

NDICC Meeting  
Minutes  
1-14-10

Present:

Members: Amanda Lausch, Karen Tescher, John Bole, Jennifer Barry, Stephen Olson, Scot Hoeper, Allison Dybing-Driessen, Holly Major, Dr. Stephen McDonough, Sue Offutt, Jill Staudinger, Lori Wentz

Roxane Romanick, Myrna Bala, Deb Balsdon

Welcome and Introductions – The meeting was conducted by polycom video-conferencing. Members were at sites in Minot, Devils Lake, Grand Forks, Fargo, Bismarck, and Dickinson.

### **Minutes**

Scot Motion to approve the NDICC minutes from 9-10-09, Second by Allison – Minutes were approved. Joint minutes from 9-10-09 will be tabled until the next joint IDEA/NDICC meeting.

### **Infant Development Rate Setting:**

Deb provided background information on the reason for the rate system change. The division was granted approval from CMS for an extension for implementation until June 30, 2010. The division will meet again with Infant Development directors on 1-15-10. Current work is being done on the definitions of the service detail. ID programs are looking at additional time studies for each of the service events (i.e. evaluations and assessments, planning meetings, home visits, and consultations). Question: What happens if someone stands up an ID provider? Answer: The division and ID directors have been working to factor in the no shows to the rate setting process, as well as other factors that may impact service delivery.

Deb noted that they went with 47 weeks calendar vs. 52 weeks in determining the rate setting. This assists providers in having to attend trainings, professional development, meetings, etc. Question: Will there be a little bit time where a provider has to carry themselves before payment is made (i.e. cash flow issues)? Answer: It has been approved that there is a lump sum that can be obtained for start up purposes and then the budget will need to be justified in the 12<sup>th</sup> month.

Name of services: Home Visits; Consultants, Planning Meetings; Evaluations/Assessments

Concerns for families: Monitoring no-shows and how soon families are let go from ID.

Concerns: The whole process needs to be budget-neutral – have to still stay with the budgeted parameters that were determined through the legislative budgeting.

### **Data Review:**

Roxane, Deb, and Myrna Bala explained the overall packaging for the data that will be included in the 2010 filing of the Annual Performance Report. Members were supplied with a copy of the data report and a report of activity on the Improvement Activities.

For purposes of these minutes, the discussion about the Improvement Activities have been integrated into each indicator; however the NDICC went through a discussion of the data first and then went back through the Improvement Activities.

*State Demographics:*

Question: Wondering about the # of births in ND in comparison to the number of children served in EI.

Member Comment: Seeing people moving into the state due to economy and more employment; also noting that many of these families moving to the state have children with special health care needs.

Member Comment: Seeing transportation costs increase over all the other services.

Question: What is the per capita percentage of children with Native American heritage served?

Answer: We continue to under-serve this population.

*OSEP Determination:*

Question: How many states have made "Meets Compliance"?

Comment: Will try to get this information – There were 57 reports that were filed: 26 reports were "meets requirements"; 26 were "needs assistance"; and 5 were "needs intervention". (See attached document).

Discussion: The state must issue regional determinations as well and these will be coming out from the state office to the regions.

*Indicator 1 Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner):*

Deb noted that one concern with this indicator is that the numbers seem low compared to how many new services should have been started.

Question: Is 837 is the total number of children or something else?

Answer: 837 is the total number of QER's that were considered. 472 did not have a new service starting in which you could answer "yes" or "no" to. It may be that we're missing start up services on the front end.

Member Comment: It is possible that the issue lies in the description of what is a "new" service

Recommendations for the Improvement Activity:

- Believe that we're missing data – need to clarify data collection
- Finalized ND competency system – develop with funds from ARRA
- May need to consider monitoring the start of services for children that are hospitalized.

*Indicator 2 (Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children):*

Question: Is the private provider service recorded as "home" or "other"?

Answer: The IFSP team decides this on an annual basis together on whether it's being provided at home, community, or other. The method of delivery is also considered in making this decision.

Comment: There are situations where I don't always want it done in my home. You have to consider that it's a parent choice.

Improvement Activities Recommendations: None added

- Reference to Facts for Families Document

*Indicator 3 (Percent of infants and toddlers with IFSPs who demonstrate improvement in three key areas):*

Deb explained that we have not had a state target in this area as the OSEP understood that not enough data was gathered (need both an entrance and an exit assessment). This year, OSEP is expecting the states to set a state target in each of the three key areas. We had a total of 204 records to analyze this

year which is up slightly from last year. Deb explained that the ICC needs to focus on the 2 summary statements and decide which one we need to consider for our target setting. The data currently indicates that we have fewer children making gains in social emotional skills than the other 2 key areas. Comment: We don't have expectations that children that are referred will be caught up. There are children that will never be within age expectations. They do show improvement but not as much as their same-aged peers. It appears that Summary Statement Number 1 would meet the needs of our state better than Summary Statement Number 2 due to the population that we serve.

Deb reported that the state office has gathered cross-reference data which includes high-risk diagnosis, length of stay, and eligibility type.

Comment: It seems as if it would be difficult to show growth and gains based on certain tests. Deb noted that there has been a great deal of discussion about the application of the current tool that we are using. State office staff is monitoring the development of a tool being developed in California. If the tool is changed after the targets are set, then the state must advise OSEP.

Question: What are you hearing from the field on the results of the child outcome data? A: Need to continue to work with ID and DDPM's on the data.

Comment: It appears that there needs to be more of a breakdown on the tool. Field in the staff need to know how to help children developmentally. It's important to make sure that we're all using it the same way.

Comment: Typically, the social-emotional issues are more neglected.

Question: Which profession is really identified as addressing social-emotional issues in our state?

Answer: Some informal surveying has been done at the pre-service level and no one discipline is claiming to train infant-toddler mental health specialists.

Comment: A lot more overwhelmed parents with children that are acting out are being seen in medical settings, parents who are having difficulty with discipline. This is not a population of children that have been considered for referral.

Comment: Can also use behavioral consultation as a DD service

Consensus reached to recommend the use Summary Statement #1 and to set realistic targets with small incremental increases.

Improvement Activities Recommendation:

- Look at other Child Assessment protocols – 7-1-1. Discussion about protocols for assessments. What data would promote innovative practices (i.e. use of video, reliance on parent report , etc.)
- Increase training opportunities in the area of social emotional development
- Develop skills of early interventionists to address social emotional needs of children – screening tools/ evaluation tools/ application of eligibility code/look at evidence-based intervention/develop more resources for caregiver training. Who will we partner with?
- Develop skills of early interventionist to address assistive technology needs of children in all areas.

*Indicator 4 (Percent of families participating in Part C who report that early intervention services have helped their family):*

Improvement Activities Recommendations: None noted

*Indicator 5 (Percent of infants and toddlers birth to 1 with IFSPs compared to national data/Indicator 6 (Percent of infants and toddlers birth to 3 with IFSPs compared to national data):*

Improvement Activities Recommendations:

- Still some pockets where we're missing some children (i.e. children who are Native American and children that are homeless).

*Indicator 7 (Percent of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45 day timeline):*

Deb and Myrna explained to the council about the difference in the data that was presented on 45 day timeline. There were some cases that had different dates for the IFSP meeting and the start of services. Figure 10 in the report shows the slight different in this. This continues to be a training need on documentation for the regional programs. We continue to have the completion of hearing screenings fall out as an area of concern.

Comment: In regards to hearing screenings: At the medical centers, we don't have a shortage of audiologists and can usually get someone in to see an audiologist the same day.

Comment: It was noted that one of the biggest concerns in the field is the function of the equipment.

Improvement Activities Recommendations:

- Assess for the need for additional hearing screening equipment
- Training on documentations
- Formalize the service detail definition for infant development and who can complete evaluations.

*Indicator 8 (Percent of all children exiting Part C who received timely transition to support the child's transition to preschool and other appropriate community services by their third birthday):*

Question: Do the services become more fragmented at the age of 3? Answer: Yes, because a child and/or family needs to go through redetermination of eligibility for school based services and DD services. MA/WIC/Heath Tracks may no longer be available for the child. Other examples of assistance may be available for a family such as the Medically Fragile Waiver.

Comment: Presently, Medical Services is revising the score for the level of need on the Medically Fragile Waiver – Does allow for the documentation of daily needs as well as the information that is collected on the level of need.

Additional data was provided to the council about Part C Transition:

For the time period of July 08 – June 09:

612 children exited EI

240 were Part B eligible (39%)

69 not eligible for Part B and exited with referrals

35 not eligible for Part B and exited with no referrals.

74 Part B eligibility – not determined

4 children that died

42 moved out of state

113 were withdrawal by parents

35 were unable to contact/no response

Improvement Activities Recommendations:

- Look at the Transition FAQ from OSEP and determine what may need to be revised.
- Family stories were offered up – need for transition guideline review

*Indicator 9 (General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.):*

Improvement Activities Recommendations:

- Need enhanced system of capturing the case review data – the current system is maxed out in capacity to capture the data.

*Indicator 10 (Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint):*

Deb reported that she has implemented an informal tracking system for complaints received into the state office. There were 2 informal complaints related to accessing direct therapies in a rural area and the additional calls dealt with redetermination of DDPM eligibility upon transitioning at 3.

Improvement Activities Recommendations:

- Family Voices collects family information as well – may want to consider this as a data source or as a source for assistance with gathering this information.
- Continue to need visual modes of information on parental rights.

#### **Miscellaneous Items:**

Tammy Gallup-Millner reported that in the course of completing the Title V needs assessment the topic areas of Early Intervention/Infant Development and Early Identification came up as high need areas in our state. Tammy noted that the number of surveys completed was satisfactory and that a diverse group of individuals completed the surveys.

Comments: One thing that inhibits identification is a stoic culture of “wait and see”; might catch up, see what happens. This causes delays in hooking families to services.

Tammy noted that the issue will get looked at further during the stakeholder meetings.

Recommended agenda items for the March NDICC meeting which will be held March 4<sup>th</sup> from 1:00 – 5:00 by tele-conference/web-ex:

- Review finalized APR
- Contract reviews/Budget report/ARRA report
- Regional Report: Grand Forks – Region IV
- Rate setting
- 2010 Part C Application
- Autism Waiver Review
- Early Intervention Guidelines – this may be ready to be put out for public comment.

Meeting was adjourned.