

**New York State Early Intervention Coordinating Council  
Minutes – March 9, 2023**

Agenda Item	Discussion	Action Items																																																
<p><b>Welcome</b></p>	<p>The following members/designated representatives attended the meeting:</p> <table border="1" data-bbox="468 250 1753 625"> <tr><td>-</td><td>Lynn Amell - Rochester</td><td>X</td><td>Cheryl Hogan</td></tr> <tr><td>X</td><td>Jessica Benton</td><td>X</td><td>Leah Esther Lax</td></tr> <tr><td>-</td><td>Marcelle Bichotte-Dunner - MARO</td><td>X</td><td>Lidiya Lednyak</td></tr> <tr><td>X</td><td>Heidi Bond</td><td>X</td><td>Lynn Shea</td></tr> <tr><td>X</td><td>Raymond Bowman</td><td>X</td><td>Robin Stegman- MARO</td></tr> <tr><td></td><td></td><td>X</td><td>Angella Timothy</td></tr> <tr><td>X</td><td>Bonnie Catlin</td><td>X</td><td>Elina Tsenter</td></tr> <tr><td>-</td><td>Cheryl Schaefer Coppola</td><td>X</td><td>Antonia Weidner</td></tr> <tr><td>X</td><td>Brigitte Desport- MARO</td><td>X</td><td>Marina Yoegel</td></tr> <tr><td>X</td><td>Amy DeVito</td><td>-</td><td>Patricia Zuber-Wilson</td></tr> <tr><td>X</td><td>Melissa Groth</td><td></td><td></td></tr> <tr><td>X</td><td>Steven Held</td><td></td><td></td></tr> </table> <p>Department of Health staff present: Mary Amendola, Peter Baran, Bailee Brown, Joanne Gerber, Diane Ginsburg, Ken Moehringer, Ray Pierce, Jennifer Sandshaw, Kirsten Siegenthaler, Jessica Simmons, Dawn Smith, and Yan Wu.</p> <p>Guests: Marian Bellas- WCDOH, Katie Douglas- NYS CCF, Pamela Madeiros- NYS Alliance for Children with Special Needs, Paul Ross- PCG, Brad Hutton- Hutton Health Consulting, Ryan White- PCG, Paula VanMeter- PCG, Ann Sheth- NYSTEC.</p> <p><i>All references to the Department refer to the New York State Department of Health, BEI to the Bureau of Early Intervention, and EI to the Early Intervention Program.</i></p>	-	Lynn Amell - Rochester	X	Cheryl Hogan	X	Jessica Benton	X	Leah Esther Lax	-	Marcelle Bichotte-Dunner - MARO	X	Lidiya Lednyak	X	Heidi Bond	X	Lynn Shea	X	Raymond Bowman	X	Robin Stegman- MARO			X	Angella Timothy	X	Bonnie Catlin	X	Elina Tsenter	-	Cheryl Schaefer Coppola	X	Antonia Weidner	X	Brigitte Desport- MARO	X	Marina Yoegel	X	Amy DeVito	-	Patricia Zuber-Wilson	X	Melissa Groth			X	Steven Held			
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<p><b>Welcome</b></p> <p><b>Approval of Minutes</b></p>	<p>Steve Held, EICC Vice-Chair, called the meeting to order at 10:23 a.m. and thanked Council Members for attending the Early Intervention Coordinating Council (EICC) meeting.</p> <p>The next EICC full Council Meeting will be Thursday, June 22, 2023, from 10:15 a.m. to 3:00 p.m. The next Executive Committee Meeting will be Wednesday, April 26, 2023, from 10:00-11:00 a.m.</p> <p>A motion was made by Amy DeVito and a second by Leah Esther Lax to approve the December 15, 2022, meeting minutes. Sixteen (16) members voted in-favor, none opposed, and one (1) abstained. The minutes from the December 15, 2022, meeting passed.</p>	<ul style="list-style-type: none"> <li>• The next full Council meeting will be June 22, 2023</li> <li>• The next Executive Committee meeting will be April 26, 2023</li> <li>• December 15, 2022, meeting minutes passed</li> </ul>																																																
<p><b>New Business</b> <i>Bureau Administrative Updates</i></p>	<p>Ray Pierce, Director, Bureau of Early Intervention (BEI), provided updates on the following items:</p> <ul style="list-style-type: none"> <li>• Budget <ul style="list-style-type: none"> <li>○ The Department fully supports an 11% increase to the EI rates. A budget proposal was submitted indicating such. However, it was not included in the executive budget this year. Our next steps are to see if there's anything included in one of the House bills from the NYS legislature.</li> <li>○ The Bureau received the updated application template from the Office of Special Education for the Part C application. The Bureau is working to update the new application and we'll disseminate a note to</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Bureau Administrative updates will be provided at the June 22, 2023, meeting</li> </ul>																																																



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<p><i>Transportation Study Update</i></p> <p><i>Transportation/ Transportation Study Update (continued)</i></p> <p><i>Covered Lives Update</i></p> <p><i>Early Hearing Detection and Intervention (EHDI) Update</i></p>	<ul style="list-style-type: none"> <li>• The Bureau is currently working with the Office of Health Insurance Programs (OHIP) to come up with an efficient way for the EIP to access the Medicaid Transportation Manager services for families that choose to use that option.</li> <li>• We need to submit Form 2015 to authorize transportation services beyond reimbursement of public transportation and reimbursement of mileage. BEI was informed that the primary care physician/Primary Health Provider needs to authorize services. The authorizations are required once a year. We explained that the typical qualified professional that would be authorizing the services would more likely be a speech pathologist, an OT, a PT and/or a special instruction teacher. We've made those requests to OHIP, and they are still reviewing the request.</li> <li>• We are currently working on preparing the Medicaid State Plan Amendment (SPA) package to increase the one-way trips for transportation. Currently, the rates are based upon the existing preschool supportive health rates, which are about ten years old. The transportation cost study recommended rates based on a survey of the counties and is based upon actual NYEIS data on actual vendor costs. The package must include the notice published in the New York State Register of the intent to propose to increase the rates. We have to request approval from the Division of Budget and submit the request to the Centers for Medicare and Medicaid Services requesting approval.</li> <li>• Counties can continue to bill for transportation services until further notice. The service authorizations should be entered in the way you need to pay the vendors, whether it's one-way or roundtrip, by child. Current reimbursement for state vouchers it's 49% of cost, and for Medicaid vouchers is 100% reimbursed through the Local Departments of Social Services (LDSS).</li> <li>• The executive budget includes language which accounts for an annual covered lives assessment of \$40 Million through December 31st of 2026. The county share will be made whole, still working out how the state share will work.</li> </ul> <p>Joanne Gerber, MS RN, Bureau of Perinatal, Reproductive, and Sexual Health (BPRASH) provided updates:</p> <ul style="list-style-type: none"> <li>• Zahra Alaali, former EHDI lead, has taken a promotional position within the Department of Health. We are working towards filling the position of EHDI Project Coordinator.</li> <li>• The EHDI program transitioned from the BEI to the BPRASH in mid-February. EHDI will continue a relationship with the BEI to assure that the infants that need services will be connected with the New York State Early Intervention Program.</li> <li>• Additional updates: a poster on the usability of the EHDI information system was presented at a conference; technical materials are continuing through the approval process; three (3) documents are under approval (the New York program goals, frequently asked questions, and best practices guides); the amendment to support 69-8, which is a section on newborn hearing screening, has been progressing; a survey was sent to birthing facilities and audiologists to see how we can make improvements on the monthly reports and run charts that we provide every month to the hospitals and the audiologists; and we have a contract with the Lexington School for Deaf which provided us with handout content as well as a video script for informational purposes that will be produced, and these documents are currently under review.</li> <li>• The EHDI and BEI staff also are participating in the New York State Congenital Cytomegalovirus Pilot Advisory Committee. This is where the newborn screening program was awarded the National Institute of Health contract to provisionally add congenital cytomegalovirus to the newborn screening panel. EHDI and BEI were included in this panel because congenital cytomegalovirus puts an infinite risk for hearing loss.</li> </ul>	

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<p><i>EICC Member Updates</i></p> <p><i>Vice-Chair Nominations</i></p> <p><i>EICC Bylaws Review</i></p> <p><i>Open Discussion</i></p>	<p>Ray Pierce, Director, Bureau of Early Intervention (BEI), and Steve Held, EICC Vice-Chair, provided updates:</p> <ul style="list-style-type: none"> <li>• We are in the process of vetting two potential new members of the EICC. We also need to identify a third member and will be working through that over the next few months.</li> <li>• Kayleigh Zaloga from the NYS Assembly has left the assembly. The EICC will send a thanks-for-service message to her.</li> <li>• Talina Jones, former EICC chairperson, has passed away. Her husband and son will receive a message acknowledging her many contributions and a sculpture from the EICC.</li> </ul> <p>Steve Held, EICC Vice-Chair provided updates:</p> <ul style="list-style-type: none"> <li>• The nominations for Vice Chair of the EICC are made now with the election in June. All members who receive a nomination will be contacted by the department to determine their interest in accepting the nomination. The names of those who accept the nomination will be on the election ballot in the June meeting.</li> <li>• Steve recommended adding an orientation for new members into the bylaws.</li> <li>• Lidiya Lednyak recommended that the equity issue be explicitly stated in the purpose under the charge of the of the council, perhaps under Item E or a new item, that says in some way to promote equity and access to EI services across New York State. Bailee Brown referenced the process of amending the bylaws. Article 10 is at the very end of the bylaws. Amended bylaws can be adopted by three-quarters vote at any regular or special meeting where there's a quorum. We would need to have written advanced notice of thirty (30) days to all the council members. With that notice, we need to have all the written amendments that we are proposing.</li> <li>• No comments made.</li> </ul>	<ul style="list-style-type: none"> <li>• The EICC is vetting 2 new EICC Parent members, 1 parent seat, and Chair</li> <li>• Kayleigh Zaloga and Talina Jones's family will be sent items from the EICC recognizing their EICC service</li> <li>• EICC Vice-Chair election will take place at the June 22, 2023, meeting.</li> </ul>
<p><b>Report of Task Force Activities</b></p> <p><i>Provider Workforce Capacity Task Force (Including Competency-Based Training and Telehealth) Update</i></p>	<p>Marina Yoegel, EIO Westchester County, Task-Force Chair and Lidiya Lednyak, EIO NYC, Task-Force Co-Chair provided updates:</p> <ul style="list-style-type: none"> <li>• Recommendations from Year 1 and 2 of the Task Force to NYS EICC <ul style="list-style-type: none"> <li>○ It was recommended to reduce the 1,600-hour experience requirement of the delivery of services to children under five (5) years of age before submitting an application to deliver EI services by one third, which meant that the 1,600-hour requirement would be reduced to 1,000 hours. The change was published in proposed rulemaking on 9/28/2022 and revisions to be implemented on this change once the amended regulations are approved.</li> <li>○ It was recognized that that equity issues impact capacity statewide. A recommendation to the state was made to have a targeted restructure of cost control reform to address equity and capacity in underserved areas, including telehealth. We voted and moved it to the Rate Setting Methodology Task Force that would address our reforms and identify zip codes within counties that are underserved.</li> </ul> </li> <li>• Subgroup formed to work within the task force that would focus specifically on telehealth. <ul style="list-style-type: none"> <li>○ Surveys were reviewed for updates at the last Task Force meeting before sending to families and providers.</li> </ul> </li> <li>• Competencies <ul style="list-style-type: none"> <li>○ On January 31, 2022, the BEI released the five (5) competency areas for delivery of services. That was posted on the BEI website so that all our EI community would have access to the competencies. The EICC recommended that we develop a companion document. We met with our academic partners in</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Task Force updates will be given at the June 22, 2023, meeting</li> <li>• Parent, Caregiver, and Provider Telehealth Surveys in review for updates</li> </ul>

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<p><i>Provider Workforce Capacity Task Force (Including Competency-Based Training and Telehealth) Update (continued)</i></p>	<p>May of 2021. We began our review of the competencies and talked to them about the development of a companion document that would give them further guidance on how to integrate the competencies in their academic coursework for future preparation of graduate programs.</p> <ul style="list-style-type: none"> <li>• Recruiting Experienced Clinicians <ul style="list-style-type: none"> <li>○ We wanted to expand the opportunity for experienced clinicians and other fields to pursue EI and identify supervisory structure needed in field work placements across disciplines and cultural diversity training needs. The supervisory issue needed in field work placements is very critical to effective early intervention programming in practice and for families.</li> </ul> </li> <li>• BEI Web Page <ul style="list-style-type: none"> <li>○ Recommended that the BEI create a web page off the DOH site to include competency and companion documents (we are awaiting BEI's approval of the companion document), charts developed for each competency area, listing all the resources for the academic partners to allow early access to integrate content into curriculum across all disciplines. The BEI agreed to the web page recommendations.</li> </ul> </li> <li>• New York City Early Childhood Research Network <ul style="list-style-type: none"> <li>○ On our behalf, they obtained funding from the Heising Simons Foundation to support this research.</li> <li>○ Their goal is to bridge research, policy, and practice in early childhood. They are going to identify the current regulations that could be updated.</li> <li>○ They will integrate the five (5) competency areas developed and then approved by the EICC, which will include what is best practice for telepractice for telehealth.</li> <li>○ They are going to be looking at these requirements and focusing in on how field work placements can be built in, to not be an extra step.</li> </ul> </li> <li>• Co-Treatment/Co-Visit Document <ul style="list-style-type: none"> <li>○ We have started a discussion about reviewing the co-treatment/co-visit document and making recommendations about how that could be enhanced, given what's going on with telehealth, as well as the broader move toward looking at some more transdisciplinary approaches to build workforce capacity because of the transdisciplinary approach.</li> </ul> </li> <li>• BEI Promotional Campaign Material <ul style="list-style-type: none"> <li>○ BEI sent us their promotional campaign materials. We could use some of that content to develop a deck that could be utilized to present at various meetings and professional organization meetings that could entice current providers out into the field to consider coming to work for EI.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Task Force will draft competency content for the BEI web page</li> </ul>
<p><b>Lunch Break</b></p>	<p style="text-align: center;">12:22 p.m. to 12:52 p.m.</p>	
<p><b>Report of Task Force Activities (continued)</b> <i>Rate Setting Methodology Task Force Updates</i></p>	<p>Steven Held, EICC Vice-Chair, Task Force Chair, provided Rate Setting Methodology Task Force updates:</p> <ul style="list-style-type: none"> <li>• The Rate Set Methodology Task Force is advocating for the 11% increase. We have refined that to recommend that the increase only apply to all in-person early intervention services. We had voted unanimously not to increase teletherapy rates.</li> <li>• A call was made between the BEI and the National Early Childhood Technical Assistance Center (NECTAC) to gain insight into rate-setting methodologies in other states. Many of the states are billing in fifteen-minute increments. It's something to consider because of the variations in the basic and what is being ordered in the EI out and about.</li> <li>• We have been talking about a rate modifier to improve service in hard-to-reach communities and suggested it should be applicable to in-person only, with a modifier of 20% rate differential to be decided upon at each IFSP. This should be based on discussion of the IFSP team and authorized by the municipal EIO or EIOD based on a set of factors and considerations. The percentage of the population within the child zip codes of</li> </ul>	

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<p><i>Rate Setting Methodology Task Force Updates (continued)</i></p>	<p>residents living below the federal poverty level might be a start to look at areas of the state that need to have a consideration for a rate modifier. We have a difficult time finding service providers due to bilingual service needs; that person would also get a rate modifier. Also, a modifier for therapists who travel an excess of a twenty-mile radius, and to utilize the federal allowable mileage rate.</p> <ul style="list-style-type: none"> <li>• Family Cancellations: Recommended that the teletherapy guidance document includes the following considerations for service cancellation. <ul style="list-style-type: none"> <li>○ If a family cancels three (3) consecutive in-person services, the infant/toddler’s IFSP will toggle to teletherapy services. Discussion by the EICC- a ratio or percentage of missed visits may be more appropriate to gauge missed visits; family would need to agree to the change; if missing meetings, may need evaluation for family support.</li> <li>○ The Ongoing Serve Coordinator will discuss the appropriate time to resume in-person interventions.</li> <li>○ Recommended sixteen (16) regional rates be paired down to three (3): NYC, Long Island/Westchester, and Rest of State (ROS).</li> </ul> </li> </ul>	
<p><b>Report of Additional Department Activities</b> <i>EI Hub Update</i></p>	<p>Ryan White, and Paul Ross, PCG provided EI Hub updates:</p> <ul style="list-style-type: none"> <li>• The official EI Hub launch date has not been announced. BEI and the EI Hub project team will let everyone know approximately two (2) months before launch date.</li> <li>• Sandbox update <ul style="list-style-type: none"> <li>○ EI Hub landing page- log in and website issues resolved.</li> <li>○ Case management (child): Evaluations- job aid currently in review process)</li> <li>○ Case management (therapist): Associating therapist to an agency (updated job aide on LMS). Creating new therapist records (bug resolved)</li> <li>○ Users can provide feedback on their Sandbox experience via the Sandbox Feedback Form</li> </ul> </li> <li>• The Feedback on the EI Hub System log is under development. The link will be underneath the feedback form in the EI Hub landing page. This link would take them to a matrix that's posted on LMS. This will show anything that has to do with a question of how to do something, then pointing to the correct job aid; if there was a bug or change in the system; if you noticed something wasn't working, shows if it's been resolved or fixed.</li> <li>• A User Acceptance Testing (UAT) survey is going to be released.</li> <li>• The BEI sent another readiness survey to all stakeholders on Monday, March 13, and will be open for two (2) weeks.</li> <li>• Transition Preparation Checklists are being developed. System Downtime timeline reviewed. Historical provider and child case manager data will be converted and migrated to the EI Hub. Users won't lose information relevant to their work.</li> <li>• Current NYEIS users should be reviewing and reconciling their existing data, making any necessary updates to ensure that information is current and accurate; closing old cases where children are no longer participating in the early intervention program; submitting any data change requests as part of the cleanup process; saving any attachments uploaded as attachments will not be migrated to the EI Hub; and making sure that you have data retention in alignment with requirements for data retention.</li> <li>• User Roles: At the launch of the EI Hub user role will be pre-assigned for the case management component and service logging component based on the user's equivalent account status. If a user needs more than one role, the role administrator will be responsible for updating their account to include that additional role.</li> <li>• Dr. Leah Esther Lax asked about incorporating a parent portal into the system.</li> </ul> <p>Paula Van Meter, PCG, provided State Fiscal Agent update:</p>	<ul style="list-style-type: none"> <li>• An update on the EI Hub will be given at the June 22, 2023, meeting</li> <li>• A UAT survey will be released</li> <li>• The BEI sent a readiness survey to all stakeholders and will be open until March 20, 2023.</li> </ul>

