



## WAKE COUNTY LOCAL INTER-AGENCY COORDINATING COUNCIL

### February 9, 2010 LICC Meeting Minutes Project Enlightenment 12:00-2:30

#### Welcome, Introductions, Announcements

- Arc of Wake County: Jennifer announced that the Arc doesn't have a waiting list for people receiving the new CAP slots for the Employer of Record program. This program works with parents to educate them on how to hire their own staff for the CAP services.
- PTA has more volunteers (SLP, OT, PT) than they have opportunities for them to volunteer. Contact Gerry if you are interested in having someone volunteer with your agency.
- Project Enlightenment will celebrate its 40<sup>th</sup> birthday on April 10<sup>th</sup> from 10-2. There will be fliers going out soon – it is a very family friendly event, so distribute the fliers widely.
- WATCH: The second annual Run, Walk and Roll will still be on Saturday May 1<sup>st</sup> despite the make up school day for WCPS year round schools. Juliellen distributed applications for tables at the Resource Fair that accompanies the race. Applications are due on April 1, 2010. Cost is \$25 for non-profits, \$100 for for-profit agencies, and free to state and parent support groups. There will be on-line registration for the race this year.
  - Telability, Smart Start and the Young Child Mental Health Collaborative are partnering with the Erikson Institute to offer a four part series on social emotional development and early intervention. A total of 5 ceus per session can be earned. One session is on 2/11; there are other sessions in February, March and April.
- Goal Area One (Services to Children and Families) is seeking a Co-Chair – Allison Crumpler from Raleigh Therapy Services volunteered. Thank you!
- Next Steering Committee Meeting: Tuesday Feb. 23rd, 12:00-1:30, Project Enlightenment (**note new date!**)
- Next LICC Meeting: Tuesday, March 9<sup>th</sup> 12:00-2:30, Project Enlightenment (**note new time!**)

#### Agency Updates:

**Raleigh CDSA, Marcia Mandel:** There is a freeze on hiring; the CDSA currently has several EISC openings and a psychologist position open.

**Wake County Public Schools, Janet Godbold:** Transition to kindergarten is gearing up – next week begins a series of meeting with preschool teachers and information is going out to families. There are more children this year transitioning this year than last because of the change in date for kindergarten eligibility that went into effect last year. Central Services has announced that several permanent positions that had been previously frozen will now be eliminated, as will several positions with actual people in them. The change will be effective on 7/1/2010 but more information should hopefully be available in the spring.

**Smart Start, Anna Troutman:** On April 22, 2009, as part of the funding approval process, WCSS Board approved funding for FY09-10. The Board approval reflected a 15% reduction in funding based upon guidance from our statewide agency that the reversion amount for FY09-10 would perhaps be twice the reversion required for FY08-09 (FY08-09 reversion was 7.4%) At this time, additional reverted funds have not been required. However, in the absence of any additional reversion requests, the unallocated funds would create a potential reversion penalty if unspent. Thus, the WCSS Board of Directors voted to expend some of the unallocated funding to include community-wide trainings. WCSS is working with other agencies (TelAbility, WCPSS, Jordan Center) to bring a wide variety of trainings on identified topics.

**Ready to Learn/ Child Service Coordination:** Natasha Adwaters: WCHS has identified funds that will need to be cut. Senior Management has been meeting, positions have been eliminated and frozen; more information should be available after a meeting tomorrow (2/10/10)

**Developmental Disabilities/YCMHC, Patti Beardsley:** WCHS has assigned 75 of the 142 CAP slots that have been made available, and the rest will be filled by the next week. YCMHC: Sarah Sabornie has resigned as the facilitator of the group. The group spent January assessing what is needed of the facilitator, and now will start looking for that person. The Collaborative is partnering with Wake AHEC to offer a session on Grief and Loss in Young Children on 3/5/10. It will be available through videoconference, but registration will need to be through Wake AHEC.





**Discussion Topic: Business and Finance for Non-Profit and For Profit Providers  
(Janet Godbold, facilitator)**

- **What has been impacting your business?**
  - SSI and Medicaid and insurance – when a child has all, must bill insurance and receive a denial before able to bill Medicaid. In addition to waiting, have to pay to process the insurance claim electronically, so lose more money in the process.
  - Coordination of services with the CDSA providers – parents don't disclose that they are working with the CDSA, so agencies bill the child's insurance and then find out that the parent has not given permission to bill (through the CDSA) and they expect the agency to comply with that permission. Agencies end up paying the insurance back, getting authorization through the CDSA and starting all over again.
  - Question why parents are allowed to deny permission to bill insurance since that means that agencies have to bill more from the federal/state dollars available.
  - 9% retroactive Medicaid rate cuts
  - Basic inflation – it costs more for people to live, and it's hard to pay them as well
  - Logistics of visiting children in natural environments – it makes it harder to collect co-pays, and it costs more because have to mail bills and then do follow up on the bills (whereas in a clinic, collect prior to session)
  - Looming possibility of losing DT – how to prepare financially and how to prepare families
  - Impending requirement from Medicaid to do electronic charting, and the possible impact on smaller agencies (as an example of the need to be proactive to upcoming changes rather than reactive)
- **What changes have you made in your agency to your business practices (result of small group discussions)?**
  - Need to encourage changes at the state level to remove barriers to receiving payment for services provided. This includes allowing co-pays to count towards the account, eliminating the need for denials from insurance for developmental therapy, receiving authorization from the CDSA in a timely manner, having frequency and duration of service determined by the person providing services, and requiring parents to disclose permission to bill insurance.
  - Economy of scale: asking people to do more with less, and to realize that doing less may be more in this situation. Many people have had to institute pay cuts, while other agencies have encouraged staff to find ways to save money, which has encouraged a very collaborative spirit (i.e. employee suggestions for change or ways to improve morale).
  - Improved communication/collaboration with EI to get information, including searching out and reading Medicaid bulletins. Suggestion was made that the LICC facilitate the flow of information such as Medicaid change, etc. Will be discussed further.
  - Reduction of staff territory to decrease the amount of travel for each staff person. Have seen an increase in productivity when staff are travelling less.
  - To reduce time with billing, have instituted the practice of sending estimated bills to family so that they know what their cost is likely to be and allowing them to pay towards that, rather than waiting for 6 months (and possibly after discharge) to send them a bill for EI services. Also not letting bills go beyond \$500 before some kind of payment is collected; this has reduced non-payment issues, including those related to families filing for bankruptcy before payment of



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- services. It also seems to make it easier on the families because they don't get one huge bill at the end.
- Group small agencies together to share functions, such as HR, billing, purchases, staff development.
  - Agencies that have moved to contract staff (and therefore have experienced a loss in staff cohesiveness) have started having monthly staff meetings that include some kind of staff development so they can be a part of the group, with a purpose.
  - Spend more time on the phone prior to first home visit to predetermine if likely to be eligible for service – this prevents 2-3 hours from going unpaid (or having to be paid back) if a child doesn't meet the eligibility for certain services.
  - Electronic charting – Integrity Support System has created an affordable way to move toward electronic charting – it flags what is due, and streamlines all administrative functions. Helps Premies and Associates be more proactive with the EI system.
  - Renegotiate contracts with service providers (such as internet and phone)
  - Decrease salaries across the board rather than have lay offs, and increase productivity for all.
  - Renegotiate rates with the insurance companies. Some programs have been successful with this, particularly when involving a family in the process.
  - Recycle fax paper, and get on the do not call list to avoid frivolous faxes.
  - Develop a specific line by line budget and inform the staff so they have guidelines for spending. This has helped staff prioritize needs.
- **Next Steps: What can the LICC do to support the provider community?**
    - Promote ongoing communication. Ideas included:
      - Involving national and state associations for disciplines already in place (for SLP, OT and PT – no structure exists for DT).
      - Building a network of Wake County providers that provides advocacy, communicates important information, and solves problems). The network should be interdisciplinary and focus on understanding the needs, roles and parameters of each discipline to be effective. Consider adding this to an LICC goal area.
      - Having a quarterly meeting for providers to promote information sharing.
      - Use existing structures (LICC, LICC website, WATCH) to promote communication. Suggestions included having the addition of a bulletin board feature for people to post and respond to specific questions; and having a question of the month posted and the responses come from anyone who wanted to answer.
    - Host another provider forum; facilitate special committees structured to address specific areas of interest
    - Join the LICC and the LICC mailing list so can get the minutes to meetings (which include many system level updates)
    - Provide advocacy about the importance of developmental therapy and the need to keep it available to all. Goal area III has addressed advocacy in the past; consider restructuring this goal area to have it address the current needs proactively.





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- **Positive/Improve/plans for next meeting**

<b>Positive</b>	<b>Improvement for Next Time</b>
<b>Time of day</b>	<b>Day of the week</b>
<b>Open discussion without presenters</b>	<b>Better mixture of participants (include hospitals, DSS for example)</b>
<b>Topic</b>	
<b>Brainstorming time</b>	
<b>Networking</b>	
<b>Room size/location</b>	
<b>Food</b>	
<b>Facilitator, keeping us on target</b>	
<b>Good mixture of representatives</b>	

**Please return next month (or invite those who are interested) to join us in Part Two of this discussion: Communicating with and Supporting Your Staff. Tuesday, March 9<sup>th</sup> from 12:00-2:30 at Project Enlightenment.**

**LICC Steering Committee Members**

Juliellen Simpson-Vos, Professional Co-Chair  
 Jennifer Pfaltzgraff, Parent Co-Chair  
 Val Wilson, Goal Area I  
 Patti Beardsley, Goal Area II  
 Anna Troutman, Goal Area II  
 Nell Barnes, Goal Area III  
 Gerry Highsmith, Goal Area III  
 Kathi Gillaspay, Treasurer  
 Marcia Mandel  
 Janet Godbold  
 Laurie Finn

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