



NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)
MEETING OF July 8, 2014

AGENDA ITEMS	DISCUSSION
MEETING CONVENED at 10.02 am.	The following were present: Mary Bassett, NYC DOHMH Commissioner Marie B. Casalino, Assistant Commissioner Christopher Treiber, Chair Nancy Calderon-Cruz Mary DeBey Lois Kessler Tracey Lebright Rosalba Maistoru Anita P. Richichi Toni Rodriguez Lisa Shulman Linda Silver Mina Sputz Catherine Warkala
<u>WELCOME AND INTRODUCTIONS</u>	I. <u>Christopher Treiber, LEICC Chair</u> <ol style="list-style-type: none">a. Review of procedures for the Local Early Intervention Coordinating Council (LEICC) meetings:<ul style="list-style-type: none">• Attendees should pre-register on the New York City (NYC) Department of Health and Mental Hygiene Bureau of Early Intervention (NYC BEI) website for LEICC meetings.• Meetings are open to the public, but the audience does not address the LEICC members during the meeting.• Audience members may sign up with Felicia Poteat to speak during the “Public Comment” section.b. As of May 15, 2014, NYC’s Local Law No. 103 of 2013 and the New York State (NYS) Open Meetings Law require “open” meetings to be both webcast and archived. This meeting is being recorded today.c. Transcription was not available for this meeting, but will be available in future meetings. Written meeting minutes will still be made available.d. Introductions of all LEICC members.e. Minutes from March 4, 2014 meeting were adopted.f. In the interest of time, the discussion of the Service Coordinator Task Force was deferred to the next meeting. II. <u>Marie B Casalino, Assistant Commissioner</u>



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Helen Murphy has stepped down as LEICC Chair. Christopher Treiber is the new chair of the LEICC.

II. Dr. Mary Bassett, Commissioner, NYC Department of Health and Mental Hygiene

Dr. Bassett spoke to the LEICC about the following topics:

a. New areas of focus for NYC DOHMH:

- Bridging the gap between public health and primary care;
- Bringing the perspective of the population to practice by working collaboratively across government; and
- Focusing on the youngest New Yorkers.

b. Dr. Bassett created the Division of Family and Child Health (Family and Child Health) within the DOHMH. The goal of this new division is to synergize the existing resources from various parts of the agency to focus on children.

- Family and Child Health will include the Bureaus of Maternal, Infant and Reproductive Health, School Health, Health Promotion and Disease Prevention Administration, Nurse Family Partnership, Newborn Home Visiting Program, and hopefully Early Intervention;
- Dr. Bassett has reached out to the NYC Council who must vote to change the City Charter in order to move the NYC BEI from Mental Hygiene into Family and Child Health;
- Dr. Bassett expressed support for the NYC BEI's initiatives that:
 - Promote family-centered, best practices to engage the family in using their everyday routines to support children's learning (Embedded Coaching); and
 - Promote health equity and access by ensuring that all eligible children make it from the point of identification to enrollment into services.

Dr. Bassett also shared her support for the NYC BEI video about Embedded Coaching.

DEPARTMENT REPORTS:
STATE EARLY INTERVENTION
COORDINATING COUNCIL
(SEICC) REPORTS

Marie B. Casalino, Assistant Commissioner

Reported on two (2) SEICC meetings: March and June 2014.

I. March 18, 2014 SEICC Meeting Report

a. April 1st Transition:

- As of March 2014, the NYS Fiscal Agent, Public Consulting Group (PCG), had paid over \$468 million to providers since the transition and the percentage of timely payments has significantly increased.



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- The SEICC discussed new payment mechanisms including electronic billing and a mechanism for providing information to parents on services billed to their insurer.
 - The SEICC raised the concern that providers should be compensated for the extra work involved in the new billing procedures.
 - PCG, NYS Department of Health (SDOH), the NYS Department of Financial Services and insurers are continuing to meet to improve the system and work on reports and electronic billing.
 - Provider capacity has not changed as a result of the transition.
 - PCG reports that revenue from commercial insurers was the same from 2012 and 2013.
- b. Task Force on Social-Emotional Development**
- The Social-Emotional Task Force (SE Task Force) consists of SEICC members and non-SEICC members.
 - The goal of the SE Task Force is to develop guidance for the field to ensure that practitioners have the necessary tools available to identify and treat young children in need of social and emotional supports or interventions.
 - The SE Task Force will focus on the best strategies for identifying social-emotional delays and providing the best interventions, particularly around appropriate referrals during transition out of Early Intervention (EI).
 - The main goal of the SE Task Force will be to develop guidance; there will be no changes made to the regulations.
 - The SE Task Force meets monthly: either in person, by video-conference or through conference calls.
 - Meetings serve to clarify purpose, give presentations, provide source documents, define terminology, specify a definition of informed clinical opinion, identify tools to determine eligibility in the EI age group, and assess workforce availability for evaluation and services.
- c. Reports by Legislative Representatives:**
- Mischa Sogut, a Legislative and Communications Aide and a representative from the Office of Assemblyman Richard Gottfried, and Christine Sinclair, a one-time SEICC representative for Senator Kemp Hannon, discussed the Assembly and Senate versions of the proposed legislative changes to the provider payment mechanisms resulting from the April 2013 administrative changes.
 - Both versions of legislation proposed having PCG process claims in a “Pay and Chase” model where PCG would pay providers upfront.
 - NYS counties would not be responsible for the upfront payments.
 - The SEICC concluded that expressing support would not be helpful since language in legislation has not been finalized by the NYS Assembly and Senate.



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II. June 10, 2014 SEICC Meeting Report

- a. Steve Held was re-elected as the Vice-Chair for the SEICC.

- b. **NYS Office for Persons with Developmental Disabilities**
 - The NYS Office for Persons with Developmental Disabilities (OPWDD) presented to the SEICC and encouraged service coordinators and evaluators to refer children to OPWDD.
 - Challenges in the system are that services currently vary by region and vocation and the OPWDD determines eligibility.
 - The committee discussed whether it will be necessary to have a training/webinar that maps out the steps on how eligibility for OPWDD is determined and what would be the impact on the EI Program (EIP).

- c. **The Task Force on Social-Emotional Development**
 - The SE Task Force reviewed literature on informed clinical opinion and decided to include the NYC LEICC's previous work on "Informed Clinical Opinion" (available on www.nyc.gov/health) along with other source documents.
 - The SE Task Force's guidance will also include family-centered and relationship approaches.
 - The SE Task Force identified four (4) writing teams:
 - Primary Care;
 - Social-Emotional Development: Clinical clues and red flags;
 - Early Care and Learning; and
 - Pre-School Special Education/Transitions.

- d. **Annual Performance Report (APR) – State Systemic Improvement Plan:**
 - The Federal APR on SDOH's performance was received and the SDOH did not achieve 100% compliance on the four (4) federal indicators.
 - Changes are being made to SDOH's reporting to the federal government.
 - The State Systemic Improvement Plan (S-SIP) has been added as a requirement to the annual report.
 - The S-SIP is being developed by SDOH with statewide partners (including NYC BEI) to improve the results of the APR.
 - Next steps are:
 - Identify specific outcomes (not process measures) that are measurable and aligned with outcome indicators in the APR using the current infrastructure.
 - Identify stakeholders, strategies and the process for data and infrastructure analysis.



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- Phase One submission is due April 1, 2015.

e. Proposed revisions to NYS Early Intervention Regulations:

- Proposed revisions to NYS EI regulations were submitted to the SEICC for comment (they will later be released to the public for comment).
- Revisions are being made in order for NYS to come into compliance with changes in the federal regulations.
- Changes will be made in two (2) stages. Package One: minor changes to NYS regulations include changes to:
 - Assistive Technology device authorizations;
 - Referral to EI close to the child’s 3rd birthday;
 - Service Coordinator responsibilities;
 - Individualized Family Service Plan (IFSP) documentation – regarding the need for services for the child and family;
 - “Fixed Rate Methodology” for Service Coordination (added section); and
 - Formal Systems Complaints will no longer be anonymous. Specific information will be asked of the individual submitting the complaint regarding the child and the issue.
- Next steps will be a formal release for public comment and public hearing.

NYC Autism Training

III. Autism Training:

- a. NYC BEI hosted a training titled: “Evidence-based Early Intervention for Toddlers with Autism Spectrum Disorder: What are the Active Ingredients?” presented by Dr. Amy Wetherby, a national expert on Autism Spectrum Disorder and its treatment.
- b. The clinical supervisors from EI provider agencies were invited to attend the June 5th 2014 training while the NYC BEI staff attended the June 6, 2014 training.
 - NYC BEI will try to have Dr. Wetherby present additional trainings in the future based on her availability.
 - 74 providers attended the training representing 32 EI agencies.
 - SDOH also sent a representative to the training.
 - Over 100 NYC BEI staff attended.

Nora Puffett, Director of Administration and Data Management

MEETINGS WITH PROVIDER ORGANIZATIONS

IV. Meetings with Provider Organizations and Provider Oversight:



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- a. From late April to June 2014, NYC BEI (Dr. Marie Casalino, Assistant Commissioner; Nora Puffett, Director of Administration and Data Management; and Patricia Pate, Director of Provider Oversight) met with members of the Interagency Council of Developmental Disabilities Agencies, Agency for Children’s Therapy Services (ACT), and NYC Coalition for Children with Special Needs to discuss the Provider Oversight process.
- b. At the time of these meetings, half of the EI providers had already received their annual monitoring visit from Provider Oversight, and the other remainder will be visited in the second half of the year. Some changes will be made to the Provider Oversight process as a result of these meetings. Changes will be discussed at the next LEICC meeting. The next cycle of meetings starts January/February 2015.

LEICC DISCUSSIONS

V. LEICC Discussions:

- a. **PCG Fiscal Report:** Linda Silver discussed that the report on payments in the PCG fiscal report may not represent all that is going on in the agencies. Ms. Silver asked if the City is addressing the issue of service capacity. Dr. Casalino responded that the issue will be addressed in Lidiya Lednyak’s (Director of Policy and Quality Assurance) presentation later in the meeting on *Provider Organizations and Capacity*.
- b. **Comments to SDOH:** Christopher Treiber asked if the LEICC will be compiling comments representing NYC or as NYC BEI regarding the proposed revisions to the regulations. Dr. Casalino responded that NYC BEI will send comments, but the LEICC will not provide comments as a group. Individual organizations are encouraged to provide comments. Ms. Silver asked when comments were due. Dr. Casalino replied that she was not given a date or a timeline by SDOH.
- c. **Autism Training:** Mina Sputz asked if the Autism training was recorded. Dr. Casalino responded that the training was not recorded but that the presenter might be brought back to allow others to participate. (The provider training was held during the Jewish holiday of Shavout, so some agencies/individuals could not attend.)
 - Rosalba Maistoru added that there was a lot of relevant information provided at the training and that a second day may be helpful. Ms. Maistoru asked if there would be follow-up on how to collect data related to the interventions discussed in the training.
 - Toni Rodriguez added that she attended the Autism training as a provider, but it would have been helpful for the training to be offered to parents of children with Autism.
- d. **Recruitment of LEICC Parent Members:** Ms. Rodriguez commented that the LEICC should reach out to recruit new parent members to the LEICC who have children closer to the age of children in EI.
 - Mr. Treiber answered that he is making efforts to recruit parents of children in NYC Committee on Preschool Special Education (CPSE) and provider agencies. Mr. Treiber encouraged others to refer parents to Dr. Casalino or to him if they believe that the parent can think of EI globally and not focus only



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<p>ASSISTIVE TECHNOLOGY UPDATE</p>	<p>on the interests of their own child.</p> <ul style="list-style-type: none"> • Dr. Casalino added that the time commitment is hard for parents, because the commitment entails more than the LEICC meetings but also includes task force/subcommittee meetings. • Nancy Calderon-Cruz asked if it were possible for parents to participate in LEICC meetings via web. Dr. Casalino added that NYC BEI would explore different options (calling in), but it would be more beneficial to the parent to be physically present at the meeting. <p>e. Eligibility for the EIP:</p> <ul style="list-style-type: none"> • Ms. Rodriguez discussed that she encounters parents with children who were not found eligible for EI, but later found eligible for CPSE. She wanted to know how eligibility is determined. Dr. Casalino answered that children need to meet eligibility requirements of the EIP. The focus of NYC BEI is to ensure high quality evaluations using the appropriate tools, submission of proper documentation, and supporting information. The Provider Oversight portion of the meeting will discuss in more detail how this is regulated. • Ms. Calderon-Cruz added that informed clinical opinion is very important for physicians and those reviewing the evaluations at the Individualized Family Service Plan (IFSP) meetings. • Dr. Lisa Shulman discussed that, at the Albert Einstein College of Medicine, there are yearly 300 children referred to EI for evaluations because of clinical evaluations. The majority of the children do not qualify for EI, and a certain percentage of them continue on and qualify for CPSE. Dr. Casalino responded that some diagnoses occur later, or are identified later, which delays eligibility. NYC BEI is working with the American Academy of Pediatrics (AAP) and other stakeholders on an algorithm for practicing physicians/pediatricians to inform and strengthen their knowledge on screening, assessment and referral into the EIP. • Dr. Mary DeBey asked if there were medical diagnoses that make a child auto-eligible for EI. Dr. Casalino confirmed that there were. <p>Lidiya Lednyak, Director of Policy and Quality Assurance Updates on the NYC BEI communication efforts: the new NYC BEI website, NYC BEI video, Text 2 Families Parent Texting Program, and the NYC BEI Resource Guide.</p> <p>VI. Assistive Technology Devices (ATD):</p> <ol style="list-style-type: none"> a. The SDOH is preparing to roll-out a process for the provision and payment of Assistive Technology Devices (ATD) in NYC. b. After the SDOH ATD process is implemented, ATD will only be procured from vendors that have an agreement with SDOH. NYC BEI is currently working with SDOH to plan for the ATD process roll-out. c. ATD vendors should contact Sherree Sinclair, PCG, at ssinclair@pcgus.com for information about entering
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<p>TECHNICAL ASSISTANCE PROCESS</p>	<p>into an agreement with SDOH to provide ATD.</p> <p>d. Currently there is an interim billing procedure. Claims submitted in the New York Early Intervention System (NYEIS) after June 18th, will be processed and paid by PCG.</p> <p>VII. Technical Assistance (TA) Process:</p> <p>a. TA has developed an orientation process to prepare providers who are new to NYC, to ensure that services meet all regulatory requirements.</p> <ul style="list-style-type: none">• Upon completion of the TA process, the provider will provide services to NYC children.• Two (2) months after the provider’s launch, the NYC BEI Provider Oversight Unit conducts a compliance assessment.• Results are shared with both the TA Unit and the provider to identify further TA needs.• All results and issues are addressed in collaboration with the SDOH. <p>b. Number of NYC agencies:</p> <ul style="list-style-type: none">• As of July 1, 2014, the NYC BEI provider community includes 96 active provider agencies.• 22 New York City EI providers have expanded.• 13 new provider agencies have completed the NYC BEI TA Process and are actively accepting service authorizations.• Applied Behavioral Analysis (ABA) service expansion:<ul style="list-style-type: none">○ Prior to July 1, 2013, 31 providers offered home and center-based services utilizing ABA approach○ As of July 1, 2014, 49 providers now offer ABA services, a 58% portfolio increase.○ Eight (8) new provider agencies are currently actively engaged in the NYC BEI TA Process.
<p>COMMUNICATIONS: WEBSITE, VIDEO, EI RESOURCE GUIDE</p>	<p>VIII. Family and Provider Communications Initiatives:</p> <p>a. <i>The NYC Early Intervention Program (EIP) Resource Guide for Families of Children with Disabilities or Developmental Delays: 2014</i> was released on June 20, 2014. The resource guide is a collaboration of community partners and EI providers to assist service coordinators and families with locating community resources.</p> <p>b. Text 2 Families: NYC BEI engaged community partners and parents to develop a voluntary text messaging program for families who are in the NYC EIP to support their experience.</p> <ul style="list-style-type: none">• Current Status:<ul style="list-style-type: none">○ Text 2 Families pilot was done from 5/19/14 – 6/30/14.○ Pilot participants included parents, SDOH, EI providers, community partners, and NYC BEI staff.○ Currently seeking providers and community partners to:<ul style="list-style-type: none">▪ Place links/banners on their websites to promote Text 2 Families.



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- Place posters at their sites.
- Interested providers/partners should email: fpoteat@health.nyc.gov
- Roll-out of Text 2 Families will probably be late July 2014.
- c. **EI Website Redesign:** The redesign focused on making the NYC BEI website easier to find and to navigate. The website link is: <http://www.nyc.gov/html/doh/html/mental/earlyint.shtml>
 - The new NYC BEI website landing page will feature the *NYC Early Intervention Family-Centered Best Practices* video: <https://www.youtube.com/watch?v=pHc1nLfKmb0>
 - Parents who want to opt into Text 2 Families will be able to do so on the new website as well.
- d. The NYC BEI video on Family-Centered Best Practices was presented to the LEICC.

IX. LEICC Discussion on TA and Communication Updates:

- a. **Individual Providers:** Ms. Silver asked what the TA process was for an individual contractor and how many were going through the TA process now. Ms. Lednyak replied that it is similar to the one for agencies, and that TA has been working with eight (8) individuals.
 - Provider Oversight is working on what quality assurance would look like for an individual provider, and NYC BEI is ready to have them provide services in the next few months.
 - Toni Rodriguez asked what their discipline(s) are. Ms. Lednyak replied that they are mostly speech therapists, some with bilingual capacity.
- b. **Capacity for Spanish-speaking Families:** Dr. Shulman asked if the new providers made an impact on the capacity to serve Spanish-speaking families. Ms. Lednyak replied that it has been consistent with the past, no significant impact.
- c. **Resource Guide:** Catherine Warkala wanted to know if the Resource Guide would be available in paper format. Ms. Lednyak responded that the Resource Guide will be on the NYC BEI website (accessible to download) and linked into from other agencies' websites.

Nora Puffett, Director, Administration and Data Management

X. Updates on Data Reports and Provider Oversight Findings:

- a. **Data Report:** The number of referrals to NYC BEI, by borough, has not changed much due to the April 1st transition and no specific trend by borough was identified.
 - Ms. Calderon-Cruz asked if there is a way to see the services provided by service type.
- b. **Annual Performance Review:** The percent of initial IFSP meetings held within 45 days from point of referral has improved since 2009, but NYC BEI still has not achieved 100% compliance. The responsibility lies on all the players involved including: evaluators, initial service coordinators, regional offices, and providers. Numbers have improved in part because NYC BEI is getting better at capturing information on



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the family reasons for not meeting the 45-day deadline.

- c. **Provider Oversight Results:** Provider monitoring reports include both the results of the 2014 visit and the results of the previous two years, to demonstrate how they have done over time.
 - Results indicate improvement across the board. Significant improvement in Ongoing Service Coordination and Initial Service Coordination from the first year is attributed to a combination of better documentation and better performance.
 - Myths or misconceptions about Provider Oversight visits were dispelled when it was clarified that: Provider Oversight does not look at files less than two (2) months old; and that no provider has ever failed the requirement of producing 15 files in 30 minutes.
- d. **Data on Health Disparities:** Ms. Puffett presented data on the rate of “children referred” and the rate of “children being served” by zip code, outlining the District Public Health Office (DPHO) areas (offices created in areas with poor health indicators). Commissioner Bassett is interested in looking at health disparities and health equity, and future data will be presented accordingly.

XI. LEICC Discussion on the Data Report:

- a. **Reasons for eligible children not getting services:** Ms. Calderon-Cruz inquired on the reason why children start services and then drop off. Can it be investigated? Ms. Puffett replied that there would be many ways to analyze the data, but it would still be hard to tell. Information can be collected by stage (e.g., from getting referral to evaluation). For children that are found eligible for EI and then not making it to services, it is difficult to find the cause. The only way to confirm that the children received services is to look at the claims submitted by service providers.
- b. **Children in Developmental Monitoring:** Ms. Warkala asked if the data included children being followed in Developmental Monitoring. Ms. Puffett replied that data presented was only for children receiving services in NYC EI and not those in Developmental Monitoring.
- c. **Evaluated but no IFSP:** Tracy LeBright asked if it is possible to extract data on those children who get evaluated but do not receive an IFSP. Ms. Puffett responded that NYEIS does not have enough information on case closures. The information available is not specific and is labeled as “family didn’t respond.” She added that it is easier to pull a random sample and then investigate because the NYEIS categories are vague.
- d. **Diagnosis:** Ms. Silver asked if data could be broken down by diagnosis. She commented that it would be interesting to see the diagnoses distribution of those in the system (receiving services), and of those who are not continuing after evaluation. Ms. Puffett replied that it would be possible to see that for those who are auto-eligible.
- e. **Referral by source by area:** Mr. Treiber wanted to know if data was available on referral by source by area to identify if children who were referred but did not receive services needed additional support to get them

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into services. Ms. Puffett responded that referral sources are still hard to identify; some agencies over-refer children as to not miss anything and parents don't want that referral. Other instances include those doctors that do not make direct EI referrals themselves, but instead contact providers to make the referrals to EI, making it appear that the provider is the referral source. Children in foster care and the Administration for Children's Services (ACS) system are easier to identify. The issue is more complicated and may need a focused task force.

- f. **NYC BEI Video on Family-Centered Best Practices:** Mr. Treiber commented that the new NYC BEI video can be played in public waiting areas, at provider sites or in health care settings.
- g. **NICU Children:** Dr. Shulman replied that children in the Neonatal Intensive Care Unit (NICU) who are born with low birth weight are auto-referred by Einstein School of Medicine, and few of them qualify for services. Ms. Puffett replied that it was similar for children in foster care, which led to an auto-referral to Developmental Monitoring instead, with a hotline dedicated to ACS calls.

Ireti Bobb Lewis, Director of Early Intervention Services

TRANSPORTATION BILLING PORTAL

- XII. **The Fiscal Management Transportation Billing Portal** was created to aid in transportation billing as a result of the April 1st transition.
 - a. The portal relies on data extracted from the New York Early Intervention System (NYEIS) and the NYC Department of Education (DOE) school bus ridership system to assist in bus and transportation claims and payments.
 - b. It directly affects the IFSP. It was emphasized that all service coordinators need to proactively facilitate the scheduling of IFSP review meetings to ensure that there is no disruption in transportation.
 - c. The NYEIS Administration Unit will follow up with the Regional Offices and providers/service coordinators with lists of upcoming IFSPs who need transportation service authorizations.

ACADEMIC PARTNERSHIPS

Jeanette Gong, Ph.D., Director, Intervention Quality Initiatives
Jacqueline Shannon, Ph.D., Chairperson & Program Head, Early Childhood and Art Education, Brooklyn College

XIII. **Academic Partnerships:** Updates on the collaboration between the NYC BEI and CUNY/Brooklyn College to offer an Advanced Certificate Program in Early Intervention and Parenting from the Early Childhood and Art Education Dept.

- a. **Goals of the Academic Collaborations:**



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BROOKLYN COLLEGE ACADEMIC COLLABORATION

- Build professional and workforce capacity for EI.
 - Address relevant early childhood – EI topics in professional preparation such as:
 - Both typical and atypical child development (birth to five).
 - Evidence based family-centered, best practices.
 - Multi-cultural factors in evaluations and service provision.
 - Promoting trans-disciplinary knowledge and work.
 - Understanding and enhancing the parent-child dyad.
 - Facilitate fieldwork placements based in EI and early childhood settings to strengthen the EI workforce.
- b. Graduate Students and EI Professionals:**
- The Advanced Certificate Program is open to students in the Brooklyn College Early Childhood Education Graduate (ECAE) Program and to EI Professionals that include: clinical supervisors, Speech Language Pathologists, Occupational Therapists, and Physical Therapists, and social workers.
 - EI professionals may use the 18 credits from this certificate program toward a master’s degree.
- c. Recent Developments:**
- The Brooklyn College Faculty Council approved the curriculum on April 4, 2014.
 - CUNY Board of Trustees approved the program in June 2014.
 - The CUNY Chancellor Report along with the Advance Certificate Program application was submitted to the NYS Education Department, and Brooklyn College is now awaiting approval.
 - The Council for Advancement and Support of Education (CASE) is interested in developing a home visiting program.
 - Because the Advanced Certificate Program was approved by CUNY Governance, Dean Shanley and Provost Tramontano approved the hiring of three (3) new faculty members. The new faculty has expertise working with culturally diverse infants and families in EI and parenting.
 - The description of the program is available on the Brooklyn College website at:
<http://www.brooklyn.cuny.edu/web/academics/schools/education/graduate/early/programs.php>
- d. “Supporting Diverse Family and Parent Child Relationships,”** is the first course in the program (taught by Prof. Haroula Ntalla) and it was given in the Spring 2014 semester at Brooklyn College and in the Summer 2014 semester at the CUNY’s Center for Worker’s Education in Manhattan.
- A combination of graduate students and EI professionals participated both semesters.
 - The goal is for students to develop skills to support positive parenting and to work collaboratively with parents and other professionals.



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- Students in the first course were surveyed:
- 100% shared that they would and/or have already strongly recommended this course to their peers and that they found the course materials, readings, and classroom discussions to be beneficial.
- Other feedback included statements that they:
 - Felt more confident working with parents.
 - Began using more observation in their work.
 - Became less judgmental of families.

- e. **Fieldwork Placements:** Brooklyn College has met with a number of community and EI providers to foster field work placements. These include:
 - Bellevue Hospital: Child Life Program, Behavioral and Developmental Pediatric Clinic, and Early Childhood Mental Health Clinic.
 - NYC ACS: Early Child Head Start and child care settings.
 - Seven Community Based Organizations: home-visiting programs, day-care centers, and Early Head Start Programs.
 - EI/Early Childhood Programs: Theracare, SUNY Downstate, YAI New York League for Early Learning Life Start Program and William O'Connor, and Little Wonders.

- f. **Next steps:**
 - **Finalization of Fieldwork Placements:** Schedule follow-up meetings to further discuss and finalize clinical experiences, the role of the cooperating supervisor/professional, and parent consent to have providers be accompanied by students on home-visits.
 - Finalize formal affiliations
 - Memorandums of Understanding (MOUs)
 - Finalize the Fieldwork Handbook for the Advanced Certificate Program
 - **NYS Education Department Approval:** Follow up with NYS Education Department approval and also apply for Continuing Education Units (CEUs) from New York Physical Therapy Association (NYPTA), American Occupational Therapy Association (AOTA), and the American Speech–Language–Hearing Association (ASLHA).
 - To find out more information , or if an agency would like to be a fieldwork placement partner, contact: Amanda Lopez at 718-951-5205 or email her at: ALopez@brooklyn.cuny.edu

XIV. Future Collaborations:

- a. **SUNY Downstate Occupational Therapy (OT) Program:** EI specialization in the graduate occupational

FUTURE PARTNERSHIPS



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	<p>therapy curriculum.</p> <ul style="list-style-type: none"> • Fieldwork placements in EI and early childhood settings. • On-line courses that include mentoring, case studies and supervision. <p>b. Other academic partnerships in discussion include:</p> <ul style="list-style-type: none"> • The Silberman School of Social Work at Hunter College. • New York University: Steinhardt School of Culture, Education and Human Development. <p>c. Dr. Gong introduced both Dean Jacqueline Mondros of the Silberman School of Social Work at Hunter College and Dean April Bedford of the School of Education at Brooklyn College.</p>
<p>CHAIRPERSON REPORT: Legislative Update</p>	<p>Christopher Treiber, LEICC Chair</p> <p>I. “Hannon-Gottfried Bill/Pay and Chase” (NYS Assembly Bill 8316 endorsed by Assembly member Gottfried) requires PCG to conduct fiscal management and payment of claims for the EIP by:</p> <ul style="list-style-type: none"> a. Seeking payment on behalf of EI providers directly from commercial insurers; b. Filing and conducting all appeals of payment denials by commercial insurance plans directly with the insurer; and c. Paying EI providers within 90 days of the receipt of a claim from a provider, regardless of the status of any appeals. The Senate version of the Bill requires payment within 30 days. d. Providers would be submitting claims through NYEIS to the PCG website. <ul style="list-style-type: none"> • The Assembly Bill was passed June 19, 2014, 137-0 votes. • The Senate Bill (endorsed by Senator Hannon) indicates that providers should be paid in full by 30 days of submitting the claim. The bill never got to the Senate Floor. There is no agreement in Senate and Assembly on the language, so it will be difficult to pass in the Senate for next year. <p>II. Executive Order 38:</p> <ul style="list-style-type: none"> a. Limits on state-funded administrative costs and executive compensation. b. NYS funding is 75% direct service costs and 25% administrative costs. The percentage of administrative costs will go down over the course of three (3) years. c. Executive salary cap is \$199k a year. d. Executive Order 38 is in effect now. Agencies operating on the NYC fiscal year, July 1st through June 30th, must be in compliance by July 1, 2013. Agencies on a calendar year must be in compliance by January 1, 2014. e. The Executive Order 38 Website is at: http://executiveorder38.ny.gov/. f. The Executive Order is still in effect. Providers must be in compliance. g. Based upon the April 8, 2014 decision in the case of <i>Agencies for Children’s Therapy Services, Inc. (“ACTS”) vs. New York State Department of Health, et al.</i>, covered providers conducting business in Nassau



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	<p>County need not file Executive Order 38 disclosures.</p> <ul style="list-style-type: none">• For purposes of this notice, “conducting business” means having a place of business within Nassau County, providing program services or administrative services involving the use or receipt of State funds or State-authorized payments within Nassau County, or otherwise conducting business within Nassau County in relation to which executive compensation is paid. Please note that the ACTS decision is under appeal.• Those affected by the ACTS decision should periodically check the EO 38 website for updates regarding any changes to this notice.• Forms need to be completed by December 2014.
PUBLIC COMMENT	No public comment.
MEETING ADJOURNED 12.13 PM.	Next meeting scheduled for November 2014.