

INTERAGENCY COORDINATING COUNCIL (ICC)



JUNE 7, 2013 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Lisa Chavez, Karen Lucero, Jim Copeland, Andrea Leon, Cynthia Mantegna, Joanne Corwin, Sophie Bertrand, Ida Tewa, Samantha Carl, Janis Gonzales, Cindy Faris, Maria Varela, Anita Sedillo, Karen Ziegler, Robin Wells, Anna Otero Hatanaka, Paula Seanez, Sara Einfalt, Lourdes Vizcarra, Arlene Waters, Johnny Wilson, Marc Kolman

PROXIES PRESENT

Jim Copeland Proxy for Peggy Denson

MEMBERS ABSENT

Jaime Diaz

OVERVIEW

Lisa Chavez, ICC Co-Chair, welcomed ICC members and guests to the meeting. Lisa reviewed meeting Ground Rules.

PRESENTATIONS BY NMSBVI

Cindy Faris welcomed the ICC on behalf of Linda Lyle, Superintendent. Cindy thanked Andy Gomm and Paula Seanez for supporting statewide early intervention services from the New Mexico School for the Blind and Visually Impaired (NMSBVI). Cindy stated New Mexico's services for infants and toddlers who are blind or visually impaired and their families are "cutting edge" when compared to the services available in other states. Cindy highlighted the NMSBVI belief statements and the goals from the NMSBVI 2013 Strategic Plan. NMSBVI is working to have a Braille support person available for children who are blind or visually impaired in all the schools. This is being accomplished by asking each school to identify a person and NMSBVI is paying to train these persons. In addition to providing early intervention services, NMSBVI provides outreach services for children ages three (3) to twenty-two (22). Cindy informed the ICC that New Mexico State University (NMSU) will begin offering course work on orientation and mobility in 2014. Mark Carter will develop the NMSU coursework. Cindy highlighted the orientation & mobility assessment tools developed by NMSBVI staff. Some of these assessment tools are posted on the NMSBVI website. NMSBVI will do a statewide mailing to pediatricians in July 2013 and would like to include the FIT Rack Card in this mailing. 80% of referrals to NMSBVI come from the early intervention community and the rest come from physicians. Cindy provided an overview of the early intervention services offered by the NMSBVI. From July 2012 to April 2013, the NMSBVI early intervention program provided screenings and services for 1426 children. Out of these 1426 children, 689 were screened and 737 were provided with ongoing services. In the month of

April 2013, 648 children and their families were served. Cindy highlighted the early intervention orientation and mobility services provided in the child's natural environment. Orientation and mobility services are designed to encourage a child to move using a push toy or a cane. This provides the foundation for the child's future independence. NMSBVI service providers ask the family where do you want to go with your child and they provide supports to the child and family in these environments. Cindy showed several video clips of young children using their push toys or canes in natural environments. Lisa Chavez, ICC CO-Chair, thanked Cindy for her presentation, for the services provided to children and their families, and for the great work the NMSBVI does.

On behalf of the ICC, Lisa welcomed the DOH Secretary Retta Ward to the ICC meeting. Lisa asked for introductions. Secretary Ward expressed her pleasure at being able to attend a portion of the ICC meeting. She stated she came to listen and learn about the work of the ICC. She said she was pleased to see the attendance and collaboration from parents, providers and state agency representatives from across the state.

VOTING ON EARLY INTERVENTION SERVICE PROVIDER OPENING

Three early intervention service providers applied for the provider opening and attended the meeting to discuss their interest in and qualifications for the position.

Tara Jaramillo - Tara is a speech language pathologist and the mom of a daughter with autism. Tara founded Positive Outcomes, Inc. in 1999. Her program provides therapy services within Socorro County as well as on the Alamo Navajo Indian Reservation. Service providers for Positive Outcomes can travel up to 70 miles for a home visit. Positive Outcomes offers a full tuition loan forgiveness program to any community members who wish to pursue an OT, PT or SLP degree program and who will return to the area to work.

Clarissa Franco - Clarissa is the Co-Director of Early Childhood Services at La Vida Felicidad. She continues to maintain a small caseload as a Service Coordinator/Developmental Specialist for La Vida. Her child and family participated in early intervention services and she understands the benefits of these services from a parent perspective. La Vida serves a rural area of the state with limited resources. Services are provided to culturally diverse communities and La Vida employs culturally diverse staff.

Kathey Phoenix-Doyle - Kathey is the Quality Assurance Coordinator for PB & J. Kathey has a diverse background and she began her career as a rural home visitor with Head Start. Kathey has worked in the areas of prevention and early intervention for over 20 years. She has worked as a state employee and as a non-profit employee and will bring an understanding of how systems can work together to improve the lives of young children and their families. Kathey is the guardian for a young woman on the DD waiver.

ICC JUNE 2013 MEETING MINUTES

Page 3

Patti Ramsey collected and tallied the ballots. Andy Gomm reminded folks that the ICC only recommends individuals for ICC membership but it is up to the Governor to make appointments to the ICC.

Lisa Chavez stated the ICC Coordinator is working with Patti Ramsey, the FIT Quality Assurance Manager, to make the ICC Orientation available online.

Lisa Chavez asked for a motion to approve the meeting agenda. Andy Gomm asked if the agenda could be amended so he could make a presentation on some changes to the service definitions and standards regarding consultation. ***MOTION: Robin Wells made a motion to approve the meeting agenda as amended. Arlene Waters seconded the motion. There were no objections or abstentions. The motion passed.***

CONSENT AGENDA

Lisa Chavez asked for approval of the Consent Agenda which includes the ICC April Meeting Minutes and the ICC Financial Report. ***MOTION: Robin Wells made a motion to approve the Consent Agenda. Cindy Faris seconded the motion. There were no objections or abstentions. The motion passed.***

FIT LEAD AGENCY REPORT

Andy Gomm reported. Andy stated there was no expenditure information available for the FIT Lead Agency Report at the April ICC meeting because the DOH/DDSD finance person had left. This is the busiest time of the year for the DOH and there is still no expenditure information. However, the information should be available in the next two weeks. Andy will update the expenditure data on the Lead Agency Report and email the updated report to the ICC List Serve. Andy stated the ICC can use the Lead Agency Report in consideration of the financial health of the FIT Program. The ICC made recently some difficult eligibility recommendations so the FIT Program could function within its budget. In mid-August 2013, total FIT expenditures for the current fiscal year should be available.

FIT Revenue -The FIT Program was awarded a slight increase in State General Funds (SGFs) of \$500,000 which will be used to cover the Medicaid Match (FIT pays \$.30 on the dollar). The FIT Program had a slight decrease in federal grant funding. The DOH is expecting a 5% cut (about \$150,000) as a result of sequestration. Part C is forward funded and the funding for each state is based on the census number of children under age 3. Private insurance revenues are about the same amount. 24% of children in NM have no insurance. FIT is hoping that more children will be covered under the Affordable Care Act.

American Recovery and Reinvestment Act (ARRA) monies kept the DOH from having to use federal grant funds for FY12 and these funds are keeping the FIT Program from exceeding its budget this fiscal year. Starting in FY14, FIT will only have one (1) year of federal funds.

ICC JUNE 2013 MEETING MINUTES

Page 4

Cathy Stevenson is recommended that the ICC Finance Committee meet early in the new fiscal year to help determine if the DOH needs to go to the Legislature for a supplemental increase.

Medicaid Retroactive Claiming - FIT can go back 90 days and bill for children who became Medicaid eligible. This ability has saved the DOH \$3,331,307.63.

Total Children Served by Month - When comparing the number of kids served this month to the number of kids served in the same month last fiscal year, the number dropped by 190 kids. More kids are being determined eligible for FIT services each month but three (3) year olds are transitioning each month.

The ICC has asked the FIT Program to track the race / ethnicity of children served to make certain FIT is not under serving Native American children. FIT uses census estimates to calculate this data. The FIT Program is serving 1 in 4 Native American kids so FIT is doing well in services for this population. NM ranks highest in the nation in for serving children ages birth to one (B-1) and 3rd in the nation for serving children ages birth to three (B-3).

Number of Children Referred - Number of referrals this fiscal year looks similar to last fiscal year. This is a sign that FIT programs are doing good outreach. The general trend in the data looks like the FIT Program is serving fewer children who are at-risk. Maria Varela asked Andy which Medicaid report is used to track Medicaid numbers. Andy's reply was the DOH uses the Medicaid monthly invoice. Randi Malach asked about the percentage of families with insurance (Medicaid or private insurance) who refuse to give consent for the FIT Program to bill their insurance. Andy said 25 families statewide have refused to give DOH consent which is a small percentage. This is only happening at a couple of agencies with a couple of family service coordinators. It should not be happening as there is no cost to the family, no co-pay, and no deductible. The FIT Program is losing \$50,000 to \$75,000 in revenue on these 25 kids. Magi Gerety suggested that strategies on how to talk with families so they give consent be included in family service coordination training. Andy said NM is waiting to hear if the federal government will eliminate the family consent requirement.

Jim Copeland stated there is a difference of 3,000 children in the number of children served by eligibility category and total number of children served. Andy replied that he will check on these figures. Jim said if we go to the Legislature for a special appropriation for the FIT Program, these numbers need to be similar.

ICC PROVIDER OPENING

Lisa Chavez announced that there was a three way tie in the voting. The ICC will vote again when additional ICC members join the meeting.

SUBCONTRACTING REQUIREMENT UNDER DOH PROVIDER AGREEMENT

Andy Gomm distributed an Issue Paper. Andy stated it is up to the ICC to decide if they want to make recommendations to the DOH regarding this issue. The FIT Program has a contractual relationship with provider agencies across the state. FIT became concerned with the amount of subcontractors being used by provider agencies. Andy reviewed these concerns which include the limited ability of FIT providers to require subcontractors to attend training or participate in quality assurance activities. Andy said the FIT Program is promoting a Transdisciplinary Team Approach and it is difficult to implement this approach when the majority of therapists are independent contractors. The recent FIT RFP aligned with what is being done at the federal level with federal contractors such as Head Start. Federal contractors can only subcontract out 50% of the work. The State of NM does not have a limit on the number of subcontractors but this RFP requirement was approved by the DOH Office of General Council. Andy stated only two (2) FIT agencies self-reported in the RFP that they exceeded the 50% requirement.

ICC Members and Guests asked Andy the following questions:

1. How does FIT define the "work"? Answer: By the hours of early intervention services provided. Providers have asked FIT to include Family Service Coordination in these hours.
2. How did agencies self-report? Answer: In a variety of ways. When FIT went back and checked, 16 agencies had exceeded the number of hours.
3. Could FIT look at just the cost of paying subcontractors? Answer: The FIT Program has never asked for this kind of data and it could be very difficult for some agencies to calculate this. The DOH is concerned about how much administrative cost could be billed to the FIT Program and DOH does not support this suggestion.

Andy asked the ICC to consider making a recommendation that the FIT Program will include the total hours of early intervention services as well as the hours of family service coordination and that FIT will wait about six (6) months before requiring providers to report on this. Cindy Mantegna asked how many agencies contract with the FIT Program. Andy replied there are 33 provider agencies.

Magi Gerety asked to address the ICC. She stated New Vistas was one of the two (2) agencies who self-reported that they exceeded the 50%. Magi said New Vistas percentage was 54%. She stated New Vistas early intervention program has had near perfect audits and community based assessments (CBAs). Magi said New Vistas had already addressed all of the DOH concerns regarding subcontractors. She stated she did not think it is the state's role to tell providers how to meet standards and regulations as it is the provider agency's job to be in compliance. Magi surveyed several states and the states that have therapists on salary are not on a unit reimbursement system like NM. There are also IRS regulations that specify not mixing salaried and contracted positions. Magi said FIT providers agencies are working on 2003

rates and have not had a cost of living increase in ten (10) years. It would be very difficult to put therapists on salary. Many therapists do not want to work 40 hours a week but are willing to contract for a set number of hours. Magi said it would be easier to get subcontractors to training if FIT could offer more CEUS. It would also be easier to get subcontractors to come to team meetings if there was additional funding for provider agencies to pay them. Magi suggested that if the FIT Program was concerned with how certain provider agencies are using their subcontractors, then the FIT Program should monitor these agencies. She stated this 50% requirement is going to decrease the amount of therapists available statewide and decrease needed services to children and their families. Magi said she needs to subcontract with a nutritionist but thinks she should not because New Vistas is already exceeding the 50% requirement. She said that in talking to several agencies, she was told they are not exceeding the 50% requirement because they can't find therapists to subcontract with. Magi stated 99% of her subcontractors have agreed to come to the transdisciplinary training. Magi asked Andy to consider adding the cost of translation to the "work" as New Vistas has 40% monolingual Spanish speaking families and translation takes hours. Since the cost of translation is supposed to be included in the rate, it is a big expense for New Vistas. Magi asked the FIT Program to look at all the "work", not just billable time.

Questions and Comments:

- Sara Einfalt asked if there are ways to create incentives for subcontractors to attend training.
- Andy Gomm said New Vistas' interpretation of IRS regulations about not having staff and subcontractors do the same job is not consistent with other interpretations. Andy said the concern is that some provider agencies don't have their subcontractors come to trainings or participate in quality assurance activities.
- Magi Gerety said provider agencies could word their subcontracts in a way so their subcontractors would know they would be required to participate in training and quality assurance activities.
- Karen Lucero expressed concern that this requirement was not brought to the ICC before it was put into the RFP. Karen said FIT provider agencies already have to meet the requirements of the FIT Program. Karen stated the 50% requirement does not address the quality of services but only how many services units are being provided.
- Gretchen Weber stated Magi made a good point about the IRS and there are also worker compensation requirements to consider. These are muddy areas.
- Anna Otero Hatanaka stated the 50% requirement should have been brought to the ICC for discussion before it was put into the RFP. There is a fine line between provider agencies having to meet state requirements and the state telling provider agencies how to operate. Anna said she is not convinced that federal requirements for federal contractors are applicable to FIT provider agencies.
- Cindy Mantegna expressed concern that some service quality could be lost if a provider agency only uses subcontractors. Her agency often cannot send a subcontractor to provide

services for rural families because the subcontractor will lose money. Cindy stated that the 50% requirement may be too high.

- Lourdes Vicarra asked if this was a cost savings issue or a quality assurance issue. She asked how can the FIT system maintain and sustain services if FIT provider agencies cannot meet the 50% requirement. She asked if this could result in families and children losing services.
- Andy stated this was not a cost savings issue it is a quality issue. He said the extremes drive the rule. Some provider agencies were telling FIT they could not get their subcontractors to attend training. FIT is hoping that the 50% requirement would encourage provider agencies to hire more staff and there would be a mix of staff and subcontractors. Andy said we always need more people to serve our children and families.
- Lourdes Vizcarra asked how provider agencies could employ staff and pay them a rate that is ten (10) years old.
- Magi Gerety stated New Vistas can't afford to increase the number of their employees and pay salaries with benefits. She said caseloads are not predictable and some caseloads are low for a couple of months which would mean she could not cover a salary during low caseload periods. Magi stated that in Santa Fe, a salaried therapist expects to make a lot more money than New Vistas could pay. In order to be able to afford to put more therapists under salary, Magi would have to hire therapists new to the field. Children and families receiving services from New Vistas would lose the benefit of services provided by highly skilled therapists with years of experience. Magi said she is being forced to consider cutting back on infant mental health and family counseling services because New Vistas subcontracts for these services.
- Jim Copeland said the ICC Finance Committee reviewed the federal regulations related to this issue. The federal regulations say 50% of the "cost of providing services". Jim stated the cost of an agency's early intervention program coordinator and the cost for all the people doing the direct work should be included in the calculation.

MOTION: Jim Copeland made a motion that the DOH FIT Program will meet with the ICC Finance Committee to discuss the 50-50 requirement before a final decision is made.

Anna Otero Hatanaka seconded the motion. During discussion of the motion, Johnny Wilson stated the motion does not provide any procedures for providers. ***MOTION: Johnny Wilson moved that the DOH defer implementation of the 50% requirement for FY14 to provide time for discussion and for the ICC to make recommendations. Janice Gonzales seconded the motion. Mark Kolman abstained. There were no objections. The motion passed.*** Anna Otero Hatanaka requested that the notice of next ICC Finance Committee meeting be put on the ICC List Serve.

ICC PROVIDER PANEL

Lisa Chaves welcomed the panel members to the ICC. Lisa stated panel members are being asked to respond to the following three (3) questions: What is your greatest challenge? What is your greatest success? What do you want the ICC to know?

Greatest challenge:

- Randi Malach - Abrazos - Getting requested child find materials and FIT forms from the FIT Program in a timely manner. Abrazos requested FIT materials and forms on August 21, 2012 but did not receive them until May 2013. Her program had to make numerous copies of needed materials while waiting.
- Ella Pwine- Inspirations- Serving diverse populations, teenage families, and families with complicated issues such as drug abuse and domestic violence.
- Amy -NAPPR - Finding therapists to serve rural areas.
- Kathey Phoenix-Doyle - Peanut Butter & Jelly - Having control over the small things like receiving requested materials in a timely manner makes big challenges be easier to handle.
- Karen Burrow - Alta Mira - Maintaining a good program while keeping up with all FIT regulations and expectations. Programs were recently given a very short timeline for completing the FIT Family Survey. Dealing with all the changes made to FIT KIDS Data Base. Not having a rate increase or a cost of living increase in ten (10) years.

Greatest success

- Grace Coca- Life Roots - They have successfully changed from a small organization to a big one and they have creating a new team in the process. Many of their contractors attended the transdisciplinary team meeting. Life Roots is waiting on clarification from the FIT Program so they can develop their transdisciplinary team action plan.
- Randi - Abrazos - The collaboration among the FIT provider agencies in the Metro region is "awesome". There is also effective collaboration with area schools and physicians. There was phenomenal participation by Abrazos subcontractors in their transdisciplinary team action planning.
- Amy Pizherd- NAPPR - Expanded their social work services and NAPPR now has six (6) social workers. NAPPR provides internship slots for students at a local university. Staff is working on their infant mental health endorsement. NAPPR was able to find more therapists by paying them a higher rate and providing them with transportation to home visits.
- Grace Coca - Life Roots - FIT provider agencies in the Metro region collaborated on a United Way grant proposal and were awarded over \$300,000 to share resources. Under this grant, FIT provider agencies are called the Before 3 Network.

Jim Copeland stated the United Way of Central NM raises over \$27 million. Through their collaboration, these five (5) FIT agencies collaborated and were awarded over \$300,000. Jim said the FIT Program does not know the true cost of providing early intervention services; the FIT Program only knows FIT expenditures. FIT provider agencies work hard to obtain other funding to support the provision of early intervention services.

PROVIDER PANEL REFLECTION

ICC reflection follows:

- FIT providers love what they do;
- Provider agencies understand the importance of providing quality services to eligible children and their families;
- Some private, for profit agencies may not tell families about FIT services and children with established conditions like blindness, visual impairments, or deafness may not be referred to state supported schools until the children transition to the public school. These families lose the benefits FIT family service coordination and may have had to pay for private therapy services;
- Medical community may refer to private agencies instead of referring to FIT provider agencies;
- There is high level of effective collaboration among FIT provider agencies in the Metro Region;
- FIT services contribute to the health of communities;
- Request for FIT materials should go directly from FIT provider agencies to Cooney Watson;
- State supported schools (NM School for the Blind & Visually Impaired and the NM School for the Deaf) deeply appreciate their collaborative partnerships with other FIT service providers / provider agencies.

TIE BREAKING VOTE ON ICC PROVIDER MEMBER

The three (3) applicants reviewed their interest and qualifications. Votes were counted and Lisa Chavez welcomed Kathey Phoenix-Doyle to the ICC. Kathey's information will be forwarded to the Governor for consideration and appointment.

MEDICAL RECORDS

Andy Gomm presented. FIT provider agencies are required to gather medical information as part of the requirements for the comprehensive multidisciplinary evaluation (CME). FIT rules mirror the federal regulations. Andy reviewed the wording regarding medical information which is referred to in five (5) separate places in FIT rules. The DOH cannot eliminate this requirement. Last fall, the FIT Program developed a letter that FIT providers can give to the medical community to help stress the importance of obtaining a child's medical information. FIT also made some suggestions to help providers meet the medical information requirements. Several FIT providers use a template form that physicians can complete instead of having

their staff copy the child's entire medical file. Sara Einfalt suggested that the template be set up so physicians could either type in or write in the requested information. Randi Malach said the form that Abrazos uses facilitates information from the doctors but not from the hospitals. It is very difficult to get the medical records on children who are from out of state or who move around to different CYFD homes. Cindy Mantegna said children from Mexico have no medical home and it can take Tresco TOTS up to two (2) months to help a family get their child a medical home. Cindy Mantegna asked if FIT provider agencies should delay the IFSP until they are able to obtain a child's medical records. Jessica Henderson said Roundtree has had really good luck obtaining medical records by presenting the FIT letter to medical providers along with the EPSDT form. Cindy Mantegna stated some medical practices are charging FIT programs \$50 to \$100 for a child's medical records. Jim Copeland asked if the IDA shows a 25% delay, can a provider start services and still continue trying to obtain the medical records. Cindy Mantegna asked what is due diligence on the part of FIT providers so they can bill for the CME even though they do not yet have the medical records. Patti Ramsey stated she strongly supports the requirement for FIT providers to obtain medical records as it is very difficult to develop an IFSP without a full picture of the child's health. Patti said it may not be legal for a medical practice to charge an unreasonable rate. Andy Gomm stated FIT providers cannot use an interim IFSP to begin services because it does not extend the 45-day timeline. Lourdes Vizcarra stated it might be easier and quicker to ask the child's parents to obtain a copy of their child's medical record. Joanne Corwin said FIT provider agencies need FIT to define provider due diligence on obtaining medical records. Magi Gerety said that for some children, a FIT provider would not want to start services without the child's medical records. ***MOTION: Cindy Mantegna made a motion that the DOH approve programs to conduct the CME, complete the IFSP, and start early intervention services for children if the programs have and continue to use due diligence to obtain the children's medical records. Joanne Corwin seconded the motion.*** During discussion of the motion, it was determined that this will only apply to children eligible under developmental delay or environmental risk. There were no objections or abstentions. The motion passed.

ICC COMMITTEE REPORTS

ICC Finance & Funding Committee - Jim Copeland reported. The Committee met via a teleconference with Andy Gomm and Deb Vering. The Committee is still working on how to obtain a supplemental request. The Committee Chair, Peggy Denson, was not able to complete a new Committee Report due to the death in her family.

Quality Committee

Cindy Mantegna reported. The Committee is still struggling with understanding their role. Cindy asked the ICC if the Committee should still address the actions on Page 2 of the Committee's Action Plan. Andy Gomm state the Early Childhood Outcomes (ECO) was selected as the OSEP results area for NM because NM's ECO data was all over the place and did not look reliable. It appears that FIT providers are not consistent in how they administer the ECO. Michelle Staley

and Jonetta Pacias have been meeting with programs to collect data about the ECO. The FIT Program and the Early Childhood Learning Network (ECLN) at the Center for Development and Disability (CDD) are trying to identify what problems programs are having in administering ECOs. Andy said the ICC Quality Committee is being asked to support Jonetta and Michelle in carrying out the investigation and then make some recommendations to the ICC once they review the data. Cindy Mantegna said this does not feel like the committee is working other than just listening to what FIT and ECLN is doing. Cindy said the Quality Committee is requesting that the Forms Committee wait to embed the ECO into the IFSP. Karen Lucero said the ICC should wait to hear the presentation by the Forms Committee before asking Forms to wait on field testing the draft changes to the IFSP form. Cindy Mantegna said the Committee has been working on developing a training process to help programs conduct CMEs and write CME reports. The Quality Committee has requested the complete list of ICD-9 codes from Verna Trujillo at the FIT Program. Andy Gomm said FIT has been working with a committee of medical doctors to expand the list and their work should be completed within the next four (4) to six (6) weeks. The Quality Committee will also begin looking at home visiting.

MOTION: Anna Otero Hatanaka made a motion that the ICC charge the ICC Finance Committee with preparing legislation, consider developing a three year funding plan for the FIT Program, and email this information to the ICC for their input. Robin Wells seconded the motion. There were no objections or abstentions. The motion passed.

Interagency Coordination

Karen Ziegler reported. The Committee is working on a Guidance document between home visiting and FIT to show the differences between the services offered. They are also working on a joint guidance document between the Office of Child Development (OCD) and the FIT Program that provides recommended inclusive practices.

Qualified Statewide Workforce

Robin Wells reported. The Committee has been working on strategies to encourage more students in higher education to take the FIT studies program. Higher education faculty need to clarify this pathway for students. The Committee has also been considering strategies on how to support individuals with a bachelor's or a master's in obtaining a certificate of completion on learning around the basics of early intervention. For example, how to help therapists become more knowledgeable about transdisciplinary practice. Sophie Bertrand stated at this point, the committee is still working to determine what the FIT work force will look like. Only one (1) person has completed FIT studies at AA level and six (6) people have taken the classes. Western has the FIT studies at the AA level. At the bachelor's level, universities can't provide the FIT studies coursework if the numbers are too low, although Robin could do a directed study for one (1) person. We have to raise the salaries if we want to keep folks working for FIT. Sophie Bertrand will ask some of the Metro FIT providers to come to CNM and talk about careers in early intervention. Jim Copeland said it is too difficult to

predict the job potential in the field of early intervention. For example, Jim said Alta Mira will not be hiring any Developmental Specialists next fiscal year. Students know they can get a job in the public school.

Anna Otero Hatanaka said ADDCP is reluctant to put forth legislation for an increase in salaries only. FIT provider agencies need to be able to use additional funding where they need it. We have lost several of our best champions for FIT such as Senator Manny Aragon and Representative Danice Picraux. It is not useful to ask for too much money and we may not have DOH support for a Cost of Living Increase for FIT provider agencies. ***MOTION: Anna Otero Hatanaka made a motion that the ICC request that the DOH include a Cost of living increase or a rate increase in their budget request to the Legislature and the Executive for FY14. Robin Wells seconded the motion. There were no objections or abstentions. The motion passed.*** Anna stated she will be making a presentation at the Legislative Disability Concerns Subcommittee regarding the need for an increase for the FIT Program. She needs family success stories and information about the fiscal needs of agencies in order to support this request. Please submit stories to the ICC Coordinator at supope@msn.com.

Forms and Process Review Committee

Lisa Chavez reported. The Committee has been working hard and Lisa stated she is proud to be a member. Speaking as a parent, Lisa said FIT paperwork should not be so cumbersome that it interferes with services for eligible children and their families. Lisa stated she remembers all the paperwork and at times being confused as to what form she was signing and why she needed to sign the form. The ICC has heard a number of complaints from families and FIT providers regarding the amount of required paperwork. The Committee decided to focus on the IFSP Form. Lisa expressed gratitude to the ICC and to the FIT Program for supporting the Committee to move forward with draft recommended changes to the IFSP Form. The Committee met with the Quality ECO subcommittee. Lisa asked Randi Malach and Magi Gerety to discuss the process the committee went through in developing the recommended draft changes to the IFSP form. Staff and subcontractors from the provider agencies that serve on the Committee were also asked to give input. Michelle Staley from ECLN at the CDD developed a spreadsheet as to which FIT forms are required at the state and federal levels. The Committee worked to assure that the recommended draft changes to the IFSP match the philosophy of the FIT Program. The Committee reviewed IFSPs from different states and NM does not have the longest form. The Committee discussed the idea of embedding the ECO outcomes into the IFSP in order to have these outcomes be more meaningful for the child, family and staff.

Randi Malach commended Patti Ramsey on the ECO webinar she developed. Randi used a powerpoint to describe the IFSP draft changes and the justifications for any deletions or additions to the current IFSP form. All recommended changes meet the requirements for the IFSP.

The committee asked for ICC endorsement to pilot the form at the agencies that have a member on the Forms Committee.

Comments and Questions:

- Arlene Waters requested that the Committee add a place to note when there is a change in service providers.
- Karen Burrow said the place to note when there is a change in service providers could be added to the addendum.
- Andy Gomm asked which programs would pilot the draft revised IFSP form. Randi replied the programs of the three (3) early intervention providers that serve on the Committee would pilot the form. They will train their staff on how to use the form, survey the staff who be using the form and bring all pilot information back to the ICC.
- Patti Ramsey expressed concern about piloting the draft revised IFSP form before the ECO Subcommittee completes their work because they may decide they don't want the ECO embedded into the IFSP.
- Karen Lucero commended the Forms Committee for their excellent work.
- Arlene Waters said she liked the draft changes to the IFSP.
- Sophie Bertrand stated this is phenomenal work and she commended the Forms Committee for considering so many aspects such as families, data entry when making the draft changes to the IFSP Form.
- Andrea Leon said she thought the changes would really help families understand and be able to identify their child's strengths.
- Magi Gerety said the evaluation team could complete the initial part of the ECO. The parent could be given one outcome page to think about.
- Samantha Carl said the draft revised form would be a lot more functional for parents. She said she like the draft revised IFSP form.
- Jim Copeland stated the programs represented on the Forms Committee should go ahead and pilot the draft revised form because the pilot may help the ECO subcommittee know pros and cons about embedding the ECO into the IFSP form.
- Patti Ramsey cautioned that we don't want a form driving the ECO process.
- Sara Einfalt said parents may not look at their IFSPs until the next review if the form is not functional.
- Robin Wells stated the draft revised form is "beautiful" because it supports incorporation of strategies into the child's routines.
- Karen Burrow recommended making the boxes bigger on the family page.
- Cindy Mantegna said she really likes the draft revised IFSP form because it is more functional and only part of the ECO has been embedded. Cindy said the other issues concerning the ECO can still be addressed by the ECO subcommittee.
- Randi Malach said rating the ECO is still an issue and the ECO subcommittee can address this issue.

- Andy Gomm stated he liked the idea of piloting the draft revised IFSP form. He would like to know if making the three (3) ECO areas a functional part of the IFSP changes the way people score the ECO. He said that embedding the ECO's functional areas into the IFSP will help teams think differently about the ECO. The ECO subcommittee can still look at the fidelity of scoring the ECO. He suggested that one other provider agency be added to the pilot.
- Michele Staley said she and Jonetta Pacias went to three (3) agencies and looked at five (5) initial ECOs, five (5) annual ECOs, and five (5) final ECOs. They then met with the staff at the agencies to identify their staff ECO training needs. A survey will be sent to find out where programs struggle with the ECO, etc.

MOTION: Lisa Chavez made a motion that the Forms Committee will implement a pilot of the draft revised IFSP form. Cindy Farris seconded the motion. During discussion of the motion, Andy Gomm suggested that the FIT Program review the draft. Randi Malach stated the Forms Committee would like to consider adding some of the input provided by the ICC to the revised draft IFSP form. ***MOTION: Jim Copeland revised the motion to state that the Forms Committee will work with the FIT Program to implement a pilot of the draft revised IFSP form. Cindy Faris seconded the motion. There were no objections or abstentions. The motion passed.*** Cindy Mantegna requested that some members of the Quality Committee be involved in the pilot.

MOTION: Cindy Mantegna made a motion to accept the ICC Committee Reports. Paula Seanez seconded the motion. There were no objections or abstentions. The motion passed.

CONSULTATION

Andy Gomm presented proposed language for the DDS-D-FIT Program Service Definitions and Standards under Early Intervention. FIT currently has three (3) types of consultation. FIT is now proposing two (2) types of consultation: Transdisciplinary Team Consultation and Collaborative Consultation. If this is approved, both of types of consultation would be added as methods in the FIT KIDS data base and they will be mapped to the correct rate. There has been a lot of confusion and incorrect billing for consultation. This will be a change from the current limit on the number of consultation hours. If approved, consultation hours cannot be billed for more than 50% (half) of the number of early intervention service units provided and there will be no limit on the number of transdisciplinary team consultation hours per discipline. If all members of the IFSP team cannot attend a team meeting, the team can still meet. Reimbursement will be at the center based individual rate. Each person who participates will be required to complete a contact log. Collaborative Consultation will always be billed at the home and community rate individual rate. Andy said FIT would like to pilot the two (2) types of consultation for a year and track billing in FIT KIDS to make certain that this change does not balloon the amount of consultation that occurs.

Maria Varela stated Medicaid has decreased services. She said that an ECEP evaluation can cost can be as much as \$1700. She expressed concern that this change to consultation may significantly increase the cost to Medicaid. Arlene Waters said CARC only builds for the staff time at the ECEP evaluation, not for the full day. Maria Varela expressed concern about the number of FIT providers that might be attending an ECEP evaluation. Karen Lucero suggested that FIT might want to limit the number of hours staff could attend an ECEP evaluation. Cindy Mantegna said providers at Tresco TOTS have driven up to Albuquerque and spent up to four (4) hours with a child during an ECEP evaluation because the child would not interact with the ECEP team. Randi Malach said a program's staff also needs to be part of the discussion around ECEP recommendations for a child because the program knows the child and family. Andy Gomm said around 180 to 190 FIT children have an ECEP evaluation each year. Maria Varela said there is currently a limit of 12 hours of consultation in Medicaid rules. Maria said the number of hours will have to be changed in Medicaid and she asked Andy how many hours of consultation should be put into the rules. Andy said now there will be no limit on the number of hours. Maria Varela expressed concern about there being no limit on the number of consultation hours and questioned why FIT had decided to do this. Andy replied that the FIT Program will monitor this change to consultation for one (1) year. Andy suggested bringing the Medicaid Rules back to the ICC to review and make some recommendations about striking some of the language around consultation. Karen Lucero stated this change will be a training issue for staff. Randi Malach said this would require immediate changes to some of the forms programs are currently using and staff will need training.

MOTION: Cindy Mantegna made a motion that the FIT Program will move forward with the ICC Issue Paper on Consultation. Robin Wells seconded the motion. Maria Varela opposed the motion. There were no abstentions. The motion passed.

MOTION: Maria Varela made a motion that the FIT Program will clarify the language in the ICC Issue Paper on Consultation with input from Medicaid. Joanne Corwin seconded the motion. During discussion of the motion, Cindy Faris stated that the consultation with Medicaid would help clarify some of the confusion. Maria Varela suggested that a different procedure code for consultation be considered. Maria stated she will look at the code book to see if there is a code for consultation. Andy Gomm said the ICC Finance Committee could recommend a rate for consultation. Randi Malach said that if the family is present, consultation should not be billed at a lower rate. ***There were no objections or abstentions. The motion passed.***

RACE TO THE TOP

Andy Gomm stated there is nothing pressing with Race to the Top. He said he will be covering Race to the Top next week at the FIT annual meeting. Andy offered to do a teleconference with the ICC. ICC members and guests stated they did not want to wait and asked Andy to

make the presentation. Andy distributed copies of the powerpoint. It was recently learned that NM is eligible for an additional \$12.5 million. The new money has to be tied to the Tiered Quality Rating Improvement System (TQRIS). The TQRIS will be used to assess, improve and communicate the quality of programs using progressively higher program standards. The system will include: Pre-K, Head Start and Early Head Start, Preschool Special Education, home visiting and the FIT Program. Communities across the state will be looked at and efforts will focus on building the capacity of communities with high risk factors to apply for grants and to administer early childhood services. Funds will be used to expand the number of TEACH scholarships (around a million dollars) and FIT personnel could apply for scholarships for taking the FIT studies courses. Money would also be used to develop the coursework for a master's level in early childhood/infant toddler studies.

A cross agency early childhood data system that will be longitudinal and unduplicated will be developed. A "unique identifier" will be given to children and used across systems no matter where the child enters the system.

Andy stated the FIT Program likes the TQRIS process because it moves beyond just looking at compliance to focusing on quality. It will shift from just the external monitoring system (APRs and CBAs) to an internal system. FIT would train providers on the use of tools to assess their internal quality and how to use the results to make needed systematic changes in the agency and with specific staff. The star rating level for each agency will be based on implementation of tools in each of the quality elements with fidelity and consistency. Andy stated he did not believe that this will lead to different rates for providers but it will lead to continuous quality improvement. FIT will monitor providers at the higher star levels less frequently. FIT will do more frequent verification visits and coaching for providers at lower star levels.

Andy reviewed the FIT Program's plan for using the additional funding which follow:

- FIT will hire a TQRIS lead for the FIT Program;
- FIT will research and develop quality assessment tools;
- FIT will contract with UNM to expand the training and coaching;
- FIT will contract Larry Edelman to provide training and support on the use of video for: reflective supervision, transdisciplinary team approach, assessment of quality practices, etc.;
- FIT will provide video cameras.

Anna Otero Hatanaka asked Andy who is making these decisions. Andy said decisions are being made by the Race to the Top Leadership Team and decisions are also being made by Andy and Patti Ramsey. Randi Malach stated that some of the money needed to be used to support non-billable time for agencies to send their staff to training. Randi said agencies are going to need more than video cameras. Andy replied that there will be money for staff to attend training

but there will be no money to cover non-billable staff time. Andy said money could be used to fund the pilot and the roll out. Randi requested that the FIT Program consider the providers' perspective when planning the implementation of TQRIS.

MOTION: Anna Otero Hatanaka made a motion that an ICC ad hoc committee be formed to review the proposed Race to the Top implementation and give direction to the FIT Program on the FIT funding request. Cindy Faris seconded the motion. There were no objections or abstentions. The motion passed.

ICC FUNCTIONING

Lisa Chavez said a number of questions and concerns have been brought to the ICC Executive Committee regarding the ICC's role and the boundaries between the ICC and the FIT Program. The ICC Executive Committee is proposing that a survey monkey be set up for ICC members to anonymously identify their concerns and issues. Based on survey results, the ICC Executive Committee may call a special ICC meeting. Patti Ramsey asked for clarification regarding how a committee's work is presented to the ICC. Patti asked if a committee's work is to go to the FIT Program for review and input before the committee's work is presented to the ICC. Lisa Chavez referred the ICC to their handout on *ICC Recommendations*. Lisa stated that the handout details the process in which the ICC makes recommendations to the DOH. She said ICC Committees are to present their work to the ICC and the ICC will consider their work and then make a recommendation to the DOH. Lisa said there has also been a lot of confusion related to the FIT Program adding actions to the ICC's Strategic Plan and FIT stating that the ICC's Strategic Plan is also the Strategic Plan for the FIT Program. The ICC Executive Committee will review the results of the survey and then determine next steps.

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

- *Complete the ICC Survey*
- *ICC Finance Committee will prepare legislation, consider developing a three year funding plan for the FIT Program, and email this information to the ICC for their input.*
- *ICC Forms Committee will work with the FIT Program to implement a pilot of the draft revised IFSP form.*
- *ICC to form an ad hoc committee to review the proposed Race to the Top implementation and give direction to the FIT Program on the FIT funding request.*

Executive Committee

ICC Letter from the Co-Chairs recommending the following:

- *DOH to defer implementation of the 50% requirement for FY14 to provide time for discussion and for the ICC to make recommendations.*
- *DOH to approve programs to conduct the CME, complete the IFSP, and start early intervention services for children if the programs have and continue to use due diligence to obtain the children's medical records.*
- *DOH to include a Cost of living increase or a rate increase in their budget request to the Legislature and the Executive for FY14.*

FIT Program

- *FIT Program to clarify the language in the ICC Issue Paper on Consultation with input from Medicaid.*