## **ICC General Session Round #1 Proposed Minutes**

11/14/24

11:30- 2:00 PM

**Appointed voting member attendees:**

Edith Benisty, Shirley Fan-Chan, Dina Tedeschi, Sandy Brown, Kevin Beagan, Nicole Constantino, Scott W. Geer, Jheanell West Daye, Chris Hunt, Serra Acar, Mallorie Brown, Colleen O'Brien, Sanya Agrawal, Lori Russell, Michelle Grewal, Corinna Rea, Jennifer Clark, Emily White

**Public non-voting attendees:** Kathleen Amaral, Amy Muehlberger, Liz Jones, Chrissy Kammel, Liz Cox, Leslie Siciliano, Joanne Sweeney, Jill DeCarteret First EI, Rachel Cracknell, Victoria Karlsen, Elizabeth Small, Gretchen Rowe, Lauren Meatty.

The meeting began as a webinar. Dina alerted attendees of the new format, and a slide was shared that described the changes and the reason for the pause as appointed members joined. Kathleen verbally alerted Lori and Dina to the quorum. Once the quorum was met, Dina and Lori welcomed everyone and turned it over to Nicole to conduct the roll call.

Next was a vote to approve the minutes. Chris Hunt was at the June meeting, and it was noted that attendance needed to be corrected. Nicole made the motion to approve, and Chris seconded the motion, which passed unanimously.

Nicole then presented the updated orientation slides to remind appointed members about all aspects of the ICC—a good reminder to start this year off right. Nicole shared that the intent was to provide this as a yearly refresher and as needed, 1:1 to new members.

Dina shared some updates, including the efforts to schedule an in-person meeting and the hope for a retreat/celebration at the end of the year. Lori reminded the committee how the retreat had been at the beginning of the year in the past and how nice it would be, given the work with strategic planning, to come together at the end to celebrate how far the committee has come toward meeting their charges.

Emily began her director's report by providing an overview of what she was to share, starting with federal updates and requesting the committees' help to derive meaningful conclusions from the data she would share.

Emily began by sharing the GAO report on childcare accessibility and efforts for agencies to coordinate further to serve families with disabilities better and recommendation to increase the coordination between the Office of Health and Human Services (HHS) and the Department of Education (ED) to leverage existing mechanisms to better promote PTIC's and other resources that are available to help parents of children with disabilities connect with local childcare programs.

Emily shared a CMS report on promoting early and periodic screening, diagnosis, and treatment requirements, expanding related workforce, and care for eligible children. The next update was about the implementation of regulations for nondiscrimination based on disability and access to medical care, assessments, access to child welfare programs, information and technology, and services in integrated settings that are most appropriate for the person's needs. Emily also shared recent guidance from the workforce in data systems reports related to early childcare and supporting the workforce.

Emily shifted to state updates related to state performance plan (SPP) and annual performance report (APR) requirements. A new compliance indicator focused on the state's general supervision's responsibility to monitor early intervention service (EIS) providers and EIS programs under IDEA part C. In reporting on findings under indicator C12 the state must include data collected through all the components of our general supervision system that are used to identify areas of noncompliance. Included in this, but not limited to, is the information we collect through monitoring, our dispute resolution and fiscal management systems, and other mechanisms.

Emily explained that indicator 12 was added ultimately to improve equitable outcomes. For Indicator 12, the state must also report on the correction of noncompliance in the following years SPP/APR to confirm the corrected action. Emily shared updates to the website to reflect the requirements under indicator 12.

Next, Emily shared a memorandum sent to EIS program directors that included transition guidance and a revision to procedures necessary when completing transition tasks within our state system (EICS). She then updated on RFR253629, the Continuity of Care contracts awarded in October to seven programs, recognizing the change in service delivery in seven catchment areas.  Additional pending updates to our website were shared related to requirements under general supervision, under idea part C, including the eight major components within the system, Monitoring processes, and a detailed overview of the cyclical comprehensive monitoring process.

Next, Emily provided an update on the upcoming NCSEAM census approach pilot.  She reviewed the plan, which included an invitation for program directors to apply to be part of the pilot program, steps to develop procedures to test this approach, plans for evaluating the pilot, and steps for implementation. Emily explained the cyclical monitoring cohorts and the dates for each. Cohort 1 began in September of 2024 and Cohort 2 will begin in January 2025.

The next part of Emily's report was on unknown payers, and she set the stage by explaining the data she was about to share to help the committee better understand what they were about to see. She explained that she would allow time for the committee to provide insight and help by providing feedback to help us draw conclusions.

Emily explained that the vertical line would display the percentage of total claims, and the horizontal line would describe a particular program.  She describes the different payors, including the state, MassHealth, "unknown," and commercial payors. She then showed a color-coded bar graph for each category and percentage. Next, Emily reviewed themes that have emerged throughout fiscal year 25.   Interestingly, some programs had no unknown payors, which was not due to the billing system used to submit payments. Additionally, higher claims did not correspond to having higher unknown payors.

Emily discussed the difference between charge claims and encounter claims and the state being the payer of last resort. She turned it to Scott to ask if she had described it accurately, and Scott concurred that she had a period. Lori provided feedback that she was interested in suggesting those with little to no encounter claims; it would be helpful to learn more about their reasons why. Dina asked for some clarification or a better explanation. Emily reviewed the difference between a charge claim, an invoice, and an encounter claim, which reports who else paid them.  Joanne Sweeney shared in the Q&A how they spoke in the round tables about the data entry factor, as many did not know to use "other" as a setting for services (was a training factor when EICS went live).

Lastly, the amount remained similar to the previous year. Emily moved on to SPP/APR data. She explained the different indicator numbers and what OSEP measures for each.

For indicator 2, OSEP measures the percentage of children who receive services in the natural environment, which relates to locations where children without disabilities spend time. Emily shared a graph of the data over time and a trend line. The data indicated a reduction in the number of children who receive services in the natural environment. Emily paused and asked the group for feedback. Joanne Sweeney asked in Q&A if there has been outreach to the program with the highest volume of unknown payers.

Dina asked if we had a reference point. She asked if it is that there are more children served, which equals a higher percentage. Dina asked for more clarity about why a natural environment is desirable. Jennifer suggested that families might be uncomfortable or concerned because their children are immunocompromised or may have complex medical health needs. Dina responded similarly to the parents' choices and concerns, causing them to opt not to be in a natural setting. Mallorie added that she was curious about whether the location of the activity impacted decisions related to providing a service in a natural environment versus a more segregated setting.

Chris Hunt shared that he is seeing an increase in requests for general EI services within the center-based ABA clinics and this might be a contributing factor to the decrease in children being seen in the natural environment.  Rachel Cracknell added in Q&A that there are still concerns about confidentiality in public areas, and some families request to be seen in EI centers when their home environments are overcrowded and non-confidential.

Gretchen Rowe added in the Q&A that she wondered if "place" was literal. For example, an integrated playgroup that used to be held at the local library is now offered across the street at the EI center - last month that group was in a natural environment because it was at the library. Could the integrated group still be considered as occurring in a natural environment since children without disabilities typically attend (and attended back when it was at the library)?

Amy Muehlberger asked in Q&A if the EI center is considered not a "natural environment.

"Could it be that families with housing issues are receiving more services at the EI center than at home?”

Joanne Sweeney added to Chris's comment, suggesting she understood him to mean us going into the pop-up ABA centers that are NOT contracted with EI (private) and that they visit there often.

Emily moved on to data for indicators 5 and 6 that relate to the percentage of children served, ages 0-3. The data graphs show that for federal fiscal year 23, Massachusetts served 10.83% of all children ages birth to three. Emily asked for feedback about this data, asking if this number is the right size for our system. She asked the committee to also respond why they think so and what contributed to the increase from the previous year.

Dina asked if the population had increased and whether there had been an increase in young families. Jennifer suggested that she has experienced a change within pediatric practices, where they are now asking more questions. For example, they provide surveys for families when they enter the office, which may result in children being referred and eligible for services in early intervention.

Indicator 3, which asks the percentage of children who entered below age expectation and exited with substantial improvements. She shared the data and the trend lines for indicators 3A, 3 B, and 3C.

The data show a decrease in all three and she asked the committee to respond with ideas for improving the results and recommendations for steps to take at the state level to improve outcomes. Chris hunt began providing feedback that there was an impact due to staff shortage, not having the clinical staff.

Nicole said there was a bigger delay in the past and the impact of COVID pandemic.

Mallorie Mallory shared that the assessment may not show progress. She wondered about digging deeper whether the median age of entry compared to the median age this year, and the impact related to the benefit of more time whereas if they entered later, you can't expect the same intense intervention.

In response to the question as to why the decline in all three, the most prominent being 3C, which accounts for using appropriate behaviors to meet needs.

Dina asked how the data was gathered and asked about the impact of the two BDI's and Emily clarified that only the children with two BDI's were included in the data.

Next, we moved on to indicator 4, which is the percentage of families who perceive early intervention to be helpful in their knowledge of their family rights, effectively communicating their child's needs and helping their child develop and learn. Emily noted the substances tremendous improvement and asked for feedback on what they see in the field that might contribute to the improvement and asked for suggestions for the state to maintain this level of performance. There was not much feedback but there was comment that this was good data.

Next the conversation turned to indicator 7 which is the percentage of children receiving an initial evaluation and IFSP meeting within 45 days. Emily reminded the group that this was a compliance indicator, and the expectation was 100%. Our data show 98.98% for FFY23. Emily asked the group what was changed last year to cause this decline and asked for suggestions for supporting providers in correcting noncompliance.

Edith suggested that the influx of family shelters had an impact on timelines and shared the difficulty to connect with families, which led to noncompliance. Michelle Stated that she was interested in hearing from the provider community to ask them, if there was anything that they would attribute. Is it something related to a particular catchment area or is it something different.

Emily moved onto discussing Indicator 1 which is the percentage of children receiving services within 30 days of a parent's consent. She shared data and FFY23 we were at 99.44% which is an increase. She asked for the committee to provide feedback about what they thought might have occurred in the field that contributed to the improvement and asked for recommendations for the state to maintain timely delivery of services. There was a question about data verification process, but no other feedback provided by the group.

Next, Emily moved on to indicator 8A which is the percentage of children who have an IFSP with transition steps and services developed no later than 90 days before the child's 3rd birthday. The data increased to 99.97% in FFY23.

Indicator 8B looks at the percentage of potentially eligible children who have a notification sent to the LEA and the SEA. The data for FFY23 showed an increase of 99%. Indicator 8C looks at the percentage of potentially eligible children who have a transition conference meeting no later than 90 days before they turn 3. This data also showed an increase in FFY23 to 99.72%.

For public comment, Kathleen re-shared the slide that showed directions for the public to contribute to the discussion.

The meeting adjourned, at 1:29 PM, motion by Nicole C. and seconded by Lori R