## **ICC Meeting Minutes**

**January 14, 2021**

**12:00-2:00 p.m.**

**Members Present:** Johan de Besche – Co-Chair, Helena Liedtke – Co-Chair, Mary Dennehy-Colorusso, Noah Feldman, Emily White, Lori Book, Pam Wildnauer, Chris Pond, Andrea Oliveira-Goncalves, Melissa Adams, Janet George, Colleen O’Brien, Alexandra Nano, Jennifer Clark, Stephanie Izzi, Dina Tedeschi, Janine Davey, Bob Gagnon, Maura Murphy, Nicole Constantino, Colleen Wellman, Maura Buglione.

* The meeting was opened at 12:05 p.m. by the Co-Chairs *Johan de Besche and Helena Liedtke*
* The Co-Chairs extended a welcome to Emily White, new Director for the Division of Early Intervention. The ICC membership looks forward to working with Emily as she continues to transition into her role.
* The minutes from the November ICC meeting were approved subject to one correction of a member (Nicole Constantino) listed twice for the record of ICC members in attendance.

## **Director’s Report** – Provided by Noah Feldman, Assistant Director, Division of Early Intervention:

DPH is preparing the State Performance Plan/Annual Performance Report due to OSEP on 2/1/2021. DPH is carefully reviewing data prior to final submission given the ongoing implementation of the Early Intervention Client System (EICS).

RE: COVID Vaccination Roll-out: EI and Specialty Services providers are eligible for the vaccine as part of the Phase I, Group 5 vaccination plan (Home-based Health Care Providers). Susan Breen will be sending out a notice with additional information to all EI and SSP providers shortly. Please refer all questions regarding the notice to Susan.

DPH encourages programs to access the training supports available to EI providers (including Telehealth/Reflective Practice, Engaging Families Through Telehealth) on the DPH website.

**ICC Discussions:**

Meenakshi Verma Agrawal, Simmons College, participated briefly with the Subcommittees and Work Groups this morning and joined the full ICC meeting. Meenakshi offered an organizational level self-directed survey tool for programs. Three program directors are interested in piloting the survey.

Meenakshi guided a discussion about creating a work environment that welcomes staff (including students, professionals, administrative and paraprofessionals). The membership discussed the need for support in the environments where EI providers are working and the need for consideration related to different levels of academic degrees, professional qualifications and providers looking at academic and professional qualifications, options, or potentials for paid internships. The old “Related Field” category was mentioned.

There are also challenges programs are facing regarding hiring staff in the future while needing to lay off staff (due to COVID).

Meenakshi emphasized that staff must feel welcomed as part of the team and how “welcoming” is critical to hiring and retention.

**Telehealth Discussion:**

Noah reviewed that the most recent MassHealth Bulletin has extended reimbursement for telehealth services until 3/31/2021. At some point, DPH will need to be engaging in conversation about reimbursement. DPH would be looking for recommendations from the provider community related to continued reimbursement related to telehealth that can be discussed with our current payers.

How do we build services into our system? How will it be structured? Why should/could we consider doing it? What EI services could be provided through telehealth? What does it look like? How are decisions (at an IFSP level) made? DPH would consider recommendations about the EI service type vs. tying telehealth to an individual or separate rate.

Membership discussed using telehealth as a modality to provide all current services. Membership recommended keeping it broad and having DPH develop the policy.

ICC discussed how telehealth benefits families:

* Illnesses, hospitalized children, parents working out of catchment, community emergencies, weather, off hours, parents who are not together.
* Allows for greater flexibility of participation of both staff, collaborators, and families.
* Broadens the accessibility of services to families beyond the non-traditional hours.

ICC discussed how some families may prefer in-person visits vs. telehealth or a hybrid. The determination of telehealth as a methodology would be considered as part of the IFSP process.

ICC discussed the importance of providing both in-person and telehealth services equitably.

**Subcommittee and Task Group Reports:**

**Family Engagement:**

Discussion about what families might need right now. Utilizing the “padlet” platform to compile information and post resources (podcast, books, etc.). Helena offered to create and compile information in a Google document. Please feel free to send your submissions to Helena ([helali@gmx.net](mailto:helali@gmx.net)).

**Re-Engagement/Fiscal (Note: The Fiscal Sub-Committee and Re-Engagement Task Group continue to meet)**

**Telehealth** – The field has experience with this modality because of the COVID related State of Emergency. While some families accept the service, it is not for all families; it does benefit some. There seems to be more success and engagement of families from providers who are comfortable implementing the PIWI approach. Overall, the group recommends the continuation of telehealth as a modality for all families and for all service types. The group also proposed a subgroup to support providing telehealth moving forward.

**Center visits as a transition to in-person services**: Membership reported center visits would be an effective way to ensure the safety of staff and families. However, EI providers noted the difference between the Home Visit rate and the Center Visit rate yields a financial impact to EI providers.

* Determining interest: How many families might be interested? Does coming to the center make families (vs. staff) feel safer?
  + Acknowledge that the data about interest and extent to which center visits are being provided by EI programs is not known. There is variability across the system, but it is believed to be limited.
  + The other concern is whether providing Center Visits is sustainable to EI programs if there is not fiscal support from DPH.
  + EI providers also discussed the need for transportation services for families.
  + Johan suggested potentially using Meenakshi’s survey to inform program practice.

**Motion:**

The ICC makes the recommendation to DPH that EI programs will continue to use telehealth as a modality when appropriate and aligned with family goals as outlined on the IFSP on an ongoing basis.

Motion passed with 100% of voting members present voting in favor of this recommendation.

**Motion:**

The ICC recommends that center visits could be categorized (reimbursed) as “home visits – other” or that DPH could help fund the gap between the center visit rate and the home visit rate via other means, to be determined by DPH, and that DPH will explore/reallocate funding.

Motion passed with 100% of voting members present voting in favor of this recommendation.

**Wrap-up**

Johan invited participation of the membership to dialogue about the structure of ICC meetings. Would the membership like to continue to have subcommittees meet prior to the full ICC meeting? The ICC meetings for the remainder of the year (March and June 2021) will be virtual. Helena noted that in-person could be difficult for parents picking up children from school.

* Membership agreed to have workgroups meet in the morning and the full ICC meeting in the afternoon for at least the March 2021 meeting.

The ICC Meeting was adjourned at 2:00 p.m.