

# CENTRAL INDIANA FIRST STEPS

Provider Issues Committee Meeting

July 11, 2014 Date

Name	Agency	Changes to current contact info
1. Natalie Newlin	PediPlay	
2. Natalie Carr	Feeding Friends	
3. Elizabeth Vore-Wehrheim	ACT	
4. Judy McKenzie	Pediplay	
5. Molly Cleek	K01	
6. Heather Sebanc	Sycamore Svcs	
7. Debra Dewis	SPOE	
8. Teri Williams	collab for kids, LLC	
9. Stacy Adams	LACC	
10. Janet Ballard	GR	
11. <del>Patricia Lawrence</del>	LACC	
12. Michelle Cox	COHRE	
13. Carrie Tamminga	SIIISC/SID/COHRE	
14. Melodi Miller	Toddler's Choice	
15. Angela Diet	SPOE	

# CENTRAL INDIANA FIRST STEPS

Meeting

Date

Name	Agency	Changes to current contact info
1. Holly Andria	ESC	
2. Debra Mullen	Accord ORC	
3. JASON BERRY	K01	
4. Nancy Moore	Talking Time	
5. Crystal Scott	Reading	
6. <del>Alicia Terri Arnold</del>		
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# CENTRAL INDIANA FIRST STEPS

\_\_\_\_\_ Meeting

\_\_\_\_\_ Date

Name	Agency	Changes to current contact info
1. <i>Dennis Holby</i>	PSA	
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**Cluster G Provider Issues Committee Meeting Agenda  
July 11, 2014**

**Outcome Statement:** Families are presented with adequate information to make an informed choice regarding the selection of provider Agencies and location of services.

**Performance Standards:**

1. Families in all areas of the cluster will have available providers for needed services.

**Performance Measures:** Profile reports and First Steps data system reports will be utilized in the measurement of this performance standard.

- 1) Introductions (if needed)
- 2) Approval of minutes
- 3) Action Item Updates
- 4) Annual Meeting Recap
- 5) SPOE Items
- 6) General Updates
- 7) Announcement/Close



**CENTRAL INDIANA FIRST STEPS  
LOCAL PLANNING & COORDINATING COUNCIL  
Provider Issues Committee Meeting Minutes  
July 11, 2014**

**Present:** Debbi Davis-SPOE, Jason Berty-Children’s Therapy Connection, Deb Miller-Accord Therapy, Angela Dick-SPOE, Patti Sebanc-Sycamore Services, Donna Holtz-PSA, Carrie Tamminga-St Joseph’s, Colleen Wasemann-Feeding Friends, Natalie Case-Feeding Friends, Elizabeth Voge-Wehrheim-ACT, Judy McKenzie-PediPlay, Molly Cleek-KOI, Michelle Coleman-Outreach Services, Janet Ballard-IU, Natalie Newlin-PediPlay, Holly Andria-Crossroads, Teri Williams-Collab for Kids, Crystal Scott-Talking Time, Nancy Moore-KOI, Heidi Miller-Toddlers Choice, Stacy Holmes-Council, Katarina Groves-Council

Agenda Items	Discussion	Action Items
<b>Welcome &amp; Introductions</b>	Katarina called the meeting to order and introductions were made.	
<b>Approval of Minutes</b>	<ul style="list-style-type: none"> <li>• Katarina asked everyone to review the minutes from the last meeting. Carrie T. made a motion to approve the minutes as written, and Patti seconded the motion. The motion carried, and the minutes were approved.</li> </ul>	
<b>Action Item Update</b>	<ul style="list-style-type: none"> <li>• Debbi updated the group on error issues with SPOE data. She pointed out that she has been able to get good data. CSC is creating a new SPOE database, so no follow-up was needed.</li> <li>• Debbi also updated the group on the timeliness of paperwork affecting 30 day starts. Managers have addressed issues with staff, but there may be some “hiccups” because of transitioning to the electronic processes. Consensus is that things are getting better with <i>Teamwork</i></li> <li>• Some agencies did assist with shortages on the AT. AT is fully staffed and timelines should be better now.</li> <li>• The <i>Teamwork</i> tutorial has also been completed.</li> <li>• Agencies may submit new information sheets by the end of the month to the SPOE and for web posting.</li> </ul>	
<b>Annual Meeting Recap</b>	<ul style="list-style-type: none"> <li>• Katarina reviewed what was discussed at the Annual Retreat. The committee reached consensus that the meetings would remain at the same time and place. The group changed some verbage in the committee description. Discussion points were that the committee wanted to continue with a policy/data focus of the</li> </ul>	<ul style="list-style-type: none"> <li>• Debbi will follow-up with Claire and Susana to see about the form being used by those clusters</li> <li>• Debbi will draft a process around (with or without the use of a form) the communication issues</li> </ul>

	<p>committee to ensure cooperation between SPOE and agencies, that the cost per child per agency would continue to be reviewed, that <i>Teamwork</i> would be rolled out, that changes to the plan are communicated to the entire team, and that the LPCC will support the committee to meet the needs of the SPOE and Agencies.</p> <ul style="list-style-type: none"> <li>• The group discussed general concerns about communication between SPOE and agencies. Specifically, there are concerns about the communication regarding additions. <i>Teamwork</i> will help with the communication concerns. Jason mentioned that he believed that other clusters have a form that is used to communicate changes to the plan. The group discussed issues around sharing information with the entire team and how best to do this. Colleen wondered if using the discussion section of the current form could be used for this communication. Angie said that this might not work well because the current form is not completed every time. Jason felt that, currently, discussion around service changes is more AT driven and hopes that the team could have more input.</li> <li>• The point was also raised that agencies are not always getting a copy of the AT's write-up of recommendations. For annual evaluations, documentation of decrease of services is not always communicated. Agencies have difficulty identifying when a provider has been removed from a plan and at times providers have continued services that weren't authorized at the quarterly/annual. Debbi clarified that providers should not provide services without confirmation they were continued, either by reviewing the paperwork or auth in PAM, or contacting the SC (if the paperwork/auth are delayed). Debbi questioned how providers knew what outcomes they are addressing if they are providing services without reviewing the ED team report/recommendations or quarterly packet/IFSP. Several people stated that agency staff that receive this information do not review it and providers may not always review it either. Debbi clarified that change recommendations are</li> </ul>	discussed.
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communicated through these avenues, and it is expected that providers review the information and let the SC/team know if they disagree or have questions. Debbi also clarified that some changes are made based on the family's wishes at the quarterly/IFSP meeting, and those changes will be reflected in the meeting documentation. If agencies are not receiving reports/recommendations or other documentation in a timely manner, the supervisor should be contacted.. There were questions as to whether new authorizations are always in the system prior to the end of the old authorization. Debbi said that authorizations are in about 85-88% of the time based on data she maintains.

- Colleen mentioned that when their agency notices a problem, they email Kesha, who is very quick with a response/resolution. Jason said that the response time is slower. Debbi mentioned that Kesha may be bogged down for various reasons at this time.
- Debbi agreed to draft a process around these communication issues.
- Stacy asked if the agencies felt that there were processes around the state that were already working well. Most felt that the previously mentioned issues continued to be complications that other clusters are also facing. Most clusters have no formal process to address them. Carrie said that Cluster D had begun (within the last month) sending an email to the team to which each team member had to respond. It was noted, that this might be an easier process for that cluster because there is only one agency that provides all services and considerably fewer service coordinators. Natalie felt that it is ultimately the agency's responsibility to ensure that all of their team members provide the necessary input on service recommendations. PediPlay will not process request for changes from their therapists without information completed by their therapists. It was pointed out that these were PediPlay's internal communication processes and that issues

tend to arise as changes are communicated among the AT, agency, and family. It is believed that *Teamwork* will help with this communication because AT recommendations will be viewable in real time. Agencies will be able to see what Service Coordinators see.

- Debbi noted that difficulty may exist when there is disagreement about AT recommendations and felt that a defined procedure could outline expectations more clearly.
- Debbi also pointed out that there has been discussion about providers and SPOE staff getting to know each other and how this is difficult under the current system framework. Debbi will be talking to staff about doing some observation of provider visits, overlapping quarterly meeting times with therapy session, and approaching the family differently about using the last session as a meeting to help with this concern. Nancy noted that most providers still want to participate in the quarterly meeting. The last several years have been so process focused that perhaps some of the ways that communication could be facilitated has been lost. Debbi encouraged the agencies to discuss these options with providers also. Judy M. said that she felt many of the SCs that have been around for a long time do this already. Nancy felt that this is important to get good input for therapy outcomes.
- Carrie noted that short term goals are included within providers' reports. She wondered how agencies could better highlight this information for SCs. She has encouraged their providers to include changes to this information in the body of emails to SCs to help them identify it more consistently.
- Angie clarified an early point stating that Brian said all AT responses are not set as private in *Teamwork* and can be viewed by the entire team. The most recent transaction will be at the top. Debbi encouraged the group to contact the SPOE if there were questions or confusion about how *Teamwork* functions.
- Jason asked if coordinators have a process



	<p>to follow up with the agency if there are AT changes. Debbi said that currently, even though agencies can see the information posted in <i>Teamwork</i>, SCs should still send that information to the agency.</p>	
<p><b>SPOE Items/Data</b></p>	<ul style="list-style-type: none"> <li>• Debbi asked if there were questions about the data that was sent to everyone. Jason asked why the percentages of children identified as being eligible based on medical diagnosis were so much lower in Cluster G than the state average. Debbi said that some clusters may be over interpreting which children are identified as medical, and Cluster G could be under interpreting which children are identified as medical. There has been some confusion around the state regarding how this is done. Medical information is updated with every IFSP.</li> <li>• Outcomes Data: The federal government has begun to use outcome data from each state. The state is now requiring use of the exit form (skills inventory). The information contained on the exit form is what generates the outcomes data. Debbi asked for input regarding full implementation of use of the form. Jason said they delayed it for the summer due to their agency's staff meeting schedule. Nancy has already informed their staff. Debbi has let coordinators know that they will begin to receive these forms, but wanted to set a time by which all agencies should implement the change. September 1, 2014 was suggested as the date to start. This is tentatively the date to begin. Patti said that her staff are already completing the form in another cluster and cautioned that it may be difficult to get providers to fill out the form correctly simply due to how things are interpreted by individual providers. Janet pointed out that Cluster I's numbers are falsely high based on what providers shared at an LPCC meeting. UTS is working on an online training for the form. Jason asked if the start date could be delayed until the training was complete. Debbi said she would check on this.</li> <li>• Jason asked for an editable PDF version of</li> </ul>	<ul style="list-style-type: none"> <li>• An editable skills inventory will be emailed to the group.</li> </ul>

	<p>the form. An editable PDF version of the exit form is available and will be emailed to the group.</p> <ul style="list-style-type: none"> <li>• Debbi also pointed out that the AEPS online overview through UTS is available, and agencies can encourage their providers to access that training.</li> </ul>	
<p><b>QIP Process</b></p>	<ul style="list-style-type: none"> <li>• Debbi explained the QIP process. She noted that 96% is the benchmark for the new process. If clusters fall below this percentage in the measured areas, a QIP must be completed with stakeholders' input.</li> <li>• Debbi called for input from this committee on the outcomes data <ul style="list-style-type: none"> <li>➤ Carrie pointed out that for the Deaf population, the AEPS is not always sensitive enough which could be cause changes in the data</li> <li>➤ Jason speculated that Informed Clinical Opinion could also affect outcomes data. He wondered if we could address that in a meaningful way. Debbi noted that the ICC had considered this issue and is examining that topic.</li> <li>➤ Deb M. wondered whether the way the data is gathered is problematic. If a child comes in with no delay in an area, but exits with delays in other areas, the improvement in the area that was initially addressed is not captured as such.</li> <li>➤ Jason pointed out that providers have been taught to use the AEPS numbers as a guide and wondered if the state is changing its stance now that this data will be used by OSEP. He also pointed out that the outcomes are still primarily family driven which could affect the data. Debbi said it could help to better educate families about the outcomes and how that information is used. This could help families make more informed decisions when developing IFSPs.</li> <li>➤ Debbi asked the group whether they felt that providers understand the outcomes. Patti said that it would be good to help providers</li> </ul> </li> </ul>	

	<p>understand the specifics.</p> <ul style="list-style-type: none"> <li>➤ Debbi said that Cluster J is doing training for ongoing providers with Michael Conn-Powers and Barb Blain. She will attend the meeting to determine if this might be something that Cluster G could also provide.</li> </ul>	
<b>SPOE electronic communication</b>	<ul style="list-style-type: none"> <li>• The SPOE will be adding providers to <i>Teamwork</i> over the next quarter shooting for a November implementation. Debbi will provide some guidance on getting the agencies acclimated. She again offered to help train agency staff.</li> <li>• In August, the SPOE will switch to electronic files completely. The administrative staff are already beginning to see the benefits of this change.</li> <li>• Nancy asked if the SPOE is doing electronic storage for AT billing. Debbi said that if the signature was obtained on an electronic document originally, it is considered the “original.” All documentation that was obtained on paper will be kept as such.</li> <li>• Debbi asked that reports be submitted as one document (not several attachments). Donna questioned what to do about ancillary providers. Debbi said that if those reports are separate, that would be OK.</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies will submit any updated agency sheets by the end of this month.</li> </ul>
<b>Announcements/Close</b>	<ul style="list-style-type: none"> <li>• Debra Minott resigned as FSSA Secretary. John Wernert has been appointed.</li> <li>• A new state consultant, David Brandon, has been hired.</li> <li>• State Representative Robbin Shackelford contacted the LPCC questioning the “lack of vision services” in First Steps. There will be a summer study committee regarding this issue.</li> <li>• Donna pointed out that Dr. Lyons had let his credentialing lapse. Donna offered to share Dr. Lyons information (CRO agreement, Rider A) with everyone. She also questioned why agencies need nursing services when that service is never utilized. Patti emailed the state regarding this issue. The response to Patti was that state staff understand that nursing service providers are limited and that they are</li> </ul>	<p><b>Next Meeting:</b></p> <p>October 3, 2014 at the 9:30am at the ProKids office</p>

	<p>working on this issue. Colleen has received conflicting information from the state regarding the need for an MOU with a nurse service provider. We will try to get an official response on this issue. Nancy agreed to “jump in the sand box” and share the nurse she has based on her availability.</p>	
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Respectfully submitted,  
Stacy Holmes