

INTERAGENCY COORDINATING COUNCIL (ICC)



APRIL 24, 2014 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Lisa Chavez, Karen Lucero, Jim Copeland, Cynthia Mantegna, Samantha Carl, Cindy Faris, Karen Ziegler, Robin Wells, Paula Seanez, Sara Einfalt, Arlene Waters, Kathey Phoenix-Doyle, Marc Kolman, Joanne Corwin, Ida Tewa, Amanda Gibson-Smith

PROXIES PRESENT

Michelle Staley Proxy for Sophie Bertrand, Erica Candelaria Proxy for PRO, Jim Copeland Proxy for Peggy O'Neill, Samantha Carl Proxy for Andrea Leon, Cindy Mantegna Proxy for Janis Gonzales

MEMBERS ABSENT

Lourdes Vizcarra, Anita Sedillo, Anna Otero Hatanaka, Kimberly Riebsomer Proxy for Maria Varela

OVERVIEW

Lisa Chavez, ICC Co-Chair, welcomed ICC members and guests to the meeting. Lisa asked ICC members and guests to introduce themselves. Lisa asked for a motion to approve the meeting agenda. During discussion of the motion, Andy Gomm requested that the agenda be amended by removing the 2:30 topics on the Pyramid Framework Partnership for Social Emotional Development & the J. Paul Taylor Memorial Task Force. **MOTION: Cindy Faris made a motion to approve the meeting agenda as amended. Robin Wells seconded the motion. There were no objections or abstentions. The motion passed.**

PRESENTATIONS FROM AREA EARLY INTERVENTION PROGRAMS

DSI Elfs - Leandra Begay presented a PowerPoint presentation. DSI is non-profit agency that serves eligible children and adults in McKinley County including the Zuni reservation and a portion of the Navajo Nation. The agency was started by parents in the 1970's and early intervention services were added in the 1980's. Services are home and community based and the services are self-directed by the parents of children and by the adults participating in services. All services are designed to support typical lifestyles and inclusion in the community. DSI Elfs' staff consists of six (6) dual role developmental specialists/family service coordinators, two (2) developmental specialists, and one (1) family service

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coordinator/developmental specialist /social worker. All therapy services are contracted. DSI Elfs staff has 161 years of combined early intervention experience. Referrals to Elfs come primarily from the medical community and from parents. 189 families are enrolled in Elfs. Elfs is currently serving 40 Zuni families. Families served include the following races: white, American Indian, Hispanic and a growing number of Arabic and Japanese.

Pinehill Early Intervention Program - Lahoma Henio presented a PowerPoint presentation. Pinehill's Early Intervention Program serves 50 families and is part of Pinehill Schools. Programs provided by Pinehill Schools include early intervention, the FACE Program, Head Start, and child care. Pinehill Schools serve the Ramah Navajo community. Services are home and community based. Pinehill's catchment area overlaps Cibola and McKinley Counties. Early intervention services include family service coordination, developmental instruction, therapies, consultation, comprehensive multidisciplinary evaluations, and hearing and vision screenings. Pinehill also provides transportation for medical appointments. Funds from the Navajo Nation provide supplemental services to children not enrolled in any Pinehill early childhood program. These supplemental services include therapy services and/or preschool readiness skills. Early intervention staff consists of two (2) developmental specialists, two (2) family service coordinators, one (1) case manager, one (1) occupational therapist, one (1) speech language pathologist, one (1) physical therapist, and one (1) nurse. MOUs with Cibola and McKinley Counties are in place to support effective transition from early intervention services. Pinehill works in partnership with the Navajo Head Start Program, the FACE Program, and the Ramah Preschool Program. Pinehill's vision statement is to help families thrive. Pinehill believes in the strength and abilities of families. Cindy Faris announced that Lahoma will begin working for the NMSBVI on July 1, 2014.

Growing in Beauty Program- Paula Seanez and Coleen Roan reported. Paula stated the Growing in Beauty Program has a skilled and talented staff. The program collaborates with the programs serving children and families in the McKinley County area including the Elfs program, the New Mexico School for the Blind and Visually Impaired, the School for the Deaf, the Parents as Teachers Program, the First Born Program, etc. Growing in Beauty also works with EPICS, PRO, and with area physicians to support the services that children need. Paula informed the ICC that Kevin Sweeny, a pediatrician and advocate for children and families, has recently passed away. Colleen presented a PowerPoint presentation. The Growing in Beauty Program works with 89 school districts, 34 early intervention programs and Indian Health Services. Program staff includes two (2) developmental specialists and one (1) family service coordinator in Shiprock, one (1) developmental specialist and two (2) family service coordinators in Crownpoint, and two (2) developmental specialists and two (2) family service coordinators in Gallup. The Growing in Beauty Program contracts with one (1) speech language

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pathologist and one (1) occupational therapist provided by UNM. They also contract with therapists from the Gallup school district. Services are designed to help families maintain balance as they support their children's development. A Navajo basket represents important events in life and the Navajo basket is used to help families understand early intervention services.

CONSENT AGENDA

Lisa Chavez asked for a motion to approve the Consent Agenda which consisted of the January ICC Meeting Minutes and the ICC Financial Report. Jim Copeland stated the ICC has \$25,096.80 remaining in the ICC budget as of February 12, 2014. **MOTION: Joanne Corwin made a motion to approve the Consent Agenda. Amanda Gibson-Smith seconded the motion. Robin Wells abstained. There were no objections. The motion passed.**

2014 LEGISLATIVE RESULTS & RECOMMENDATIONS ON RATES

Jim Copeland reported. The ICC Finance Committee met on April 18, 2014 to discuss and recommend how to allocate the \$500,000 for rate increases appropriated by the legislature in the 2014 Session. Many options were explored. Consensus was reached on recommending increases to three of the basic rates in the FIT Program:

- Increase Home and Community Individual rate from \$25.50 to \$26.25 per $\frac{1}{4}$ hour
- Increase Early Intervention Center/Individual rate from \$12.95 to \$13.50 per $\frac{1}{4}$ hour
- Increase Family Service Coordination rate from \$155 to \$159 per unit

Note: if any "sanding" of the \$500,000 needs to be done, it should start with the Family Service Coordination rate.

Jim stated team consultations are reimbursed at the Center/ Individual rate. The recommended rate increase for the Center/ Individual rate is to increase the rate for team consultation, not to incentivize center based services. Jim said the ICC Finance Committee is also recommending that the ICC request official budget numbers from the DDSD in order to determine the fiscal health of the FIT Program. The Legislative Finance Committee appropriated a \$5.6 million dollar increase for the FIT Program. The ICC Finance Committee has completed all work on their Action Plan. They will continue to work with FIT on the cost of implementing TQRIS. 13 agencies responded to the ICC Provider Survey. The ICC Executive Committee will consider the results of the survey. **MOTION: Jim Copeland made a motion that the ICC approves the recommendations on the rate increases presented in the Finance Committee Report and the request for official FIT budget numbers. Robin Wells seconded the motion.** Jim stated the recommended increases were based on the \$500,000 legislative appropriation that was designated for rate increases. Andy Gomm informed the ICC that \$125,000 of the \$5.6 million dollar appropriation is designated for services to children with cochlear implants. Andy said the

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DOH has to do multiple tracking to determine if FIT is to actually receive \$5.6 million. The final bill that went to the Governor to sign was actually more than what was available. Therefore, every department had to decrease their funding by less than $\frac{1}{2}$ a percent. At DDS, this $\frac{1}{2}$ a percent came out of DD Waiver, not the FIT Program. **There was one (1) abstention by Marc Kolman. There were no objections. The motion passed.** Marc Kolman expressed his appreciation for the thoughtful work and recommendations of the ICC Finance Committee. He also expressed appreciation for work of the FIT staff. Marc stated the money will stabilize the FIT Program at the department level.

ICC COMMITTEE REPORTS

Quality Committee Report

Cindy Mantega reported. Cindy distributed handouts which consisted of the committee's report, the updated status column on the committee's action plan, and draft criteria to become an Infant Toddler Developmental Assessment (IDA) evaluator. The IDA is a required tool used to determine eligibility for all children older than one (1) month of age. By July 2016, all individuals conducting evaluations will need to be either a "Basic IDA evaluator" or an "Advanced IDA evaluator." The committee surveyed FIT providers and the survey results indicated provider agencies have widely varying methods for ensuring individuals conducting evaluation and eligibility determinations are qualified to do so. Some agencies don't currently have an IDA lead on their staff. **MOTION: Cindy Mantegna made a motion that the ICC endorses the draft Qualifications for Staff Conducting IDA Evaluations to be piloted by selected FIT provider agencies. Jim Copeland seconded the motion. There were no abstentions or objections. The motion passed.** Jim Copeland asked for a commitment from both the FIT Program and the Quality Committee that the cost of implementing Race to the Top quality requirements be considered. **MOTION: Cindy Mantegna made a motion that prior to distribution of the information that will be included in the Tiered Quality Rating Improvement System (TQRIS); the information will be brought to the Quality Committee for recommendations and input. Robin Wells seconded the motion. There were no objections or abstentions. The motion passed.** Cindy Mantegna stated she would complete her committee report following the ICC Parent Panel and lunch.

ICC PARENT PANEL

Erica Candelaria introduced the two parents on the Parent Panel. The first parent, Krista, has a fifteen (15) month old son named Hunter. He was born two (2) months premature. His doctors diagnosed AMC (arthrogryposis multiplex congenita) which affects the range of motion in all of Hunter's joints. Hunter also has fibrous ankylosis which is an overgrowth of the fibrous tissues in his joints. AMC affects one (1) in every 30,000 births. The family was contacted by early intervention as soon as Hunter was discharged from the NICU. The referral process was smooth and easy. The evaluation and IFSP meeting went well. The family is a full member of their IFSP

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team. The IFSP process is so helpful in determining the early intervention services their family needs to help Hunter. They all love the program. Hunter is doing so much more than they ever thought he could accomplish. He is now fully mobile. Children with AMC get better as they get older but they need lots of therapy. Krista stated that she uses the therapy strategies she has been shown throughout the day. Their early intervention program has provided them with so much information and support.

The second parent, Annabelle, has four (4) children. Annabelle said all her children have brought happiness and excitement to their family. Their fourth child, Annalisa, was born with a cleft lip and palate. Annalisa was transferred to Presbyterian Hospital in Albuquerque when she was two (2) days old and was there for one (1) month. While at Presbyterian, Annalisa was also diagnosed with microcephaly, holoprosencephaly (her brain did not develop into two sections) and other medical issues. Annabelle said that as a special education teacher, she knew that Annalisa would need highly specialized care and services. She searched the Internet to better understand her daughter's diagnoses. Before her daughter was discharged from the hospital, a social worker asked Annabelle to sign the waiver for the Medically Fragile Program. This opened the door to early intervention services and the family was quickly contacted by their early intervention program. The early intervention services and supports are so helpful. Annalisa is now able to play and communicate with her siblings. Her vision is improving and she can sit and hold her held upright. Annalisa's immune system is very fragile. She is fed through a G-Tube. She has survived her cleft lip and palate surgeries.

Quality Committee Report (Cont'd)

Cindy Mantegna stated one of the biggest TQRIS hurdles will be the implementation of quality home visiting. The Quality Committee would like a representative from EPICS and PRO as well as family members to look at the pros and cons of videotaping home visits. There needs to be family input regarding videotaping issues such as family privacy, how videotapes will be stored, etc. Cindy Faris said the FIT Program may want to pull together a focus group to consider this issue. Kathey Phoenix-Doyle asked that the FIT Program be mindful and thoughtful regarding how videotapes of home visits are going to be used. Cindy Faris suggested that videotaping a home visit should be optional on the part of families. Andy Gomm stated there are a number of uses for videotaping such as: a part of the IFSP, transdisciplinary practices, as well as evaluation of the quality of home visits. Erica Candelaria stated some families may be comfortable with videotaping and others will not. Arlene Waters expressed concern about the possibility of a videotape going viral on the Internet. Lisa Chavez stated families may opt to do videotaping in the beginning but may change their minds later. Lisa said she and her husband had lost their daughter and it would be very hard for them to see a past videotape of their daughter. Jim Copeland asked that FIT consider the cost for agencies to do videotaping. For example, Alta Mira would potentially need fifteen (15) video cameras. **MOTION: Cindy Mantegna made a**

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motion that the FIT Program will organize a meeting with PRO and EPICS to obtain input from parents on the use of videotaping home visits. Paula Seanez seconded the motion. Andy Gomm stated he would want Larry Edelman to be a part of the discussion. There were no objections or abstentions. The motion passed. Cindy Mantegna stated there is a lot of emotion across the state about Race to the Top and a number of providers have expressed interest in joining the Quality Committee. This could result in the Quality Committee having so many members that the meetings would not be productive and the committee might not complete their work. Cindy requested that the ICC discuss the parameters of committee membership. During discussion, it was noted that the ICC Bylaws regarding ICC Committee membership may not be specific enough. It was also noted that ICC Committee Chairs welcome input and that input could be provided by phone or by email. **MOTION: Joanne Corwin made a motion that ICC Committees are currently established and ICC Bylaws regarding ICC Committee membership will be reviewed in the fall. Kathey**

Phoenix-Doyle seconded the motion. During the discussion of the motion, Jim Copeland expressed concern that because Race to the Top is an emotional issue, input from early intervention providers should be obtained. **Jim Copeland opposed the motion. Sara Einfalt abstained and Jim Copeland abstained as the Proxy for Peggy Denson. The motion passed.**

Cindy Mantegna asked Andy Gomm when the information on the ICD-9 codes would be available as the providers who responded to the survey are still struggling and need clarification regarding the codes. Andy Gomm replied that Dr. Janis Gonzales leads the group working on the ICD-9 codes. The group is meeting again and the information will be available in the near future.

Kathey Phoenix-Doyle reported on the Early Childhood Outcomes (ECO) Subcommittee of the Quality Committee. The ECO Subcommittee has met twice. Samantha Carl has joined the subcommittee. Kathey stated that the ECO Subcommittee has several recommendations. **MOTION: Kathy Phoenix-Doyle made a motion that annual ECOs be discontinued. Cindy Faris seconded the motion. There were no objections. There were no abstentions. The motion passed.**

MOTION: Kathey Phoenix Doyle made a motion that Michelle Staley be granted access to FIT KIDS to assist the subcommittee in obtaining needed data, that ECO information be added to service coordination training, and that the ECO training module be moved to the ECLN website so that ECLN could issue certificates of completion and explore CEUs. Arlene Waters seconded the motion. There were no objections. Michelle Staley abstained as the Proxy for Sophie Bertrand. The motion passed.

RACE TO THE TOP

Andy Gomm and Cindy Mantegna reported.

Cindy Mantegna stated the Quality Committee had asked Andy to explain how Race to the Top information will be presented to early intervention providers and how Race to the Top will fit in with the Quality Committee's work. Andy said he has provided three (3) Race to the Top presentations for the ICC and several presentations for early intervention providers.

Race to the Top consists of:

1. Grants Management
2. FOCUS - TQRIS
3. Investment Zones
4. Professional Development
5. Early Childhood Data System
6. Kindergarten Assessment

The Race to the Top initiative grew out of improvements in child care. Andy provided an overview of the Tiered Quality Rating and Improvement System (TQRIS). The TQRIS will provide the opportunity for FIT to build on the federal Annual Performance Report (APR) and Community Based Assessments (CBAs). In New Mexico, TQRIS is known as FOCUS. New Mexico initially received \$25 million and then received additional supplemental funding of \$12.5 million for a total of \$37.5 million.

The FIT Program will receive \$4.1 million out of the additional \$12.5 million. Andy reviewed TQRIS as follows:

- **Tiered** - incentives and expectations provided upon designation of providers at various levels of quality.
- **Quality** - elements established in a number of areas such as professional development, quality practices, compliance with regulations, etc.
- **Rating** - determined through the use of a number of tools.
- **Improvement** - activities to improve performance.
- **System** - to be applied to all early childhood programs with a common framework but varied tools and specific elements.

There will be a systematic approach to assessing, improving and communicating the level of quality in early learning programs. There will be a rating system and quality measurement tools for providers to incorporate into their system of continuous quality improvement. FIT providers will be trained to utilize tools to assess their internal quality and make changes to improve their performance. The FIT Program will provide external onsite verification visits to assess the fidelity of provider implementation of tools and processes. Measures and tools will

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vary across programs but there will be a common set of quality elements to be assessed by each program.

Andy stated the role of the ICC Quality Committee will be to determine and recommend TQRIS Criteria regarding:

- Quality IFSPs
- Evaluation and assessment practice
- EI quality practices (observational tool)
- Transdisciplinary team practices
- Inclusion practices
- Reflective practices and reflective supervision
- Practices for working with specific disabilities
- Staff qualifications & professional development - Mette Pedersen is the contractor doing the research in this area.

Andy stated the above list may have items added or deleted. There is a lot of work ahead of the FIT Program.

Andy provided the following updates regarding the Race to the Top status:

- FIT will complete interviews for the FIT Race to the Top position;
- The UNM contract is now in place and the hiring process is beginning; □ The ICC Quality Committee has met;
- The FOCUS Essential Elements of Quality from CYFD have been received.

FIT had money set aside to validate the tools so they have inter-rater reliability. The Envision group at the CDD will help with the validation over the next couple of years. FIT has met with the national early childhood technical assistance center regarding potential collaboration on an observational tool the center has developed.

Next Steps:

- Andy will attend the meeting in Washington and talk with other states on their implementation of TQRIS
- Criteria on Essential Elements of Quality will be developed
- Race to the Top presentation at the FIT Annual Meeting
- Request for four (4) or five (5) pilot sites for calendar year 15
- Develop pilot process and determine contract amounts for the pilot sites. FIT will have a year to train the pilot providers and conduct the pilot.

Input from the ICC:

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Lisa Chaves - Asked if the ICC Quality Committee was the best way to provide ICC input. Andy replied that the ICC voted to give the Quality Committee this task at the November 2013 ICC meeting.

Cindy Mantegna, Quality Committee Chair, stated the Quality Committee has finished two (2) tasks that fit under Race to the Top. The Quality Committee is now working on the ECO, training requirements for evaluators, and is starting to look at what makes a quality home visit.

Jim Copeland - Asked that the FIT Program and the ICC Quality Committee use the pilot to help identify the increased amount of time and money it will take to implement TQRIS. Jim stated the assumption that it takes the same amount of time to do a good IFSP as it does to do a bad IFSP is incorrect as you can do a bad IFSP in much less time than it takes to do a quality IFSP. FIT providers are not yet being paid rates that were recommended in the DOH Cost Study from ten (10) years ago. Adding requirements to a system that is already underpaid should not be done without knowing the cost of these requirements. Kathey Phoenix-Doyle recommended that all aspects of implementation of Race to the Top go through both the ICC Quality Committee and the ICC Finance Committee. Jim Copeland stated the DOH FIT Program should stop adding requirements or increase the rate when requirements are added.

Andy Gomm - The FIT Program does need to know what it will cost to implement TQRIS. CYFD did a cost study, and their original plan was cost prohibitive.

Andy said the grant runs on a calendar year. The activities and timelines are as follows:

Jan-Dec 2014 - Develop TQRIS criteria and tools

Jan-Dec 2015 - Pilot TQRIS tools and process

Jan-Dec 2016 - Begin statewide implementation

Jan-Dec 2017 - Possible extension of RTT-ETC grant. Continue statewide implementation.

We want a common framework and language across early childhood programs in New Mexico. However, criteria for FIT will be specific to FIT. There are different criteria/expectations for each of the star levels. We have to develop the criteria for the FIT Program. FIT and ECLN staff will come up with the criteria and bring it to the ICC.

ICC COMMITTEE REPORTS (Cont'd)

Interagency Collaboration Committee Report

Karen Ziegler reported. Critical Issue 1: Access to services for children with autism needs to be increased. The group has been meeting and is looking at ways to create a flow chart of services and also looking at ways to increase the use of the M-CHAT. On Critical Issue 2 -

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Clarification and enhancement of the interface between home visiting and FIT early intervention services. Karen Ziegler and Jonetta Pacias are working on the draft home visiting guidance document. On Critical Issue 3 - FIT interface on inclusive practices needs to be improved. A draft document entitled *Inclusive Practices Guide* has been developed. The guide is tied to the FIT Key Principles and it is about building relationships. The document is still being edited and the goal is to present it at the FIT Annual Meeting in June. Andy Gomm stated ECLN will develop a webinar to support the document.

Qualified Statewide Workforce Committee Report

Robin Wells reported. By July, the Committee will have survey results from the discipline areas and from developmental specialists. They will also survey the chairs/deans of specific departments regarding embedding of inclusive practice, transdisciplinary approach, & work with infants/toddlers with diverse disabilities in discipline specific coursework.

Forms and Process Review Committee Report

Lisa Chavez reported. Lisa has been working with Sara Einfalt to write a letter to parents that will go in the family handbook. The committee is working on the final stages of the IFSP form and is meeting with FIT and ECLN to discuss needed modifications to IFSP training modules and timelines. The FIT Program asked the committee to review all FIT forms in order to identify if the form is required, recommended or optional. Andy will bring this information to a FIT staff meeting for input and it will be added to the FIT website. The committee has noted that the titles of forms are not consistent on the FIT website and has asked FIT to correct this. The committee has met with the New Mexico School for the Deaf and the New Mexico School for the Blind and Visually Impaired to review their forms. The committee will meet with Ida Tewa, Sbicca Brodeur and Sandra Heimerl to review the transition forms before July.

MOTION: Arlene Water made a motion to approve the committee reports. Robin Wells seconded the motion. There were no objections or abstentions. The motion passed.

STATE SYSTEMATIC IMPROVEMENT PLAN (SSIP) UPDATE

Patti Ramsey and Norm Ames reported. Patti introduced Norm who is with Mountain Plains. Norm stated he would be providing a brief overview of the SSIP. The SSIP is a six (6) year process that includes the following phases:

Phase 1: Analysis

Phase 2: Plan

Phase 3: Evaluation

The components in Phase 1 consist of identifying the following:

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- What is the problem?
- Why is it happening?
- What should we do about it?

The analysis in Phase 1 consists of:

- Analyzing the data;
- Analyzing the state infrastructure to support improvement and build capacity;
- Analyzing State identified measurable results for infants and toddlers with disabilities.

State Identified Measurable Results (SIMR) will be achieved through the implementation of the SSIP. A SIMR is data, an outcome or a result. New Mexico may select a single result or a cluster of related results. The goal is to improve results. New Mexico will select coherent improvement strategies and develop a theory of action. FIT is already doing things that can be captured succinctly in a SSIP. New Mexico will also develop a Theory of Action which states if the FIT Program does this action, then this result will happen.

Ideas to consider:

- NM Data
- NM Infrastructure - what is working well, what are our strengths, what kinds of discussions and activities are already happening that we can maximize.
- Race to the Top and the work around TQRIS. Should we include TQRIS as one of our coherent strategies?

SSIP involves an implementation process consisting of:

- Who (teams)
- When (stages) □ How (drivers) □ How (cycles).

Next steps for New Mexico:

Andy Gomm stated the measurable result for New Mexico is our ECO data. We have to identify strategies on how we will identify the progress that children make. Andy stated the ICC might want to set aside time at the July ICC meeting to do this. Andy suggested that the ICC use a $\frac{1}{2}$ day of their July meeting or add a $\frac{1}{2}$ day to their July meeting. Andy stated the ICC could also give the task to the ICC Executive Committee. Karen Lucero suggested that FIT pull together a group of stakeholders that includes ICC members. Patti Ramsey stated the data for fiscal year 14 will be available by July. The input from the stakeholders group will be brought to the ICC at the July meeting for consideration and recommendations. Patti Ramsey stated the ICC will also have to set targets for a 6 year period for the other indicators. Samantha Carl asked who the stakeholders will be. Andy replied the ICC is more connected to what needs to be accomplished. Andy suggested that it might be more beneficial to have a small stakeholder group of ICC

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members. ICC members on the ad hoc group will be: Samantha Carl, Karen Lucero, Kathey Phoenix-Doyle and Sophie Bertrand. Other members will be Karen Burrow, Patti Ramsey, and Andy Gomm.

LEAD AGENCY REPORT

Andy Gomm distributed copies of FIT Program Lead Agency Report. He discussed page 3 of the report which contained the month by month costs of providing services. The information on this page is used to help determine if the cost saving measures have helped. On page 3, Andy reviewed the month of February in FY13 in which expenditures were \$2,916,085 and 6,123 children were served. He compared February FY13 to February FY14. In February FY14, expenditures were \$11,000 less than in February of FY13 but 67 more children were served and the average cost per child was slightly down. In looking at the other months compared to the same months in the previous year, Andy stated he is not seeing any trends in savings. The trend he does see is the FIT Program is serving more children. Amanda Gibson-Smith asked if this might be due to the type of children being served. Jim Copeland stated this has to be a result of the average hours of services per child. Jim said the cost of serving kids is in the number of hours of service they receive. Jim stated we don't know what the program costs, we only know what we spend. Samantha Carl asked if there is a higher cost in the months which had a high number of referrals in the previous month. Andy said he would do an overlay graph of one year's time that shows expenditures, referrals, number of children served and average cost per child.

Andy distributed the draft document entitled *Family Infant Toddler (FIT) Program System of Payments*. OSEP is requiring that New Mexico put in place a system of payments. OSEP wants New Mexico to develop a document that is called a system of payments. Andy did a quick review of the document and asked the ICC if there was a way to make the document more family friendly. ICC members made the following suggestions:

- Cindy Mantegna - Reduce the document to four (4) pages so it will not be so expensive for programs to print.
- Cindy Faris - Send this version to OSEP but do a separate one for parents that is printed front to back.
- Sara Einfalt - Use a smaller font for the regulations and a bigger font for the information for families.
- Michelle Staley - Massachusetts or Maryland also has this and provides the information in a graphic. Include the online reference.
- Karen Lucero and Kathey Phoenix-Doyle - Add this to the family handbook.
- Erica Candelaria - Likes it because families need this information to make important decisions.
- Sara Einfalt - Likes the idea of including it in the family handbook.

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- Jim Copeland - Asked if there are out of pocket expenses for families who bring their children to center based services. Andy Gomm replied there are no out of pocket expenses for families. The agency has to reimburse families if the service cannot be provided in the home. However, if the family declines home based services and wants to bring their child to the center for services, then the agency does not have to reimburse the family.
- Sara Einfalt - Suggested that the information in the System of Payments be ordered as follows: Background Information; Family Responsibilities; Family Service Coordinator Responsibilities; Parent Notification and Consent.

Andy will email the document to the ICC so they can send him their suggested edits. Andy will change the third bullet in the last section on the last page to read as follows: "by the end of the month in which the change occurs" which will replace the current wording "within 1 week of the change".

Andy distributed draft changes to *7.30.8 Requirements for Family Infant Toddler Early Intervention Services*. These draft changes are time sensitive and are being required by OSEP. OSEP compared FIT regulations to federal Part C regulations and noted the areas where FIT was not in compliance. See new language in red font added by Andy on pages 4, 6, 7, 9, 10, 12, 18, 19 and 20. Andy has to submit the revisions to OSEP with the application by the end of the month. After OSEP reviews and approves the revisions, the document will go out for public comment and there will be two (2) public hearings. ICC members or their proxies gave the following comments:

- Michelle Staley - Define "instrument" on page 10 in the definitions.
- Cindy Mantegna - On page 18, under Transition A.1., Cindy suggested more specific wording about at risk at the beginning of the paragraph.
- Cindy Mantegna - On page 11, under (a) Developmental Delay (ii), Cindy asked that this be studied and recommended adding the percentile. She also suggested that the word "tool" be changed to "state approved instrument" and that state approved instrument be defined in the definitions.
- Kathey Phoenix-Doyle - Take off the requirement for an annual ECO on page 12 in section I. Ongoing Assessment (3).

Andy requested that the ICC email him any additional input by the end of business on Monday, April 28th.

STATUS OF ICC RECOMMENDATIONS FROM JANUARY 2014 ICC MEETING

Recommendations:

- Recommended the DOH DDS not dictate a 50-50 contractor business model in the provision of early intervention services.

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Status: Taken out of the standards. DOH is not moving forward with this.

- Monitor House and Senate legislation affecting the FIT Program and disseminate timely notification through the ICC and FIT Coordinator List Serves. **Status: Done.**
- Add status of ICD-9 codes to the April ICC Meeting Agenda.

Status: Moving forward and will be done by the annual meeting.

- Plan and put need SSIP tasks on ICC meeting agendas for the rest of this fiscal year. **Status: To be discussed by the ad hoc committee and will be brought back to the ICC at the July ICC meeting.**
- Change page 4 of the FIT Lead Agency Report as follows: Average number of hours to be broken down by at risk, not at risk, and total hours; Take off minutes; Include Family Service Coordination in a separate column; Determine if consult hours are included in total hours. **Status: Discussed at today's ICC meeting.**
- At a FIT staff meeting, discuss the DOH approving EI programs to conduct the CME, complete the IFSP, and start services if programs have used and continue to use due diligence in obtaining children's medical records.

Status: Not completed. Andy will report at July ICC meeting. This will require a change in both the FIT Regulations and Service Definitions and Standards. This will not apply if medical records are needed to make a child eligible. Andy will check to determine if this is just in the standards.

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 4:05 pm.

ICC

- *Review the draft changes to 7.30.8 Requirements for Family Infant Toddler Early Intervention Services and the draft document entitled Family Infant Toddler (FIT) Program System of Payments and email any comments to Andy Gomm by the close of business on April 28th*

Executive Committee

- *Review ICC Bylaws regarding ICC Committee membership and make draft edits to present to the ICC this fall*

ICC Recommendations for the FIT Program to consider:

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- *Implement the ICC Finance Committee's rate recommendations for the \$500,000;*
- *Provide the ICC Finance Committee with official FIT budget numbers;*
- *Select FIT provider agencies to pilot the draft Qualifications for Staff Conducting IDA Evaluations;*
- *Prior to distribution of TQRIS information, bring information to the ICC Quality and Finance Committees for recommendations and input;*
- *Organize a meeting with PRO and EPICS to obtain input from parents on the use of videotaping home visits;*
- *Discontinue annual ECOs;*
- *Grant Michelle Staley access to FIT KIDS to assist the ECO Subcommittee in obtaining needed data;*
- *Add ECO information to service coordination training;*
- *Move the ECO training module to the ECLN website so ECLN can issue certificates of completion and explore CEUs;*
- *Organize an ad hoc group consisting of Samantha Carl, Karen Lucero, Kathey Phoenix-Doyle, Sophie Bertrand, Patti Ramsey, Karen Burrow, and Andy Gomm to identify strategies on how FIT will identify the progress that children make. Group to meet prior to July ICC meeting. Present input developed by group at the July ICC meeting;*
- *Develop an overlay graph of one year's time that shows expenditures, referrals, number of children served and average cost per child;*
- *Add ICC recommendations to the draft document entitled Family Infant Toddler (FIT) Program System of Payments and email the document to the ICC for further input;*
- *Email the draft changes to 7.30.8 Requirements for Family Infant Toddler Early Intervention Services to the ICC for further input;*
- *Provide ICD-9 Code information at the FIT Annual Meeting.*