Brainstorming on 5-Year Vision

Telehealth
- Blended (telehealth and in-person) model of service delivery to meet the needs of all families not losing sight of goal to increase family capacity
- Flexibility and options in service delivery
- Use providers across systems
- Telehealth as preferred coaching method supplemented by face-to-face visits
- Statewide pool of providers to use telehealth to cover difficult to find providers

Collaboration and Integration
- Integration of services within community agencies and community sources of support.
- Resume/require several meetings a year of the local interagency coordination council – Discussion: How would we make this not just another meeting because we have to; some local systems never stopped LICC meetings; early on as building system, admins came, then it started to be more service level folks and moved to really be provider meetings across public and private providers; other meetings exist that do the same kind of thing
- A lot of money is being spent for the same population. Discussion and mapping of services and financial mapping should be a discussion at interagency council meetings.
- Involve other home visiting programs
- We need to look at where home visiting, including EI fits, in the Office of Early Childhood planning
- Seamless integration with Part B/DoE
- Collaboration and coordination needs to be a key role of local interagency coordinating councils as well as the VICC.

Cost Efficiency in System Operations
- Decreased system operations cost so there is more money available for direct services.
- Reduce the amount of pass through of funds as research shows the less pass through the more efficiency
- Streamlined system components for cost efficiency – point of entry, public awareness, provider contracts, training. Make sure our money follows our priorities.

Data System
- Having a fully operational, robust data system is key to having a more effective system (referrals, fiscal, billing, oversight/management/monitoring, support compliance, personnel)
- Everyone using the same electronic record system to record demographic data, indicator data, provider notes, IFSPs and procedural forms, and information needed for billing.
- Data system meant for EI – true case management system, connected and snazzy, ability to see other providers’ case notes
- Linking sources for electronic referrals (both ways) so info is received in timely manner and more coordinated
- Allow uploads from local data systems to avoid duplicate entry – *Discussion: Stakeholders that inform new data system need to include local IT folks representing various EHR types to help ensure non-duplication; learn from WAMS and EHR bridging issues/challenges*

**Funding and Billing**
- Well-funded system
- Identification of per-IFSP related costs
- EI rate the reflects cost of providing services, including service coordination
- Centralized billing through a contract agency that can maximize billing; potentially at the state level.
- Preserve local funding/investments as much as possible
- Reliable allocation, so not as much year-to-year fluctuation
- Look more specifically at how local systems are using their money and operating
- Way both can be paid when there’s EI SC and therapeutic foster care CM
- TRICARE and private insurance payment for DS and SC
- Improve TRICARE reimbursing for subsequent assessments (less than 365 days) – impacts annuals
- Pay for consultation without it having to be face-to-face

**Technology to Improve Access and Efficiency**
- Maximize use of technology – telehealth, telework, virtual meeting platforms, electronic signatures, in-the-field link to data system for providers, etc. *Discussion - Telehealth cutting costs for transportation line item; more flexible about visit times, can do more visits per day; in some systems, teleworking now allowed permanently for some positions to reduce costs*
- Internet/broadband solutions to ensure accessibility statewide to telehealth
- Paperless system

**Reduced Paperwork**
- Reduced paperwork or less redundancy
- Consolidated procedural forms, such as consent to determine eligibility and complete ASP if eligible or more information is needed to establish eligibility

**Personnel Preparation and Professional Development**
- Personnel prep beginning at high school and through universities
- Loan forgiveness
- Dedicated professional development support to each region to provide consistent training and access to PD across the state
- Regional training guru with set training schedule
- Cross-training to enhance primary provider
- Paying providers who do joint visits to get hands-on training
- Training at university level to address things like feeding so all providers are comfortable to help

**Service Planning and Delivery**
- Reasonable caseloads

9/18/2020
- Frequency of services
- Reconsider cancellation policy (impacts productivity, revenue, ability to add positions)
- IFSP team is decision-maker for services rather than the insurance companies or the State
- Move philosophy forward for coaching and functional assessment and look at who has control over the IFSP.
- Increase consistency of practices across the state
- IFSP lists frequency of early intervention services (not specific service or provider) ... we're all EI providers
- When parents sign off on an IFSP it has a financial impact on the family (who is paying for the services such as DS)

Regionalization
- Regionalization ... especially serving children in border areas
- How child find and billing could be done regionally
- How do other states operate regionally
- Using providers across systems

Other
- We need to be advocates for parents but give them the information they need to be their own advocates as soon as possible.
- IDEA needs to be re-authorized giving families more flexibility – Discussion: Is there room for different interpretation of existing federal regulations? How much does it cost us to implement federal regs and how much value do we get out of that? We can comment when reauthorization happens to support any changes we think would help us build the system we want.
- Continuous compliance monitoring with 95% threshold
- State lead agency topic experts
- Develop a five year publicity plan to make sure we are reaching all children; enhance child find for all ethnicities
- Reconsider family survey and how it’s used for measurement
- Improve Part C to Part B transition
- Consider a Birth–4 or Birth–5 system