

INTERAGENCY COORDINATING COUNCIL (ICC)



APRIL 5, 2013 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Lisa Chavez, Karen Lucero, Jim Copeland, Andrea Leon, Cynthia Mantegna, Peggy Denson, Sophie Bertrand, Janis Gonzales, Cindy Faris, Maria Varela, Anita Sedillo, Karen Ziegler, Jaime Diaz, Robin Wells, Anna Otero Hatanaka, Paula Seanez, Sara Einfalt, Lourdes Vizcarra, Arlene Waters

PROXIES PRESENT

Andrea Leon Proxy for Samantha Carl, Mary Lambourne Proxy for Joanne Corwin, Sophie Bertrand Proxy for Ida Tewa, Arlene Waters Proxy for Jyl Adair, Erica Candelaria Proxy for Johnny Wilson

MEMBERS ABSENT

Marc Kolman

OVERVIEW

Lisa Chavez, ICC Co-Chair, welcomed ICC members and guests to the meeting. Lisa introduced Pam Lillibridge, the CEO of Tresco. Pam welcomed ICC members and guests to Tresco. Pam provided a brief history of Tresco. Tresco has been providing services for 45 years. Lisa thanked Tresco TOTS for hosting the meeting, and she thanked TOTS, MECA and Aprendamos for the wonderful ICC reception. Lisa reviewed meeting Ground Rules and asked for introductions.

PRESENTATIONS BY AREA PROGRAMS

Aprendamos Intervention Team - Celina Waller & Abel Covarrubias presented. Abel thanked Tresco for pioneering early intervention services in the area. Aprendamos was founded in 2006 by a group of therapists. The early intervention services provided by the agency include: family service coordination, developmental instruction, physical therapy, occupational therapy, speech therapy, nursing, nutrition, assistive technology, and adaptive skill building. The agency also provides an outpatient clinic for children ages three (3) to eighteen (18) years and outpatient family therapy. The agency has 118 employees and 33 contractors and provides services to 952 children and their families. This is the seventh year that Aprendamos has worked in collaboration with New Mexico State University to provide a communication disorders conference for families and students. Scholarships are available for families. Proceeds from the conference go to the University. The agency provides a summer camp for children with autism. This year the camp will have 60 participants. The agency also provides Itsy Bitsy Yoga classes, Circle of Security classes, a sign language class, Tumble Bugs classes and a postpartum wellness group for new mothers. Able distributed several copies of the *Las Cruces* magazine

which highlighted the early intervention services provided by the three early intervention agencies. Abel stated Aprendamos works closely with TOTS and MECA to do child find. One of the agency's biggest challenges has been to assure that all staff members are trained on how to use the IDA evaluation. Aprendamos now has twelve (12) IDA leads that meet monthly with staff to address questions. There is also small group work on the IDA at every staff meeting. In addition, Aprendamos provides an online question and answer resource for staff. Able thanked the FIT Program for providing resources to assist early intervention programs in implementing good systems.

MECA Therapies - Sebastian Camacho, Jr. presented. MECA has been providing services since 2003. 542 families are currently participating in services. Services include: physical therapy, occupational therapy, speech therapy, special instruction, family therapy, social work, family service coordination, aquatic therapy, music therapy and hippotherapy. MECA utilizes telehealth to support services for families and children living in remote areas. The agency provides a number of services to the community such as health fair screenings, conferences, the annual MECA Winter Wonderland, and free backpacks and clothing for children going back to school. Challenges for MECA include: cancellations, finding qualified staff to serve families and children living in rural communities, and staff travel costs which are not supported by funding. Several ICC members asked how MECA provides and bills for telehealth services. Sebastian stated the therapist does an initial visit with the family and child and then the therapist uses telehealth to provide consultation to the Developmental Specialist and family. Direct service is billed when the therapist is in the home and center based is billed when the therapist is using telehealth. Robin Wells asked if the therapy licensing boards were okay with therapists using telehealth and not providing direct services. Robin expressed concern that this might violate the code of ethics for each therapy discipline. Able Covarrubias said some school districts are using telehealth. Verna Trujillo said the FIT Program requires that a therapist see a child quarterly. Sophie Bertrand said one of the ICC committees is looking at how to implement telehealth. Arlene Waters said CARC uses telehealth for infant mental health services and it works well.

Tresco TOTS - Sylvia Washington presented. Tresco is a non-profit agency that has been providing services for 45 years. Early intervention services include speech therapy, physical therapy, occupational therapy, family therapy, social work services, special instruction, nutrition and family service coordination. Sylvia highlighted several services such as the pool therapy provided at a community pool, a feeding group run by an OT and an SLP that takes place in different restaurants, Tumble Tots provided at a local gym, and the respite and recreational respite services provided for families of children with autism. TOTS also provides a successful literacy program that brings children's books into homes as well as other supports such as distributing safer car seats, distributing toys from the Toys for Kids motorcycle run, and the Shop with a Cop program. The TOTS Program is demonstrating continuous improvement in all performance areas. Tresco supports specialized staff training opportunities such as vision

training, training on sensory processing disorders, training on inclusive practices, etc. TOTS sent all staff to the recent NMAEYC Conference. Challenges for TOTS include: implementation of the Transdisciplinary Team Approach, obtaining consistent information from the FIT Program and from the Early Childhood Learning Network (ECLN) at UNM, compliance requirements, and being asked to do more with less. Other challenges include finding bilingual therapists and the lengthy travel time required to provide services in rural areas. Sylvia expressed concern that transition is not as seamless as it used to be for families since agencies are no longer able to serve three (3) year old children.

Lisa Chavez, ICC CO-Chair, thanked the program representatives for their presentations, for the services they provide to children and their families, and for the great work they do in the communities they serve. She distributed thank you letters to the program representatives.

CONSENT AGENDA

Lisa Chavez asked for a motion to approve the consent agenda. ***MOTION: Cindy Faris made a motion to approve the consent agenda with two corrections made to the meeting minutes. Karen Ziegler seconded the motion. There were no objections or abstentions. The motion passed.*** Lisa stated there was \$11,601.53 remaining in the ICC's budget.

FIT LEAD AGENCY REPORT

Verna Trujillo distributed copies of the FIT Lead Agency Report. Verna reviewed FIT fiscal resources and expenditures for FY11 and FY12 and the FIT budgets for FY11, FY12, and FY13. The FIT FY13 budget is \$18.3 million. She reviewed Medicaid retroactive claims and private insurance revenues. Verna stated the FIT Program is tracking month to month expenditures and the average cost per child. The FIT Program is looking at why the cost per child is different across FIT providers. Maria Varela asked why FIT referrals are going up when the number of children served has decreased. Verna replied the FIT Program is working to determine why there are more referrals than children served. Verna said Patti Ramsey sends reminders to providers to clean the data they enter into FIT KIDS so that data reports are accurate. Peggy Denson stated the public schools are saying their numbers have dropped. Maria Varela said New Mexico's birth rate has gone down. Jim Copeland asked why the Lead Agency Report does not have the November through February expenditure information. Verna replied this information had been repeatedly requested from the DOH but it was not provided. Jim Copeland stated the ICC cannot effectively advise and assist the Department of Health without this information. Jim said there is a concern that there will not be enough money in provider agreements to provide services the rest of this fiscal year. Verna replied the Developmental Disabilities Supports Division (DDSD) has stated additional funding for FIT will be provided if needed. Sophie Bertrand said it is hard to travel this far for an ICC meeting and not be provided with the data the ICC needs. Sophie asked if the ICC should address the lack of FIT fiscal information with the Department of Health. ***MOTION: Cindy Mantegna made a motion that the ICC will write a letter to the Department of Health requesting***

that FIT fiscal information be available at ICC meetings. Jim Copeland seconded the motion. The motion passed. There were no objections or abstentions. Anna Otero Hatanaka stated she totally objected to the Department of Health bailing out the FIT Program by taking funds from the adult program. *Motion: Anna Otero Hatanaka made a motion that if the FIT Program needs additional funds, the Department of Health will explore other sources of funding instead of utilizing state general adult / respite funds. Robin Wells seconded the motion. There were no objections or abstentions. The motion passed.* There is a systematic issue at the Department of Health that causes all adult / respite funds to not be utilized. Individuals, even parents on behalf of their babies, must apply for services through ISD as soon as possible, so that at some point, a slot becomes available for them. The waiting list is not based on need but on date of application. If the dollars designated for adults do not get used by June 30th, the dollars go back to the state. Verna Trujillo stated the dollars that go back to the state are the adult dollars that will be used, if needed, for the FIT Program. Arlene Waters said she would like to see where CARC falls on the cost per child per agency. The number of families served by her developmental specialists has dropped a bit. It is taking a developmental specialist more time to serve a family so Arlene has had to decrease their caseloads. CARC is receiving more referrals but not all children are qualifying for services. Jim Copeland said the cost per child per agency has been provided to the ICC before. Karen Lucero stated she does not think the number served is decreasing. The ICC recommended changes to the FIT regulations so that fewer children will become eligible as well as well as recommended that FIT not serve three year old children so that the FIT Program could stay within its budget. Karen asked if it is costing more to serve children. Anna Otero Hatanaka said some agencies do have a higher cost per child. Anna recommended that Deb Vering come to ICC meetings. Maria Varela said a report of paid Medicaid claims is provided to Albert Ericson once a month. Maria asked if this report should also be sent somewhere else. Jim Copeland recommended that this report also be sent to the ICC Finance Committee. Maria Varela said she will check to see if this report could also go to the Finance Committee. In the past fiscal year, fewer children are being billed under Medicaid and more children are being billed under State General Funds (SGFs).

TRANSDISCIPLINARY TEAM APPROACH

Sophie Bertrand, Jonetta Pacias and Verna Trujillo presented. Phase I implementation began last October. We hoped to end Phase I by March 31 but needed to extend the time frame. We think Phase 2 will begin by October 1, 2013. Alta Mira, MECA, Region IX and Roundtree piloted the approach. 23/27 FIT agencies have completed Phase I. In Phase I, we met with the core team at the agency to answer questions, review their self-assessment, rate where the agency is in terms of implementation, and determine what is working internally at the agency. In a Transdisciplinary Team Approach, services will not look the same for each family. This is an approach, not a model. We looked at how each agency will implement the approach for individual families. We learned that agencies need time to think, reflect on, discuss and plan how to implement the approach. Phase I has been an effective process done in partnership among FIT

agencies, ECLN, and FIT Regional Managers. The self reflective process has helped agencies break down the process at each step. FIT Key Principles have been helpful. Verna Trujillo presented plans for Phase II. There will be a two (2) day onsite visit. All staff and contractors will be met with on the first day and the core team will be met with on the 2nd day. Agencies will implement an action plan specific to their agency. The implementation year begins on the date of the onsite Phase II meeting. Agency action plans are flexible and changes can be made if needed. Verna stated the FIT Program needs to determine if it is possible to change the term "Consult" to "Team Consult". The FIT Program is asking providers to advise FIT on how to build the system and FIT standards and definitions will be based on feedback from providers.

ICC PARENT PANEL

Erica Candelaria welcomed the ICC Parent Panel and introduced the first parent. Lee said her son Cooper is now two (2) years old. Cooper receives speech and developmental instruction. It took some time for their physician to make the referral to early intervention. The family was contacted quickly following the referral and the evaluation was scheduled. The family received the evaluation report within one (1) week and the report was comprehensive and easy to understand. Cooper has a 25% delay in communication. Lee said that she and her husband are full members of their IFSP team. Their IFSP has clear outcomes and strategies and provides the family with ideas of things to work on. Cooper also receives aquatic therapy and will soon start hippotherapy. Cooper will have his six (6) month IFSP review this month. The IFSP helps the parents focus on long term goals. Their early intervention program helped the parents get a referral for an ECEP evaluation. Services have been very helpful and Cooper is making progress in his speech and behavior. Jim Copeland asked Lee to spread the word that parents can self-refer to early intervention and don't have to wait for their child's doctor to make a referral. Lee was asked about the paperwork for early intervention. She replied that Cooper's older sibling had received early intervention services five (5) years ago so the paperwork was not a surprise.

Monica's son Josh is now 3.9 years old and he transitioned to Part B services in September of 2012. She noticed something different about his development when he was five (5) months of age. Josh's development was much slower than it had been for his older sister. At first, other family members and his doctor were not concerned. A referral was finally made to a local early intervention program. The program called the family right away and scheduled the evaluation. The evaluation was done in July 2010 and services began in August 2010 when Josh was 10 months old. Josh received speech and occupational therapy. He started crawling at 15 months of age and he began walking at 20 months of age. Josh is a good walker and a runner now. He attends the DD preschool. Monica stated her family "thanks God every day that Josh was able to participate in early intervention services because he is doing well in school and he is starting to talk". Last year, Josh had an ECEP evaluation and he received a diagnosis of autism. The parents are very glad Josh is going to the DD preschool. Monica stated she does not know how their early intervention services could have been improved. Josh's transition process went

smoothly and their service coordinator provided answers to their questions. Monica stated "the school delayed the process." It took a month and a half for the school to screen Josh's hearing and the parents thought they might have to pay to take Josh to an audiologist. The family is hoping that Josh will begin to talk more. His current vocabulary usually includes the words: "mom", "dad", "yuck", "coke", "up", and "you". Josh can say more words when he wants to. The family will soon be exploring early intervention services for Josh's younger brother.

Lillyanna stated she has three (3) daughters and all three (3) girls have participated in early intervention services. Her middle daughter is four (4) years of age. She has mild autism, seizures, and a cortical vision impairment. Mom self-referred to a local early intervention program. The process went quickly and the evaluation was scheduled within two (2) weeks of mom's phone call to the program. The evaluation was scheduled at a time when her husband could participate. Lillyanna had noticed that her daughter was having "infantile spasms" and was crying most of her waking hours. When she reported this to her baby's doctor, the doctor was not initially concerned. The evaluation team listened to the parents' concern. This helped the parents realize that it was okay to get a second opinion. Early intervention services helped with their daughter's sensory and feeding issues. Services supported the siblings in understanding their sister's needs and knowing how to play with her. Services provided the parents with effective strategies to support their daughter's development. Lillyanna stated she and her husband were so happy because they were now able to go to restaurants and shop as a family. Their IFSP team provided the family with needed information and useful strategies. As needed, their IFSP team members consulted with other colleagues so they always had the most current information to share with the family. IFSP meetings were a wonderful process where goals were identified and strategies were individualized for their child and family. Strategies were written for dad and extended family members. Services supported the parents in knowing how to talk with extended family members to help them understand their daughter's strengths and needs. Transition planning was timely and the transition conference was so helpful. Lillyanna stated she and her husband knew their daughter was not ready for school. Their IFSP team worked with the parents to identify strategies that will help their daughter be ready for DD preschool when she is four (4) years old. Recently, their daughter was having a hard time with her vision. The parents brought their daughter to Albuquerque to get her tested. Test results indicated she has a cortical vision impairment. The most difficult thing about early intervention for the family was having their daughter have to transition at age three (3). Since her early intervention services have ended, she has regressed. However, their early intervention program worked with the family during transition so the parents did not feel "dropped" by the program.

Cecelia said she and her husband have two (2) older sons and Nathaniel was a surprise. Cecelia lost Nathaniel's twin brother during her second trimester. When Nathaniel was born, she instantly knew something was wrong. His knees were backward and the delivery doctor thought he was having seizures. Nathaniel went by ambulance to the NICU at Providence Hospital in El

Paso. He was in the NICU for three (3) weeks and was fed through a nasal feeding tube. Providence Hospital referred Nathaniel to a local New Mexico early intervention program and the program contacted the parents the day after the referral. While in the NICU, Nathaniel had an MRI and a CT scan which showed that he has cerebral atrophy. The doctors think Nathaniel had a stroke at the same time Cecelia miscarried his brother. Nathaniel has a tight jaw, feeding issues and is fed through a G-Tube. He also has a cortical visual impairment. The early intervention program has made certain that Nathaniel is getting every service he needs. IFSP meetings are a wonderful experience. The team explains all the terminology and the services that are available. Nathaniel receives physical therapy and speech services. He is still globally delayed. He is not crawling yet but is making gains in other areas. The family is using sign language and Nathaniel now uses up to fifteen (15) signs to communicate. The family's IFSP team has helped the parents know how to advocate for their son. Cecelia stated "it takes a village and our IFSP team is the village". The service providers give the family so many useful strategies such as having Nathaniel wear a bandana to help control drooling instead of the bib that he is now too old for. Their service coordinator referred Nathaniel to the New Mexico School for the Blind & Visually Impaired (NMSBVI). Cecelia stated the family is so grateful for their IFSP team and for the early intervention services being provided. Nathaniel has had multiple surgeries and hospitalizations. It has been very helpful to be connected with other families whose children have similar issues. NMSBVI is starting to arrange play dates so parents can get together with their children and share ideas.

PARENT PANEL REFLECTION

ICC reflection on what they heard from the Parent Panel follows:

- Parents feel supported and satisfied with early intervention services;
- Medical community is not as supportive;
- Parents expressed need for more support (parent to parent) to be able to share effective strategies and talk with other parents who understand frustrations;
- Social night for parents hosted by an agency would be helpful;
- Parents can connect using social media such as Facebook;
- Medical professionals are not always proactive in making needed referrals (ex. not listening to parent concerns);
- Impact of early intervention services ending at age three (3) on children/families;
- Start of Part B services may be delayed and these services are not as supportive to families;
- Part B may not accept an ECEP evaluation report if report is older than six (6) months;
- Parents not wanting siblings in the same DD preschool may be a potential Part B barrier.

ICC APPOINTMENTS

Most ICC members have received their appointment letters from the Governor's office. The following three (3) people have not received their letters: Sara Einfalt, Robin Wells and Anna Otero Hatanaka.

ICC & ICC COMMITTEE CLARIFICATION

Lisa Chavez asked if the *ICC Committee Reporting Form* is working. Committees should use the form to provide detailed information about committee progress since the last ICC meeting. At the bottom of the form (numbers 2- 4), committees can request when ICC discussion and feedback is needed and committees can list their recommendations to the ICC. The ICC Coordinator will use completed Committee Report forms to update the status columns on the Strategic Plan. The Strategic Plan status columns will only include a brief highlight of Committee accomplishments. Detailed information on Committee accomplishments will be reported on the *ICC Committee Reporting Form*. Lisa asked ICC Committee Chairs to assure that the reporting form is completed and emailed to the ICC Coordinator when requested. If this is not possible, it is up to the Committee Chair to bring 25 copies of the completed form to the next ICC meeting. Sophie Bertrand suggested that an online share drop point box be set up so ICC committees and ICC members can communicate, share documents, etc. The ICC Executive Committee will discuss this share drop point idea at their next meeting. Lisa reviewed the following steps:

- Committees complete work on their Action Plans and makes recommendation(s) to the full ICC;
- ICC reviews Committee recommendation(s) and endorses work or votes to make recommendation(s) to the Department of Health;
- The Department of Health determines whether the ICC's recommendation(s) will be implemented.

ICC COMMITTEE REPORTS

ICC Finance & Funding Committee

Peggy Denson reported. The committee met by phone on March 28, 2013. The \$500,000 appropriated by the Legislature will be used for the Medicaid match and other shortfalls. The Legislative Finance Committee recommended this \$500,000 as an increase to the FIT Medicaid program. The Finance Committee requested that the ICC strategize on how to increase public relations for the FIT Program because the Legislature's focus is on early childhood education with the exception of the FIT Program. The Sequestration shortfall could affect next year's Part C grant. OSEP informed Andy Gomm that New Mexico's Part C grant may be reduced by \$200,000. However, Congress may not implement all of the Sequestration cuts. The Finance Committee is recommending to the ICC that the \$200,000 not be taken out of direct service contracts. Costs to early intervention providers such as translation costs for obscure languages and notification of record destruction were discussed. The Committee also discussed the need for the FIT Program to clarify provider billing at a community rate versus a center rate as a number of providers had to pay FIT back because they had billed the community rate when they should have billed the center rate. The Committee is requesting that the FIT Program clarify how the 50/50 time requirement for using hired staff and independent contractors was determined (this was part of the recent FIT RFP). Anna Otero Hatanaka

suggested that the \$500,000 appropriation be used to increase one of the provider rates. Anna said if there is not enough money in the FIT budget to cover expenses, the Department of Health will be in a good position to go for a supplemental increase during the next Legislative session. **MOTION: Anna Otero Hatanaka moved that the \$500,000 Legislative appropriation for the FIT Program only be used to increase the rate for one of the FIT services. Cindy Mantegna seconded the motion. Two ICC members abstained: Maria Varela and Sara Einfalt. 21 ICC members voted in favor of the motion. The motion passed.**

MOTION: Jim Copeland recommended that reduction to New Mexico's Part C Grant be distributed across non-direct service contracts. Anna Otero Hatanaka seconded the motion. Three ICC members abstained: Sophie Bertrand, Andrea Leon, and Sara Einfalt. The motion passed. Peggy Denson said Andy Gomm has stated that flat funding for the FIT Program is a cut because FIT is serving more children. Karen Lucero informed the ICC that ECAN has a grant this year to increase screening at day care centers which will likely result in increased referrals to the FIT Program.

Quality Committee

Cindy Mantegna reported. The committee has two groups. One group is working on the ECO and the other group is working on quality. The Forms Committee is considering embedding the ECO into the IFSP. The Quality Committee would like to hold off on the ECO until the Forms Committee has completed their work. Jonetta Pacias said the FIT Program has a timeline for improving compliance around the ECO. Jonetta and Michelle Staley are traveling to provider agencies to determine if programs are completing the ECO as required and to analyze service provider understanding of the ECO process. Sophie Bertrand stated that consistent training on the ECO is provided statewide. Cindy Faris said the Forms Committee may be a step ahead of how providers are trained on the ECO. Michelle Staley said the Forms Committee is looking at all FIT forms. Michelle said the Forms Committee is looking at how to embed the three (3) global outcomes on the ECO into the IFSP. Forms Committee discussion revolves around the strengths and challenges related to 3 global outcomes instead of just looking at the developmental domains. Lisa Chavez asked if the Quality and Forms Committee should meet together to consider the ECO piece. Sophie Bertrand suggested that an ad hoc subcommittee comprised of both Quality and Forms Committee members might be helpful. Cindy Mantegna said the Quality Committee would like more parent participation. Jim Copeland said there is provider inconsistency on how ECO scores are determined. Cindy Mantegna distributed two sample evaluation documents developed by the Quality Committee. One document is a sample format for the Comprehensive Multidisciplinary Evaluation (CME) Report. The other document is a sample child record review form that looks at minimum requirements for evaluation and eligibility determination. Cindy asked if she could send these documents out to FIT providers on the FIT Provider List Serve. Sophie Bertrand expressed concern that it would be confusing to FIT providers if ICC Committees put documents they developed on the FIT Coordinators List Serve. The following process for documents developed by ICC Committees was reviewed:

- ICC Committee Chairs will present documents developed by their Committees to the full ICC for review and endorsement;
- The ICC will vote to determine if the documents will be recommended to the FIT Program;
- The FIT Program will determine if the ICC's recommendations on documents developed by ICC Committees will be utilized.

MOTION: Cindy Mantegna made a motion asking the FIT Program to consider adding the two sample evaluation documents to the FIT Provider Toolbox on the FIT website. Paula Seanez seconded the motion. There were no objections or abstentions. The motion passed.

Cindy said the Quality Committee is also working on the skill level needed to become an independent IDA evaluator. They are also looking at ways a supervisor can evaluate a home visit. The Quality Committee is meeting monthly. ICC members complimented the Quality Committee on the amount of work being accomplished.

Interagency Coordination

Karen Ziegler reported. The Committee is working on three critical issues. The first issue is around autism. The Autism subcommittee has met and work is being planned in two (2) phases. The first phase is to get information on adaptive skill building services out to providers so they know what the services are, who provides the services, and how to access services. The second phase is to increase capacity across the state by having more providers trained. Jim Copeland stated Optum has the money for these services and Optum will be transitioning to Centennial Care. Early intervention providers will need to contract with the managed care organizations (MCOs). Jim said it is currently very difficult to contract with the MCOs. Celina Waller said it was a "nightmare to get the Aprendamos staff credentialed". Maria Varela advised that early intervention providers should start the credentialing process early. MCOs will be sending out information. Anna Otero Hatanaka said it would make it easier for providers if all the MCOs used the same form and the same process. The Committee is also working on developing a guidance document and working on the FIT and Early Head Start / Head Start relationship.

Qualified Statewide Workforce

Sophie Bertrand reported. The Committee has been working on developing a Toolbox of information and strategies for providers. The Action Step is to work with T.E.A.C.H. to develop ways to inform agencies and providers. All of the work is in dialogue. A second Action Step is for the Committee to investigate higher education incentive options to motivate early intervention staff to enroll in the FIT studies courses. The Committee will meet again on April 11th at the NMAEYC office. Anna Otero Hatanaka asked how mandated certification will be paid for. Sophie replied that a higher reimbursement rate is paid as the qualifications of service providers go up. Some early intervention service providers start work with limited information about child development. An online course can provide needed information about

child development. Cindy Faris stated that the NMSBVI will pay for coursework but their staff has to take the coursework. Families and children deserve to have services provided by trained staff. Verna Trujillo stated FIT is looking at implementation within the next five (5) years.

Forms and Process Review Committee

Lisa Chavez reported. The committee is focusing on the FIT IFSP form and looking at ways to make the form more functional for families and providers while still meeting requirements. The committee is planning to present a recommended draft to the ICC at the June ICC meeting. The committee is looking at all required FIT forms and working to reduce redundancy in these forms. The Forms Committee will schedule a meeting with the Quality Committee to discuss embedding the ECO into the IFSP. Agencies on the Forms Committee will conduct a three (3) month pilot on using the draft IFSP form. Lisa stated Jyl Adair will be resigning from the ICC as she is moving to a different position at her agency. Lisa said she needs another ICC member who is an early intervention provider to help her co-chair the committee.

MOTION: Robin Wells made a motion to accept the ICC Committee Reports. Arlene Waters seconded the motion. There were no objections or abstentions. The motion passed.

LEGISLATIVE UPDATE

Karen Lucero and Jim Copeland reported. Governor Susana Martinez has signed Senate Bill 113 which provides \$9.75 million in increased funding for early childhood education. The funding comes from the tobacco settlement money. The money will be divided as follows: \$2 million will go to home visiting, \$5.75 million will go to NM PreK; and \$2 million will go to increase child care assistance rates for early care and education programs. With the signing of SB 113, PED PreK and CYFD PreK will each receive \$15 million, including the SB 113 money and a \$5.5 million increase in general fund money.

The governor also signed the main budget but line item vetoed \$500,000 in Medicaid money that would have been used for home visiting. The budget as passed by the Legislature included a \$7 million increase in child care assistance. The Governor also signed SB 247 for CYFD to provide Pre K services.

New Mexico Land Grant funding has twenty one (21) places where the funds may be used. If early childhood services are to be funded with Land Grant money, the change has to be approved by the Federal Congress. The Child Care Association hired a lobbyist to push that Land Grant funds be used to help fund early childhood services.

Anna Otero Hatanaka said the good news is that the Legislature as a whole has begun to understand the importance of early childhood services. Anna said the Legislature understands

and loves the FIT Program. Sophie Bertrand expressed concern that the FIT Program is not included in the package of funding requests from the early childhood community. Peggy Denson stated there is a perception that the FIT Program has all the funding needed. Jim Copeland said the FIT Program is an entitled program so the perception is that FIT has the federal funding it needs. Andy Gomm serves on the Early Learning Advisory Council (ELAC) and this Council is supposed to help present the funding needs of the FIT Program. Karen Ziegler provided the meeting dates for the ELAC which are: May 21, 2013 at the United Way in Albuquerque from 9:00 to 4:00, and November 5, 2013 (location to be determined). It would be helpful for ICC members or FIT providers to go to the ELAC meetings and make comments about the needs of the FIT Program during the public comment period.

Karen Ziegler said the Head Start Association trained 60 parents on the Legislative process who then scheduled appointments to see their legislators. Anna Otero Hatanaka offered to provide a legislative advocacy workshop. Anna said that Legislators should always be thanked for providing past funding for the FIT Program.

Maria Varela said the FIT Program is exempt from Centennial Care. The Human Services Division was reorganized and is still in a transition period. Maria will continue to work with the FIT Program. Maria said Medicaid expansion is going to mainly affect adults, especially those adults 19 to 30 years of age. Medicaid expansion should not affect the children's program. There will be some Medicaid expansion in certain age groups. Medicaid will eventually provide an eligibility report just for the FIT Program. Medicaid is working to give DOH access to remittance advice reports that are given to the FIT providers.

Anna Otero Hatanaka said she could provide a legislative advocacy workshop either before or after the next ICC meeting. The workshop will take one (1) to two (2) hours.

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 3:30 pm.

FOLLOW-UP MEETING TASKS / RESPONSIBILITY

ICC Executive Committee

- Write a letter to the Department of Health requesting that FIT fiscal information be available at ICC meetings;
- Include a presentation on the Race to the Top grant at the June ICC meeting;
- Schedule a one (1) to (2) hour legislative advocacy workshop either before or after the June ICC meeting;
- Create an online share drop point box so ICC members and ICC Committee members can communicate, share documents, etc.

- Write a letter to the Department of Health requesting that the \$500,000 Legislative appropriation for the FIT Program only be used to increase the rate for one of the FIT services;
- Write a letter to the Department of Health requesting that any cuts to the FIT Federal Part C funds be spread across non-direct service contracts.