

INTERAGENCY COORDINATING COUNCIL (ICC)



JANUARY 26, 2011 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Lisa Chavez, Karen Lucero, Jim Copeland, Cindy Faris, Andrea Leon, Mette Pedersen, Ida M. Tewa, Maria Varela, Arlene Waters, Janis Gonzales, Lourdes Vizcarra, Jane Larson, Anna Otero Hatanaka, Cathy Stevenson, Jan Winslow, Nancy Treat, Cathy Salazar, Stephani Greathouse, Joanne Corwin.

PROXIES PRESENT

Joanie Roybal Proxy for Ida Tewa, Karen Lucero Proxy for Jyl Adair, Sophie Bertrand Proxy for Paula Seanez.

MEMBERS/APPOINTEES ABSENT

Robin Wells, Senator Gerald Ortiz y Pino, Jaime Diaz.

OVERVIEW

Lisa Chavez, ICC Co-Chair, welcomed members and guests to the meeting. Rosemary Gallegos, NMSD Assistant Superintendent, welcomed members and guests to NMSD and briefly discussed the long collaborative relationship between NMSD and the FIT early intervention service system. Lisa Chavez asked for a head count for lunch in the cafeteria (25). Lisa asked for introductions. Lisa introduced Dr. Catherine Torres, Secretary Designate of DOH. Dr. Torres addressed the ICC and stated early intervention services are very important to pediatricians and PCPs. Dr. Torres said the FIT program is very special and she was concerned about the cuts in services to children eligible under environmental risk and medical / biological risk. Dr. Torres discussed the importance of early intervention services for children and their families. She stated she will work very hard to support FIT services as early intervention is a priority for her. Dr. Torres said she is looking forward to working with the ICC. She said she will remind Legislators that the DOH has taken a number of cuts over the past few years. Andy asked Dr. Torres if she had heard about any cuts to the DOH budget. Dr. Torres stated the FIT Program has already been through cost containment. She said cuts at DOH will most likely be at the facility level. Facilities will need to be run like hospitals. There has also been talk about cuts to public health. Dr. Torres said Governor elect Martinez is a strong supporter of children's issues. Mette Pedersen asked if there are ways the ICC and the early intervention community can help keep Dr. Torres informed. She replied that emails to her office regarding issues /questions are a good strategy. Dr. Torres also suggested that Legislators be kept informed. It is very important to come to committee hearings and let legislators know what is needed. Early intervention should be very visible. Dr. Torres stated her role is to advise the Governor and she can best do so by being able to report to the Governor about the information / needs provided by her constituents. Dr. Torres stated she

will travel around the state to hear from constituents. Arlene Waters asked Dr. Torres how communities will be informed as to when she will be in their area. Dr. Torres answered she is in the process of hiring an Executive Secretary who will inform the public through the local newspaper, etc. Dr. Torres stated anyone who does not receive this information should contact her office.

Step*Hi Presentation

Joanne Corwin, Step*Hi Coordinator, gave a power point presentation about the purpose of Step*Hi and the statewide services available through Step*Hi. The program has been in existence for 26 years. Joanne discussed the purpose of the program and described the services provided by the program. Rosemary Gallegos stated this is the 125th anniversary of NMSD. Andy congratulated Rosemary on her years of service to NMSD and informed the ICC that Rosemary will be retiring later this year. Rosemary stated changes in technology and newborn hearing screening are supporting early identification of children who are deaf or hard of hearing. Andy Gomm said the FIT Program is funding additional hearing screening equipment. Andy stated the ICC might want to consider mandating annual hearing screening for children receiving FIT services. Dr. Torres asked about the hearing screening equipment. Joanne Corwin replied the new equipment has both OAE and tympanometry capabilities. Dr. Torres stated families come to physicians for all kinds of reasons and physician offices provide a safe place for families. Dr. Torres suggested that hearing screening equipment be available to private physicians. Cathy Stevenson said ARRA funds have been used to purchase the machines and she and Andy will strategize on ways to get machines to physicians. Fauzia Malik suggested that hearing screening be added to the services provided through the Developmental Screening Initiative. Dr. Torres stated FIT Program literature should be available in packets given to new parents at the hospitals.

Magi Gerety presented on the early intervention services provided through New Vistas. New Vistas is celebrating 40 years of service. The New Vistas early intervention program serves over 500 children/families in three counties. Magi discussed the services available and the qualifications of the staff providing services. She highlighted some of their Special Projects including a project funded through CYFD which provides services to 10 children who have been removed from their families or who have substantiated abuse / neglect. New Vistas is also participating in a federal project looking at outcomes achieved for children. Magi stated New Vistas has support from several private foundations. Magi expressed concern about the need for mental health services. Dr. Torres asked about the research study and wondered why only a limited number of kids were included in the project. Andy Gomm replied New Mexico was 1 of 5 states chosen to participate and the federal project set the number of kids.

Monica Chlastawa, former ICC member, made a guest appearance to the meeting to discuss the support provided through the Down Syndrome Network and passed out brochures.

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Lisa Chavez requested the following changes to the meeting agenda: approval of the Consent Agenda and the FIT Lead Agency Report moved to after lunch. ***MOTION: Mette Pedersen moved to approve the meeting agenda as amended. Cindy Faris seconded the motion. There were no abstentions or objections. The motion passed.***

ICC COMMITTEES MET

ICC Committees met with their Committee Chairs/Co-Chairs as part of the ICC meetings.

CONSENT AGENDA

Lisa Chavez asked for approval of the November ICC Meeting Minutes on the consent agenda. Mette Pedersen made two corrections to the minutes as follows: on page 4, change AARA to ARRA and on page 11, add the full name of the IDA. ***MOTION: Arlene Waters made a motion to approve the November Meeting Minutes as amended. Lourdes Vizcarra seconded the motion. There were no objections or abstentions to the motion. The motion passed.***

ICC FINANCIAL REPORT

Lisa Chavez distributed copies of the Financial Report and asked for a motion to approve the report. ***MOTION: Tiffani Lovell made a motion to approve the financial report. Jim Copeland seconded the motion. There were no objections or abstentions. The motion passed.***

FIT LEAD AGENCY REPORT

Andy Gomm distributed copies of the report. Andy made one correction: FY11 expenditures listed are from July through December, not July through June. The FIT Program will try to have all ARRA funding utilized by the end of June. Andy discussed several planned system enhancement projects. The FIT Program is doing a second round of mini-grants totaling \$1.6 million. These mini-grants will support the purchase of assistive technology equipment, assessment materials or other needed equipment. The FIT Program has recouped \$1,595,815 through retroactive Medicaid billing. Proposed changes to the insurance legislation will seek to eliminate or expand the current cap. There has been a slight drop in enrollment this past quarter compared to enrollment during the same quarter last fiscal year. It is a new census requirement to list Hispanic as an ethnicity and then list race separately. Janis Gonzales made a correction to the top of page 2. The total for FY 11 revenues should be \$20.7 million, not \$19.5 million.

ICC PARENT PANEL

Andrea Leon introduced Pam and Ellery. Ellery and her family receive services from New Vistas. Services include OT, PT, SLP, music, aqua, and several other therapy services. Services have exceeded the family's expectations. Ellery has made so much progress in the past two years. Almost all of her learned skills are a result of the services provided through New Vistas. She has 25 hours of therapy a month which are helping her learn to sit, roll, speak, and

use her mouth. Ellery is now able to hug, kiss and talk. Adaptive equipment has really supported her progress. Andy Gomm asked about the adaptive equipment. Most of the equipment has been paid through Medicaid. New Vistas has helped organize and order needed equipment. Carrie Tingley has provided some of the equipment.

Yvette introduced herself and stated two of her three children, Ethan and Liam, received early intervention services. A physician's assistant referred the family to early intervention. The family received limited information about the FIT Program. More information would have helped the family understand the services and purpose of the program. Once the referral was made, the family was quickly contacted. An evaluation was held within two weeks. The team was very supportive and included the parents in the process. The evaluation results indicated Ethan had hypotonia. Services started about a month after referral. Family concerns were quickly addressed. Parents had a strong voice during IFSP planning. Mom's goal was for Ethan to walk. Services were great and Ethan aged out and did not need services until he was 5 when he received some speech therapy. Liam received services for 18 months and is doing well. Their youngest, Charlotte, is receiving some private speech therapy. Yvette stated her children's challenges were always important to the family's service providers. She said she was so glad they did not have to do it alone. Yvette is taking speech therapy classes at UNM to become an SLP.

Dion introduced herself. Dion, her husband and their daughter Phoebe participated in early intervention. Phoebe had a cleft palate and has a moderate to severe hearing loss. The physician referred the family to CMS. CMS referred the family to New Vistas. The evaluation process was a bit difficult because they did not know what to expect. It would have been helpful to have speech therapists with more availability. The family is still receiving services and are dreading Phoebe's 3rd birthday. Phoebe loves her therapists and really loves her PT. Dion stated Step*Hi services are her favorite part as their Step*Hi provider has been so helpful. Dion said they had to search for help and would have appreciated more information when they left the hospital. The family is learning sign language. The IFSP is an amazing and awesome tool and process. The IFSP helps the parents see Phoebe's progress. Time goes by so quickly and it is wonderful to see Phoebe is achieving the goals set for her. Phoebe is also receiving preschool services here on the NMSD campus and coming to the preschool provides her with great social stimulation. The family also has a deaf role model that comes twice a month. Phoebe's sign language vocabulary has grown to 50+ words. She signs to herself in the mirror. She reads books to her parents and she is trying to teach her little cousin how to sign.

Lisa Chavez requested the following change to the meeting agenda: move the Part C Annual Performance Report (APR) to the next agenda item. ***Motion: Joanne Corwin moved that the presentation on the Part C Annual Performance Report (APR) be moved to the next agenda item. Andrea Leon seconded the motion. There were no objections or abstentions. The motion passed.***

PART C ANNUAL PERFORMANCE REPORT (APR)

Andy Gomm stated the FIT Program has to submit the APR on the performance indicators by Tuesday of next week. Andy thanked Patti Ramsey for her work on the APR. Patti informed the ICC that targets for Indicator 13 still need to be set. Indicator 13 refers to the percentage of mediations held that result in Mediation Agreements. The ICC had to set targets for FFY 11 and FFY 12. **MOTION: Jim Copeland made a motion to set the targets at 100%. Cindy Mantegna seconded the motion. Discussion of the motion:** Mette Pedersen asked Patti if she thought 100% was achievable. Patti stated she thought we would achieve it. Joanie Roybal recommended we stay away from 100%. Joanie said the PED will be providing training for parents on how to voice their concerns. The training will include representatives from school districts and advocacy groups. Joanie stated the result will not always be a mediated agreement as PED data shows 20-30% are not mediated agreements. Andy Gomm stated FIT can tap into PED's mediators. Andy informed the ICC that if there is no agreement in the mediation then the next step is due process. **Mette asked that we revise the motion to set a lower target for FY11 and FY 12. Jim Copeland withdrew his motion. MOTION: Mette Pedersen moved that the target for FY11 and FY12 be set at 80%. Cindy Mantegna seconded the motion. Discussion of the motion:** Andrea Leon suggested that the target for FY12 be increased to 90%. Karen Lucero replied it is harder to meet a target if we don't have many parents asking for mediation. **There were no objections or abstentions. The motion passed.**

Patti reviewed the APR. Patti asked the ICC for feedback. Patti stated ICC input regarding the improvement steps on any of the indicators would be helpful as these steps cost the FIT Program money and/or time. Patti stated New Mexico struggles to meet Indicator 1 because of the lack of availability of therapists. One strategy that has been suggested to increase availability is to use therapy interns. Cindy Mantegna stated it takes a lot of time and money to have interns at Tresco TOTS and some programs have determined it is a cost savings not to have them. Andy Gomm asked the ICC to think of strategies to help providers offset some of the costs in using interns. Mette Pedersen said the ICC Professional Development and Support Committee has talked about ways to build the capacity of therapy assistants so programs that hire them could bill for their services. Mette suggested that this be added as a strategy to APR Indicator 1. Mette suggested a differential pay for providers who work in underserved areas of the state. Mette proposed adding this as a strategy to APR Indicator 1. Anita Del Prete stated it would be helpful to pay therapists mileage. Anita also stated some RCI therapists provide supervision out of their own time and pocket. Magi Gerety stated last minute cancelations and no shows are reasons therapists either don't want to work for or don't want to provide more work for New Vistas. Andy Gomm said we might want to add a strategy to Indicator 1 that FIT would identify ways to minimize no shows. Magi Gerety replied New Vistas already uses many proven strategies to reduce no shows but they do not seem to make a huge difference in the number of no shows. Lourdes Vizcarra stated FIT serves a fragile

population and families may have to cancel services due to child's health. Lourdes asked if there was a way to compensate providers for no shows. Magi Gerety stated another consideration is that staff has to cancel when they are sick because they do not want to expose children. Mary Zaremba stated we can also make a philosophical shift as we consider no shows. Some no shows can also be a way for families to communicate they are overwhelmed and a no show can be their way of saying back off. We need to know family priorities for services at any given point. Mary asked if we are supporting family neediness or supporting family health. Jim Copeland suggested that we look at compensation for therapists across agencies. What is the range of compensation paid to contractors? Jim recommended a wage survey of providers across the state. Andy Gomm asked about creative ways to attract therapists to early intervention. Fauzia Malik suggested loan forgiveness (Perkins & Stafford) tied to a requirement to work for an agency for a specified amount of time to attract new graduates to early intervention. Andy asked the ICC if they would support the use of ARRA money to provide one-time hiring bonuses or payment of moving costs. Andy said FIT could look at this use of ARRA money if there are ARRA funds left at the end of the year. Andy stated a renewed look at loan forgiveness, hiring bonuses and support for moving would be added as strategies to Indicator 1. Any other ideas should be emailed to Patti. ***MOTION: Cindy Faris made a motion to approve the draft APR with the changes discussed. Tiffani Lovell seconded the motion. There were no objections or abstentions. The motion passed.***

ICC COMMITTEE REPORTS

Professional Development and Support

Nancy Treat reported. The Committee had been asked to look at the Primary Provider Model. Stephani Greathouse is being added to the Primary Provider Model work group led by Mary Zaremba. The committee is exploring the use of therapy assistants (OT, PT, SLP). The Committee is also working on a survey regarding the use of reflective supervision and will ask their FIT staff person, Kathey PhoenixDoyle for assistance. Mette Pedersen stated we don't have a process in New Mexico for the use of OT, PT, and SLP assistants. Maria Varela stated it looks like services provided by OT, PT or SLP assistants could be paid through Medicaid unless the IFSP specifically states the services are to be provided by an OT, PT or SLP. Maria will explore this further. Andy asked the committee to look at the licensing rules and talk with Medicaid.

Quality Assurance / Accountability

Andrea Leon and Arlene Waters are Co-Chairs. The Committee met with several early intervention providers who identified the need for a manual for contractors that describes the FIT Program. A draft will be available at the next ICC meeting for review. Arlene stated 3 to 4 agencies have already developed a manual and the Committee is using these manuals as a guide. Early intervention providers have also requested that the questions on the parent surveys be "tweaked." Providers want to know what happens to the data obtained from the surveys and were concerned about the redundant questions. Andy Gomm stated the FIT

Program had a really good response rate on parent surveys when FIT required the surveys to be part of the provider APRs.

Child Find / Public Awareness Advocacy

Lourdes Vizcarra reported. Lourdes thanked their FIT staff person, Verna Trujillo, for her support and hard work. The FIT Referral Form has been updated. A thank you letter to physicians following referral to early intervention has been drafted. The FIT Referral Manual is being updated and will also include sections for Parent Support and Resources. FIT materials such as the calendar are being disseminated statewide. The FIT Family Handbook is being updated. There is a new ad about FIT in the NM Kids Magazine. The committee is reviewing the UNM NICU packet, PRO packets and the PRO Early Intervention Fact Sheet. Lourdes asked the ICC to add their information regarding the other agencies / groups they participate in to the list she has emailed them.

Finance

Tiffani Lovell reported. The committee has looked at the insurance cap and is proposing to do away with the cap altogether. Andy Gomm met with the insurance representatives to discuss increasing / eliminating the cap. The committee has also discussed ending the three year old choice law. There is no legislative sponsor as yet. Anna Otero Hatanaka is working with Senator Nava. There is legislative opposition to ending the three year old choice law. The committee is also looking at reducing prior authorization from 19 hours a month to a lower number. 97% of children don't need a prior authorization so the Finance Committee is recommending that the 19 hours be reduced to 14 hours. Maria Varela stated this would require a change in Medicaid regulations. Andy Gomm stated most children in early intervention receive less than 14 hours of service per month. Maria asked about the timeline for this change as it takes Medicaid 6 months to promulgate changes in Medicaid regulations and Medicaid could not have this done by July 1. Tiffani Lovell said the Finance Committee will work with the Quality Assurance Committee on changes to prior authorization. Jane Larson expressed concern that if FIT moved forward with the change without a change in Medicaid that this could result in a complaint. Maria stated the State Medicaid Plan may also have to be changed.

MOTION: Jane Larson made a motion to lower prior authorization from 19 hours to 14 hours per month pending necessary changes in Medicaid rules and OSEP approval if required. Lourdes Vizcarra seconded the motion. Maria Varela opposed the motion. There were no abstentions. The motion passed. Andrea Leon asked if ICC Committees would still be able to meet outside of ICC meetings. Andy Gomm stated ICC Committees could meet outside of ICC meetings but meeting time would also be available during ICC meetings.

FIT REGULATIONS / STANDARDS

Andy Gomm distributed the draft *Requirements for Family Infant Toddler Early Intervention Services 7.30.8 NMAC* with recommended revisions in red font. Andy reviewed the draft revisions. FIT standards were last revised in 2001. Andy discussed the following changes to

eligibility determination: 1. In addition to the IDA for children under 4 months, another evaluation tool would be required. 2. For infants under 1 month of age, informed clinical opinion would be used. Andy discussed the reasons for the recommended change in the title Developmental Specialist to Developmental Therapist. He stated the title Service Coordinator was changed to Family Service Coordinator. Andy stated the recommended changes also included an attempt to anticipate changes to federal regulations so the anticipated federal changes could be included if they are not controversial. The DOH FIT Program will do public meetings to obtain feedback and will also conduct a more formal hearing after the Legislative session. Andy stated he is using this opportunity to clean up the language because it may be a number of years before we consider changing the regulations again. Cathy Stevenson recommended the FIT Program clean up the language in the regulations to make them as understandable as possible. The ICC is to look at recommended substantial changes. Andy asked the ICC if it would be helpful to see the changes in a clean format. Cathy Stevenson asked what was driving the change in title from Developmental Specialist to Developmental Therapist. Cathy stated a change in title could be driven by a need for higher reimbursement or because families have less respect for a Developmental Specialist. Cathy stated the current certification process is for Developmental Specialists, not Developmental Therapists. Cathy said the role of the Developmental Therapist would need to be explained in the definitions. Jane Larson and Joanne Corwin asked why FIT would want to do this. Jim Copeland replied that this change was based on recommendations from staff and parents because therapists have a perceived elevated status. It is hoped that the change in title would help to elevate the Developmental Specialist practice to the same level as that of a therapist. With the implementation of the Primary Provider Model, the role of the Developmental Specialist will need to be better defined. Andy stated the recommended changes to the regulations are a draft and are not to be shared outside of the ICC. Andy will email the ICC the sections he has edited. Andy asked ICC members to email him their recommended changes in blue font by the end of February.

LEGISLATIVE PLANNING - Lisa Chavez thanked everyone who participated in Early Childhood Awareness Day at the Legislature this past Monday. Lourdes asked if there were handouts to give to legislators. Lourdes suggested that the FIT brochure be added to Legislative packets. Karen Lucero reviewed the Legislative process. The ICC Executive Committee will keep the ICC aware of what is happening with FIT bills and will email the ICC copies of the bills. Karen stated ICC support is needed. ICC members and parents across the state who are receiving / have received FIT services can call their legislators and / or go to the committees in which FIT bills are being heard to show their support.

Jim Copeland asked about the move to increase the draw on the permanent fund for early childhood services. Early intervention was not included and to be included, it appears the FIT Program would have to move to PED or CYFD. Andy stated he thought it was a

misunderstanding about early intervention. Mette Pedersen said this is a suggested that this discussion include Secretary Torres. Cathy Stevenson stated one of the primary reasons FIT is under DOH is because FIT is a hybrid program. The FIT Program fits under public education and also fits under the Department of Health. Jane Larson said there are two pieces of legislation about the use of some of the permanent funds for early childhood, one in which the public will vote and a second piece of legislation regarding which agencies will get the money. There was ICC consensus that the FIT Program should stay at DOH but there should be work toward including the FIT Program in this funding opportunity.

MEETING ANNOUNCEMENTS & EVALUATION

The ICC Executive Committee was asked about a replacement for Ethel Davis on the ICC. Lisa Chavez asked members and guests to complete the meeting evaluation forms. The meeting was adjourned at 4:00 pm.

FOLLOW-UP MEETING TASKS / RESPONSIBILITY

ICC Members:

1. Email Patti Ramsey (patricia.ramsey@state.nm.us) with additional strategies for Indicator 1
2. Email edits to draft *Requirements for Family Infant Toddler Early Intervention Services 7.30.8 NMAC* in blue font to Andy Gomm (andrew.gomm@state.nm.us) by 2/28
3. Support FIT bills by calling / emailing legislators and / or attending committee hearings
4. Send edits to minutes to ICC Coordinator (supope@msn.com) by 2/18
5. Update information about other agencies / groups ICC members belong to and email to Lourdes Vizcarra (vizcarral@msn.com)

ICC Executive Committee:

1. Consider replacement recommendation for Ethel Davis
2. Keep ICC informed as to FIT bills / legislative committee hearings