MEMBERS/APPOINTEES PRESENT
Karen Lucero, Jim Copeland, Andrea Leon, Arlene Waters, Robin A. Wells, Cynthia Mantegna, Peggy Denson, Sophie Bertrand, Jyl Adair, Janis Gonzales, Samantha Carl, Paula Seanez, Cindy Faris, Ida Tewa, Joanne Corwin, Maria Varela, Jaime Diaz, Johnny Wilson

PROXIES PRESENT
Samantha Carl Proxy for Lisa Chavez, Jennifer Thorne Lehman Proxy for Marc Kolman, Andrea Leon Proxy for Lourdes Vizcarra

MEMBERS/APPOINTEES ABSENT
Joseph Sanchez, Senator Jerry Ortiz y Pino, Anita Sedillo, Stephani Greathouse, Karen Ziegler

OVERVIEW
Karen Lucero, ICC Co-Chair, welcomed ICC members and guests to the meeting. Karen thanked Cindy Faris and the School for the Blind and Visually Impaired for hosting the meeting and providing meeting refreshments. Karen asked for introductions. Karen reviewed the ICC Meeting Ground Rules. Karen stated ICC guests are welcome to speak during discussion of issues.

MEETING AGENDA
Karen Lucero asked for approval of the Meeting Agenda. Andy Gomm asked that the Meeting Agenda be amended in that Judy Kimmel would not be co-presenting with Andy on the Transdisciplinary Team Approach. MOTION: Jyl Adair made a motion to approve the Meeting Agenda as amended. Cindy Faris seconded the motion. There were no abstentions or objections. The motion passed.

CONSENT AGENDA
Karen Lucero asked for approval of the Consent Agenda with two corrections to the ICC April Meeting Minutes. MOTION: Jaime Diaz made a motion to accept the Consent Agenda. Cindy Faris seconded the motion. The motion passed. There were no objections or abstentions.

Andy Gomm informed the ICC that DFA recently reviewed the ICC Fiscal Agent contract. This contract has always been managed by Zia Therapy Center. DFA determined the ICC Fiscal Agent contract is not a professional technical contract and would therefore need to be put out
for bids. Peggy Denson, CEO of Zia Therapy Center, stated she thought this issue may have already been addressed.

FIT LEAD AGENCY REPORT
Andy Gomm distributed copies of the report. The report contains key data to help the ICC look at the health of the FIT system. Andy stated the ICC had recommended a number of changes to the FIT service system in order for the FIT Program to operate within its budget. FIT expenditures by month have not been updated. Andy will follow up with DOH fiscal office to obtain the FIT expenditures for January through May 2012 and email this information to the ICC. Andy stated the DOH FIT Program has collected close to $1.1 million dollars to date in private insurance revenue. This is less revenue than last year and FIT is $100,000 under the private insurance revenue anticipated for this fiscal year. FIT should start to see more kids covered under private insurance when health care reform is implemented. Jim Copeland expressed concern that the FIT Program may be $300,000 short when the projected FIT revenue on page 2 of the report is considered. Andy Gomm stated he would ask the FIT fiscal office about this. There may be a renewed focus for Service Coordinators to obtain information about a family’s private health insurance. Service Coordinators will be required to ask families to sign consent forms for FIT to bill either a family’s private or public insurance. There is a slight drop in total children served when compared to same time last year. Andy stated the FIT Program has less average annual growth than in previous years. New Mexico’s Native American population is 9.4%. 1 out of every 10 children served by FIT is Native American. This is in line with census data. The federal government requires that FIT collect ethnicity data separate from data on race. This requirement muddies the data a bit.

2013 LEGISLATIVE PLANNING
Karen Lucero, ICC Co-Chair, distributed 3 handouts. Karen reviewed the handouts. Now is the time for ICC members to talk with state and national representatives about the benefits of FIT services. People are running for office in New Mexico and nationally. It is important to stress the need for appropriate funding for the FIT Program. FIT serves almost 1 in 10 families in New Mexico. Investment in FIT services pays back in terms of reduced future costs. It is better to contact legislators and legislative candidates now and not wait until the legislative session. ICC parents can share their personal experiences with FIT services. Andrea Leon passed around the card that Lisa Chavez, ICC Co-Chair, used to speak with her legislators during the 2012 Legislative session. Andrea stated that FIT programs can contact her at PRO and she will provide support to the parents in their programs who want help preparing to talk with their legislators. Sophie Bertrand encouraged the ICC to partner with other early childhood entities and advocate for funding for joint initiatives. Jaime Diaz stated legislators are asking how early childhood programs are collaborating with their partners. Jaime suggested that the ICC develop a diagram that shows FIT as an integral part of the early childhood system. Senator Sapien is supporting a system of care across early childhood that supports families of children birth to five years of age. Early intervention provider agencies
can meet with their legislators or invite them to their agencies to talk about their services as well as inform them about the financial constraints their programs are under. The ICC's State agency representative can help the ICC better navigate the legislative system. Andy Gomm informed the ICC that the Legislative Finance Committee is meeting in Roswell on June 15th at the NM Military Institute. The meeting will start at 8:30. ICC members who live in or close to Roswell could attend the meeting. Karen passed around a legislative commitment form and asked ICC members to think about and then write in their individual legislative actions. Andy Gomm stated the FIT Program is not out of the woods fiscally. It is important for legislators to hear about the difficult cuts that have been made to FIT services and that the ICC would like to see additional funding for the FIT Program so these services can be restored. It would also be helpful for legislators to hear about the gap in services over the summer for the three years olds transitioning to public schools. Magi Gerety suggested that these legislative messages be written up and distributed so everyone is presenting a clear, uniform message. The message could include the numbers of kids impacted, how many three year olds are left without services for how many months, and how many hours of service were cut to children at risk because of fiscal constraints. Jim Copeland stated it is difficult to support re-establishment of services without a rate increase. The 2003 rate study has not been fully implemented. Gasoline was so much less in 2003. Health insurance and other costs have also gone up for providers. Anna Otero Hatanaka stated now is the best time to make legislative contacts. It is extremely important for ICC parents to speak to their legislators. Early intervention providers need to demonstrate how FIT is an underfunded system. Anna stated several of the legislators who were champions for FIT are not running again and we have to cultivate new champions in the legislature. Anna suggested that the ICC invite Senator Dede Feldman, Senator Rod Adair, Senator Cynthia Nava and Representative Danice Picraux to the November ICC meeting to present them with certificates of appreciation. Andy Gomm informed the ICC that the DOH is beginning to discuss supporting additional funding for FIT in FY13 and FY14. Anna Otero Hatanaka replied that this is great news and the numbers needed to fund a rate increase should be identified now so that it does not come as a surprise in January. Jennifer Thorne Lehman stated this is indeed good news and the DOH is acknowledging the entitlement nature of FIT services. Karen Lucero also discussed the importance of contacting DOH Secretary Torres and Secretary Squier of the Human Services Department by email or letter to register concern about moving FIT Medicaid services into managed care. NM Medicaid redesign was submitted without FIT being carved out as a fee-for-service. This issue should also be brought to the attention of the Governor. Andy Gomm stated the Early Learning Advisory Council oversees all early childhood services and is looking at creative ways to fund early childhood services. Their meetings are open to the public and ICC members should attend whenever possible. Also, the Children's Cabinet will be working on a continuum of services for children birth to age three. DOH Secretary Torres will be at the FIT Annual Meeting.
RECOGNITION OF LEGISLATORS
Invited legislators were unable to attend the meeting. The ICC Executive Committee will invite them to the November ICC meeting.

SERVICE DEFINITIONS & STANDARDS
Andy Gomm reminded the ICC that the FIT Program has promulgated rules (regulations). The official comment period for these rules was closed on May 29. The Department of Health is still receiving informal comment (mostly on procedural safeguards) from OSEP. Andy and DOH attorney are working together to review the public comments. By Monday, June 11, FIT has to have all comments analyzed and sent to the hearing officer who will complete the report. The report will be reviewed by Secretary Torres. As of June 15th, the report will go to Records and Archives. The regulations will be published on July 29, 2012. FIT regulations are the procedures. Service Definitions and Standards describe who can provide FIT services, how services are paid for, what agency requirements are, etc. FIT has been updating Service Definitions and Standards annually. There are several procedural items in the Standards that will now be addressed in the regulations and these items could be deleted in the Standards.

Andy distributed draft standards and reviewed recommended changes as follows:

- No changes have been proposed for respite;
- p. 9 - Added outreach to birth hospitals, child protective services, etc. to the 4th bullet under Scope of Service. Correction by Joanne Corwin: Add an s to NMSBVI in the last bullet;
- p. 11 - Added two tools: NIDCAP and the REEL-3 to the 2nd bullet under Scope of Service. Added “that demonstrates 1.5 standard deviations or greater than the norm” to the 3rd bullet under Scope of Service. Added “documented” and “valid only for 6 months from the date of the screen” to the last bullet;
- p.12 - Added “within 30 days following the respective activity” to the 5th bullet under A. Administrative Requirements;
- p. 14 - Added wording that states a CME can be conducted and billed for if the child leaves the system and comes back after 6 months;
- p. 16 - Added a 3rd bullet that states the family service coordinator (FSC) shall obtain consent from parents to bill for private and public insurance and consent shall be documented on the Prior Written Notice Form;
- p. 17 - Removed original bullet and added a 5th bullet that states data will be entered into FIT KIDS within 30 days following the respective activity and specifies the type of data to be added;
- p. 17 - Changed the wording in the last bullet to state that FSC case loads are not to be greater than 35; Correction by Robin A. Wells: add “s” to posses in first line under B. Staffing Requirements.
- p. 21 - Removed entire bullet at bottom of page regarding parent choice option.
ICC discussion of draft Standards consisted of the following points:

- Randi Malach stated providers are still having a problem entering data when trying to discharge children who are not eligible because the FIT KIDS data base requires an ECO which is not needed and will not be completed.

- Randi Malach also expressed concern about the 35 family service coordinator (FSC) case load limits. Some FSCs have families on their case load who do not require much support and these FSCs can therefore have more families on their case loads. To specify a FSC case load limit would not support the salaries of FSCs.

- Andy Gomm asked the early intervention providers what case load limit they would recommend. Norm Segel stated it should be an average for the agency, not individual FSCs. Jennifer Thorne Lehman stated FIT could refine the statement so it does not have such a hard cap.

- Magi Gerety stated the amount of billable time should be taken into consideration. For example, if the FSC is typically spending 5 hours a month on service coordination for a family (even though the program can only bill for 1 hour), then Magi would automatically assign less families to this FSC. Magi stated that FSCs who serve CYFD families spend more hours in meetings and have lower case loads.

- Jaime Diaz suggested that Andy run data on average FSC case loads. Arlene Waters stated some FSCs can efficiently manage 40-45 in their case loads but others could not handle a case load of 35 families.

- Celina Waller - Asked how to set parameters when an agency uses dual role FSCs/DSs. Andy Gomm replied that hopefully dual role FSCs/DSs would have less than 35 children/families on their case loads.

- Jennifer Thorne Lehman stated FIT could change the language to the average within the agency, not the average per FSC.

- Randi Malach said her FSCs have high case loads in the spring and early summer which drop significantly in the fall. Randi suggested that FIT ask agencies what works well for them.
• Jim Copeland expressed concern that it is dangerous to set case load numbers in FIT Service Definitions and Standards. Jim suggested that FIT maintain the current language which states that FSC caseloads allow the FSCs to meet their case load responsibilities. Andy Gomm replied that FIT has seen FSC case loads as high as 60-65. These agencies can only bill for 40-45 families per month because the FSCs can’t serve all their families due to their high case loads. Jim Copeland stated FIT can’t depend on billing to determine if a high case load is preventing families from receiving service coordination services because some families may be receiving less than the billable one hour per month of service coordination (ex. 45 minutes). Also, every family may not need the full one billable hour of service coordination each month. Jim stated the FIT Program should avoid implementing standards that are not required. FIT provider agencies are independent contractors with DOH FIT.

• Monica Amastrage asked how the FIT Program knows that high case loads are preventing families from receiving the service coordination they need. Andy Gomm replied that FIT has observed that when agencies are struggling with performance, the FSCs at the agencies also have high case loads. Sbicca Brodeur stated she hears about high FSC case loads in service coordination training.

• Cindy Mantegna stated if the cap of 35 for FSCs stays in Service Definitions and Standards, it may push agencies to go to dual role FSCs/DSs. Cindy said FIT service provider agencies have too much financial burden on them now and this requirement will increase their financial burden.

• Kathleen Cates expressed agreement with the concerns presented about the cap. She asked the FIT Program to find a better way to address the issues FIT has identified.

• Jim Copeland suggested that Andy make all the bullet points black.

**MOTION:** Cindy Faris made a motion to accept the draft Service Definitions and Standards if the language on maximum caseloads for FSCs is removed or revised. Robin A. Wells seconded the motion. The motion passed. Cindy Faris asked Andy to provide the ICC with FSC case load numbers by the November ICC meeting. Magi Gerety stated case load numbers will not provide the number of hours a FSC works each week. Jim Copeland asked Andy to run case load averages on agencies that do dual role and on agencies that use dedicated FSCs. Magi Gerety asked Andy to run a per agency report on how many families each agency’s FSCs saw and how many hours of service coordination they provided.

**TRANSDISCIPLINARY TEAM APPROACH-FOLLOW-UP DISCUSSION ON APPROPRIATENESS OF APPROACH FOR ALL CHILDREN**

Andy distributed a powerpoint handout on the approach. All the researchers are saying this approach is the most effective way to provide early intervention services. Andy reviewed the three (3) key elements of the approach. A lead person will be identified on each IFSP and this will be the person that provides the most service to the child and family. Each IFSP team will decide who the lead person will be and this person will be listed on the IFSP Services page.
Randi Malach stated she is not clear as to the difference between the FSC role and the lead’s role and how they overlap. Randi said logistics are going to be difficult for programs because of service provider schedules. As a program, we have to look at who we can get, and it can be difficult to pull together a team. Randi expressed concern about the lower consultation rate when the family is not present. Andy Gomm agreed that consultation is billed at the center rate which is lower than the home based rate. Andy said consultants could teleconference in for meetings. Magi Gerety stated her program is already paying therapists more money than the agency brings in. Magi said therapists think coming to the office for a meeting is traveling. Magi Gerety expressed the need for more online training for new therapists and staff as they will need a solid orientation to this approach. They should also be paid some type of reimbursement for attending online training. Andy stated the approach will be rolled out at the FIT Annual Meeting. Samantha Carl asked how implementing the approach will affect services to children and their families. Andy replied that this approach will provide better coordinated services. Jennifer Thorne Lehman said services to her child and family improved when the SLP and OT did joint visits. This resulted in co-training and the need for less visits from both service providers. Andy Gomm stated the approach would not be a radical shift for many service providers. Jim Copeland stated the approach is a great way to maximize limited resources. Andrea Leon said it was difficult to schedule so many service providers coming to her home each week. Andy Gomm stated that the approach should work well for all children and their families.

MEDICAID REDESIGN - POTENTIAL IMPACT ON THE FIT PROGRAM
The Centennial Plan for Medicaid Redesign was developed by a contracted party. Maria Varela stated she was not involved in the initial planning stages. CMS has been asked to not consider NM’s waiver application because it needs more work. Since NM tribes and IHS were not informed in writing, the application was able to be pulled. Currently, we have FIT carved out of managed care and early intervention services for Medicaid eligible children are paid for by the fee for service Medicaid system. Robert Stevens, Benefits Bureau Chief at HSD, and Maria Varela are working to address the issue of keeping FIT out of managed care. Waivers allow a state to pay for non-traditional medical services. Anna Otero Hatanaka said she has talked with Julie Wineberg and asked that FIT not be a part of a global waiver. Anna was asked to write a letter. Andy Gomm stated that if FIT is not kept out of managed care, FIT children would be under the four (4) Managed Care Organizations (MCOs). These MCOs would not have to contract with any of the current FIT service provider agencies and the MCOs could set rates they wanted. There would no longer be a centralized billing system and provider agencies would have to bill the different MCOs. Norm Segel stated that we are fortunate to have Maria Varela working with her boss to correct the issue. Jennifer Thorne Lehman stated the Medically Fragile Waiver will be rolled into Centennial Care in 2015. Karen Lucero stated the ICC has to be active regarding this issue. Karen asked if the ICC should write a letter or leave written comments at the hearing. The Co-Chairs will write a letter on behalf of the ICC which states why EPSDT Special Rehabilitation services should continue to be carved out of managed
care. CMS will accept comments on their website once the NM application goes back. **MOTION:** Cindy Faris made a motion that the ICC will write a letter stating why EPSDT Special Rehabilitation Services provided by the Family Infant Toddler Program should be excluded from Centennial Care and continue as a fee for service under the Medicaid State Plan. Peggy Denson seconded the motion. Maria Varela abstained. The motion passed. It was decided that the letter will be sent to Cathy Stevenson, to the DOH and the HSD Secretaries, to Julie Weinberg, the Director of the Medical Assistance Division at HSD, and to the Governor. The final version of the letter will be emailed to the ICC so individual ICC members can mirror their own letters of concern. Jaime Diaz stated he will send a letter on behalf of the Head Start Association.

**STATUS OF ICC APPOINTMENTS**
Andy Gomm reported. ICC member information packets have been sent to the Governor’s office. A representative of the Governor’s office will call and interview ICC applicants. The Governor may choose different members. Andy Gomm and Cathy Stevenson will talk with Secretary Torres and request that she strongly support appointment of the current members.

**ICC COMMITTEES MET**
ICC Committee Chairs met with their committees.

**ICC COMMITTEE REPORTS**

**Personnel Development**
Robin Wells, Chair, reported. Critical Issue #1 - Committee has not met since Farmington. Committee will consult with Andy Gomm and Verna Trujillo as to how to gain credit for people who already have a BA or an MA. The Committee will provide information to Jaime Diaz and Karen Ziegler about how this pathway also meets Early Head Start training requirements. Robin asked if the Committee could use the FIT and ECLN website to publicize the pathway and provide access information. Critical Issue #2 - This is for folks already working in the field. The Committee has been working on ways to publicize the information on the training available. Sophie Bertrand stated information on the portal and how to access training will be provided at the FIT annual meeting. Critical Issue #3 - Draft Contractor Manual. The Committee will survey the provider agencies to determine what general information should be in section 1 of the manual. Critical Issue #4 - The Committee asked how training for new staff is documented, what types of degrees staff have, and if the Committee could access this information. Andy Gomm replied that FIT has this information on paper forms. Information is also collected in FIT training calendars. Critical Issue #5 - Agencies that provide service to the child/family are still not being invited to IFSP meetings. Robin asked about the “teeth” that can be used if FSCs are not inviting all the service providers to the IFSP. Andy Gomm replied that FIT looks at this when monitoring
agencies. Jim Copeland stated FIT agencies that are out of compliance have to do a corrective action plan and meet the terms of those plans. Peggy Denson stated this is a program management issue and supervisors should address this within the agency. Andy Gomm said the coordinator of the program where the FSC works should be contacted and informed. Joanne Corwin said service providers who had issues identified in their CBAs have called NMSD for assistance. State supported schools have people assigned to early intervention programs and they are available to provide training and technical assistance. Cindy Faris expressed appreciation that Sbicca Brodeur supports vision and hearing services during family service coordination training.

**Quality Committee**
Cindy Mantegna, Chair, reported.  
#1 - Committee is working on evaluation and assessment and eligibility requirements. The Evaluation & Assessment TA document will be completed by July 1. Committee is looking at ways for community teams to bring tools that can be used to test babies who are under 4 months of age. There is work on identifying liaisons for providers who have a small number of staff and need assistance in training their evaluators.  
#2. Contractor manual - Patti Ramsey has given the group new enthusiasm for the task. Committee is still waiting on a parent letter. The Committee is working to include the most important information for contractors. Patti will be developing a flash drive presentation.  
#3 Reduction of paperwork and streamlining processes - Committee is starting with the IFSP. Sbicca Brodeur will assist with this task. Committee will consider OSEP requirements as well as what other states have done. A subcommittee may be formed to complete this task. ECLN and NECTAC will provide assistance. Andy Gomm stated that FIT has to make some changes now to the IFSP regarding transition.

**Public Awareness**
Andy Gomm showed some of the new FIT materials.

**Finance Committee**
Peggy Denson, Chair, reported. The Committee met in May. The Committee is working with Deb Vering on moving to open provider agreements. Norm Segel will create a draft. Peggy said it is important that the DOH, Legislators and others understand the financial struggles providers are under. We just lost our Lea County early intervention provider and we don't want to lose other provide agencies. Samantha Carl is the new member of the Finance Committee. The Committee's next meeting is June 25, at 1:30, at Abrazos. Andy Gomm stated he will send the 2003 rate study to the ICC List Serve.

**OFFICE OF CHILD DEVELOPMENT**
Alejandra Rebollo Rea, Bureau Chief at the Office of Child Development presented. The Office of Child Development (OCD) provides oversight for a number of programs that serve
children birth to five such as home visiting programs and infant mental health. SB120 and the federal government have charged OCD with the responsibility of assuring that all services for children birth to five are aligned. The Early Learning Advisory Council is OCD’s advisory group. All providers of services to children birth to five should be speaking the same language and have a common core. The New Mexico Early Learning Guidelines: Birth through Kindergarten provides a framework for providing services for children birth to five. The birth to three section of the Guideline will be revised. OCD is putting together a multidisciplinary group to look at this section. The group will also be discussing the following: how to use the guidelines, what are the red flags in development that identifies the need for more services, how can we communicate across systems. The first meeting will be held very soon. Alejandra stated she would post her email address and folks interested in participating can contact her. Once revised, the Guidelines will be available on the website.

Anna Otero Hatanaka asked Alejandra if there has been discussion about moving the FIT Program. Alejandra replied that the work is on philosophical alignment, not physical alignment.

Jaime Diaz asked about the opening on the Early Learning Advisory Council. He has some names of individuals who want to be considered for the opening. Jaime will forward their names to Alejandra. Andy Gomm stated a number of FIT providers attended the training on the Guidelines. Feedback from the FIT providers is they like the Guidelines but don’t know what to do with them. Andy said FIT providers are doing sophisticated evaluations and ongoing assessments. Andy asked Alejandra to help the ICC think about how FIT providers can use the Guidelines so there is common language across systems. Alejandra said the Guidelines support good communication with families. We will need to develop a cross walk that shows how FIT providers can use the Guidelines to compliment what their programs are already using. Jaime Diaz suggested that FIT providers align their assessment tools with the Guidelines. Jaime stated the Guidelines include the same developmental benchmarks that every provider of services for birth to five year olds considers. Sophie Bertrand asked about Guideline modifications for children with sensory issues such as those needed by a child who is deaf so the child can develop age appropriate skills. Alejandra stated the Guidelines help with transition to Head Start or the public school as the providers are all using the same language.

Anna Otero Hatanaka stated the FIT system needs to be involved in planning. FIT providers do not want to be moved from the DOH but they do want to be part of the alignment of services across systems. The Early Learning Advisory Council meets again on July 16. Meeting information is posted on nmkids.org. Andy Gomm and Alejandra briefly discussed the Race to Top Grant. Five (5) additional states, including NM, will most likely be funded. If funded, funding will start in January 2012 and NM would receive $25,000,000. Alejandra’s email address is alejandra.rebolledo@state.nm.us.

MEETING ANNOUNCEMENTS & EVALUATION

Karen Lucero, ICC Co-Chair, asked members and guests to complete and turn in the meeting evaluation forms. The meeting was adjourned at 4:30 pm.
FOLLOW-UP MEETING TASKS / RESPONSIBILITY

ICC Members:

- Complete individual legislative actions as per ICC 2012-2013 Legislative Action Plan.

ICC Executive Committee:

- Write a letter stating why EPSDT Special Rehabilitation Services provided by the Family Infant Toddler Program should be excluded from Centennial Care and continue as a fee for service under the Medicaid State Plan and send letter to Cathy Stevenson, to the DOH and the HSD Secretaries, to Julie Weinberg, the Director of the Medical Assistance Division at HSD, and to the Governor.
- Invite retiring legislators, who were FIT champions, to the November ICC meeting.

ICC Committee Chairs:

- Meet with Committee as needed. Keep Action Plan updated and submit updated Action Plan to ICC Coordinator when requested.

FIT Program - Andy Gomm:

- Follow up with DOH fiscal office to obtain the FIT expenditures for January through May 2012 and email this information to the ICC.
- Ask the FIT fiscal office about the projected FIT revenue for FY13.
- Email the 2003 rate study to the ICC List Serve.
- Run FSC case load averages on agencies that do dual role and on agencies that use designated FSCs.
- Run a per agency report on how many families each agency’s FSCs saw and how many hours of service coordination they provided.