

Interagency Coordinating Council
Thurs, June 18, 2020
Virtual via Microsoft Teams

Present

Tina Bay	Lisa Piche
Kim Hruby	Shannon Grave
Beth Larson-Steckler	Janelle Middlestead
Angela McSweyn	Matthew Nelson
Amy Casavant	Meredith Quinn
Eric Gault	Chris Pieske
Sarah Carlson	Moe Schroeder
Michelle Ragan	Jill Staudinger
Missi Baranko	Shantelle Petroff

State Present

Jackie Adusumilli
Colette Perkins

Guests

Val Bakken	Roxane Romanick
Erin Kline	Ramona Gunderson
Becky Matthews	

TOPIC: ICC MEMBER SUGGESTED AGENDA ITEMS

Shannon Grave stated that Carol Johnson and others collaborated to start an early intervention certificate. Starting an undergrad course to offer to paraprofessionals or parents who don't have a bachelor's degree to get the certificate. Her youngest graduated this May.

Lisa Piche - Working on a number of redesign programs.

Chris is not seeking reappt. to the ICC.

Roxane Romanick - DD Council is conducting their 5-year plan and holding a talking session on Mon, June 22, at 5:30 on early intervention. Joanne Hoesel did a

systems analysis and included a piece on early intervention and recommended to look at substance abuse new borns and fetal alcohol situations. DEC conference was scheduled for Minneapolis and now it is going to be held virtual.

TOPIC: FAMILY STORY

Chelsey Christianson

Story began 2 ½ year ago welcomed a baby boy. He has D.S. and found out a day after birth. The KIDS program then came into their lives and gets sad that their son is turning 3 in Dec and doing the transition stage. Thanked the KIDS program for everything they have done. Their interventionist was out that month from when he was home, and it was amazing, and we received all the services from the KIDS program to help our little guy. Chelsey is a teacher and has sisters in the medical field and within NICU, she was contacting a teacher that worked for the KIDS program and was great and we got a good jump start. Roxane was so welcoming with Designer Gene's and the support was amazing and it is unbelievable. We have been so fortunate in receiving what he needs through all supports/aspects. Virtual visits worked very well for them. They have Easter Seals providers and their interventionists met with Easter Seals. Did a 3-way call for speech consult and all on the same path. Everyone heard the same information from speech path and take to the Easter Seals provider and we all worked together. Just completed an annual virtual assessment online. A few times her schedule didn't work or forgot to put in calendar, but they were able to change the time and shorten the time. Had a visit with vision specialist from school for the blind and not at home but did a virtual visit and it worked out! The hardest part is to capture her son as he is moving so much. At first, she was nervous about virtual visits and thinking how we are going to do this, but their interventionist is so good. They just jumped in and like they hadn't left off from in person.

Wanted a family story to share a story about the virtual world and received early intervention and outpatient therapy also. They made it work and it was beneficial for them.

TOPIC: NEW BUSINESS

Videoconferencing Technology for ICC Meetings

Looking at different modes of connections for ICC meetings. DHS can no longer do Zoom, and Skype is no longer available. We have PolyCom and Teams available as our options. Tina was going to check into Facebook Live. Tina talked with Legal and several things would play into this. Open comment would be records retention issue and if we shut it off, they couldn't provide comments. Legal needs to check into this. Need direction from the committee. Shannon stated that bringing up Facebook live is very easy and would allow more capacity for people to get on and attend the meeting and there would be time for public comment and just more open for people. Teams is a good option but if you are not tech savvy it could be daunting for families. Teams is being used by other businesses also. It was stated that Teams will have a screen to see 40 people in July through the fall. There is the ability to record minutes through Teams. Some disappointment in having shorter meetings and not be able to do more problem solving/team collaboration. Teams is coming out with a breakout room and a white board option in Teams. Within chat box, good to have somebody monitoring the chat. Chat is tied to the meeting and could be covered at the next meeting also. Important to have face to face opportunities also. When sending out the link for the meeting, maybe attaching a cheat sheet for individuals. Comfortable with Teams meeting in Dec? Jackie will work on this and share with the ICC. Maybe before the meeting having a quick test with guests and others to make sure everyone can access. We will not look at Facebook Live at this time.

ICC Member Suggested Agenda Items

Suggested items for the next coming year and anything pressing, and those ideas become a part of our planning. Do some brainstorming and prioritizing in Sept. Amy - exposed to whooping cough and interventionists being compromised when going into a home. Visiting day cares are required to get immunization records for children, but we don't require that and what is rule regarding this? Started discussion on contact tracing in regard to COVID. Peggy Lutvosky asked about telling DHS/DH if you are exposed to COVID and disclose the homes they went into. Should this be brought up to the Legal Dept for recommendation? We can notify the families ourselves that we visit. Can we under FERPA notify families that we are serving, and response was no. They ask who they have been in contact with on these certain days for COVID. Jackie would like to contact our national technical assistance and OSEP and send out to all of the providers. Besides considering privacy concerns, if kids are not immunized, we will provide service electronically and not in home, but don't know if this would be a violation of OSEP. DHS Legal Division needs to be on top of the options available after the summer also. Child not vaccinated there are exemption forms for them to still get Part B services. Group in agreement on guidance how early intervention sits in FERPA and early intervention world and visit about privacy practices of the difference of early intervention in both worlds. Supports from DHS and CMS would be helpful to navigate.

Would like the family survey to be an online option.

Talk about early intervention service not frequently used and find solutions to provide more access for families - 17 early intervention services. Auto eligible conditions and continue conversation about this and substance exposed newborns.

State Grant Updates - DPI

Angela is celebrating her 1st year of employment with DPI. Was a Part C Coordinator in Billings many years ago and in the Billings Public School also. Beyond amazed about the work that Val did. Jackie has been a wonderful resource to Angela and thanked her for the support.

Met with Director and gave updates on the preschool development grant. Received no cost extension to wrap up work. NDIT contract to assist state. Working with Head Start to integrate the data. Other states have taken steps and outcome of greater data decisions. We could have an overview at a future meeting.

Competency literacy state development grant - 2 projects in regard to early learning. Working with Mayville state and some professional development with the preschool development grant and will be some online professional development courses for childhood educators. Another grant, executive functioning grant - working with OSEP creating a resource guide. Does the Executive Functioning Grant include birth to 3 population - yes it does. Targeting birth to 5 population as well.

Use of Telehealth for Early Intervention Services

In March at the front of COVID impact and state submitting the Appendix K Waiver to allow for change in service delivery. Appendix K was approved in March. Took the 4 pay points and allowed all to be provided in a virtual format and paid at the same rate. Needed to be provided in a video format for the child to be seen. Phone visits were excepted. Different platforms were able to be provided also. It is approved through August 31.

With starting of virtual services and how to figure out how to do, kids in transition was a hot topic. A survey sent to Part B and Part C providers on

transition of services and some stopped for a while. Survey done in April on transition across the state and questions about how visits are being conducted in both areas. There was also a comment section. Asked about size of programs, asked about how services are being provided (majority all virtual in April); and some had other modes of providing services, taking it case by case with families. Asked how evals were being conducted and majority was virtual and small number of in person and some on an individual basis. Asked about how transition meetings are conducted and majority was virtual and followed in individual basis. People talked with families on what was important to them and considering family wishes. Good comments about birth to 2. Coaching model has been fast tracked with this. Jackie showed the comments from each section. Sent out guidance on full participation on all involved.

Going forward - Jackie has reviewed other states policies and procedures through telehealth and found it is very extensive and much to look into. Talked to procedures work group on Monday and asked for their input and willingness to support some creation of procedure around telehealth. Asked the ICC to create a subcommittee on telehealth. We want a variety of people but not too many so that the work gets done. This committee would work with the procedures work group also. Let Jackie know if you are interested. Ramona - face to face is the best. At the end of Aug will have families with medically fragile children that will be leery and appreciate this consideration. There needs to be some policies and procedures around telehealth. There is comfort in knowing that ND wants to be ahead of the game.

Val said there are 2 perspectives - parent - our early intervention services are in childcare settings and not an opportunity work one on one with parent. But telehealth service has provided stronger connections with parents and a huge success. Other - provider - it

is a fee for service business. It took 2 weeks to get organized and had revenue to cover their costs. Referrals are not coming in as previously. Concerned for the fall and our budgets and making sure staff have a job and families are getting the services they need. Caseloads are down, referrals are down, and kids are turning 3.

A motion was made by Michelle Ragan and seconded by Kim Hruby to approve the development of a telehealth subcommittee through the ICC. Motion carried unanimously. Let Jackie know if you are an interested member by Mon, June 22.

Appendix K and beyond Aug 31 is that in the work for telehealth. DHS is looking into this for all waivers but no decision on an extension has been made. With Appendix K there is no public comment period, as it is a very temporary type of change and they are quick with authority. The Division will take information from the ICC meetings and comments back to the Dept. We are trying to monitor how long the federal declaration is going to be there. Is there a place in the waiver to make this a permanent option? CMS says you cannot create a waiver within a waiver, this is why you have the Appendix K. Is there a place for it to be ongoing if a family is sick, weather is not good, or staff? States have telehealth services/communications and you can do it. ND has not done this for any other services, but we looked into for several other services, but you need to have documentation and processes in place per CMS to submit.

ND is applying for and continue to provide Part C services after 3 - this is connected to Sec. DeVoss idea waiver recommend allowing flexibility for all states to provide Part C services to bridge the gap. Asked on the last OSEP call and DeVoss submitted recommendation and it is at congress now. If we want to provide services after age 3 and it would be ongoing

and, but the child has to be found eligible for Part B to be pursued.

September Meeting: Joint IDEA Advisory Training

Jackie working with Geri Teevens to do some joint training. We do have members with membership ending in August. Anticipating at least 3 new appointees that would be invited to join IDEA group on role of ICC/IDEA member and how to function and how it works in State of North Dakota. It is open to standing members as well. Let Jackie know if you want to attend. Sept 10 morning would be the training with TACE, and the afternoon would be the joint ICC/IDEA meeting and on Sept 11 would be the ICC meeting the full day.

Neonatal Intensive Care Unit (NICU) Service Provision

Training provided not sure if procedures were developed and if not, bring back to the procedures work group as a concern/priority. Break down in rural areas, infant in NICU and the family lives away, they aren't getting DDPM referrals right away and getting referral when discharged. This is a big problem. Better to start initial IFSP in hospital. Variability about how an IFSP is written or not. Having support even before baby arrives and then upon birth, experience parent makes referral to DD when in the NICU. Statewide procedures - we need more training; see certain DDPMs that are really successful. We have identified some potential options and we want to be training and talking about what language and questions look like. Waiting until I get home is not the best and here is what we can do now.

Roxane will go back and look at some written procedures and who could take as DDPM and responsible for the Part C element and was only allowing those as social workers to do. We said no Infant Development services and before Infant Development was partnering with DDPM on infants in NICUs. Infants have a right to those 17 services. We can do great things for families when it

is both DDPMs and Infant Development. Being an advocate for families and framing out questions on the next physician visit are under emotional support for families. Navigation of financial benefit is critical. Introducing these things to families of things that will come up later.

This would fall under the procedures work group. Thinking of parents that have been through this to share their perspectives.

Child Find (Right Track)

Sharing Right Track numbers from previous quarters to ICC members. What would be helpful to the Committee? Capta referrals go to Right Track and may not be consistent on how it is entered. This is how it is recorded in Therap. Birth review and referral from other state agencies. Birth review referral from Right Track and track on Right Track side. Shantelle said if a referral comes to her and puts on her tracking spreadsheet on other and in comment then goes to Right Track and that is what would be put into Therap. Jackie will update the form she showed and send to the members. Are Right Track programs tracking the same data - we don't necessarily know this. Is there any data State Office would find helpful for all of them to track?

How much money is spent on developmental screenings?
How many children are we providing service too?

It was stated that developmental monitoring and a lot of prevention takes place in right track. It is not carried out the same across the state.

Any adjustments to RFPs, increase in fee for service, don't know when it was created and hasn't had an increase in 15 years. We are purchasing more assessment. Virtual visits - Appendix K for Right Track? Doesn't have to go through Appendix K, but DHS

hearing things ending, and we are monitoring and how long we can offer and when we would go back to normal. Legislation and dollar amount - we need to get federal authority to spend. Impact - increase rates and payment, we know we need more money. Would rely on general funds as we won't get more federal money.

Direct service costs go up and puts DD in the position of taking dollars from Right Track and put in the direct service line. What is the data that is really needed to help show our case and a case for an increase?

Next meeting do some Right Track brainstorm gathering ideas what they are collecting or what they would like to collect for legislation.

TOPIC: STANDING NDICC AGENDA ITEMS

Part C Budget Report

Pay point and administrative expenditures

Tina showed the Part C budget.

\$2.5m was total revenue.

Expenditures for direct service - 7/1/18 to 6/30/19.

Ran out of Part C and went to general funds. Showed 7/1/19 to 6/30/20 - \$2.3m Part C grant and ran out of Part C funds in the middle of June. Governor requested a 15% reduction in the Dept's budget. Other - preschool development grant was training for early intervention did a contract with Hanen and paid out expenses and then we got reimbursed through DPI.

Average of pay points - 2020 - home visits through March average of 148 clients, Consults 544 clients, Evals 178 clients, and IFSP 392 clients.

First Partial Month Update

Medicaid Application Update

Number of Kids Using Part C Funds for Services

DD Slots Report

TOPIC: COMMITTEE REPORT

EI Budget Committee

EI Services Committee

High Risk Eligibility Criteria

Executive Committee

Experienced Parent Committee

Changes to that service delivery that will end in a couple of weeks. Experienced Parent Subcommittee met and reviewed historical path that experienced parent has had and intersection with Part C services. Talked about what is going well and the challenges with RFP that went out. The Pathfinder contract is ending June 30. Part C application did have dollars set aside for experienced parent for \$160 per biennium or \$80,000 per year.

1st recommendation - set said dollars to continue experienced parent program and wanting the \$160 for the biennium or \$80,000 per year. Talking about having a leader/coordinator and alleviate some of the training. Gearing dollars to be sent to having limited grant opportunity for infant development providers to hire and get equal dollars available to the experienced parent salary.

There is a grant that is enticing that we would like them to seek out. Discussion about infant development providers didn't historically use experienced parents and didn't make referrals to Pathfinder or continued support from experienced parents. We want people to

seek this service and that services are universally available to all ND families.

Data collection - there is some historical data information to be passed on. In 2017, we were missing how many families were served. Build a strong program with strong parent leaders. Recommendation from ICC to lead agency that we get started use as we don't want families to be without services.

The experienced parent contract ends June 30. Families will be without this service. Issue an RFP would be how long? The program we had wasn't being used anymore and Infant Development providers were doing their own thing, thus a decrease in utilization of what we had. Decision to not renew was that the utilization was not there. We are open to suggestions if it is a valuable program and recommendations on how to structure it and we will look to see if we have the appropriations. How does this intersect with the Part C Application? As it is less than 10% of the grant application, we can change without it going out for public comment or wait for next grant application.

May not have specific data, but stories and framework for providing the service didn't meet the needs of families and providers.

Have a recommendation from subgroup that we want everyone to see. Subcommittee willing to gather to meet if there is additional feedback needed.

A motion moved was made by Sarah Carlson and seconded by Matt Nelson that the recommendations from the experienced parent subcommittee are followed by the lead agency. Voting was: 13 ayes; 1 nay; Tina Bay and Moe Schroeder abstained. Motion carried.

Recommend experience parent subcommittee to meet to generate data collection and what do you want to see

the experienced parents collecting to give us a greater framework.

Sarah will put together a summary of the recommendations and everyone will review and call another subcommittee to gather data or call another ICC or executive committee.

Family Survey Committee

SSIP Committee

TOPIC: STATE SYSTEMIC IMPROVEMENT PLAN UPDATE

TOPIC: GENERAL SUPERVISION UPDATE

Annual Performance Report

Letters of Findings/Levels of Determination

TOPIC: NDICC MEMBERSHIP UPDATES

Membership Updates from Governor's Office

Open Positions

TOPIC: PATHFINDER REPORT