

INTERAGENCY COORDINATING COUNCIL
Thursday, March 26, 2020
Virtual Meeting

PRESENT

Amy C	Matt Nelson
Kim Hruby	Amanda Carlson
Michelle Ragan	Moe Schroeder
Jill Staudinger	Meredith Quinn
Chris Pieske	Shantelle Petroff
Shannon Grave	Jodi Hulm
Eric Gault	Tina Bay
Sarah Carlson	Kelli Ulberg
Missi Baranko	

DIVISION STAFF

Jackie Adusumilli
Colette Perkins

GUEST

Roxane Romanick
Lisa Piche, Foster Care, CFS, Grand Forks
Peggy Lutvosky, BECEP EI

Jill welcomed everyone to the meeting.

TOPIC: FAMILY STORY

Ashley & Adam Johnson and son, Hayes.
Emergency c-section - induced at 39 weeks, the baby wasn't making his way through the birth canal. Not breathing, Apgar 0, placed on therapeutic hypothermia - clinical seizures, medication for heart, incubated. Did an MRI at 3 days to check brain damage but no significant finding but that is not predicative of anything. Next steps wean off vent and oxygen and begin feeding. Experiencing head and neck swelling and due to basically traumatic birth and retaining fluids. Hayes was 10 days old before they could hold him. Tried oral feeding - expected he was aspirating. Then

referred out of Bismarck for G-tube placement and went to Children's Hospital in MN. Drs presented 2 options - do G-tube and go home or try intensive feeding therap. Next 2 weeks consisted of feeding, intensive OT twice a day. You can room in with your baby. After 2 weeks, they wanted to do another swallow study and he passed. His formula was pudding like consistency. He went home 2 days after the swallow study. Main medical challenges - large head, at 15 months had a little jump and did an MRI, and consistent of previous. Dealing with vision - waited until 6 months and DR didn't have any concerns. At 8 months talked to other people and went back and then got glasses and didn't notice any changes and sought a 2nd opinion and glasses not helping with an eye turn but he was using his eyes one at a time. They sent us to Mayo for his eyes.

Adam, Dad:

Closed grip and had a splint on his hand.

Celebrated every month the milestones.

After 1 year, went to thin formula. Started walking at 18 months. He loves to swing and is very helpful around the house, enjoys meal prep and taking a bath with his sibling.

Reflections on Early Intervention:

So thankful for early intervention and she works for the KIDS program. Want goals and to continue to support him.

Social workers are not able to articulate early intervention fully to families.

Referral to early intervention when in ICU. An IFSP written in the NICU wasn't an option.

Medicaid support - Medicaid is so helpful. So thankful for ND. Challenge with their flight - it was out of network and not covered through insurance and worked with hospital and state insurance to get this covered.

This wasn't an emergency and they didn't receive a letter and took a year to sort out.

How would IFSP be helpful in the NICU - felt more supportive, services to pick up faster when they got home, helpful for me to sit down and plan and helpful for when we got home.

In MN, Ashley told them they were doing early intervention. Their IFSP got created after home from NICU and not referred until they got back home from MN.

Region III was amazing and in the hospital within 2 days of child being born. Plan in place with human service center, IFSP in place and it made a world of difference. Region VII - this doesn't happen here, and it is difficult.

TOPIC: NEW BUSINESS

Videoconferencing Technology for ICC Meetings

Last meeting with Skype - like Zoom better, reliable. Not a fan of Skype, limited number of people you can see. Zoom is better as I can see everyone. Zoom has been better.

We will keep this on the agenda.

Tina will check into posting through Facebook live and report back on at the June meeting.

State Grant Updates - DPI

Comprehensive Literacy State Development grant - we're meeting weekly. Received a number of applications. Striving readers literacy was before this grant. Received many applications. Wrapping up the application period informed that additional federal money is ready to be applied for but Covid19 started.

Preschool Development Grant - 2nd round ND didn't get awarded. Year 1 extended through 2020 to continue data system and completion of strategic plan. Unable to move forward, issued an RFP to have technical assistance for development and cannot issue as time is spent around Covid19. Heard but not confirmed there is a possibility of extending beyond 2020 to complete the rest of the work.

Moe - Kelli question on collaboration - IDEA regs on making referrals to happen in 7 days - ICC to carry over to next meeting and make a recommendation to the state.

Sarah - family support is provided through early intervention. Having an experienced parent with NICU experience and provide support while families in the NICU. Be a service to provide to families while in the NICU. Experienced parents are not often written into the plan.

See a process that in every region there is collaboration and education with medical facilities, so things are done consistently across the state. Social workers know who to reach out to and make a process in place to improve and make sure children get services right away.

Child in NICU and screened to receive services/Medicaid - no. They have to be receiving a waived service but cannot be provided in a hospital setting and DDPM is not a waived service. Jackie thought service coordination could be done. Can't do a Medicaid pay service when in the hospital. It would be like double dipping.

Roxane - responsible under Part C compared to screen someone and put under Medicaid waiver. Child has condition and eligible for Medicaid waiver - difficult to screen a child but many children in NICU have

qualifying conditions and human service center could do eligibility. Look at service delivery needs when doing an IFSP and then figure out funding source.

Next Steps - continue as agenda item in June, get a group together to discuss? Provision of early intervention services in the NICU on next agenda and someone to present the current status and then make a recommendation to the state.

Use of Telehealth for Early Intervention Services
CMS and OSEP for funding for early intervention services.

Infant Development funding is Medicaid. States can request an Appendix K to waive certain items in the waiver. In the process of submitting this to CMS and finalize. Appendix K can be retroactive also and it is time limited. Allow infant development services to be provided through telehealth. Jackie stated that states have been having discussions and bringing materials to everyone and move things along consistently. Have discussed adding telehealth as ongoing for early intervention.

It would be structured and placed in the plan as the best type of early intervention for the family and child.

Providers keep information on how things are working for your families; parents receive service done remotely to share positives and negatives on how it is going, even if you are receiving private services remotely.

If CMS doesn't approve, what are the next steps for providers - it would have to be state funds. Home visits and initial eval and consults would be affected.

A Q&A went out that talked about meetings being held virtually and that includes infant development. This will be a continued agenda item.

September Meeting: Joint IDEA Advisory Training
Jackie reached out but haven't heard back from them. An outline of the training would be helpful to give to members.

Right Track guidance for screenings - able to do distance/virtual visits, screener virtual, phone/video conversation and Jodi linked it for telehealth. Missi check in with families and needs/resources/frustrations/behaviors of children/social & emotional needs of children. Everyone was very open to trying new things. Tracking those via phone, video, etc. and at the end do a survey with families about the process.

TOPIC: STANDING NDICC AGENDA ITEMS

Part C Budget Report

Pay points split out and this is through Jan 2020.
Home visits - 2019 average 1195 clients and now at 1233.
Consults average 470 clients and now at 526.
Evals 2019 152 and now 810 2020.

Overall program clients 1264 for 2019 and 1329 for 2020.

This information will be sent out after the meeting.

First Partial Month Update:

We haven't done this yet - what the ICC wanted.

Medicaid Application Update:

Tina is bringing her new supervisor up to date regarding the new Medicaid application and counties now being in zones. If no changes to the applications, can

we get a flow chart regarding the path to take to get Medicaid eligibility.

DD Slots Report:

5640 slots all have been assigned
Infant Development slots - all these have been used up.
The Waiver is renewing in 5 days and we will receive all new common slots.

Amended waiver effective 4/1/ and added 400 common slots and regular growth was also built in.

Committee Reports

EI Budget Committee:

No report.

EI Services Committee:

Becky was the assigned chair and they haven't met.

High Risk Eligibility Criteria

Previous meeting in the fall Kim went through fall and some things they wanted BHD to look at. Kelli brought up to several individuals and other things came up and will defer to next meeting to get feedback.

Executive Committee:

No report.

Experienced Parent Committee:

They have not met. Will have a report for June.

Jackie didn't have any new data to share from

Pathfinders. Sarah Carlson reported that on her 1st day employed with KIDS at the staff meeting and provided information. That day she received 6 referrals. What is different - information sharing and trust.

Confidence in Infant Development providers in hiring process. Jill stated that it is helpful to have her at the table providing insight and guidance. Had some volunteers from the ICC and Sarah will be reaching out hopefully by the end of the month.

Family Survey Committee:
No update.

SSIP Committee:
No update.

State Systemic Improvement Plan Update

Plan is due April 1st and we are getting ready to submit.

SSIP summary was shared with members.
4 strands - data quality. Professional development, evidence based, policies & procedures.

Data - Using Q&A document.
Data drill down group - local programs to look at data.

Professional development - reviewing for service coordination materials and some surveys have come out

Evidence based practices
PIWI project was implemented across the state. Surveys were sent also.

Policies & Procedures - developed new documents. Some being reviewed by national technical assistance. Some will be reviewed by the field soon. APR demographic was shared.

Upcoming activities:
Data quality - transition of IFSP in Therap; stake holder input will be gathered. Moving from state side to provider side. Reports to programs to look at their own data.

Professional development - working on family assessment training

Evidence based practices - providers are familiar with power project lead - writing functional outcomes. Similar to piwi.

Policies & Procedures - finalize next procedures and will continue to work on more procedures as needed.

General Supervision Update

Part C Grant is out for public comments until 4/21.

Annual Performance Report:

Submitted in Feb. have not received any feedback in regarding clarification.

Letters of Findings/Levels of Determination:

Given to programs on March 6.

Sharing outcome and overall performance with the ICC.

Letter of Determinations

3 programs determination was needs assistance.

Jill providers perspective - talked to some and all appreciative of timeliness of both getting out early.

NDICC Membership Updates

Jackie will continue to follow up.

Have people designated/in process and waiting for official appt.

Region 3 Parent Rep

Did receive names for Region III.

Membership updates from Governor's Office:

TOPIC: NEXT MEETING

June 18, 2020

Quality Inn, Bismarck

Jackie thanked everyone for being flexible today and thank you to Shannon for letting us use Zoom.