

State Interagency Coordination Council

SD Birth to Three contributes to the success of children with developmental delays and their families by providing dynamic, individualized early intervention services and supports by building on family strengths through everyday routines and learning experiences.

APRIL 17, 2024



ICC Roll Call

Member	Representation
Jodi Berscheid	HS/EHS Collaboration Office
JoLynn Bostrom	DSS Foster Care/CAPTA
Gretchen Brodkorb	Div. Insurance
Teresa Campbell	DSS Medicaid
Carrie Churchill	Department Health
Kirsten Ducheneaux, PT	Provider
Cindy Fisher (unable to attend)	OLC Head Start
Carie Green, SDSU	Program Prep
Joe Hauge	Provider – BHSS
Rochelle Holloway	Parent
Wendy Honeycutt, OT	Provider

Member	Representation
Melanie Lundquist, SLP	Provider
Michelle Martin	Provider - District
Carla Miller	SD Parent Connection
Jordan Mounga	Parent
Laura Nordby	DSS Child Care/Mental Health
Emily Quick	DOE – McKinney-Vento
Katherine Schmidt	Parent
Tiara Selby	Parent
Jaze Sollars	Human Services
Debra Willert	DOE - SPED Part B 619
Sarah Carter	Early Intervention

ICC Agenda

South Dakota Birth to Three
State Interagency Coordinating Council
Wednesday, April 17, 2024 | 3:00pm CT
Virtual

ICC PURPOSE:

To advise and assist the Lead Agency regarding services for infants and toddlers with developmental delays or disabilities and their families.

Agenda Item	Presenter	Documents
Call Meeting to Order - Roll Call	ICC Chair: Rochelle Holloway	
Approve Agenda	ICC Members	Agenda
Approval of January 2024 Minutes	ICC Members	01/2024 Meeting Minutes
Public Comment	If you are interested in providing public comment, please send notification to sarah.carter@state.sd.us or call (605)773.3678	
FFY2022 SPP/APR Submission Update	Sarah Carter	
Birth to Three Program Updates	Birth to Three State Team	
2024 IDEA Part C Grant Application	Sarah Carter	
Next Meeting: Wednesday, July 24 3:00-5:00pm CT (Virtual)		
Adjournment	ICC Members	

Public Comment

Share your name and what you want us to know about you and why you are here.

Provide your public comment please keeping your remarks to 3-4 minutes.

Each speaker should represent new idea / concern / position.

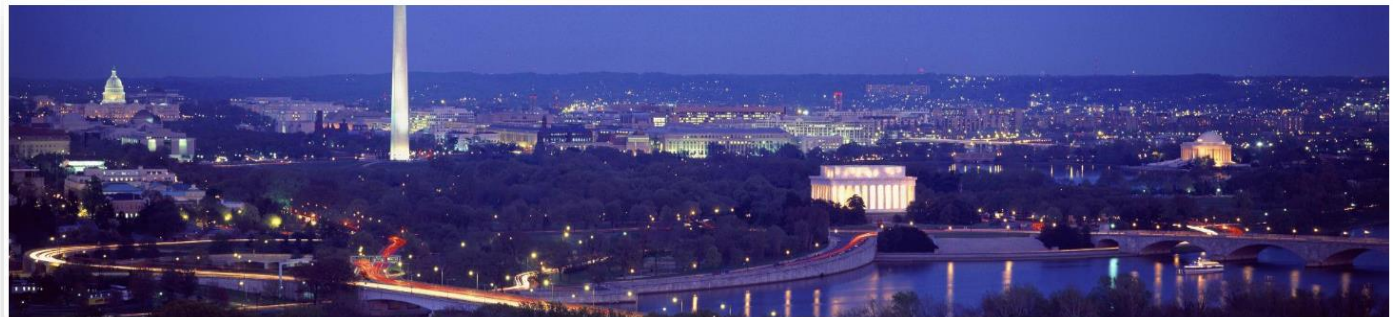
Thank you for your participation. The ICC appreciates your comments, and we will consider them as we continue our work.



FFY2022 State Performance Plan Annual Performance Report

(7/1/22 to 6/30/23)

- ▶ Due 2/1/2024 – Submitted on time
- ▶ Clarification Period (4/9 – 4/23, 2024)
 - ▶ South Dakota no clarification actions!
- ▶ FFY 2023 (July 1, 2023 through June 30, 2024)
 - ▶ Targets



[EDFacts Portal](#)

Birth to Three Updates

A background image showing several hands of different skin tones raised against a white background. The hands are positioned at various heights and angles, creating a sense of collective action or participation. A dark grey rectangular box is overlaid on the left side of the image, containing text.

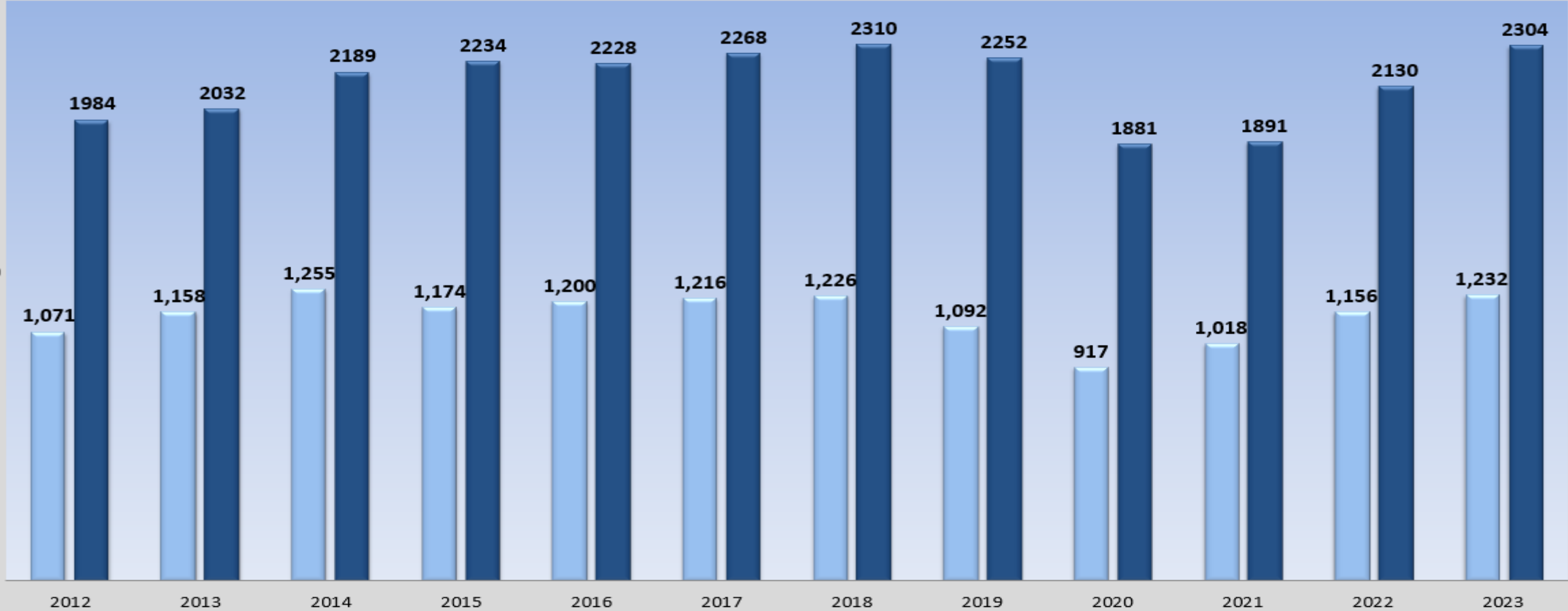
CHILD COUNT DATA

December 1-Day Child Count

Birth to Three Child Count

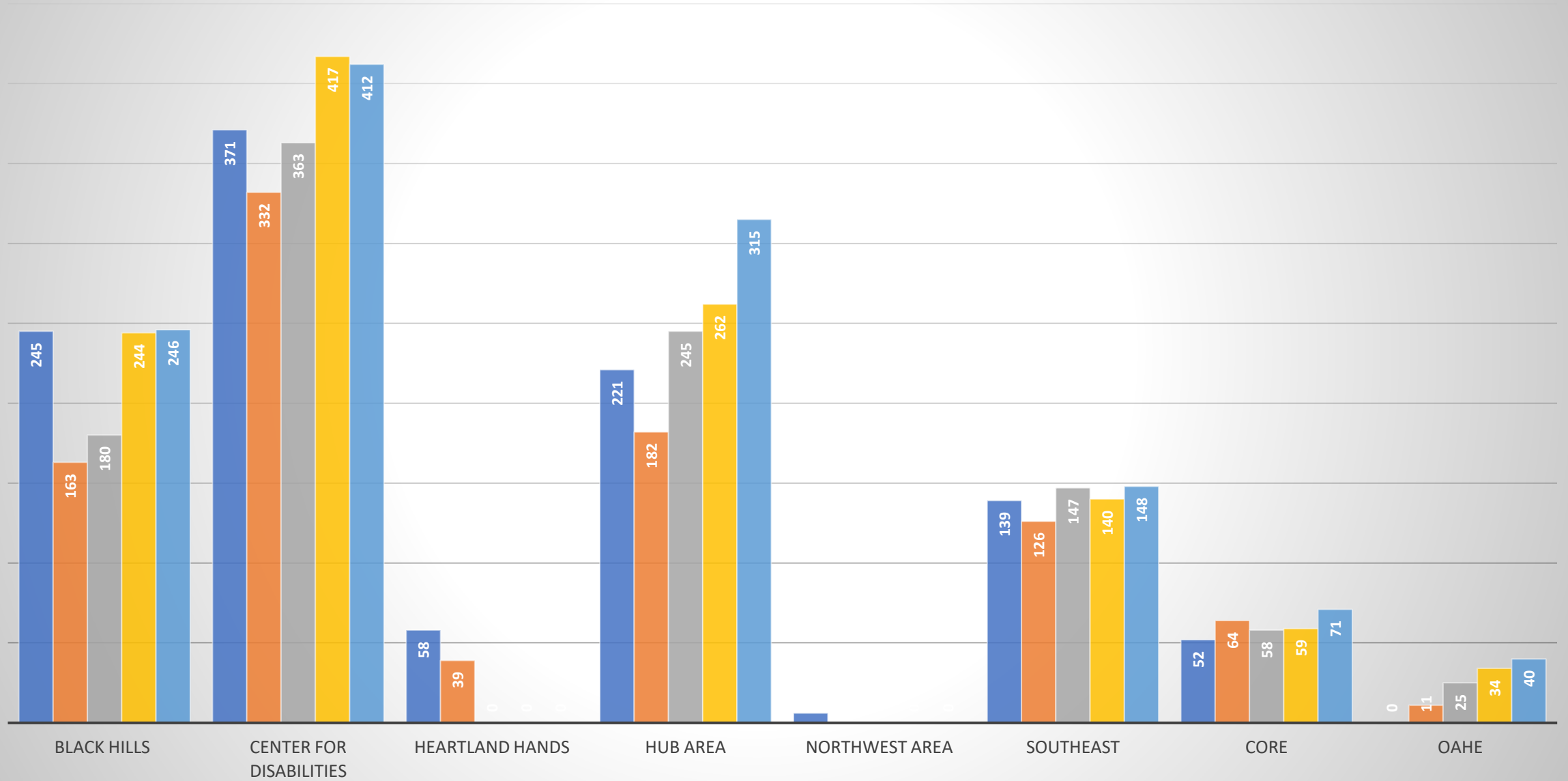
Birth to Three Child Count

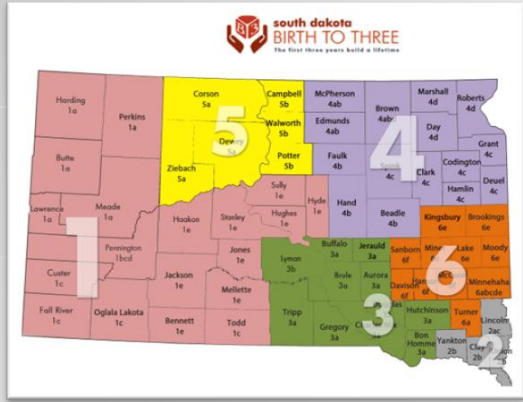
December 1 Count Cumulative Count 12/2 to 12/1



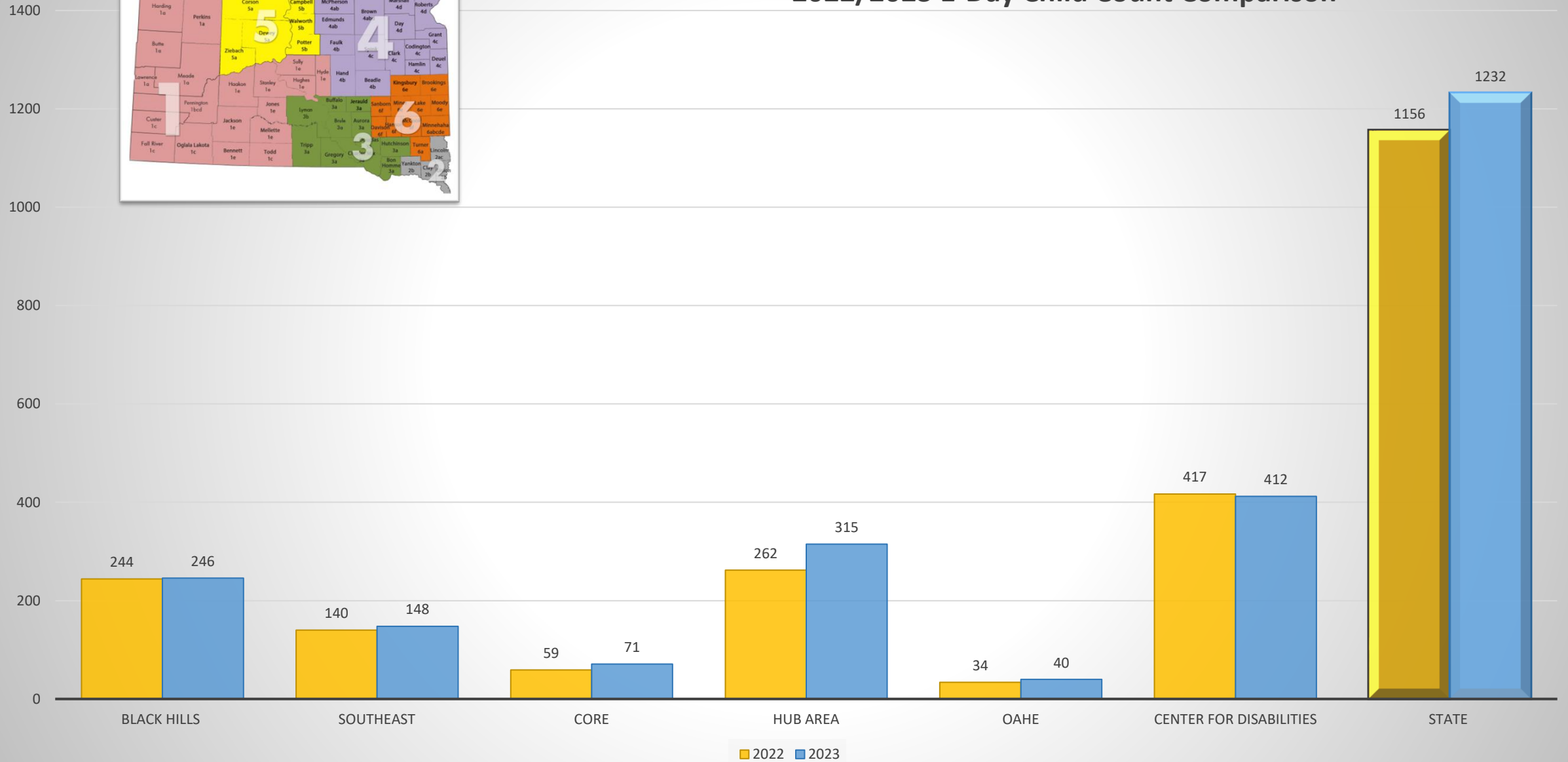
Child Count by Region

■ 2019 ■ 2020 ■ 2021 ■ 2022 ■ 2023

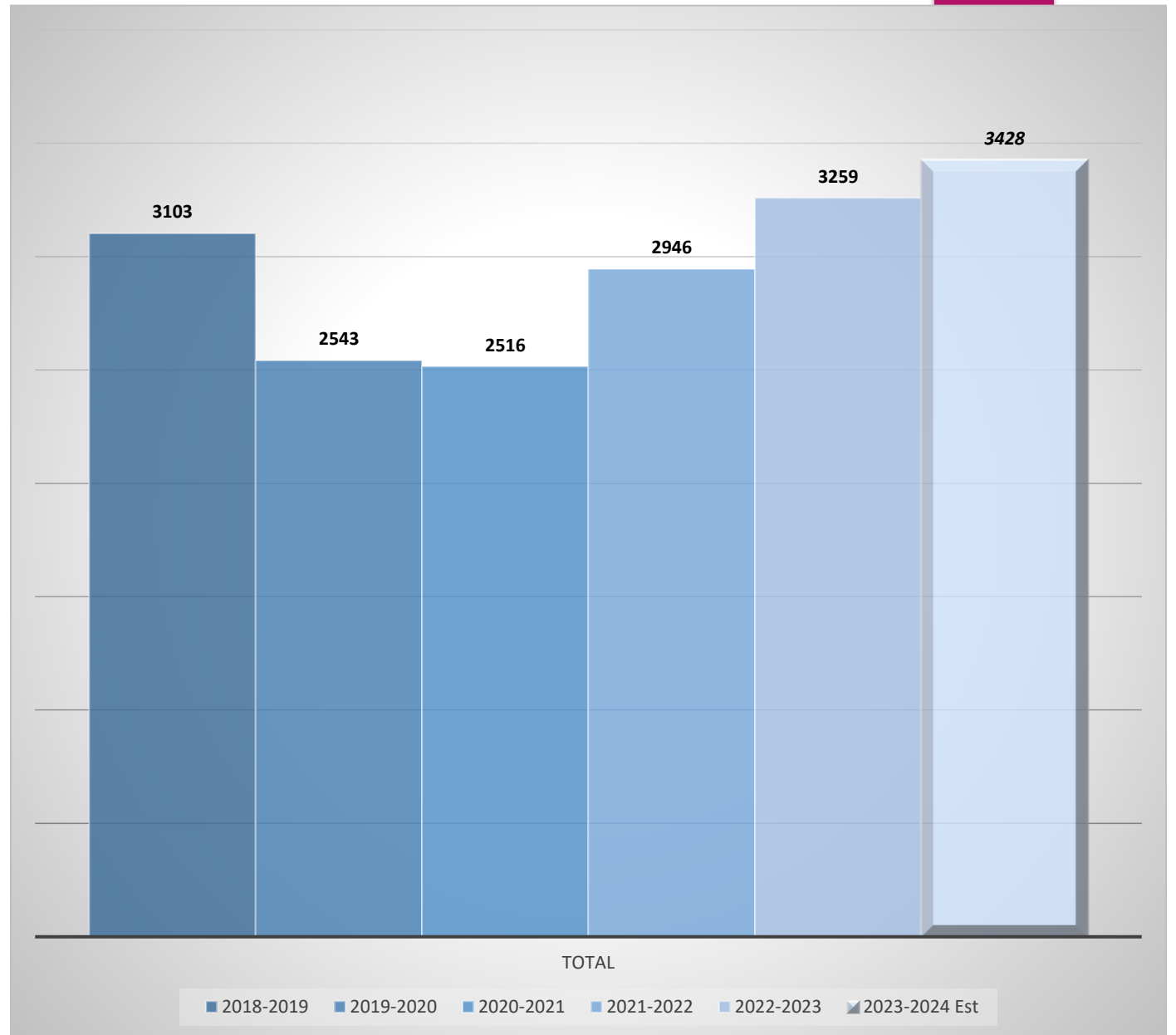




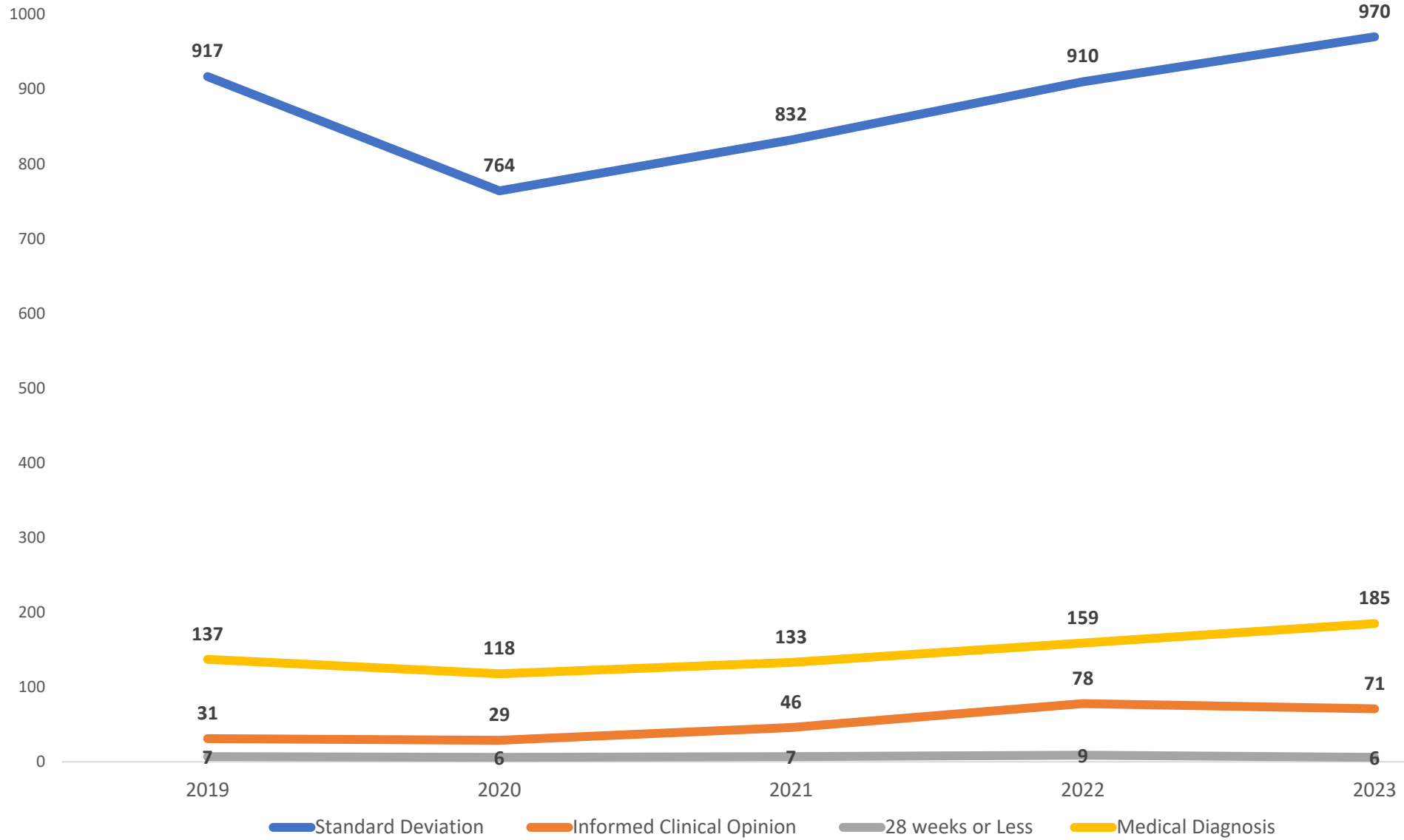
2022/2023 1-Day Child Count Comparison

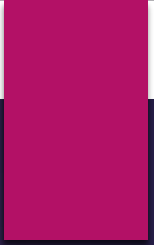


Referrals

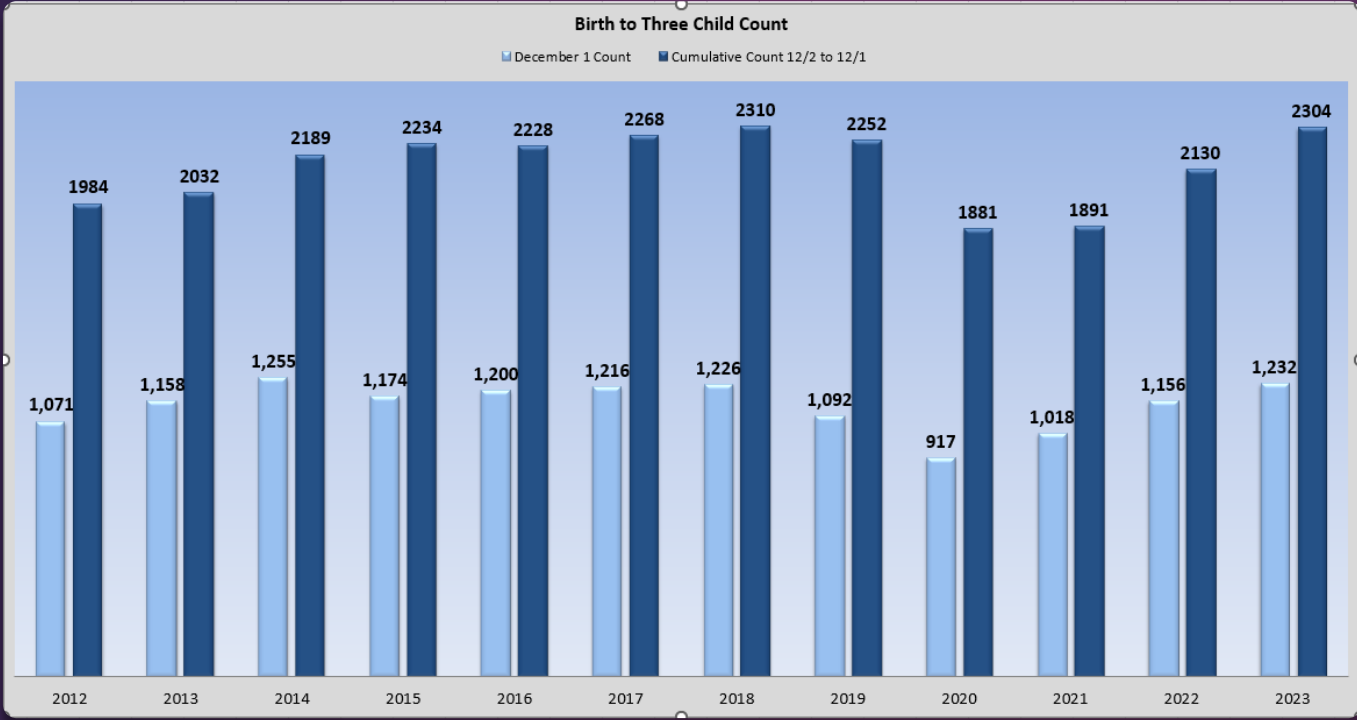


Eligibility





Birth to Three Child Count





INTRODUCING SEIDS

Data System Features

- ▶ One Complete System (point of referral through exit/transition)
 - ▶ Reduction in paperwork / duplication of work
- ▶ Automation
 - ▶ Reminders of timelines
- ▶ Service Coordinator Logs
- ▶ Provider Features
- ▶ User Views
- ▶ Time saving
- ▶ Data analysis
 - ▶ Children not found eligible or not receiving services
- ▶ Phase II
 - ▶ Parent Portal
 - ▶ Automated Referral



You are accessing a data system for South Dakota Department of Education and its service providers. Your usage may be monitored, recorded, and subject to audit, and, by your use, you consent to monitoring and recording. The unauthorized use of this computer system or its contents and / or any attempt to gain unauthorized access could constitute a violation of the Computer Crimes Act. We require that you use a complex password for accessing records and that you change your password at a regular interval.

©2024 Yahasoft

PHASE x DISTRICT(Region)	BH	CD	CO	HU	OA	SE	Total
2. Referral	1	0	0	0	0	2	3
3. Evaluation	0	0	0	0	0	2	2
5. IFSP	1	0	0	0	0	0	1
Total:	2	0	0	0	0	4	6

Select District...

Choose Agency to

Report

- | | | | | | |
|---|---|---|--|--|---|
| <input type="button" value="Child Count for Dec. 1"/> | <input type="button" value="Referral Report"/> | <input type="button" value="Eligibility Report"/> | <input type="button" value="Transition Conf Rpt"/> | <input type="button" value="Cumulative Child Rpt"/> | <input type="button" value="County Referral Report"/> |
| <input type="button" value="Primary Setting Report"/> | <input type="button" value="Single Timeline Report"/> | <input type="button" value="Expenditure Summary"/> | <input type="button" value="Budget Mgmt Rpt"/> | <input type="button" value="Timely Service Delivery"/> | <input type="button" value="Agency Attendance Rpt"/> |
| <input type="button" value="Planned Service Report"/> | <input type="button" value="Agency Invoice Report"/> | <input type="button" value="Screening Report"/> | <input type="button" value="Training Log Report"/> | <input type="button" value="Trend Rpt - Referral"/> | <input type="button" value="Dually Covered Rpt"/> |
| <input type="button" value="Diagnosis Codes Report"/> | <input type="button" value="User Deactivation Rpt"/> | <input type="button" value="Child Count By Phase"/> | <input type="button" value="Announcement Rpt"/> | | |

Management Tool

- | | | | | | |
|---|--|--|--|--|---|
| <input type="button" value="Family Survey"/> | <input type="button" value="Find/Edit User"/> | <input type="button" value="Add User"/> | <input type="button" value="Change My Password"/> | <input type="button" value="Manage Agency List"/> | <input type="button" value="Announcement"/> |
| <input type="button" value="Check Duplicate Children"/> | <input type="button" value="Add Insurance Company"/> | <input type="button" value="Provider Matrix"/> | <input type="button" value="Auditing Activity Log"/> | <input type="button" value="Software Improvements"/> | |
| <input type="button" value="No Logon 10+ Days Rpt"/> | <input type="button" value="Report Request Log"/> | <input type="button" value="Doc/Form"/> | | | |

OSEP DMS 2.0

- ▶ Differentiated Monitoring System 2.0
- ▶ South Dakota Cohort 4
 - ▶ Discover – 5 months prior to engagement (March 2026)
 - ▶ Engagement (August 2026 – January 2027)
 - ▶ Close-out (up to one year after on-site visit)
- ▶ Content of Monitoring
 - ▶ Monitoring and Improvement
 - ▶ Data, including the State Performance Plan/Annual Performance Report (SPP/APR)
 - ▶ Fiscal Management: Subrecipient Monitoring or Single Line of Responsibility
 - ▶ Dispute Resolution
- ▶ Additional Items (recently added)
 - ▶ Child Find
 - ▶ Evaluation and Assessment
 - ▶ Discipline (Part B)
 - ▶ Significant Disproportionality (Access)
- ▶ Stakeholder Engagement

OSEP

QA 23-01

(July 24, 2023)

- ▶ States should ensure all LEAs or EIS programs are monitored at least once within a six-year cycle
 - ▶ In addition to SPP/APR reporting / indicators
- ▶ Piloted Monitoring Event
 - ▶ Timeline
 - ▶ Tool
 - ▶ Process
 - ▶ March 2024 – Service Coordination Region
- ▶ Providers

Provider Rate Increases

July 1, 2024

OCCUPATIONAL THERAPY & PHYSICAL THERAPY
See ARSD 24:14:08:11 & 12 for complete definition.

Procedure Code	Code Description	Current Rates	Effective 7/1/2024
97110	PT, one or more areas each 15 minutes. Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Therapeutic exercises in one or more areas, to develop strength and endurance, range of motion and flexibility.	\$21.96	\$22.84
97112	Neuromuscular reeducation; each 15 minutes. Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.	\$25.49	\$26.51
97113	Aquatic therapy with therapeutic exercises; each 15 minutes. Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact.	\$27.76	\$28.87
97116	Gait training (includes stair climbing); each 15 minutes. Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact.	\$21.96	\$22.84
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions; each 15 minutes. Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact.	\$20.19	\$21.00
97530	Dynamic activities to improve functional performance; each 15 minutes. Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact.	\$28.52	\$29.66
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes. Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact.	\$18.32	\$19.05
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report; each 15 minutes. Requires direct one-on-one patient contact	\$24.99	\$25.99
97760	Orthotic(s) management and training; first encounter; each 15 minutes. Including assessment and fitting when not otherwise reported. Upper extremity(s), lower extremity(s) and/or trunk	\$36.35	\$37.80

SPEECH THERAPY

See ARSD 24:14:08:16 for complete definition.

Procedure Code	Code Description	Current Rates	Rates Effective 7/1/24
92507	Speech/Hearing therapy – individual; each 15 minutes. Treatment of speech, language, voice, communication, and/or auditory processing disorder.	\$22.61	\$23.51
92508	Speech/Hearing therapy -group; each 15 minutes. Treatment of speech, language, voice, communication, and/or auditory processing disorder.	\$17.41	\$18.11

BIRTH TO THREE SERVICES NOT BILLABLE TO MEDICAID – Require ARSD 24:15 rule changes

Procedure Code	Code Description	Current Rates	Rates Effective 7/1/24
ARSD 24:14:04:12	Family training, counseling, and home visits; each 15 minutes. Unless medical in nature and provided by a qualified mental health professional. In those cases, the Medicaid rate applies	\$17.23	\$17.92
ARSD 24:14:04:12	Special instruction; each 15 minutes. See ARSD 24:14:08:15 for complete definition	\$17.23	\$17.92

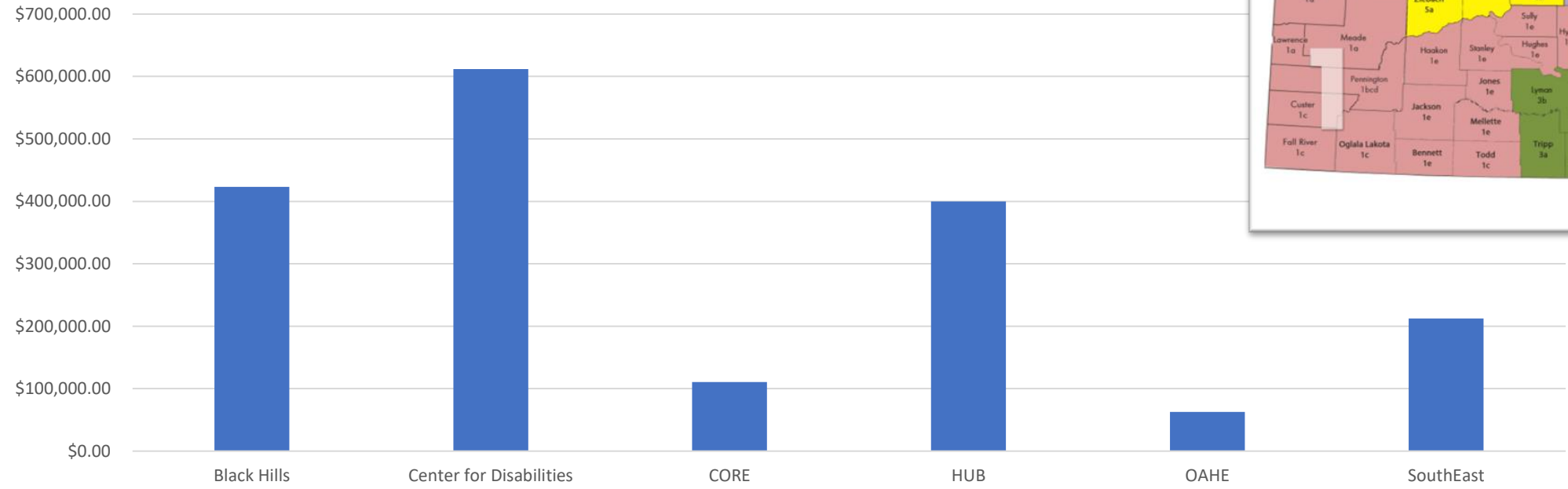
ASSISTIVE TECHNOLOGY

See ARSD 24:14:08:07 for complete definition.

Procedure Code	Code description	Medicaid Rate
ARSD 24:14:04:12	Assistive Technology service and device. This can be submitted to Medicaid and depending on their funding decision, B-3 will pay but at the typical Medicaid reimbursement rate. This is a case-by-case situation	Usual and customary charge or Medicaid rate if appropriate.
29000-29750 Medicaid	There are many more codes in this service category that apply to splints and casting of various extremities.	

TRAVEL

	Code Description	Current Rates	Rates Effective 7/1/2024
ARSD 24:14:04:13	Reimbursement for travel. Travel to and from service provision sites is reimbursed to the service provider at a flat rate based on actual miles traveled.	\$1.05	\$1.09



Service Coordination Funding 24-25

Birth to Three Child Find & Work Force

SSIP Theory of Action

Vision: SD Birth to Three contributes to the success of children with developmental delays and their families by providing dynamic, **individualized** early intervention services and supports by building on family strengths through everyday routines and learning experiences.

Strands of Action	If the State...	Then Regionally....	Then	Results
Data Quality	<p>...Monitors for continuous improvement the process to obtain, analyze and report BDI scores for children in the Birth to Three program</p> <p>...Continues to provide BDI training in collaboration with 619</p>	<p>...Service coordinators & districts will continue to increase the number of usable BDI exit evaluations</p> <p>...Evaluators will improve the reliability and validity of BDI administration</p>	<p>...Statewide data quality continues</p>	<p>...Infants and toddlers exiting early intervention services will demonstrate increased growth in their acquisition and use of knowledge and skills (including early language/communication)</p>
Accountability	<p>...Develops and implements a monitoring protocol to address results and compliance</p>	<p>...IFSP teams will increase the quality of decisions related to outcomes and services</p>	<p>...Children & families, including those most often underserved, receive appropriate evidence-based practices</p>	
Professional Development	<p>...Continues to provide relevant & rigorous training under the state's Bright Beginnings PD program</p> <p>...Continues to design, enhance and deliver training and TA opportunities as identified for SC, DSP and Families.</p>	<p>...Early Intervention providers will continually increase the use of evidence-based practices and family and caregiver engagement through coaching practices</p>	<p>...Families and caregivers are more likely to be engaged in routines-based intervention</p>	
Child Find & Workforce	<p>...Increases awareness of EI routines-based family engagement services to all South Dakota families</p> <p>...Attracts, recruits, and retains qualified personnel to meet EI needs statewide</p>	<p>...Enrollment increases with emphasis on children and families most often underserved</p> <p>...An increased community-based provider pool is available to meet the needs of all Part C families.</p>		

FUTURE EXPANSIONS

The need

- Child Find
- Support families in times of transition (small t in transition –let's explain)
- Provider shortages

The people

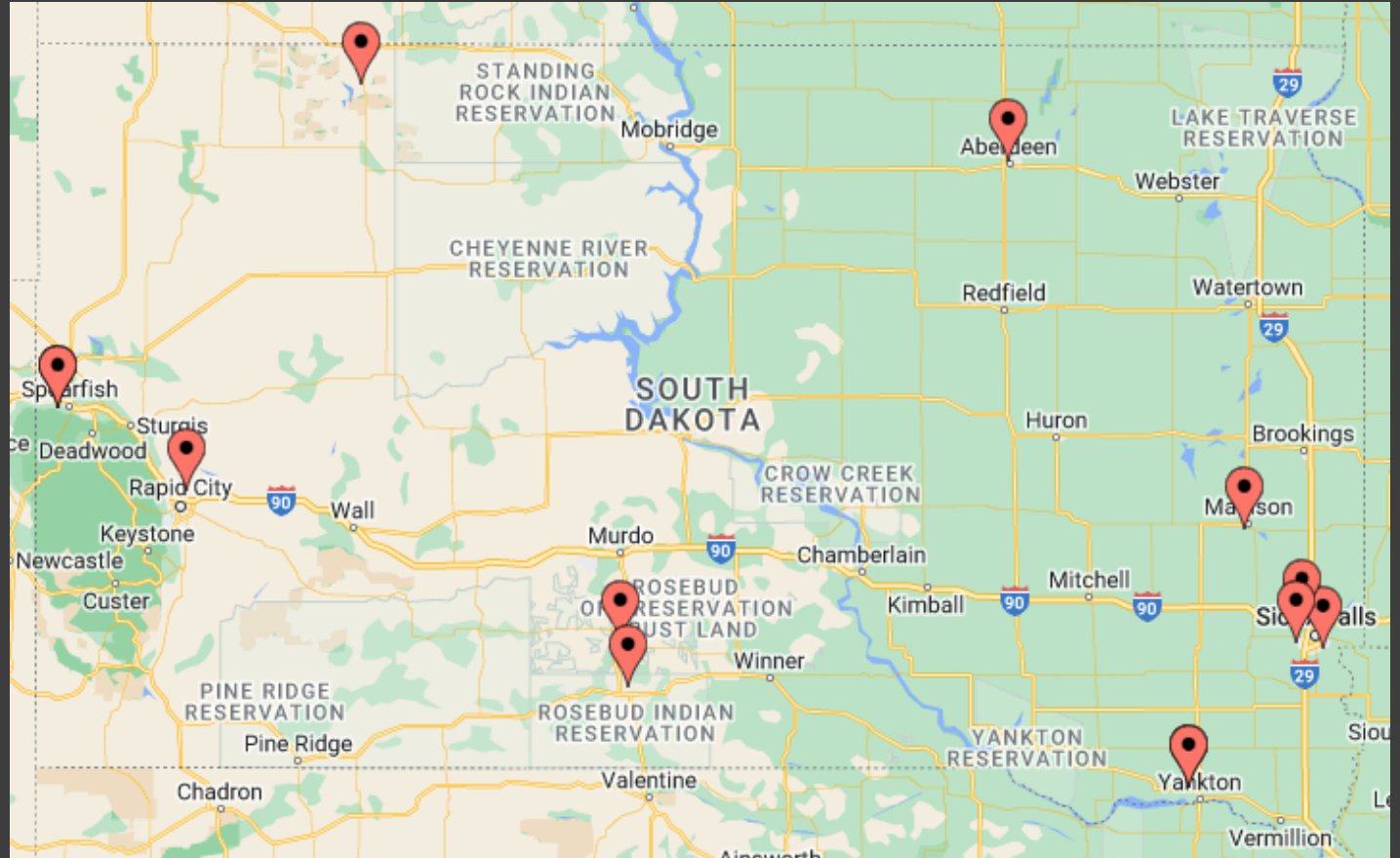
- Community Embedded
- Relationship building
- A person working under guidance (+ of existing service coordination contract)
- Can assist providers with tangential services or families with needs
- Needs to be well versed in child development

The plan

- Explore other locals in state – 2 year grant (ARP one time dollars)

PROVIDER ENROLLMENT

- Continue to increase private provider numbers:
 - LEA SPED – part time / after hours
 - Self-employed
 - Moving to South Dakota
 - 11 New providers since January



ANNUAL STATE APPLICATION
UNDER PART C OF THE
INDIVIDUALS WITH
DISABILITIES EDUCATION
ACT, AS AMENDED IN 2004,
AND THE 2011 IDEA PART C
REGULATIONS

FFY2024 IDEA PART C GRANT APPLICATION

PUBLIC COMMENT PERIOD
APRIL 1 – 30, 2024

DUE TO OSEP MAY 22, 2024

<https://doe.sd.gov/birthto3/documents/PartC-FFY24-App.pdf>

Part C Funding Sources

- ▶ IDEA Part C Grant
- ▶ State Dollars – “Maintenance of Effort”
 - ▶ Used entirely for EI Services (i.e., PT, OT, SLP etc.)
- ▶ Medicaid
 - ▶ Cost Savings
- ▶ Private Insurance
 - ▶ Cost Savings

APPLICATION COMPONENTS

- Section I: Submission Statements For Part C of IDEA
 - Assurances that the state has in effect policies and procedures to meet all requirements of Part C
- Section II: State Policies, Procedures, Methods and Descriptions
 - Outlines each policy and procedure that must be in place as well as other assurances and certifications to meet requirements
- Section III: Description of Use of Federal IDEA Part C Funds
- FFY2024 GEPA (General Education Provisions Act (GEPA))

Federal Funding



SECTION III:FISCAL

A. STATE LEAD AGENCY

- 5 State team
- Secretarial Support
- DOE / Leadership Support
- Contract support

Category	GY2024 <i>(7/1/24 – 6/30/25)</i>	GY2023 <i>(7/1/23 – 6/30/24)</i>
III.A. State Agency	\$511,416	\$499,034

SECTION III:FISCAL

B. MAINTENANCE AND IMPLEMENTATION ACTIVITIES FOR LEAD AGENCY AND ICC

- ICC Activities
- Travel
- Operational Expenses
- Comprehensive System of PD
- Dispute Resolution and Monitoring Activities
- Public Awareness
- Rent Office Space
- Data System
- Service Coordination

Category	GY2024 <i>(7/1/24-6/30/25)</i>	GY2023 <i>(7/1/23 – 6/30/24)</i>
III.B Major Activity/Expense	\$2,025,809	\$1,835,375

SECTION III:FISCAL
C. DIRECT SERVICES (FUNDED BY IDEA PART C)

*All State MOE go towards
Direct Services

Category	GY2024 (7/1/24 – 6/30/25)	GY2023 (7/1/23 – 6/30/24)
III.C Direct Services	\$0.00	\$186,771

Category	GY2024 <i>(7/1/24 - 6/30/25)</i>	GY2023 <i>(7/1/23 - 6/30/24)</i>
III.A. State Agency	\$511,416	\$499,034
III.B. Maintenance & Implementation Activities for LA and ICC	\$2,025,809	\$1,835,375
III.C. Direct Services (PT, OT, Speech, etc.)	\$0	\$186,771
III.D. Activities by Other State Agencies	\$0	\$0.00
III.E. Optional Use of IDEA Part C Funds.	\$0	\$0.00
IV.B Indirect	\$50,498	\$66,543
TOTAL	\$2,587,723	\$2,587,723



GEPA SECTION 427 – LAW AND KEY PROVISIONS





General Overview of GEPA Section 427

Purpose: To ensure equitable access to, and participation in, Federally-assisted programs for all beneficiaries.

Section 427 highlights six barriers that can impede equitable access or participation:

Gender

National origin

Disability

Race

Color

Age





SSIP Theory of Action

Vision: SD Birth to Three contributes to the success of children with developmental delays and their families by providing dynamic, **individualized** early intervention services and supports by building on family strengths through everyday routines and learning experiences.

Strands of Action	If the State...	Then Regionally....	Then	Results
Data Quality	<p>...Monitors for continuous improvement the process to obtain, analyze and report BDI scores for children in the Birth to Three program</p> <p>...Continues to provide BDI training in collaboration with 619</p>	<p>...Service coordinators & districts will continue to increase the number of usable BDI exit evaluations</p> <p>...Evaluators will improve the reliability and validity of BDI administration</p>	<p>...Statewide data quality continues</p>	<p>...Infants and toddlers exiting early intervention services will demonstrate increased growth in their acquisition and use of knowledge and skills (including early language/communication)</p>
Accountability	<p>...Develops and implements a monitoring protocol to address results and compliance</p>	<p>...IFSP teams will increase the quality of decisions related to outcomes and services</p>	<p>...Children & families, including those most often underserved, receive appropriate evidence-based practices</p>	
Professional Development	<p>...Continues to provide relevant & rigorous training under the state's Bright Beginnings PD program</p> <p>...Continues to design, enhance and deliver training and TA opportunities as identified for SC, DSP and Families.</p>	<p>...Early Intervention providers will continually increase the use of evidence-based practices and family and caregiver engagement through coaching practices</p>	<p>...Families and caregivers are more likely to be engaged in routines-based intervention</p>	
Child Find & Workforce	<p>...Increases awareness of EI routines-based family engagement services to all South Dakota families</p> <p>...Attracts, recruits, and retains qualified personnel to meet EI needs statewide</p>	<p>...Enrollment increases with emphasis on children and families most often underserved</p> <p>...An increased community-based provider pool is available to meet the needs of all Part C families.</p>		

GEP A

Question 1

Describe how your entity's existing mission, policies, or commitments ensure equitable access to, and equitable participation in, the proposed project or activity.

The South Dakota Department of Education (SDDOE) adheres to Section 427 of the General Education Provisions Act (GEPA). In carrying out its educational mission, the South Dakota Department of Education will ensure to the fullest extent possible equitable access to, participation in, and appropriated educational opportunities for individuals served. Federally funded activities, programs, and services will be accessible to all teachers, students, and program beneficiaries. The SDDOE ensures equal access and participation to all persons regardless of sex, race, color, ethnicity, religion, national origin, age, citizenship status, or disability in its education programs, services, and/or activities.

The SDDOE will fully enforce all federal and state regulations designed to ensure equitable access to all program beneficiaries and to overcome barriers to equitable participation in all state level activities supported by federal assistance associated with this program. The SDDOE will hold LEAs accountable for assuring equal access and providing reasonable and appropriate accommodations to meet the needs of a diverse group of students, staff, community members, and other participants.

The SDDOE Individuals with Disabilities Education Act (IDEA) Part C program steps taken to ensure equitable access may include, but not be limited to:

- SD Part C governance ARSD 24:14:02:02 Entitlement to services. Eligible children and their families, including Native American children with disabilities and their families residing on an Indian reservation geographically located in the state, homeless children with disabilities and their families, children with disabilities who are wards of the state, and minority, low income, and rural families, are entitled to appropriate early intervention services based on scientifically-based research, to the extent practicable, in accordance with an individualized family service plan. The department shall involve these family groups in planning and implementing the requirements of this article, including providing access to culturally competent services within their local geographical areas.
- IDEA Part C stakeholder developed mission statement The SDDOE / Part C program fiscal management includes assurances contract and agreements assuring compliance with 34CRF 300 and 303 and Conduct While Providing Services section: Early Intervention personnel must provide services to all persons in a respectful manner regardless of age, sex, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition or disability. Therefore, providers shall refrain from any form of harassment, sexual harassment, and discrimination.
- IDEA Part C SPP/APR State Systemic Improvement Plan (SSIP) Improvement strategies in achieving continuous progress towards equitable access to and participation for all infants and toddlers with eligible developmental delays and disabilities and their families.



Question 2

Based on your proposed project or activity, what barriers may impede equitable access and participation of students, educators, or other beneficiaries?

Possible barriers which may impede equitable access and participation of infants and toddlers and their families of the IDEA Part C program.

- a. Geographical barriers due to the rural / frontier communities provide challenges in families awareness of EI routines-based family engagement services.
- b. Geographical barriers due to the rural / frontier provide challenges in reaching families for service provision.
- c. Cultural barriers related to language barriers for multilingual families.



Question 3

Based on the barriers identified, what steps will you take to address such barriers to equitable access and participation in the proposed project or activity?

Actions the state is taking to address the barriers can be found in the FFY 2022 SPP/APR State Performance Plan/ Annual Performance Report Indicator C11 State Systemic Improvement Plan (SSIP), developed with stakeholder input.

Barrier a:

- South Dakota is addressing this barrier through implementation of a pilot program, to study the impact of community play groups as a child find activity in a rural Native American community.

Barrier b:

- South Dakota Part C has and continues to allow for virtual delivery of early intervention services, if families agree. SD Governor Noem's initiative to provide internet access to all families throughout South Dakota has increased the availability of families to connect with providers in a virtual setting. SD Part C has increased availability of virtual options through collaboration with state educational cooperative.
- *South Dakota Part C is collaborating with postsecondary preparation programs to address provider shortages by promoting early intervention career opportunities and the Part C evidence-based practice focusing on family engagement.*

Barrier c:

- South Dakota continues to enhance and revise existing resources, as necessary, to assist all families to engage in the EI process.
- Development and implementation of training regarding contextual factors for early intervention in Spanish speaking homes and for deaf and hard of hearing populations.
- A new comprehensive data system, with parent portal accessible in Spanish and potentially other languages.



Question 4

What is your timeline, including targeted milestones, for addressing these identified barriers?

In carrying out its educational mission, SDDOE has identified timelines and strategies to address these identified barriers in the FFY 2023 SPP/APR State Performance Plan/ Annual Performance Report Indicator C11 State Systemic Improvement Plan (SSIP) evaluation documents, developed with stakeholder input.

Barrier a:

- *The pilot project continues to meet much success experiencing a 67% increase in child find for the geographic location of the state. The state will continue to monitor progress and collect data on this effort. With stakeholder input the state is exploring expansion of a second pilot to other areas of the state with similar needs.*

Barrier b:

- Continue to provide virtual options to families, with their consent.
- *A grant from U.S. Department of Education to a postsecondary preparation program was awarded to support students with an interest in practicing within the state early intervention program. Students will complete a portion of their internships with SD Part C existing providers serving infants and toddlers in geographic areas of the state demonstrating need for providers. Project began Spring 2024.*

Barrier c:

- Written materials have been and continue to be translated into multiple languages as needed.
- *Sessions relating to Deaf Hard of Hearing and Spanish speaking homes offered summer 2023 and again 2024.*
- *New comprehensive data system available fall 2024; parent portal available 2025.*



Questions

**South Dakota Birth to Three
State Interagency Coordinating Council**

Wednesday, April 17, 2024 | 3:00pm CT
Virtual

ICC PURPOSE:

To advise and assist the Lead Agency regarding services for infants and toddlers with developmental delays or disabilities and their families.

Agenda Item	Presenter	Documents
Call Meeting to Order - Roll Call	ICC Chair: Rochelle Holloway	
Approve Agenda	ICC Members	Agenda
Approval of January 2024 Minutes	ICC Members	01/2024 Meeting Minutes
Public Comment	If you are interested in providing public comment, please send notification to sarah.carter@state.sd.us or call (605)773.3678	
FFY2022 SPP/APR Submission Update	Sarah Carter	
Birth to Three Program Updates	Birth to Three State Team	
2024 IDEA Part C Grant Application	Sarah Carter	
Next Meeting: Wednesday, July 24 3:00-5:00pm CT (Virtual)		
Adjournment	ICC Members	

