



south dakota
BIRTH TO THREE
The first three years build a lifetime



south dakota
DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

BIRTH TO THREE SICC MEETING

APRIL 20, 2022

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.

ICC AGENDA

South Dakota
Birth to Three
STATE INTERAGENCY
COORDINATING COUNCIL
AGENDA

Wednesday, April 20 2022 | 3:00pm CT
Virtual Meeting: ZOOM (see below)

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 2022 Minutes	ICC Members	1/2022 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	
SICC Membership Update	Sarah Carter	
Indicator C4 Family Outcome	Sarah Carter & DaSy Technical Assistance	Indicator C4 Family Outcome
Birth to Three Program Updates	Birth to Three State Team	
FY2022 Grant Application	Sarah Carter	
Adjournment	ICC Members	

Join the Meeting:

One step process to join the meeting. Click on below link, select computer audio.

<https://state-sd.zoom.us/j/6144283745?pwd=NChK3crL3dCdWJIR3Q3emJlZmYxUT09>

Meeting ID: 614 428 3745

Passcode: Carter

If computer not available, may also call into meeting.

Phone Number: 1-312-626-6799 US

Meeting ID: 614 428 3745

Passcode: 760933

If you require a reasonable accommodation to participate in the meeting (e.g. sign language interpreter, materials in an alternative format), please submit your request in writing no later than 7 days prior to the meeting to ensure accommodations are available. Address requests to <mailto:melissa.manning@state.sd.us> or call 605-773-3678.

ICC ROLL CALL

Member	Representation
Carla Miller	SD Parent Connection
Carrie Churchill	Department Health
Cindy Fisher	OLC Head Start
Cindy Michelson	Parent
Dawn Smith	DOE – McKinney-Vento
Debra Willert	SPED Part B 619
Gretchen Brodkorb	Div. Insurance
Jaze Sollars	Human Services
Jodi Berscheid	HS Collaboration Office
Joe Hauge	Provider / BHSS
JoLynn Bostrom	DSS Foster Care/CAPTA
Jordan Mouna	Parent

Member	Representation
Katherine Schmidt	Parent
OPEN	Parent
Kirsten Ducheneaux	Provider
Laura Nordby	DSS Child Care/Mental Health
Wendy Honeycutt	Provider
OPEN	Program Prep
Melanie Lundquist	Provider
Michelle Martin	Provider
Rochelle Holloway	Parent
Sarah Carter	Early Intervention
OPEN	Legislator
Valerie Kelly	DSS Medicaid

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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.

SICC 2022 MEMBERSHIP



Reappointed:

- Kirsten Ducheneaux (Provider)
- Cindy Fischer (Oglala Head Start)
- Michelle Martin (Provider)
- Jordan Mounga (Parent)

New Appointment

- Wendy Honeycutt, Occupational Therapist (Provider)

Awaiting Confirmation

- Program Prep
- SD Legislator
- Parent



C4 FAMILY OUTCOMES

INDICATOR C4 FAMILY OUTCOMES

PERCENT OF FAMILIES
PARTICIPATING IN PART C
WHO REPORT THAT EARLY
INTERVENTION SERVICES
HAVE HELPED THE FAMILY:

-
- A. Know their rights;
 - B. Effectively communicate their children's needs; and
 - C. Help their children develop and learn.

C4 Small Workgroup - Charge

- The Family Outcome workgroup is tasked with bringing forward recommendations to the full ICC April 2021 meeting regarding:
 - Birth to Three Family Outcome survey tool
 - When (frequency) survey tool will be distributed
 - How survey tool will be distributed (i.e., paper, online etc.).

****Quick turnaround, state will implement July 1, 2021.**

Final decisions on recommendations are based on state capacity, rule language, fiscal etc.

Small Workgroup Members

Jordan Mounga, Parent

Mary Bowne, Program Prep

Laura Nordby, Child Care

Michelle Martin, Provider

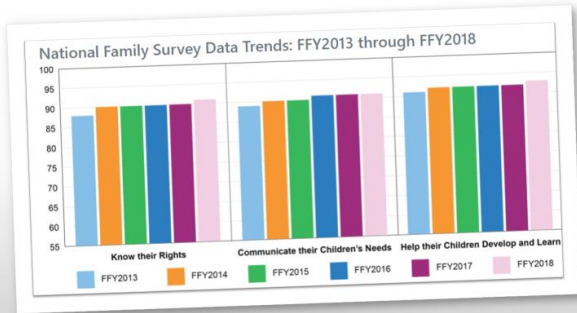
Carla Miller, Parent Connection

Kirsten Ducheneaux, Provider

Katie Wiseman, Parent

Facilitator: Sharon Walsh, National Consultant

Data Analysis

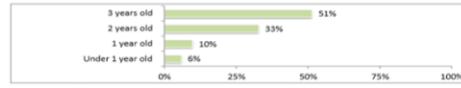


South Dakota Birth to Three Family Survey 2019-20 Statewide

Number of Family Members Who Received the Survey: 958
 Number of Family Respondents Who Completed the Survey: 237
 Percentage of Family Respondents Who Completed the Survey: 29.96%

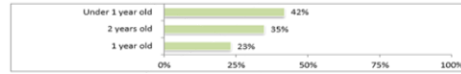
Display 1: Family Respondents Who Had A Child of this Age at Time of Survey

Age Group	Number	Percent
Under 1 year old	17	6%
1 year old	28	10%
2 years old	94	33%
3 years old	147	51%



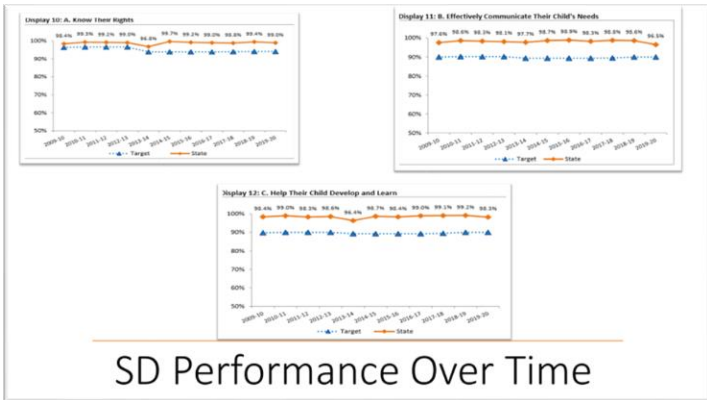
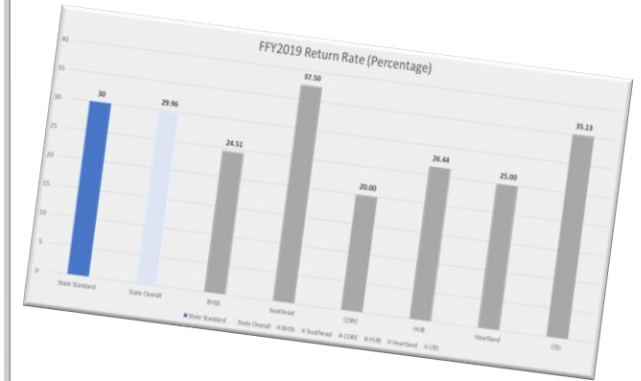
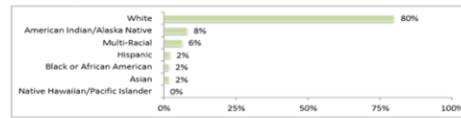
Display 2: Family Respondents Whose Child was Referred to Birth to Three at this Age

Age Group	Number	Percent
Under 1 year old	119	42%
1 year old	66	23%
2 years old	99	35%



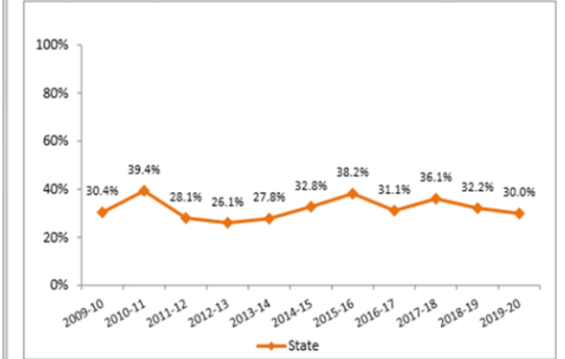
Display 3: Family Respondents Who Had A Special Needs Child of this Race/Ethnicity

Race/Ethnicity	Number	Percent
White	227	80%
American Indian/Alaska Native	23	8%
Multi-Racial	5	2%
Asian	5	2%
Black or African American	6	2%
Hispanic	18	6%
Multi-Racial	0	0%
Native Hawaiian/Pacific Islander	0	0%



South Dakota Birth to Three Family Survey 2019-20 Statewide

Display 9: Response Rate - Over Time



21st Century Surveys

Texting

Email

QR codes

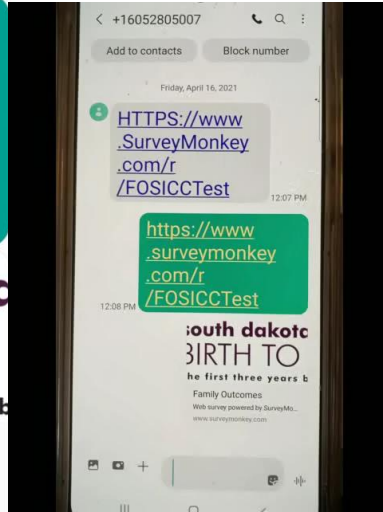
12:08 PM

<https://www.surveymonkey.com/r/FOSICCTest>

12:08 PM

South dakota
BIRTH TO
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Family Outcomes
Web survey powered by SurveyMo...
www.surveymonkey.com



<https://www.surveymonkey.com/r/FOSICCTest>



Indicator C4 Recommendations

- SURVEY TOOL - Recommend South Dakota Birth to Three program adopt as the tool to measure Indicator C4 data the Early Childhood Outcomes Center (ECO) Family Outcomes Survey –Revised Version.
 - State began using 7/1/2021
- METHOD of DISTRIBUTION – Recommend the state begin distributing new survey tool via an online format.
 - State began using online format 7/1/2021
- FREQUENCY of DISTRIBUTION – Recommend consider distributing more often.
 - State continues to explore; required enhancement to existing IFSP data system.

2021-2022 YTD SURVEY DATA

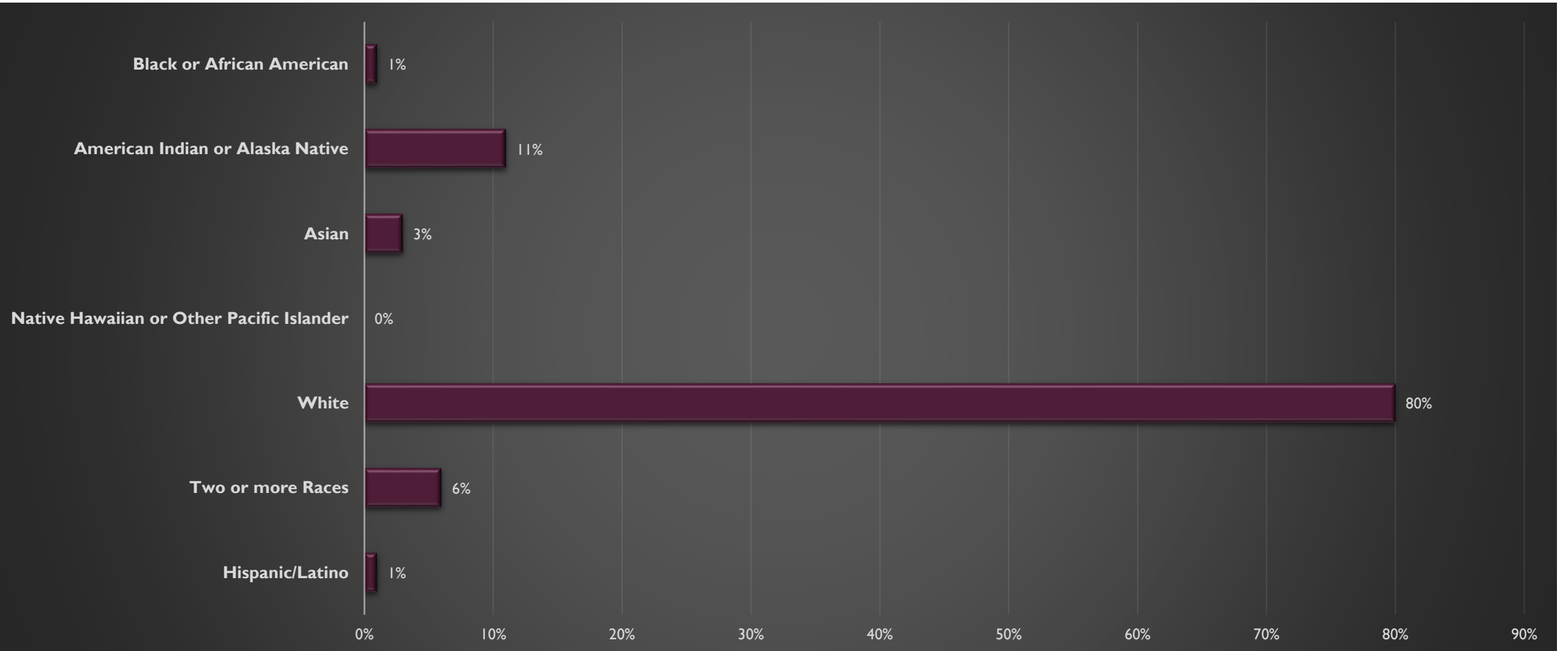
669 Surveys have
been distributed

200 Surveys
returned

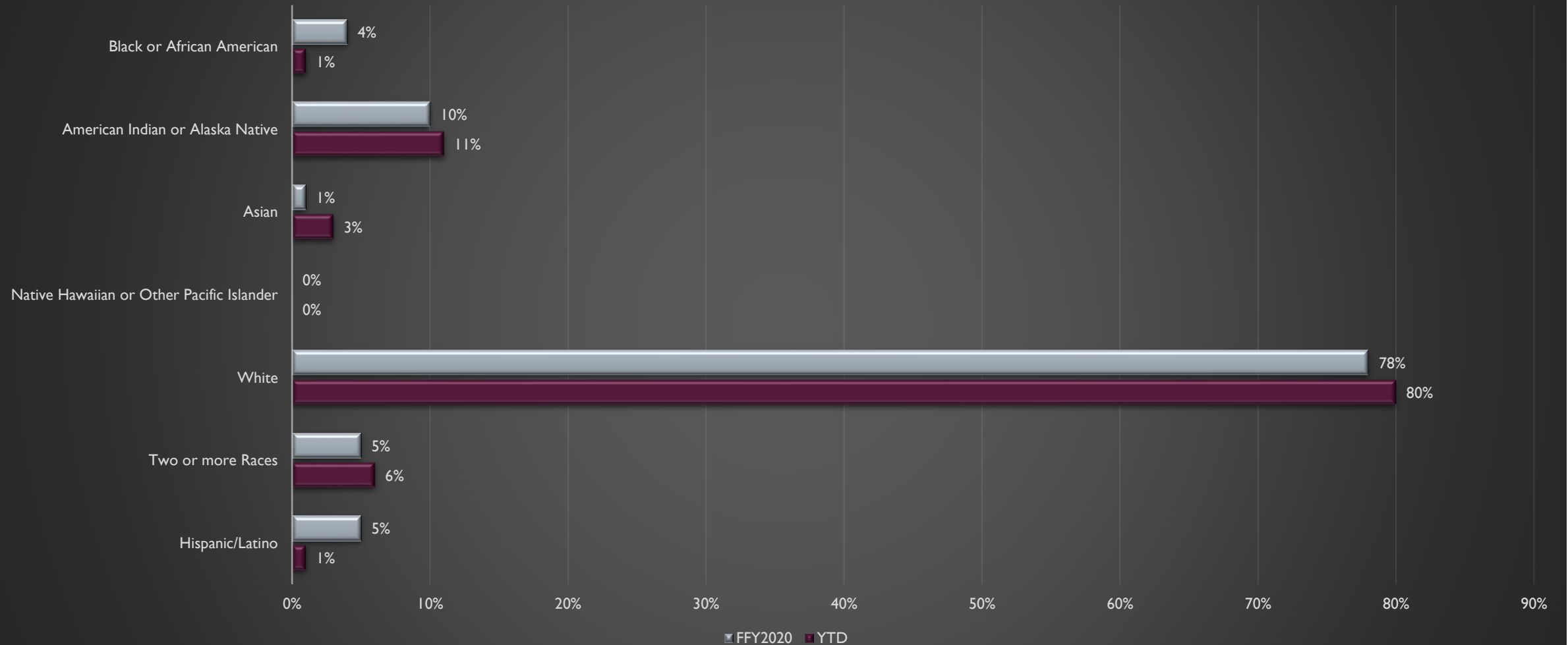
29.9% return rate

- Slight increase over last reporting year's 28.9%

YTD RETURNED SURVEYS



COMPARISON



BUT
WAIT.....THERE'S
MORE!



Additional Demographic Indicator

***Indicator C4 must have ONE additional demographic reporting feature, beyond race/ethnicity, with the FFY2022 SPP/APR submission (2/1/2024)*





The Center for IDEA
Early Childhood Data Systems

Family Outcomes: Changes in Requirements

Tony Ruggiero, DaSy

Sharon Walsh, DaSy

**South Dakota Interagency
Coordinating Council**

4/20/2022



WHY THE CHANGES?

Why Family Outcomes Data?

A foundational principle of the IDEA is to enhance the capacity of all parents to meaningfully participate in decision making regarding their infants and toddlers with disabilities. Research and experience have demonstrated that decisions regarding infants and toddlers with disabilities can be made more effective by strengthening the role and responsibility of parents and ensuring that families of infants and toddlers with disabilities have meaningful opportunities to participate in the education of their infants and toddlers at school and at home. States collect family outcome data as a means of improving services and results for infants and toddlers with disabilities, as well as to know if the State is supporting families in meeting this goal. High quality data is necessary for States to make decisions about their program regarding improving family outcomes, including programmatic improvements.

Why Family Outcomes Data?

*Parents play a critical role in the early intervention process; in fact, they are often tasked with implementing the interventions that have been identified by the early intervention professionals. The family is a child's first provider and is best equipped to make decisions. Therefore, consistent with the Secretary's priorities and OSERS rethink framework, **OSEP requires States to examine parent participation rates in surveys, in addition to the representativeness reflected in those participation rates, to ensure that each State is receiving quality, actionable information from the most and varied parent voices.** The information families provide is critical to helping States evaluate the effectiveness of their systems. It is this parent and State partnership that will ensure raised expectations and improved outcomes for each infant or toddler with a disability and their families.*

Changes to Family Outcomes Measurement Language

- * Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.**
- * States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

Changes to Family Outcomes Measurement Language

- * The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**
- * States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).**

Changes to Family Outcomes Measurement Language

- * Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. **States must consider race and ethnicity.**

Changes to Family Outcomes Measurement Language

- * Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.**

All Families



What are States adding?

* States have been including

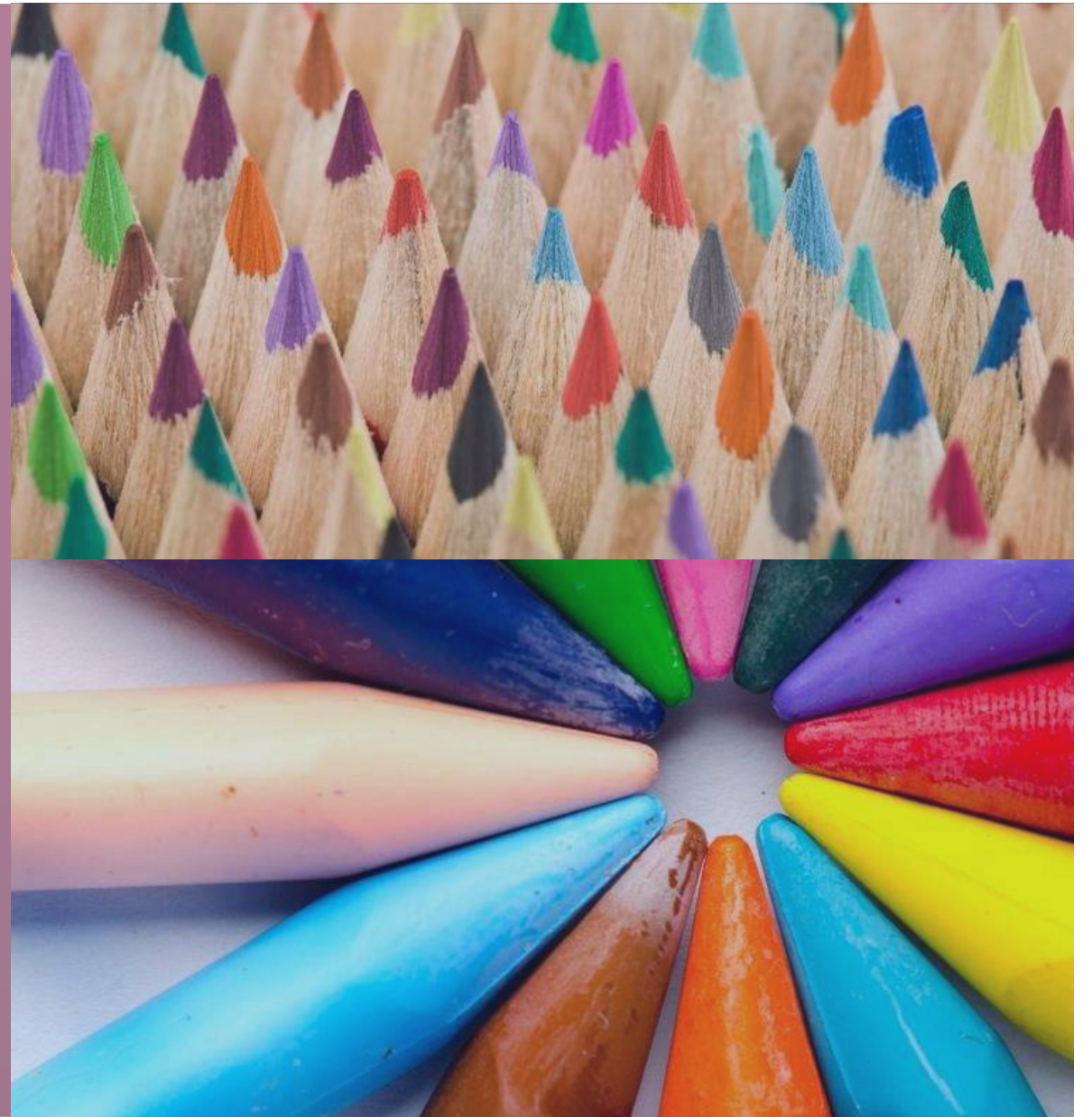
- Location
- Child Age
- Child Gender
- Child Disability
- SES

* States thinking about

- Language
- Health Insurance Type
- Socio-economic status

OSEP Demographic Examples

- SES (*Medicaid eligible*)
- Maternal Education
- Geographic Location (*SC region*)
- Parent or Guardian Language
- Other?



SAMPLE REFERENCES

- ¹ Bradley, R. H., & Corwyn, R. F. (2002). Socioeconomic Status and Child Development. *Annual Review of Psychology*, 53(1), 371
 - Several ways of measuring SES have been proposed, but most include some quantification of family income, parental education, and occupational status. Research shows that SES is associated with a wide array of health, cognitive, and socioemotional outcomes in **children**, with effects beginning prior to birth and continuing into adulthood (this means SES is the root cause of lack of maternal education and can capture that impact through a less intrusive way)
- ² Boyle, M.H., et.al. (2006). The influence of economic level, household wealth and maternal education on child health in the developing world. *Social Science & Medicine* 63(8), 2242-2254
 - Child health is a **societal** and **economic** issue not necessarily correlated to maternal education itself
- ³ Bender, S.L., Fedor, M.C., & Carlson, J.S. (2011). Examining protective factors and risk factors in urban and rural Head Start preschoolers. *Journal of Community Psychology*, 39(8), 908-921.
 - Significant differences between urban and rural children's ability to self-regulate and their ability to have positive relationships with adults –context of setting matters in relation to how adults support development of children particularly in the socio-emotional domain

⁴ Winstone, L. K., Benitez, V. L., & van Huisstede, L. (2021). Patterns of Maternal Interactive Behaviors and Dual Vocabulary Development in Mexican American Children. *Developmental Psychology*, 57(11), 1866–1879.

Children from low-income households have been found to less diverse vocabulary during interactions with their caregivers compared with their higher-income counterparts with substantial heterogeneity in language exposure within income level also apparent. Twenty-two percent of children speak a language other than English in the home, the majority of whom come from low-income households –this means we can capture this impact through socio-economic and geographic data as well.

Data Element	Pro's	Con's
Socio-economic status ¹ (proposed –Medicaid eligibility)	<ul style="list-style-type: none"> • State currently gathers this for other reporting purposes. No additional enhancements to existing data system required. • OSEP confirms acceptable data element. • Captures relevant SES indicators of income • Research shows more connectedness between SES and child development than the factors below of M.E. and N.L. • Is inclusive of maternal education but captures the root cause 	<ul style="list-style-type: none"> • Non-reporting of eligibility • Could be considered duplicative of maternal education
Maternal Education ²	<ul style="list-style-type: none"> • Easily added to the existing survey tool; self-reported on survey. 	<ul style="list-style-type: none"> • Not currently gathered, would require enhancement to existing data system. • Assumption that lack of certain educational status implies want of understanding • Possible connotations made between cultural values of education and the ability to assist one's child through development • Intrusive question that mothers might not answer • If mother is not a part of the family unit, data may be missing
Geographic Location ³ (proposed-SC region)	<ul style="list-style-type: none"> • State currently gathers this data for other reporting purposes. No additional enhancements to data system required. • Robust data set exists • SC regional data balances the gap between county and zip code 	<ul style="list-style-type: none"> • If too broad (county) data not representative • If too narrow (zip code) data doesn't capture nuances of breadth of neighborhood diversity
Parent/Guardian Native Language ⁴	<ul style="list-style-type: none"> • Can be a subset of SES • Self-report on FOS 	<ul style="list-style-type: none"> • Can have implications for misrepresenting race/ethnicity/culture connections to child rearing • Data system would require enhancement.

Additional Suggestions	Pros	Cons

BRAINSTORM!



BIRTH TO THREE PROGRAM UPDATES

FEDERAL REPORTING SEASON

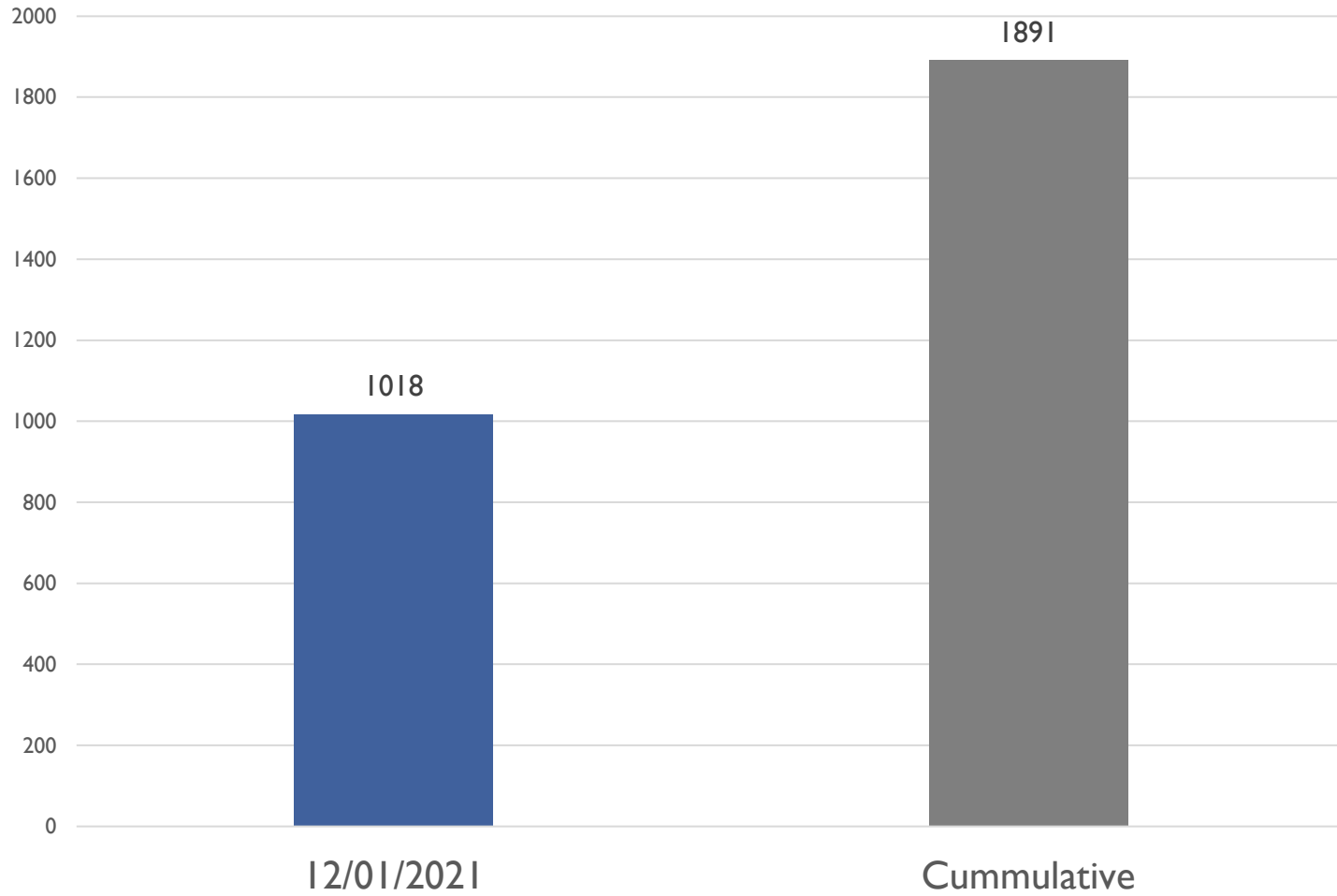
- FFY 2020 State Performance Plan / Annual Performance Report
 - Submitted 2/1/2022
 - Clarification Period
- Child Count & Settings
 - 4/1/2022
- FFY2022 Grant
 - May 13, 2022

CHILD COUNT DATA

December 1 Child Count Day

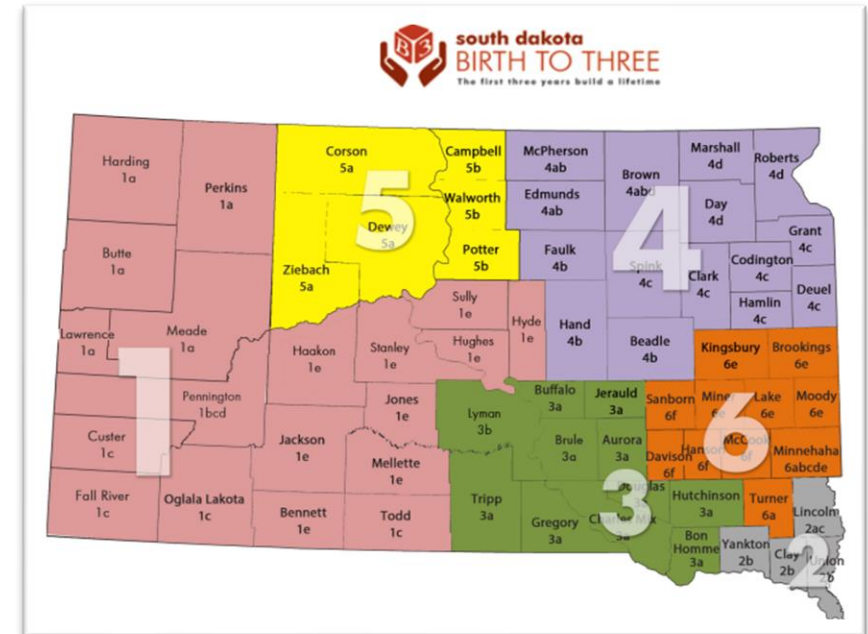
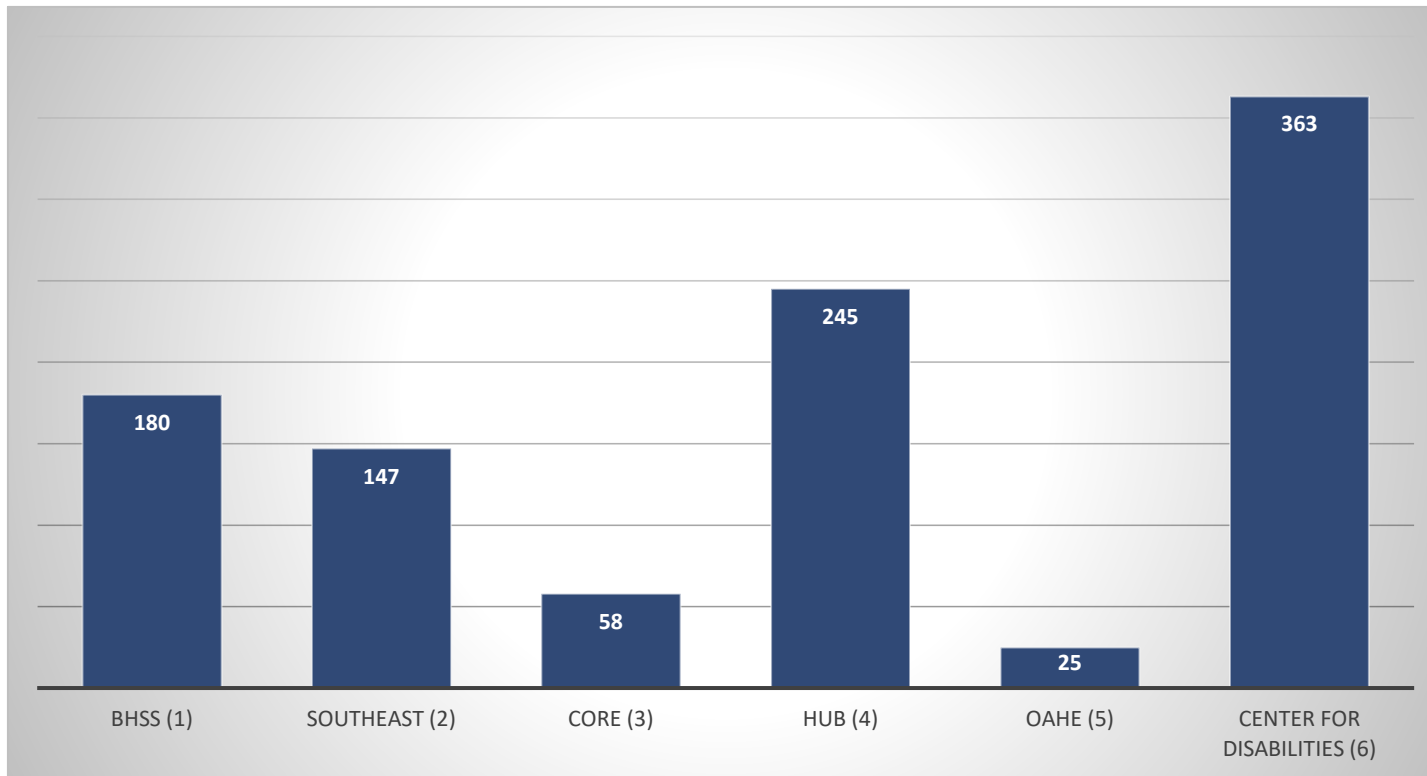
- Submitted 4/1/2022
- Indicators C5 and C6

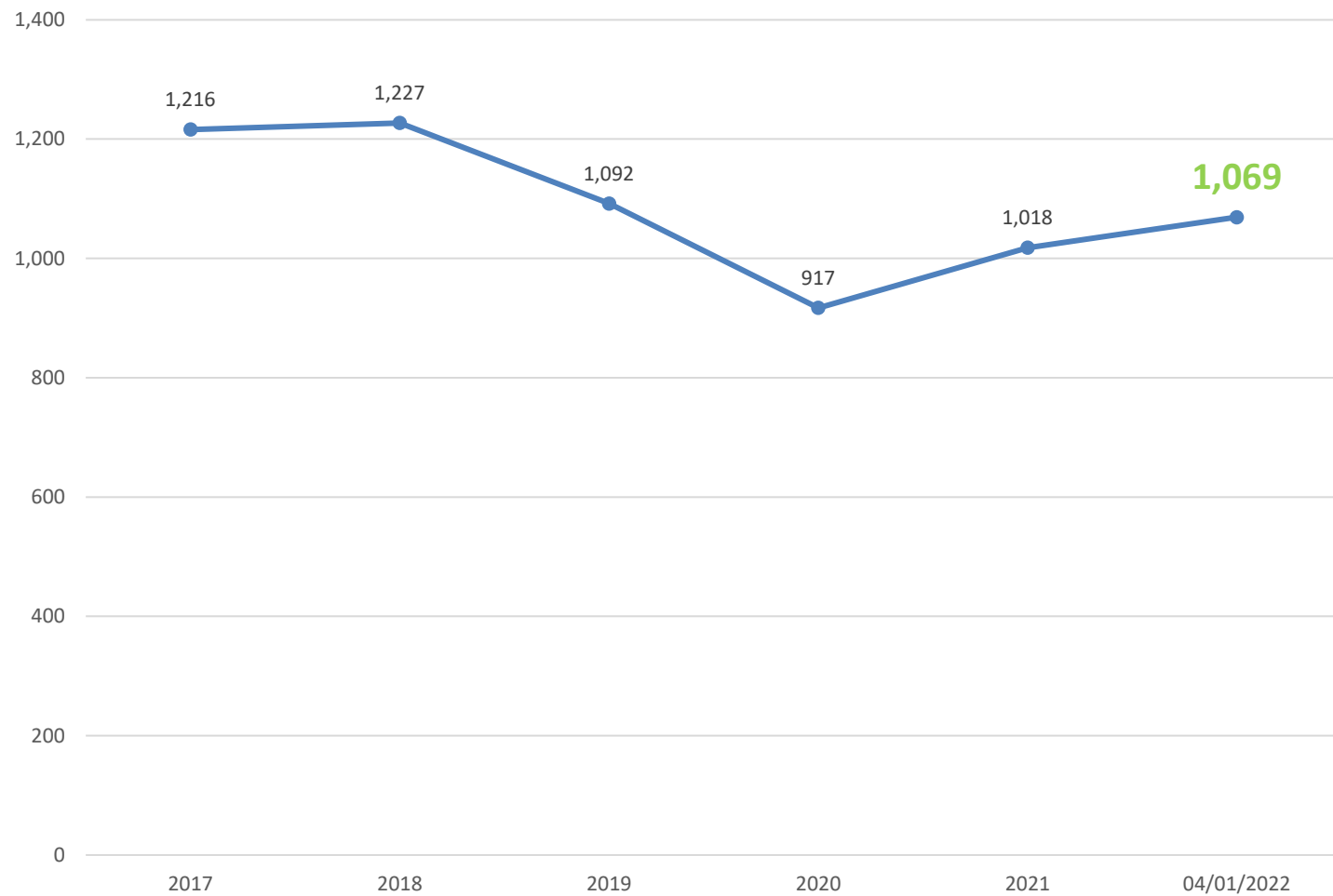




CHILD COUNT 2021

CHILD COUNT: SERVICE COORDINATION REGIONS





BIRTH TO THREE CHILD COUNT



**PROVIDER
REIMBURSEMENT
(MEDICAID RATE INCREASES)**

OCCUPATIONAL THERAPY & PHYSICAL THERAPY

Rate Increases at of 7/1/2022

(includes 2022 Legislative 6% increase)

- HCPC codes not listed here, that are utilized by Birth to Three, will have the 2022 Legislative approved 6% increase.

OCCUPATIONAL THERAPY & PHYSICAL THERAPY See ARSD 24:14:08:11 & 12 for complete definition.		
Procedure Code	Code Description	Birth to Three Rates Effective 7/1/2022
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.	16.33 <u>20.92</u>
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.	16.33 <u>24.28</u>
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.	16.33 <u>26.44</u>
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.	16.33 <u>20.92</u>
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.	16.33 <u>19.23</u>
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.	16.33 <u>17.31</u>
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.	16.46 <u>17.45</u>
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report; each 15 minutes. Requires direct one-on-one patient contact	16.33 <u>23.80</u>
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	16.33 <u>34.62</u>

SPEECH THERAPY RATE INCREASE AS OF 7/1/2022

Rate Increases at of 7/1/2022

(includes 2022 Legislative 6% increase)

SPEECH THERAPY		
See ARSD 24:14:08:16 for complete definition		
Procedure Code	Code Description	Medicaid Rate
92507	Speech/Hearing therapy – individual; each 15 minutes. Treatment of speech, language, voice, communication, and/or auditory processing disorder.	14.33 <u>21.54</u>
92508	Speech/Hearing therapy -group; each 15 minutes. Treatment of speech, language, voice, communication, and/or auditory processing disorder.	9.38 <u>16.59</u>

- HCPC codes not listed here, that are utilized by Birth to Three, will have the 2022 Legislative approved 6% increase.

ESTIMATED
FISCAL IMPACT
(PT/OT/SLP)

ANNUAL INCREASE
\$375,000 TO 400,000



**EARLY INTERVENTION
ADMINISTRATIVE RULES
ARSD 24:14**

ARSD 24:14

- Review other early intervention (EI) services reimbursement rates
 - Special Instruction / Family Training
- Fiscal impact of rate increases (PT, OT, SLP)
- Clarify, update and align language
 - Last revision 10-12 years

- Special Instruction
 - Services that focuses on promoting caregiver-child interactions and supporting caregivers in learning new strategies they can use to enhance the child's development and participation in the natural activities and routines of everyday life.
- Family Training, counseling and home visits
 - Services provided by social workers, psychologists and other qualified personnel to assist the family of a child eligible in understanding the special needs of the child and enhancing the child's development.
- No increase 10 years +
- Rates reflect 80% most often used SLP rate
- New language allow for legislative increases with other EI services.
- Address shortages of providers

Early Intervention Services NOT Reimbursable by Medicaid

BIRTH TO THREE SERVICES NOT BILLABLE TO MEDICAID		
Procedure Code	Code Description	Birth to Three Rate
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	12.42 <u>17.23</u>
ARSD 24:14:04:12	Special Instruction; each 15 minutes. See ARSD 24:14:08:15 for complete definition	8.00 <u>17.23</u>

Fiscal Impact: Special Instruction / Family Training \$49,000 annually

ARSD 24:14 TRAVEL REIMBURSEMENT

■ Existing travel reimbursed by “Unit”

- A city travel unit is calculated in 5-mile increments.
 - For example: 1 to 5 miles equals 1 unit; 6 to 10 miles equals 2 units, etc)
- A rural travel unit is calculated in 15-mile increments.
 - For example: 1 to 15 miles = 1 unit; 16 to 30 miles = 2 units etc)
 - Note: Rural travel also receives additional \$.42/mile

■ Travel Study

- Program is seldom billed in full units.
 - Often mileage reflects one mile over “unit” amount (i.e., 6 miles = 2 units; 11 miles = 3 units)
 - Phantom Miles or unused miles
- Most years travel reimbursement exceeds reimbursement for EI services.
- Equity related to city vs. rural reimbursement (rural paid units + mileage)
- Some smaller cities providers paid 1 unit for 1 mile of travel.
- Very few, if any state agencies reimburse an additional “travel” rate

<i>Services</i>	<i>Travel Time Rate</i>
<i>Physical and Occupational Therapy, Evaluations and Meetings</i>	<i>\$13.14 per unit</i>
<i>Speech and Language Therapy, Evaluations and Meetings</i>	<i>\$11.53 per unit</i>
<i>Assistive Technology, Evaluations and Meetings</i>	<i>\$13.14 per unit</i>
<i>Family Training, Counseling, and Home Visits</i>	<i>\$11.18 per unit</i>
<i>Health Services, Evaluations and Meetings</i>	<i>\$10.86 per unit</i>
<i>Nutrition Services, Evaluations and Meetings</i>	<i>\$11.50 per unit</i>
<i>Social Work Services, Evaluations and Meetings</i>	<i>\$11.18 per unit</i>
<i>Special Instruction, Evaluations and Meetings</i>	<i>\$7.20 per unit</i>

NEW TRAVEL REIMBURSEMENT FORMULA

- “Reimbursement for travel to and from service provision sites is reimbursed to the early intervention service provider at a flat rate of \$1.00 per mile”
- Providers will be reimbursed for actual miles traveled
- No differential between Rural and City
- Rate will be eligible for SD Legislative increases to provider rates.

- Fiscal Impact = Projected Change (\$319,862.00)

SOUTH DAKOTA BOARD OF EDUCATION STANDARDS PUBLIC HEARING

- A public hearing will be held at Rapid City City/School Administrative Center – Council Chambers, 300 Sixth St, Rapid City, SD, on May 6, 2022, at 9:00 AM Mountain Time to consider the adoption and amendment of proposed Administrative Rule of South Dakota numbered ARSD 24:14 (Early Intervention)
- Persons interested in presenting amendments, data, opinions, and arguments for or against the proposed rules may appear in-person at the hearing, or mail or e-mail them to South Dakota Department of Education, Attn: Ferne Haddock, 800 Governors Drive, Pierre, South Dakota 57501, or transmitting the information to ferne.haddock@state.sd.us. Persons may also submit the information at this website: <https://rules.sd.gov/default.aspx>. Material sent by mail or email must reach the Department of Education by May 3, 2022, to be considered.

<https://rules.sd.gov/agency.aspx?agency=DOE%20%20Department%20of%20Education>



FY2022 PART C GRANT



PART C FUNDING SOURCES

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

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



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Contact Person
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February 3, 2022

OSEP 22-08

MEMORANDUM

TO: Lead Agency Directors
State Part C Coordinators

FROM: Valerie C. Williams *Valerie C. Williams*
Director
Office of Special Education Programs (OSEP)

SUBJECT: Procedures for Applying for a Federal Fiscal Year (FFY) 2022 Grant Award
Under Part C of the Individuals with Disabilities Education Act (IDEA)

**ACTION
REQUIRED:** Submission of the IDEA Part C Application Packet by May 13, 2022

The purpose of this memorandum is to inform State lead agencies of the procedures they must follow to receive a grant award under Part C of the IDEA for FFY 2022 funds, which will become available to States on July 1, 2022.

The enclosed packet contains instructions and forms needed for completion of the IDEA Part C State Application. The Application is also available on the Internet at <https://sites.ed.gov/idea/grantees/#Grants>. The completed Application, with supporting information, must be submitted on or before May 13, 2022, to ensure that your State's FFY 2022 IDEA Part C grant funds are available for obligation on July 1, 2022.

GRANT CONTENTS

- ❑ Section I: Submission Statements For Part C of IDEA
- ❑ Section II: State Policies, Procedures, Methods and Descriptions
- ❑ Section III: Description of Use of Federal IDEA Part C Funds

SECTION III: FISCAL

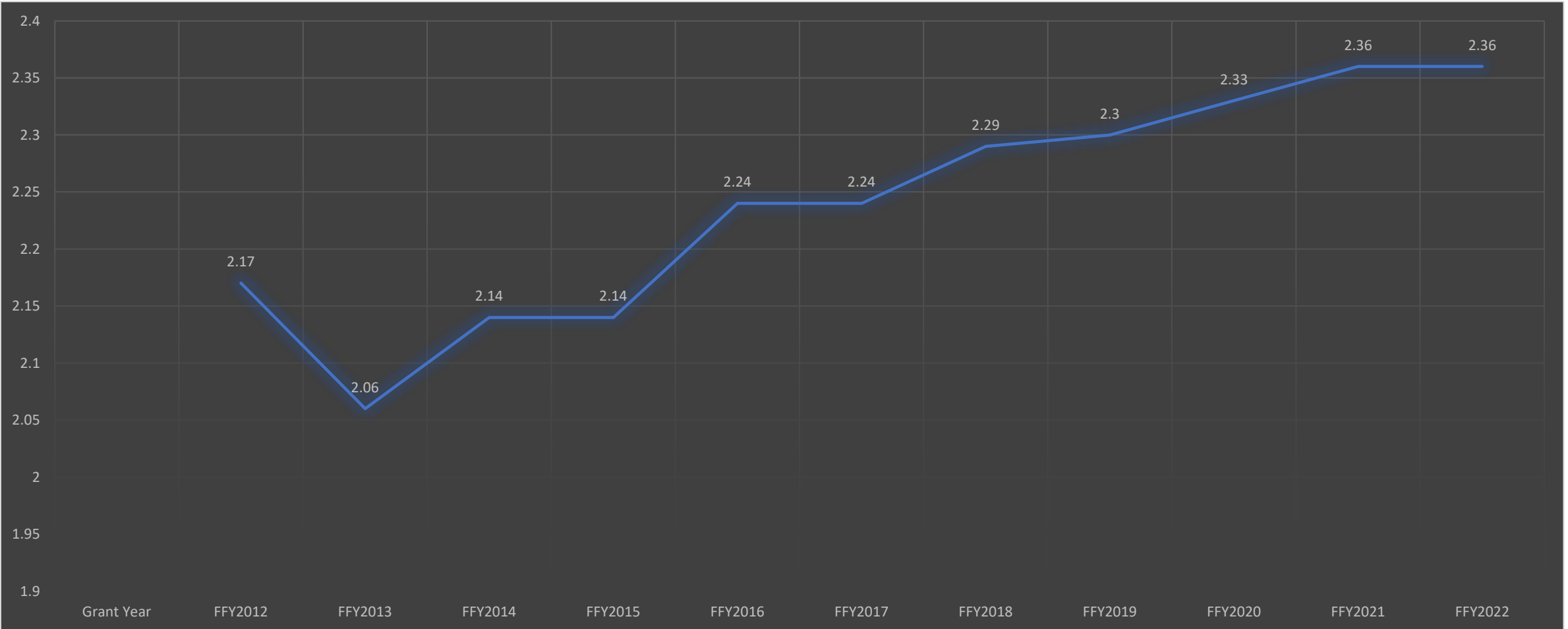
- A. State Lead Agency
 - State team

- B. Maintenance and Implementation Activities for LA & ICC
 - ICC Activities
 - Professional Development
 - Technology
 - Coaches
 - Service Coordination Contracts
 - Data System
 - Hardware/Software
 - Contracts
 - Travel
 - Operational Expenses
 - Public Awareness

- C. Direct Services
 - OT/PT/SLP/Special Instruction etc.

- D. Indirect

HISTORICAL FEDERAL FUNDING



Category	GY2022 (7/1/22 – 6/30/23)	GY2021 (7/1/21 – 6/30/22)
III.A. State Agency	\$395,148	\$395,935
III.B. Maintenance & Implementation Activities for LA and ICC <small>*(SC contracts reflect 6% 2022 Legislative Increase @ 12/1/19 count)</small>	\$1,726,362 <small>*(\$1,628,098)</small>	\$1,726,382 <small>*(\$1,499,935)</small>
III.C. Direct Services (PT, OT, Speech, etc.)	\$170,323	\$170,422
III.D. Activities by Other State Agencies	\$0.00	\$0.00
III.E. Optional Use of IDEA Part C Funds.	\$0.00	\$0.00
IV.B Indirect	\$77,258	\$76,352
TOTAL	\$2,369,091	\$2,369,091

QUESTIONS?



Next meeting date TBD
(July/August 2022)

South Dakota
Birth to Three
STATE INTERAGENCY
COORDINATING COUNCIL
AGENDA

Wednesday, April 20 2022 | 3:00pm CT
Virtual Meeting: ZOOM (see below)

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 2022 Minutes	ICC Members	1/2022 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	
SICC Membership Update	Sarah Carter	
Indicator C4 Family Outcome	Sarah Carter & DaSy Technical Assistance	Indicator C4 Family Outcome
Birth to Three Program Updates	Birth to Three State Team	
FY2022 Grant Application	Sarah Carter	
Adjournment	ICC Members	

Join the Meeting:

One step process to join the meeting. Click on below link, select computer audio.

<https://state-sd.zoom.us/j/6144283745?pwd=NChK3crL3dCdWJIR3Q3emJlZmYxUT09>

Meeting ID: 614 428 3745

Passcode: Carter

If computer not available, may also call into meeting.

Phone Number: 1-312-626-6799 US

Meeting ID: 614 428 3745

Passcode: 760933

If you require a reasonable accommodation to participate in the meeting (e.g. sign language interpreter, materials in an alternative format), please submit your request in writing no later than 7 days prior to the meeting to ensure accommodations are available. Address requests to <mailto:melissa.manning@state.sd.us> or call 605-773-3678.

We Always Focus on The Main Thing



Thank you!

Infants and Toddlers
and their Families