

March 14, 2013

**ND INTERAGENCY COORDINATING COUNCIL  
MARCH 14, 2013  
STATEWIDE VIDEO CONFERENCING**

*Approved 12.5.13*

**PRESENT**

Jill Staudinger  
Shawnda Ereth  
Holly English  
Holly Major  
Amanda Lausch  
Jacki Harasym  
Carol Brakel

Roxane Romanick  
Amanda Carlson  
Scot Hoeper  
Nancy Skorheim  
Tina Bay  
Cassie Keller

**Guests**

Tammie Johnson, Children's Special Health Services  
Missi Baranko, Experienced Parent/Early Interventionist

**TOPIC: WELCOME/INTRODUCTIONS**

Everyone introduced themselves.

**TOPIC: APPROVAL OF AGENDA**

**TOPIC: MINUTES REVIEW OF DEC 6, 2012 AND JAN 31, 2013**

- A motion was made by Nancy Skorheim and seconded by Tina Bay to approve the December 6, 2012 minutes as distributed. Motion carried.
- A motion was made by Tina Bay and seconded by Nancy Skorheim to approve the January 31, 2013 minutes as distributed. Motion carried.

**TOPIC: MEMBERSHIP UPDATES – INCLUDING LEGISLATIVE NEWS**

- Tammy Gllup-Millner introduced their new employee, Tammie Johnson. Their office is currently tracking the four autism bills that are currently pending in the ND legislature – HB 1037, HB 1038, HB 1039 and SB 2193. In addition, CSHS is following the bills listed below:
  - HB 1314 – relating to genetic privacy and to provide a penalty.
  - SB 2131 – relating to genetic counseling and to provide a penalty.
  - HB 1362 – relates to Medicaid expansion, to provide an appropriation to DHS for the expansion of the medical assistance program, provide for a legislative management study, provide an effective date, and to provide an expiration date.
  - HB 1378 – requires DHS to conduct a study of the cost of services to children, and provide a report to the 64<sup>th</sup> legislative assembly
  - SB 2109 – relating to eligibility determinations for the children's health insurance program.

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Tammy is also getting more information on specific impacts of federal health care reform and will be providing public comment to the insurance department on some issues. Their office continues to monitor the effects of federal sequestration on their state budget.

Tammie Johnson, Tammy's guest, informed the Council that she was a social worker at Medcenter One and then was working in Home and community Based Services – Aging services at West Central Human Service Center prior to coming to CSHS.

- Tina Bay reported that the Division continues to provide testimony and to monitor HB 1012. Currently there is a \$350,000 cut to the Infant Development budget from the original governor's budget that was prepared for the legislative session. This cut was made in the House.
- Jackie Harasym noted that her office is also monitoring the effects of sequestration on the McKinley-Vento funds in the state.
- Roxane provided an updated on the Early Childhood legislation that is pending in the legislature.

**TOPIC: STANDING NDICC AGENDA ITEMS**

- Membership Update – Legislator Position
  - Roxane noted that the governor's office has requested that the Council submit some preferences for the legislative appointee.
  - Suggestions from the Council: Dan Ruby – Minot; Dwight Wrangham – Bismarck,; Senator Gary Lee – Casselton (may have a connection); Senator Tyler Axness – Fargo (works for Freedom Resource Center); Senator Nicole Poolman – Bismarck (interested in early childhood and is an educator)
  - There was discussion about wanting someone who has personal and/or professional knowledge or experience with early intervention or early childhood.
  - Decision to have the Executive Committee work up the questions needed to be considered when approaching potential candidates.
- Part C and Infant Development Budget Report
  - The current budget was displayed via projector for the Council
  - As of February 28, 2013 – still spending FFY 11 grant.
  - In discussion of the budget, it was noted that Region II has hired an experienced parent.
  - UND Parents as Trainers Contract – Amanda reported that this will be our last year to support this contract because of more utilization of direct services from our federal grant.
  - Currently there is \$1.1 million from FFY 2011 money left to spend, however the direct service is not shown on the report prepared for the Council.
  - There was a discussion about the number of families choosing to not use Medicaid funding for EI services. As of March 14<sup>th</sup>, there were 23 children not on Medicaid. One of these children is not eligible to apply and 22 made the choice not to apply.
  - This is the breakdown per region of children not on Medicaid:
    - Region 3 -5
    - Region 4 – 3
    - Region 5 – 6
    - Region 7 – 6
    - Region 8 – 2
  - Recommendation from the Council to consider the use of terminology around MA/Medicaid.

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- There was also the question asked about whether or not more information could be obtained about the 22 children such as “what services they are receiving”.
- Child count on Dec 1 was 943 children. This means about 2.5% of the population is not accessing Medicaid at this time.
- Part C sequestration
  - FFY 2013 allocation to receive a 5% reduction (\$108,000 reduction); based on population and service utilization however we are a minimum allotment state.
- Update on Executive Committee composition
  - Tammy Gallup-Miller, Cassie Keller, and Nancy Skorheim willing to be executive committee members.
  - This is a one year term unless the Council member has a standing position.
- DD slots report
  - Traditional – 63 slots left before we hit reserve on 3.31.13.
    - There were 4260 slots available and there are currently 4197 slots assigned to this date.
    - As of April 1, there will be 4365 slots available.
    - 190 will be reserved; and 135 reserve for infant dev.
  - Autism Waiver
    - The 30<sup>th</sup> slot was hit.
    - The slot year for the Autism Waiver runs from October 31 to November 1
    - There will be no new slots opening now until 11.1.13
    - Currently there is a waiting list. It is estimated that ten children will age out by 11.1.13.
    - Presently the Evaluation and Diagnostic Team is holding off on conducting evaluations. Referrals are being collected at the state office and will be sent to EDT team in Minot. Those not evaluated, will be scheduled by August so when slots come open in November, they will be ready.
    - Families that are interested in applying should fill out an application and send to Amanda and she will date and time stamp on the date received.
    - Complete packets will receive an evaluation first.
    - The Legislature has been informed of this also.
    - Presently, there is no legislation to allow for an increase in the slots in the Autism Waiver
    - We can expect public comment to be posted on the Autism Waiver renewal in May or June.
- Committee reports – Early Intervention Services Subcommittee
  - Early Intervention Services Subcommittee met four times since October and primarily only met on the pay points issue. Report to follow.
- General Supervision Work Plan
  - The state office is continuing to refine the general supervision and monitoring system with national technical assistance.
  - FFY '11 Annual Performance Report was filed on time.
  - State Office is meeting with national technical assistance in April

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- The state had all findings that were issued January 1, 2012 closed except for one regional program and that program is being closely monitored.
- The state will issue letter of findings for FFY '11 by 4.1.13
- Next meeting, regional program reports and level of determinations will be presented.

**TOPIC: OLD BUSINESS**

- Autism Task Force/Waiver Updates
  - Last Autism Task Force meeting was January 3, 2013.
  - Next meeting is scheduled for April 30, 2013 from 10:30 to 3:30.
  - At the January meeting, discussion prompted SB2193 and the Task Force spent the meeting talking about the bill and prioritizing pieces of the possible legislation.
  - Any of the meetings that are Governor/state operated are open public meetings and can be attended by the general public; such as, IDEA/Part B, Autism Task Force, DD Council, and Mental Health Planning Council.
  
- State Early Intervention Personnel Report
  - At the January, 2013 NDICC meeting, when discussing state improvement activities, there was a discussion about investigating staffing trends, including shortages in early intervention.
  - Roxane did a survey monkey which was sent to Regional Developmental Disabilities Program Administrators and Infant Development coordinators
  - The top six professions employed or contracted in the agencies were: social work, early childhood special education, occupational therapy, physical therapy, speech and language pathologists, and special education staff. Other professions listed were nursing, early childhood, psychology, addiction studies, education, and family science.
  - Number of Full Time Employees (FTE) in those professions: social work is 18.5; early childhood special education is 22.5, OT 16.5; PT is 5.5; speech and language is 12 and special education is 11.
  - Current openings were in speech and language and early childhood special education
  - Retirements – eight of twelve respondents anticipated retirements and the disciplines that were reported were across the board with special education being reported the most frequently. One PT is reported as retiring soon.
  - Roxane shared the specialized skills that she received from the survey also.
  - Roxane will send to the Committee members.
  - Council Discussion:
    - Would be nice to have that split between DD and Infant Development and projected needs for both now and in the future.
    - Tammy – UND does health workforce study in the state and why not include early intervention aspect. UND Rural Health could possibly add early intervention to study. Tammy will send the link to Roxane.
    - Wondering about the number of children that are served, what are their needs, and how they match to the professions that are employed.
    - For those people just moving in to Dickinson, the average age of referral is 30 to 34 months.
  - Jill stated that their pre-service experiences with different universities especially in social work and early childhood special education tend to create the pool of potential employees. They haven't worked with Speech and PT pre-service students.

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- The question was asked about doing this in conjunction with Part B.
- After members have looked at the report from Roxane and think about the discussion today, we can put in the June agenda.
- Roxane will do some research with the rural health workforce bill also.

**TOPIC: NEW BUSINESS**

- Discussion of infant development pay points – Early Intervention Services Subcommittee Recommendations
  - In January, 2010, the state entered into a fee for services agreement with infant development providers. The fees are based on four pay points: evaluation/assessment (initial annually transition or if needed), plan development, home visit, and consultation.
  - The Early Intervention Services Subcommittee and additional stakeholders met on a number of dates to work on the Pay Points guidance.
  - Those recommendations have been approved by the subcommittee and this constitutes the report back to the NDICC. Below are a summary of the recommendations:
    - Evaluation/assessments must be completed by at least 2 qualified early intervention program staff (either contracted or employed)
    - For infant development to bill for assessments needed at transition at least 1 qualified staff must participate and produce a written report -
    - Clarification on completion of the exit child outcome tool – trying to anticipate a change because of changing tools and the new tool to be more feasible to do with families.
    - Talked about where things are document and how it is documented and to have proof in the record.
    - Flexibility to hold reviews provided to IFSP teams
    - Clarification around situations of hospitalized infants – confusion on who is responsible for plan development.
    - Removal of language requiring two month advanced planning – was happening to assure IFSP was renewed in time to cause problems with authorization and removed to give field flexibility, but if plan runs out new one better be activated when the other runs out.
    - There was discussion about presence of the parent or the child during a home visit. Requirement that instances when this occurs, there is specific documentation – document in home visit notes when child/parent/guardian is not present.
    - Home visit location and activity must be covered in IFSP – and linked to an outcome. This needs to relate to what works for the family and child and how the outcomes will be achieved.
    - Phone conversations are not billable; however, other electronic means continue to be researched
    - Home visits must be completed by the assigned PEIP. Consultations and home visits cannot be performed by the same person on a given date.
    - Initial consults must be conducted face to face with parent child and PEIP. Expectation that this is the ongoing model; however IFSP team can determined alternate approaches
    - It is allowable for consults to occur without the PEIP

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- Families should be aware of the early intervention staff's discipline (PEIP, consultants, persons performing evaluations/assessments)
  - Consultations will not be required as they were in the past.
  - if the consultant has a specific expertise that is required; however providers should consider this when making PEIP assignments
  - Consultations, provided by different disciplines, can be billed for on the same day
  - Nursing consultation can only be used to assist in helping child participate in other EI services; however a nurse can be a PEIP.
  - Concerns noted by stakeholders that the delay in payment is difficult to deal with when you don't have a reserve as a provider
  - Discussion about levels of approval needed for payment to be approved
  - Request for training on how to help teams improve their ability to make decisions together
  - Training on addressing remittance code and submit billing
  - Request that MA provide all of these error codes at once so that all can be fixed initially. It was noted that there seems to be no reason on when some payments go through and when they don't. Sometimes providers receive only a partial payment. Recommendation to do additional training on billing remittance during a monthly EI training
  - Consider a reduction in the levels of authorization
  - Explore writing authorizations for up to a year
  - Explore whether or not the payment system can pay for the accurately submitted billing and only kick the portion that is inaccurate rather than the whole bill
  - Inform providers about rate increases sooner for budget purposes
  - Reinstate the alert for when MA is discontinued on a case
  - Training about placing MA redetermination date on IFSP
  - **Council Discussion:**
  - General consensus of the Council in approval of the recommendations. Council would like the state office to come back to the group on implementation.
  - Flow chart would be beneficial for families. Staff should identify what they are there to do and should identify why they are in the home that day. This isn't always clear because may be one time a staff is there for an evaluation and another day there for a consult.
- NDICC input on public comment for the 2013 part c application package
    - Hearing tonight from 6:30 to 7:30 and on Tues from 7pm to 8pm.
    - Comment period open until April 8 and you can send/email comments to Amanda.
  - Regional program level of determination guidance for FFY 2011
    - Level of determination – give this topic to the Executive Committee and then send out to the members - it was decided to go ahead and do this.
  - NDICC Travel Policy – tabled

**Next meeting will be held Thursday, September 26 and Friday, September 27 at the Comfort Inn, Bismarck, ND**

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