

10/19/05 Regional Providers Advisory Board

Present: Laurie Mack, Jill Bergeron, Sally Group, Jamie Storey-Smith, Gail Bailey & June Gagnon; joined for part of the meeting by Lori Whittemore.

1. Jaimie: reported on CDS Board Meeting. The Commissioner met with superintendents re moving services for 3-5 year olds into public schools by 2009 and consolidating CDS sites. The plan was presented verbally, not in writing, and was described as a "Vision." There was a lot of concern from superintendents (who hadn't heard of this plan,) because of lack of space and other resources. Superintendents saying they can't do it. Where would funding come from? There will be a joint meeting Dec 1st of Education, Human Services, and Appropriations. There is still no plan in place because there is no way to provide services with the budget cut. Still need to cut \$5 million. More than 100 letters/phone calls were received with concerns. Re the 0-2 being under DHHS, DHHS says they can't do it. However, it is possible that 0-2 could be moved to DHHS as soon as this January. We are waiting for Task Force recommendations. It is planned that there will be stakeholder groups for parents and providers to give feed back. A Study Group may be set up. It is likely that changes such as this will not be accomplished by 2009. **Lori W:** Not opposed to moving 3-5s into public school but there needs to be a detailed plan to get there, while leaving things in place until that's done.
2. The Steering Committee that Jaime has been attending at the State level has been disbanded. The Assessment committee which meets monthly is a sub-committee of this.
3. There will be a training on October 28th for CDS employees re giving the Battelle test. People from the Assessment Committee can also attend. Lori W. wants people to attend if they are planning to start using it ASAP. Additional training will be worked out in the next couple of months. Lori hopes the assessors will also do consultation. We have no information at this point about training for providers on transdisciplinary intervention.
4. Wait List for services is similar to last month. But Jaimie just lost a PT so PT wait list will increase by 20. Anticipate that all lists will increase soon because of Mass Screenings being done now.
5. Question was raised: If a child needs OT because of sensory problems, and CDS can't fund it, can it be recommended that parents pay?
6. Could tests other than the Peabody be used by OT's? Apparently only the Peabody has been approved by the State.
7. Forms that have been developed will have to go before the CDS Board. Jaimie could take forms before Board.

8. Question: How will dyads be selected to do transdisciplinary evaluations?
9. **Lori W:** For 0-2, most services will be in homes. Will be heavily parent-driven. Some providers will opt out of working with 0-2 because they won't be comfortable with transdisciplinary style. Most kids 0-2 will have a primary therapist, with consultation from other disciplines. A small number of kids might need more than one primary therapist i.e. kids with CP—those not following typical developmental pattern. Consultation will probably be written as “treatment” for billing purposes. Consultation will be both to primary therapist and parent.
10. Question: Sally asked how it will work if, for instance, a CP child has surgery and dr. asks for PT to be increased from 3x/week to 5x/week. Will they be able to do it? Will they have to have a meeting?
11. Some states have forced all insurance companies to offer a Rider that would provide money (i.e. \$5,000/year) for early intervention services for Part C services. Because of this extra money, providers could be paid more to make up for lack of mileage.
12. Question on Quarterly Reports: On December 1 do we erase previous quarter's comments? Or add, so it gets really long? **Lori:** Erase previous. If someone wants to look at the whole history, can pull it from chart. **Laurie M:** Are goals supposed to be for an Annual plan? Or for a quarter? **Lori:** Goals reflect objectives. OK to write objectives for next 2 quarters. Can write new objectives for each quarter if needed. If objective is met, note it on a quarterly report and then remove. Can take off the key with numbers at top; people have been using numbers differently so they're meaningless. Now: Make a comment under the objective, with the percentage of time the child has met objective. i.e. Child does it 60% of time. Doesn't have to be worked on during every session necessarily; if child did 3 of 6 opportunities, did it 50% of time. Progress needs to be objectively assessed, not anecdotal. This doesn't have to go before the Board. **Laurie:** If child meets objective less than 50% of time, then it should be broken smaller objectives.

Next meeting: Wednesday, November 16th, 3:30-5:00, CDS Conference Room
All providers are welcome to come.