

**Interagency Coordinating Council (ICC) on Early Intervention**  
**Friday, January 20, 2023**  
**Zoom Meeting**  
**Time: 9:00 a.m. – 1:00 p.m.**

**Link to Zoom Recording:** [January ICC Meeting - Day 2 - Zoom](#)

## **Opening**

Dr. Marie Kanne Poulsen, ICC Chair, called the meeting to order at 9:02 a.m.

## **Housekeeping Items**

Zoom instructions and etiquette were reviewed.

## **Roll Call**

The roll call was conducted.

## **Review Agenda**

The agenda was reviewed for yesterday's session and today's session. The mission, purpose, and theme of the January ICC meeting were reviewed as well. Members and guests were asked to submit theme/topic ideas for April's meeting.

## **ICC Council Reports**

### ***Michelle Dove—Head Start/Child Development Director, Kings Community Action Org.***

Ms. Dove provided recent updates including that the Administration for Children and Families (ACF) has now removed the mask requirement for children 2 years and older. Head Start COVID policies are developed by reviewing evidence-based practices and in consultation with subject matter experts and committee members. There has also been a new memo from ACF related to enrollment reduction and conversion of Head Start (HS) slots to Early Head Start (EHS) slots. Goals for these efforts include implementing enrollment reduction to maintain quality; conversion of HS slots to EHS slots to provide services to infants and toddlers. Additionally, there is a conversion underway of partial day slots to full day slots.

### ***Richard Olney MD, MPH—Division Chief, Genetic Disease Screening Program, California Department of Public Health***

Mr. Olney discussed Respiratory Syncytial Virus (RSV) infections in California this year. The state has seen severe infections with respiratory viruses for young children. The infections seem to have peaked in late 2022 but have not gone away. For the populations we serve, RSV is particularly dangerous. Unlike COVID-19 and the flu, there is no vaccine for RSV, but the same prevention strategies can be used. He

encourages staying current on vaccinations for flu and COVID-19 with boosters. Infants as young as six months of age can be vaccinated. Follow up information about California Statewide Screening Collaborative: In 2022, CDPH/MCAH determined that it made the most sense to end the external contract for the work of the Screening Collaborative. This will help MCAH reduce duplication of efforts and make sure that work on early childhood screening is well-integrated into the rest of MCAH's work. Many of the public health goals of the Screening Collaborative align closely with MCAH's Early Childhood Home Visiting Collaborative. All Screening Collaborative members who were not already members of the Early Childhood Home Visiting Collaborative have been invited to join this group. The Early Childhood Home Visiting Collaborative (ECHVC) is a state-level group that provides input and feedback on the planning, implementation, and evaluation of CDPH's California Home Visiting Program and CDSS' CalWORKs Home Visiting Program and works to integrate home visiting into the early childhood system.

***Shanice Orum — Community Care Licensing, California Department of Social Services***

Community Care Licensing has been busy with the recent storms and have been monitoring the impact of storms on facilities. Areas with facilities specifically affected by the storms and flooding include Sacramento, Santa Cruz, Monterey, and Merced. The Governor's Executive Order related to the recent flooding and storms addresses challenges faced by providers and facilities, and items were included to provide flexibilities to providers. There has been short term changes, movements, and adjustments with facilities, as some relocate or close to conduct cleaning and remediation. Another update from CDSS is that the toddler program is eliminated. They will be working on directives that address inclusion.

***Susan Ducore – California Indian Health Care***

Indian Healthcare (IHC) is working on scheduling more best practice sessions with providers on disability screening. IHC has the goal of continually moving forward to improve services of Native Americans living in California.

***Ashley Franklin - California Department of Social Services***

Ms. Franklin reported out for CDSS, as Lisa Witchey has moved on to another position. CDSS has been focused on Fetal Alcohol Spectrum Disorder (FASD). There is a growing recognition that an individual with FASD may have complex needs and it is beneficial to look upstream for resources. Currently CDSS is working on an issue brief related to FASD prevalence in child welfare. As CDSS gathers more information, they will work to coordinate with the ICC and share their findings. Individuals with FASD may be served by multiple systems and agencies, so they are analyzing gaps across these systems. CDSS with DDS are working collaboratively on the issue of youth in foster care experience in Early Start. The goal of CDSS is family finding and engagement for excellence, resulting in connectedness and belonging.

***Maricris Acon; Erin Paulsen-Brady; Reyna Ambriz – Department of***

### ***Developmental Services***

*Erin Paulsen-Brady:* Early Start caseload is up. There are now 51,671 children enrolled in Early Start (ES). The pandemic adjustments for Part C to Part B transitions to assure that all families are served continuously (up to and through 36 months as needed by ES) are now ending. These cases will be served by regional centers and local educational agencies (LEAs). Referrals for children 48 months and older are higher than prior years. Currently there are 9,389 cases in status zero. Updates regarding the Quality Incentives Program– they are currently focused on increasing regional center and provider quality beyond what is required in statute. For regional centers, incentives are being offered related to timely access if the Individualized Family Service Plan (IFSP) is completed in 31-40 days. System processes are still being worked out, but the goal is to get kids in the door and to have services implemented as soon as possible. Additionally, regional centers have been offered incentives to create a Child Find Plan. They will identify outreach efforts and report on progress the following year. Update about the specific issue with following parent choice and options. Currently, the California Department of Education (CDE) issues guidance requiring agencies follow Part C regulations and there is a plan for oversight and follow-up.

*Reyna Ambriz:* There is a new position that is being funded for regional centers: Individuals with Disabilities Education Act (IDEA) specialists. On Dec 22, 2022, a letter and overview were issued to Regional Centers (RCs) outlining the new position. This position is designed to be a subject matter expert on IDEA and provide technical assistance to RC coordinators. Regional centers provide services to children and families that have individual and unique needs and goals. This position is permanent and will not carry a caseload. Part C Pilot Projects updates: October pilot projects are making great progress. Transition liaisons are providing critical support to regional centers and each of the 21 RCs has a school transition liaison position. The addition of the transition liaison has eased the transition backlog and facilitated meeting Part C to Part B transition requirements. The liaisons meet regularly, and the meetings provide a shared space for learning. They also discuss reporting and data sharing. DDS recently sent a survey out on how DDS can support the transitional liaisons. In the works for Part C ARPA funding is a provider training initiative; five million dollars is earmarked to reimburse ES providers' training fees and time spent to complete the training. The goal is to retain providers and encourage increased diversity in the workforce. More information will be released in a letter to regional centers and on the Department of Developmental Services webpage.

### ***Barbara Boyd- Department of Education***

Family empowerment centers have been established in new regions of the state. The Seeds of Partnership website has additional details. You can also visit the CDE website to see additional Request for Applications (RFA) related to family empowerment centers for newly eligible regions. There is another RFA related to the five-year term of statewide system support grantees. There is additional information, including details on the selection criteria on the CDE website. the deadline for applications is January 31, 2023.

Other updates: State Board of Education is filling two positions on the Advisory Commission for Special Education (ACSE). The Fiscal Monitoring and Audit Unit has been established. Another RFA will be forthcoming for Inclusive Early Education programming and related to Inclusive Early Education Expansion Program (IEEEP). Ms. Boyd expressed gratitude to ICC for all their input regarding the IEEEEP project and that input was incorporated. The Early Education Division is in the final phase of the RFA process to implement a quality rating improvement system for California State Preschool Programs. This will be rolled out in fiscal year 2023-2024.

***Pam Riley- Department of Health Care Services (DCHS)***

Ms. Riley provided information related to yesterday's presentation regarding the release of Early Periodic Screening and Diagnostic and Treatment (EPSTD) outreach and toolkit at the end of January 2023. This toolkit is geared toward members, MediCal providers, and families. The goal is to increase awareness about screenings and other covered services. They are also working on brochures that provide information about consumer rights. DCHS will also be launching initiatives to maximize enrollment in CalFresh and Women and Infant for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

**Presentation: Overview of the Department of Managed Healthcare's Help Center - Suzanne Sherinian, Lori Loutan**

Ms. Sherinian gave background information and shared the mission and purpose of the Department of Managed Healthcare's (DMHC's) Help Center. DMHC regulates health plans such as Health Maintenance Organization (HMO) plans, Preferred Provider Organization (PPO) plans, Exclusive Provider Organization (EPO) plan, and Point-of-Service (POS) plans. Other plans are covered by the California Department of Insurance (CDI). Consumers with plans that are not covered under the Help Center are directed to CDI. The plan's evidence of coverage will indicate if the plan is regulated by CDI or the DMHC. It is important to note that a grievance must first be filed with the health plan as part of the health plan's internal grievance process.

Ms. Loutan presented information about consumer complaints and the Help Center process. The Help Center provides a free service. There is first an independent review, which is examined if the plan disputes that the service is not within the standard of care. If the service is found to be medically necessary, and the independent medical review (IMR) rules the service must be provided, that IMR is binding. The health plan must authorize the services according to the recommendation. The Help Center does not apply to specific provider, but rather to a treatment or service. A database with past IMR decisions is available and you can go to website to see if it has gone to IMR before. Typically, health plans have an internal grievance process that is followed, and they are required to resolve them within 30 days. The Help Center cannot review the complaint or issue until that health plan grievance process is complete unless the matter is urgent.

The Help Center handles a wide variety of cases and Ms. Loutan shared several examples of cases handled by her. Information was presented about timelines and guidelines regarding timely access to care. There are timely access deadlines that

must be met (per the Knox Keene Act) or the health plan must arrange for service to be provided with out of care network. California law requires prior authorization. The Health Consumer Alliance (HCA) is another organization that provides support to consumers. If the Help Center has an inquiry that is out of their scope, they typically refer consumers to the HCA. The Help Center is required by law to resolve cases within 30 days, or it could be a longer timeline if the case is complex. ICC members and consumers are encouraged to seek out or utilize the Department of Managed Care Help Center services as needed: [Healthhelp.ca.gov](http://Healthhelp.ca.gov)

## **Review of Public Input Guidelines, Followed by Public Input**

*Alex* - Question regarding complaints about providers. Ms. Sherinian clarified that MHC does not regulate providers, but they regulate health plans. Complaints about specific individual providers should be directed to the CA medical board.

*Michelle* – IMR option is only for services that are covered, and it is indicated in the explanation of benefits (EOB).

*Alex*: Shared an additional comment regarding care networks and providers – providers want to join networks, but networks are not accepting providers, even though they may have more of a relevant specialization than the providers the health plan contracts with. Is there any recourse? Ms. Sherinian answered that health plans cannot be forced to contract with a specific provider. She is available to talk offline about this as well.

*Lisa* – Wanted to add information about urgent care timelines. The Knox Keene Act also details timeframes listed (referenced in PowerPoint). If there is an issue with timely service or action is not being taken, MHC starts with a look at medical records to establish timelines for that case.

*Vicky* – She has a question from yesterday’s report out from Mr. Taleon– wonders what criteria is used to qualify as substantial gains and plans to use that information for impact statement and grant writing. Mr. Taleon responded that the meaning is embedded in the data system and can share more later.

*Pablo Velez*: Mr. Velez had a question for Ms. Sherinian related to providers and networks. Often, he finds that a health plan says that they have indicated specialists for a treatment or service, but then it is discovered that the providers may not have pediatric specialization. Sometimes the provider is a long drive away from the family. Ms. Sherinian responded that consumers would be encouraged to file complaints. Mr. Velez also shared anecdotally that if the LEA provides services coordinated with an individualized educational plan (IEP), health plans deny similar services given by the health plan, and claim they are not eligible for coverage due to it being a duplication of services. Ms. Sherinian noted that those instances should utilize the specific health plan’s grievance system.

*Laurie Jordan*: Ms. Joran had a comment regarding the timelines for services,

addressed previously in Ms. Sherinian's presentation Those guidelines are the maximum that health plans must provide services, but they often act more quickly. Community Navigator grants use this Help Center service. Anyone can act as an authorized assistant and provide support to a consumer engaging in this process.

**\*\*LUNCH BREAK\*\***

## **Committee Reports**

### *Improving State Systems-Fran Chasen/Suzanne Sherinian, co-chairs*

Brief update from Yvette Baptiste/Children and Families group. There is a new focus on trauma related to COVID-19 and that information will be shared with the regional center groups. Reports ongoing challenges for solely low incidence consumers. There is a lack of providers that understand blind/low vision and they need orientation and training. A meeting of this work group will be held prior to April ICC meeting. The regional center group reported that their number one priority is addressing the need for adequate, qualified staff. They would also like to update the Early Start Personnel Manual to include best practices and educate all providers about best practices for families in the state. This group will be having an interim meeting on 2/6/23. The Laws and Regulations group is reviewing how New York (NY) approaches payment for Early Intervention (EI) services. New York state health insurance pays into a fund used to finance EI services rather than providers billing insurance directly. This is run by NY Department of Health. They hope to usher in a similar law in California. Legislation may be beyond scope of the ICC, but ICC may be able to lobby to support similar efforts in California legislature.

### *Communications Committee-Linda Landry/Doug Erber, co-chairs*

Mr. Erber reports there were new members in yesterday's committee meeting, and good contributions to discussion. There are three main goals for the Communications Committee currently. The committee plans to assist in disseminating the Early Periodic Screening and Diagnostic and Treatment (EPSDT) toolkit and wants to update contacts. The committee would like to distribute an ICC member profile survey and add a few new items to the data collected. There is a need for a shared space for documents since people move around and leave. They were wondering if it is possible to have something like a Google Drive. They also discussed mentoring new ICC members, especially parents. A suggested method of orientation by several members is to have a binder with information and a person from the committee assigned as a mentor. Providing both resources will allow new members to participate more fully in less time.

*Yvette Baptiste:* Ms. Baptiste is willing to help with outreach and can work with the Communications committee to develop more shared tools.

## **Introduction of New Video: Max Turns 3 – DDS, D.J. Tomko**

"Max Turns 3" is a follow-up to the video "Story of Max." DDS has already received positive feedback from those who have viewed "Max Turns Three." This new video

focuses on the transition from Early Start services and supports available at age 3. The goal is to increase the awareness of steps and strategies during the transition. This is the first time sharing the new video publicly. Eventually, this will be posted and available on the DDS website. DDS wants to thank the teams involved in the creation of this video: Wested, CDE, and DDS.

## **Public Input**

*Sheri Farinha* -Ms. Farinha is from Northern California Services for Deaf and Hard of Hearing. She liked the “Max Turns 3” video and gave DDS kudos. She also mentioned that not all deaf babies in Early Start transfer to Head Start. Regional centers work with the referral to the local educational agency. She wanted to provide the consumer perspective and offered herself as a subject matter expert resource.

*Pablo Velez*: Mr. Velez provided feedback on video – There are some small things that could be adjusted and wanted to know how to send feedback to DDS.

*Maricris Acon* – Ms. AconEncourages any comments and feedback on the video be sent to [earlystart@dds.ca.gov](mailto:earlystart@dds.ca.gov)

*Yvette Baptiste* – She provided positive feedback about the video and notes that it is a good complement to local efforts. For example, a video about ES transition was created locally and is available in Spanish and other languages.

*Pablo Velez*: Mr. Velez wanted to take a moment to acknowledge the efforts and successes of the past two years. 2020 was a difficult year and multiple entities were pivoting to ensure families continued to receive services. Yesterday’s numbers were incredible despite how hard that time was.

*Linda Landry*: Ms. Landry has a comment about the EPSTD toolkit and outreach. She suggests that the Water Safety/Drowning Prevention campaign strategies and outreach be used as a model for the EPSTD campaign. Other ideas include giving materials out to families, posting, and emailing to listservs.

## **Recap and Closing Remarks**

Ms. Poulsen thanked everyone for their input. It is hoped that the next ICC meeting will be held in person. If members have ideas for presentations and/or topics for upcoming meetings to email Marcy Okada or Marie Poulsen.

**\*\*END OF DAY 2\*\***