Infrastructure Work Group  
May 21, 2021  
Meeting Notes

Members Attending – Chrishonna Greene, Dee Holland-Brock, Jaylene Trueblood, Ed Gonzalez, Alison Standring, Kathy Pierson, Jennifer McElwee, Muff Perry, Mirlena Sanchez, Anne Brager, Richard Corbett, Catherine Hancock, Kyla Patterson  

Follow-Up from Last Meeting  
• Paperwork Requirements  
  o State staff reviewed and discussed all input from the last meeting  
  o We will see what forms the data system vendor has and how these and other data system features (like autofill functions and electronic signature options) address the issues raised regarding paperwork in general and certain forms in particular.  
  o Practice Manual changes related to reduced paperwork/documentation requirements for practitioner professional development are out for public comment and will be final in early June  
• No-Show Policies  
  o State staff reviewed and discussed all input from the last meeting  
  o Clarified definition of standing appointments during the May 6 statewide LSM Zoom meeting  
  o Concerned about making any changes to this policy while families and our system are still experiencing impacts of COVID  
  o Will study further when we have better data from our new data system. This is likely 2 years away by the time we get the new data system and collect enough data to analyze.  

Opportunities for structural efficiencies  
• Discussed comments, questions, observations based on the documents sent ahead of today’s meeting (information from other states; shared services hub concept; and data on system operations)  
  o Talking in Northern Virginia about what personnel structures (number of FTE, whether there are supervisors other than the LSM, access to billing/admin support, providers, etc.) local systems are using to support the number of kids they’re serving  
  o Local money can’t be used to serve other citizens in other jurisdictions, but maybe shared services will result in savings that would allow your local funds to go farther  
  o Would be helpful to look at those local systems that have lowest percentage of funds going toward system operations to understand how they make this work  
  o One local system shared how they used data to successfully advocate for more local funds to support Part C.  
• Discussion questions - Try to imagine you were creating Virginia’s EI system today knowing what you do from your experience in the system...
- What are the pain points or the problems that could be solved with some kind of shared services approach? Billing efficiencies; point of contact with TRICARE
- What resources do you need but can’t find or easily access in the current structure? Disability-specific resources for parent support, consultation … if they don’t exist, we have to create (thought there are benefits for collaboration to create your own); transportation
- What functions could you see it saving money or personnel time to share across multiple local systems? Training, but need to figure out accountability (for any shared components) and lines of control; billing (overseeing vendors, receiving progress notes for billing follow-up; reduce duplicate documentation to generate bill)
- How might a shared services structure for some functions would make it easier/better for families? Practitioners? Referral Sources? Administrators? Families move in and out of local systems … shared services would make it easier to keep same providers; billing/insurance contacts [especially TRICARE]; Infant Mental Health – limited providers so shared services idea could increase their reach and accessibility

- Kyla reminded the group that we are having these discussions because local system identified concerns about provider and funding shortages. We recognize that local systems already have made efforts to streamline and operate as efficiently as possible, so we want to be open-minded and innovative in thinking about other ways we can operate more efficiently as a statewide system.
- Decided to refer consistently to this concept as “shared services”
- Another issue that came up was who can be an EI Professional and inability of EI Specialist to do assessment. We will continue to explore these issues. Mirlena shared that they have seen a very positive impact on provider availability and the ability to use providers that don’t fall into our EI Professional categories by using the EI Assistant category to hire very qualified practitioners.

Work to be done between meetings

- Group members will use the following discussion questions in regional meetings and with other constituents, as appropriate, to gather additional ideas and input:
  - What are the pain points or the problems that could be solved with some kind of shared services approach?
  - What resources do you need but can’t find or easily access in the current structure?
  - What functions could you see it saving money or personnel time to share across multiple local systems?
  - How could a shared services structure for some functions make it easier/better for families? Practitioners? Referral Sources? Administrators?
  - Would your local system be interested in potentially participating in a shared service approach for some component(s) of early intervention? (This is not a commitment. Instead, we want to identify those who might be interested in exploring this concept
more deeply with us.) Local system managers are welcome to email Kyla directly to express their interest.

- ITCVA state office will:
  - Gather information from those local systems that have lowest percentage of funds going toward system operations to understand how they make this work
  - Consider a webinar and/or written materials about strategies to effectively advocate for getting, increasing or avoiding reductions in local funds to support EI
  - Consider a webinar or LSM Zoom meeting topic about creatively and effectively using EI Assistants and other EI Specialists

Next meeting: July 16, 10:30 AM – 12:00 PM