**GUESTS:** Hallie Morrow, Rick Ingraham, Mac Peterson, Dawn Paxson, Robert Sifuentes

**STAFF:** Virginia Reynolds, Angela McGuire WestEd/CPEI

**DDS LIAISONS:** Dennis Self, Pat Widmann

**ABSENT:** Marcy Gallagher, Kate Warren, Julie Woods, Brigitte Ammons, Ruth Cook, Diane Kellegrew

**SUMMARY OF IMPORTANT POINTS, ACTIONS CONSIDERED AND  
RECOMMENDATIONS**

- I. INTRODUCTIONS AND WELCOME TO NEW MEMBERS
- II. AGENDA REVIEW
- III. REVIEW AND APPROVAL OF MINUTES
- IV. PRESENTATION/DISCUSSION- CCS Presentation and Q&A, Dr. Hallie Morrow (1:30-2:15)
  - A. Dr. Morrow presented and answered questions from 1:35-2:35. Presentation attached.
  - B. Committee questions addressed by Dr. Morrow:
    - How do parents know to go to CCS? Hopefully medical specialists let them know of CCS eligibility.
    - Have we (Early Start) done outreach to medical specialists? No-typically, if a specialist isn't getting paid, they will refer. Families with HMO coverage are not eligible. Some service providers working in systems like Kaiser, which provides a wide array of services, are not aware of CCS opportunities.
    - Who knows about special eligibility for children involved in adoption processes? Hopefully, adoption agency caseworkers are aware.
    - Is there any way to determine how many children on CCS' caseload are aged birth to three? Dr. Morrow will do an 'age run'

for the number of children age 0, 1 and 2 for the entire system and for children receiving services from medical therapy programs. She will also try to determine if there is duplication within those statistics. CCS does not currently include ES enrollment as part of the data collection process but they are willing to pursue that information in future. CDE doesn't collect data on CCS eligibility either.

- Are Special Care Center staff trained in Early Start referral? No but this would be a good outreach opportunity.
- Where is the link between ES and CCS? How do parents get access? Practice varies regionally. CCS programs are supposed to have an ES liaison. If a child is identified as needing services for a CCS eligible condition, ES service coordinators are required to seek CCS funding/services.
- Do referrals require parent consent? Parent consent for services must be provided within 20 days of referral. CCS will make 3 attempts to obtain consent, then close case. In some counties, CCS has hired parents to do outreach to families.
- What is the relationship between CCS and ES? Ccs programs have individual MOUs with local ES agencies. Dr. Morrow will follow up to find out if all CCS programs have ES liaisons. Some CCS programs have Parent Health Liaisons as outreach from Family Voices and FRCs has been done.
- Is there any program quality monitoring going on? Only if a county is reported to be having serious lapses; there is no money or time for monitoring. CCS is not part of the ES monitoring team.
- Who does appeal hearings? Contract with Office of Administrative Hearings possibly; administrative law judge has final word.
- If expenses are paid, would someone from DHS/CCS be willing to participate in a full scope monitoring? Hallie will investigate.

C. Linda Landry offered to share local work in clarifying CCS appeal process.

V. CHAIR'S REPORT- New Co-Chair is Beverly Morgan-Sandoz

VI. COMMITTEE ACTIVITIES

A. Membership

B. Address Recommendations and Action Plans- IFSP (QSDS is lead)

- Outcome- IFSP will document all required components and signed copies will be provided at the end of each IFSP meeting in 100% of records reviewed statewide. (Need revision?)
  1. Review draft and newly proposed recommendations

C. Other priority areas

1. Early Entry
2. Transition
3. Interagency collaboration

## VII. DISCUSSION OF OTHER COMMITTEE ISSUES

- A. Program and Personnel Development
- B. Monitoring
- C. Questions/comments

- Rick Ingraham and Mac Peterson discussed language and ES allocation in RC contracts. Federal money only covers about 25% of Early Start costs. Allocations are determined by census-based formulas. Operations budgets are fixed; overage, if there is any, would go into purchase of service. Purchase of service is done differently, may be based on expenditures of previous year. Boiler-plate contract exists, but each RC may have special language added. Each RC has a 5-year contract. All are moving toward performance contracts based on outcomes. Outcomes relating to ES focus on compliance issues, such as timeliness and providing services in natural environments. Twice a year, RCs get progress reports; reports are available to the public. Contracts are amended throughout contract period if necessary (HIPPA, for instance). Also included in contracts are points addressing Lanterman, budgetary requirements, Early Start assurances, definitions, etc. Contracts also spell out that RC is payor of last resort, must seek funding from generic sources first. Fiscal issues are impacting RCs significantly; legislature has made unallocated reductions in both OPS and POS funds. OPS reductions are especially challenging. Contracts also address use of federal funds

1. Asking families to voluntarily access own funds for services
2. Federal money may supplement but not supplant state funds
3. Support ES FRCs
4. Set service standards (RC generally would like to see statewide service standards.)
5. Independent and federal audits

Contracts also address data collection, performance plans, clinical capacity, monitoring consumer placements, staff areas of expertise, caseload ratios, reporting, accounting, auditing, personnel records.

Question: Can state stipulate specific ES practices within a RC contract? For example, can a strictly early childhood caseload be required for a certain number of service coordinators. Such contract points would severely restrict management. Committee

suggested requiring accessing ES CSPD opportunities. Many RCs do require ES training, but positions responsible for implementing that training have been cut. Regional coordinators might suggest to chief counselors that a resolution be made that all ES service coordinators access ES CSPD. Administration would be more open to that suggestion if they are included in development of training. Discussions are occurring to convene a meeting of ES coordinators to discuss common issues.

- OSEP monitoring reports- Committee discussed compliance with timelines and requirements for personnel standards.
- Respite- Discussed changes to respite: family share of cost, documentation of respite service providers.

VIII. ACTION AND RECOMMENDATIONS

- A. Committee members were charged to review and provide input to draft ES Annual Report. Input is to be returned, before end of business day 11/19/04, to Cheri Schoenborn or Pat Widmann.

IX. NEXT MEETING

- A. Linda Landry will share local work in clarifying CCS appeal process.