

INTERAGENCY COORDINATING COUNCIL (ICC)



JULY 24, 2014 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Lisa Chavez, Karen Lucero, Jim Copeland, Andrea Leon, Cynthia Mantegna, Samantha Carl, Janis Gonzales, Cindy Faris, Robin Wells, Anita Sedillo, Sara Einfalt, Lourdes Vizcarra, Arlene Waters, Peggy O'Neill, Kathey Phoenix-Doyle, Amanda Gibson-Smith, Marc Kolman, Naomi Sandweiss

PROXIES PRESENT

Cindy Faris Proxy for Joanne Corwin, Michelle Staley Proxy for Sophie Bertrand, Arlene Waters Proxy for Ida Tewa, Robin Wells Proxy for Paula Seanez, Rhonda Montoya Proxy for Karen Ziegler, Jim Copeland Proxy for Anna Otero Hatanaka

MEMBERS ABSENT

Maria Varela

OVERVIEW

Lisa Chavez, ICC Co-Chair, welcomed ICC members and guests to the meeting and thanked La Vida Felicidad for hosting the ICC. Lisa asked for ICC members and guests to introduce themselves. Lisa asked for a motion to approve the meeting agenda as amended. **MOTION:** *Robin Wells made a motion to approve the meeting agenda. Arlene Waters seconded the motion. There were no objections or abstentions. The motion passed.*

PRESENTATION FROM HOST LA VIDA FELICIDAD

Kathey Phoenix-Doyle welcomed the ICC. Clarissa Franco and Adria Duran, Co-Directors of Early Childhood Services, presented a PowerPoint presentation. Clarissa reviewed La Vida Felicidad's mission and history. La Vida has been providing services since 1983. The agency provides services for infants through the elderly in Cibola and Valencia counties. Over 1000 people are served each year. The agency served 517 children in 2013. Child care with a four (4) star rating is provided to 35 children from 6 weeks to 5 years of age. The child care program was established because a number of La Vida families had children in early intervention who also needed quality child care services. La Vida has 150 employees and 250 contractors. Adria presented La Vida's philosophy. Catherine Johnson, a La Vida Occupational Therapist (OT), passed away this past spring. Catherine exemplified what early intervention is about. She mentored many service providers at La Vida and also OT students and Certified Occupational Therapy Assistants (COTAs).

ICC CONSENT AGENDA

Lisa Chavez asked for a motion to approve the consent agenda which includes the ICC April Meeting Minutes and the ICC Financial Report. **MOTION: Amanda Gibson-Smith made a motion to approve the Consent Agenda. Andrea Leon seconded the motion. There were no objections or abstentions. The motion passed.** Andy Gomm informed the ICC that there was a contracting issue with the ICC's Fiscal Agent, Zia Therapy Center. This has been worked out but in the future, the DOH will have to reissue Zia's contract before the old one expires.

SSIP ADHOC COMMITTEE RECOMMENDATIONS

Patti Ramsey presented. The FIT Program's State Performance Plan/Annual Performance Report must include a State Systemic Improvement Plan (SSIP) that focuses on improving results for children and youth with disabilities and their families. Patti distributed two handouts. An AD HOC workgroup comprised of Patti, Samantha Carl, Karen Lucero, Kathey Phoenix-Doyle and Andy Gomm met on July 10th to review data charts, examine data trends, identify and discuss issues and set performance targets. The workgroup was cautious and conservative in setting targets for the next 6 fiscal years.

Patti reviewed Indicators 2 through 6 and presented State Performance Plan targets for FFY 2013-2018:

- Indicator 2 - Children receive early intervention in natural environments. FIT has eight (8) years of trend data. We are at 98%. The national average is 95%. Targets for Indicator 2 range from 95.3 to 95.5%.
- Indicator 3 - Child Outcomes. This is the most difficult area to develop targets in. The FIT Program is not confident about FIT data. This section does not include children at risk.
 - A. Positive social emotional skills
 - Summary Statement 1 - Targets range from 66% to 66.5%.
 - Summary Statement 2 - Targets range from 63% to 63.5%.
 - B. Acquisition and use of knowledge and skills
 - Summary Statement 1 - Targets range from 70.5% to 70.8%
 - Summary Statement 2 - Targets range from 59% to 59.6%.
 - C. Use of appropriate behaviors to meet needs
 - Summary Statement 1 - Targets range from 72% to 72.6%
 - Summary Statement 2 - Targets range from 60% to 60.6%.
- Indicator 3 - Child Outcomes for children at risk only.
 - A. Positive social emotional skills
 - Summary Statement 1 - Targets range from 68% to 68.6%.
 - Summary Statement 2. Targets range from 78.5% to 78.8%.
 - B. Acquisition and use of knowledge and skills
 - Summary Statement 1 - Targets range from 70.5% to 71%
 - Summary Statement 2 - Targets range from 77.3% to 78%.

C. Use of appropriate behaviors to meet needs

Summary Statement 1 - Targets range from 71.6% to 72%

Summary Statement 2 - Targets range from 76% to 76.8%.

- Indicator 4a - Families report EI services helped their families know their rights. Targets range from 93.8% to 95%.
- Indicator 4b - Families report EI services helped their families communicate children's needs. Targets range from 93.5% to 95%.
- Indicator 4c - Families report EI services helped their children develop/learn. Targets range from 95.7% to 97%.

The focus is on choosing measurable results and developing strategies for improvement. The FIT Program has to assess the capacity of the current infrastructure to increase the capacity of local provider agencies to implement and sustain evidenced based practices that will result in improved child outcomes such as quality IFSPs or transdisciplinary teaming. The AD HOC Committee will meet at least one more time. The SSIP is due April 1, 2015. The ICC will be asked to recommend how broad or how narrow the focus of the SSIP should be. Should the focus be urban or rural, statewide or a few pilots? If we went really broad, TQRIS could be the plan. Andy Gomm stated OSEP will hold a meeting in New Orleans and more information will be provided at that time. **MOTION: Peggy Denson made a motion that the AD HOC Committee will continue working and bring information to the ICC at the September Retreat and bring recommendations to the ICC at the November ICC meeting. Sara Einfalt seconded the motion. There were no objections or abstentions. The motion passed.**

CHANGES TO FIT SERVICE DEFINITIONS & STANDARDS

Andy Gomm presented. In previous years, the ICC met in June instead of July and could therefore consider and endorse changes to FIT standards which would then be presented to providers at the Annual Meeting. Andy suggested that the ICC go back to an April meeting. Andy distributed copies of the proposed standards which were presented at the Annual Meeting. Providers had been told that these proposed standards would be presented to ICC today for endorsement. The proposed standards include changes to respite. Only one (1) respite provider is not also a FIT provider. Many State General Fund (SGF) respite providers have waiting lists. The FIT Program took over respite about two (2) years ago. Andy reviewed the new language which is to remove prior authorization and the agency may not allow any family to receive over 200 hours of respite per year if the agency has a waiting list.

Jim Copeland stated that if an agency does not have a waiting list, then there is no limit to the amount of respite a family can receive. Andy Gomm replied that Albert Ericson is creating a data base to look at the number of hours. Jim said this change may increase the amount of respite hours that are not used because an agency may not be able to find a respite provider for a family.

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Andy stated the 3-21 eligibility language for SGF respite was confusing and the proposed new language will make it less confusing. Children at risk are not eligible for respite after age three (3). The proposed changes must be approved through the DDS administration.

ICC members and guests made the following suggestions to the Proposed Respite Standards:
Robin Wells - Change language in last bullet from developmentally disabled to having a developmental disability.

Randi Malach - A child with a developmental delay who qualifies under FIT may not qualify for public school special education services but this child will still be eligible for respite until age nine (9).

Andy Gomm - Andy asked Randi if she was asking for a more restrictive requirement. Andy stated FIT is trying to avoid putting more barriers in front of families so they don't have to obtain a diagnosis. Andy stated children with established conditions would also qualify.

Peggy Denson - Suggested that the first bullet be removed.

Andy Gomm - We want to provide respite for children with a developmental disability.

Gretchen Weber - If a person is older than nine (9) and not on a waiting list, could they still receive respite?

Andy Gomm - Yes, they would be eligible under another category.

Cindy Faris - Expressed concern about a child who is blind or deaf who is under the special education criteria.

Andy Gomm - A child who is blind or deaf does not meet the DDS definition of developmental disability.

Robin Wells - Suggested that the following language be added: Child meets one or more of the 13 eligibility categories under IDEA.

Marc Kolman - Do we want to be more conservative, or not.

Robin Wells - Asked if this could be discussed with the Governor's Commission on Disability.

Andy Gomm - Respite is underfunded and we have to be conservative in our eligibility. We only have \$1.6 million dollars for respite services.

Marc Kolman - The ICC could partner with the Governor's Commission and go to the Legislature for more funding for respite services.

MOTION: *Peggy O'Neill made a motion to remove the first bullet in order to preserve funding for families that need it the most. Robin Wells seconded the motion.* During discussion of the motion, Jim Copeland suggested that eligibility for FIT services be one criteria, eligibility for special education services be the second criteria, and eligibility for the central registry be the third criteria. **5 voted in favor. 14 opposed. 2 abstained. The motion did not pass.**

MOTION: *Kathey Phoenix-Doyle made a motion that the first bullet be altered to read ages 3 through 5. Janis Gonzales seconded the motion.* During discussion of the motion, Andrea Leon asked that the motion be changed to add an accommodation for children who are going through the special education eligibility process. Kathey did not accept Andrea's change. **There were no objections or abstentions. The motion passed.** Andrea expressed concern about families stuck in the special education eligibility determination process for a year or more not being eligible for respite services.

Andy reviewed the rest of the proposed changes which include:

- Providers maintain and regularly update their Policy & Procedural Manuals so they meet FIT requirements for: Intake, Comprehensive Multidisciplinary Evaluations, IFSPs, Transdisciplinary Team Approach and consultation, and Transition plans and conferences.
- Child re-referred less than 6 months from the previous exit - the provider may request a prior approval from the FIT Manager for permission to do a second comprehensive multidisciplinary evaluation (CME).
- Vision and hearing was reworded by separating them.
- Discharging a child because of "no shows" to include contacts by phone and certified letter. Family may request to be re-referred at any time and the child's eligibility will be assumed to be the same if the re-referral is within six (6) months. Andy stated OSEP does not believe that any child can be discharged from the program.
- Annual ECO rating requirement removed.
- Providers must establish and maintain financial reporting and accounting for each child served.
- Providers must maintain a confidential record for each child served. Andy stated that under Federal Educational Rights and Privacy Act (FERPA), it is the child's record.

- Newly hired personnel must apply for DS certification within one (1) month of hire and renew certification at the required time.
- Staff entering billing data must complete online FIT-KIDS training,

Arlene Waters - There is confusion regarding how to transfer an Early Childhood Outcome (ECO) rating. When a child transfers into CARC, and CARC uses the ECO rating from the program that transferred the child, the transfer is entered as an annual. Andy asked Jonetta Pacias to look at this issue and clarify the ECO score that gets entered when a child is transferred from one agency to another.

Cindy Mantegna - Asked for clarification regarding the certified letter. Each certified letter costs \$3.30 so this will be an additional cost to programs. Andy Gomm replied that the agency has proof they sent the letter and there is no requirement that the parent has to sign for the letter.

Jim - If the Family Service Coordinator makes a face to face attempt, and documents that they have called the family 3 times, that should be sufficient. Sending a certified letter does not serve any purpose. This is a voluntary program.

Motion: Cindy Mantegna made a motion that the certified letter requirement be removed and Family Service Coordinator documentation be substituted in its place. Cindy Faris seconded the motion. During discussion of the motion, Randi Malach stated a series of no shows (3-4) should be sufficient to end services. Lisa Chavez said that as a parent, she would not need to receive a certified letter. ***14 approved the motion. 2 opposed the motion. 2 abstained. The motion passed.***

Karen Lucero questioned doing unannounced home visit. Kathey Phoenix-Doyle said she does not agree with making unannounced home visits as they can be dangerous especially with CAPTA referrals. Arlene Waters stated Family Service Coordinators know which homes are dangerous and some families don't have phones.

Karen Lucero made a motion to remove the home visit requirement from the discharge process. Cindy Faris seconded the motion. 11 voted to approve the motion. 11 abstained. No one opposed the motion. This resulted in a tie, which the parent Co-Chair did not break, so the motion did not pass. Jim Copeland stated this is a slap in the face to FIT providers because we go above and beyond. Jim said FIT does not need to require what needs to happen. Erica Candelaria stated families are in different places at different times and each agency may handle this differently. She said families should be contacted in writing. Andy Gomm agreed to strike the certified letter requirement. Robin Wells said the FIT providers

that are on the ICC and that come to ICC meetings are of high quality. Since this will apply to all agencies, we need to be cautious about taking this requirement out. Karen Burrow stated all FIT programs have to have Policies & Procedures (P&Ps) in place and how they discharge families will be in their exit procedures. FIT reviews P&Ps at some point and can work with agencies as needed. Kathey Phoenix-Doyle stated La Vida always sends a letter before exiting a family. Putting this in a standard does not assure that agencies will comply.

PROVIDER PANEL

Karen Burrow and Randi Malach distributed handouts and presented a PowerPoint presentation. Randi stated that she and Karen had sent a letter of concern to Andy Gomm and posted the letter on the FIT Coordinators List Serve with the hope that the letter would stimulate discussion. FIT providers are overwhelmed and struggling. It is becoming much more difficult to find and hire qualified people.

The DOH contracted a Cost Study in 2003 to recommend rates. A stakeholder group was formed as part of that process. Randi highlighted one of the Guiding Principles developed by the Stakeholder Group which was that rates would encourage and support service delivery to meet individualized child and family needs. Gas, utilities, inflation, etc. are much higher today than they were in 2003. The Cost Study is 11 years old and providers are still not paid all the rates recommended in 2003. Federal and state requirements improve the quality of services but these requirements increase the cost of providing services. Changes in staff and implementing initiatives such as the Transdisciplinary Team Approach are expensive because they require extensive staff training. When staff are not available to provide services, billable time is lost.

Other Issues:

- OAE supplies and repair
- Purchasing of IDA kits and ongoing assessment tools are big costs. Each person must have the materials needed and be trained in the use of the materials. Publishers up the price of materials 10% per year.
- Difficult to recruit and retain qualified staff. Have to compete with public schools, health care agencies, and state agencies.
- Some individuals don't want to work in early intervention because of the travel requirement.
- Staff resign and give a two week notice. When we lose staff, it can take 2 to 6 months to fill a vacancy with a person who meets minimum qualifications.
- There are no substitutes available when staff are ill so home visits have to be cancelled.
- The amount of time Family Service Coordinators spend per family is not recognized by the FIT Program.
- It cost \$3,000 in lost billable time, salaries, and travel to have a program's core team members attend the recent FIT Annual Meeting.

- TQRIS requirements for evaluators, supervision, etc. will increase provider costs.

Recommendations:

- Develop a strategic plan that will increase unit rates up to 2003 cost study within two (2) years and build in yearly, cost of living adjustments.
- Include provider rate increases when FIT submits budget to DOH.
- Do not add additional equipment costs (purchase, maintenance) in future years unless those costs are built into rate increases each year.
- Limit TQRIS requirements for supervision for first five years to Developmental Specialists and Family Service Coordinators.
- Include proposed Evaluator requirements in a guidance document, not in regulation. Work with provider agencies to develop methods to quickly train new staff to become evaluators. Facilitate provider discussions regarding methods to address shortages of qualified evaluators or other staff.
- All FIT training (in person, webinar) offered or required should include state approved CEUs for therapists (PT, OT, SLP), Social Workers and Developmental Specialists.
- Increase contract allocation for staff development to address the increased cost of meeting training requirements.
- Change service definitions so as to: 1. Eliminate the TTA monthly formula and monthly limit on team consultations allowed per child. 2. Include the Family Service Coordinator as part of the IFSP team so that if a team consists of the Family Service Coordinator and 1 other service/discipline, they can meet as a team and all IFSP team members can consult with each other and bill for that time. 3. Allow any IFSP team member to be able to bill for the time talking to a parent about their child's needs via electronic (face-to-face) means.

Ron Garcia presented. He thanked the ICC for hosting a Provider Panel and he thanked Karen and Randi for pointing out facts, figures, and interruptions to the critical services that FIT Programs provide. Partnership works well. It takes all of us working together with ADDCP taking a strong lead. FIT was able to increase three (3) rates and we took a small step toward having New Mexico invest more in our children and their families so they can grow and thrive in New Mexico. More work does not mean more pay. Staff should receive annual increases. Ron asked the DOH, DDS, FIT Program to conduct a cost analysis/benefit analysis prior to going after any new initiatives. Ron encouraged the sharing of FIT data with other entities in New Mexico in order to champion FIT providers and support partnerships across the state. We need to ensure that our babies with disabilities, and our babies at risk are included when people are talking about the children of New Mexico. We should advocate for more funding for the FIT Program which is a Department of Health jewel. We need to determine what we want as our collective legacy. Our legacy can include assuring that providers are able to attract, recruit, and retain qualified staff. We all want the very best chance for our children. We have to work together to assure that quality across FIT Programs is funded, not just demanded. At

each child's birth, the child's family begins to hope and dream for their child's future. We are stewards. Lisa Chavez thanked the Provider Panel and asked if there were questions or comments. Andy Gomm stated the ICC will hold their strategic planning retreat in September and he suggested that the ICC might review these recommendations and decide on what they would like to address.

MOTION: Robin Wells moved that Naomi Sandweiss's information be forwarded to the Governor for appointment to the ICC. Kathey Phoenix-Doyle seconded the motion. Naomi introduced herself. She was a parent client of PRO's as one of her children has an autism diagnosis. Her background is in non-profit management. There were no objections or abstentions. The motion passed.

ICC PROVIDER PANEL REFLECTION

- Number of issues identified
- Research provided
- Address both provider and ICC needs
- Opportune time to address issues
- Utilize ICC Strategic Planning Retreat to consider recommendations
- Utilization of left over funding to address some of the issues
- Identify ways to communicate
- Consider forming an AD HOC Committee to address issues
- FIT providers to utilize ICC provider members to represent/present provider issues/concerns
- Clarify role of ICC and DOH
- ICC and Executive Committee to meet with DOH staff.

MOTION: Marc Kolman made a motion that the members of the ICC Executive Committee will meet with members of the state, and others in a facilitated conversation to address issues of accountability and communication. Jim Copeland seconded the motion. During discussion of the motion ICC members recognized that they had discussed some of these issues in previous meetings. It was helpful to have the presentation and the concise list was appreciated. There was one abstention and no objections. The motion passed.

FEDERAL CHANGES TO FIT RULES & SYSTEM OF PAYMENTS

Andy Gomm presented. He distributed a handout of the regulations. Andy reminded the ICC that they had reviewed these regulations and approved the FIT Program to move forward. The FIT Program changed FIT regulations as of 6/29/2012 to reflect changes in federal regulations. This year, the FIT Program submitted a full packet to OSEP including these regulations, the System of Payments, etc. OSEP only required one (1) change to the FIT Regulations. Once the ICC approves this change, the regulations will go out for public comment

and then public hearings. The change is in red font in the definition of assessment on the first page of the document.

Andy distributed copies of the System of Payments. This is a federal requirement. Families must receive a copy of the System of Payments. The document included the changes the ICC recommended. Andy talked with FIT staff and some of the information does not apply to families. Andy developed a cover memo that highlights the system of payments that will be included with the System of Payments document. Andy read the memo to the ICC.

Randi Malach - Families who don't have insurance are being forced to give consent or not give consent. This issue is starting to come up more now. Andy Gomm asked if the ICC wanted to address this issue in the memo or change FIT-KIDS and address it there. Andy suggested that the statement "if your family does not have Medicaid or health insurance, no fees will be charged" be added to the memo.

Karen Lucero - Asked if FIT was going to put the memo and the System of Payments in the family handbook. Andy replied that the handbook is family friendly but the System of Payments is not that family friendly.

Jim Copeland - Print the memo and System of Payments on DOH letterhead and make it available to providers.

Andrea Leon - Suggested that the third paragraph be moved between the first and second paragraph and that the wording be changed to "your family will not be charged any out-of-pocket costs".

Sara Einfalt - Fix the wording in the memo. It should be: individuals with "Disabilities".

Peggy Denson - Suggested that the wording be "Your family will not be charged any out of pocket costs or fees to receive early intervention services".

Andy Gomm - Asked how the memo and System of Payments should be distributed and if Family Service Coordinators would need instruction. It was determined that Family Service Coordinators would only need the cover memo and the document. FSCs need any instruction?

Jim Copeland - Asked if this would go to families currently receiving services or to new families. Cindy Mantegna suggested that we start with new families and give them the memo and document at intake.

MOTION: Cindy Mantegna made a motion that the ICC agrees with the System of Payment letter which will be given to new families starting September 1, 2014. During

discussion of the motion, Cindy Mantegna and Jim Copeland requested that these documents be printed by state printing. Marc Kolman suggested that the System of Payments document be shrunk as much as possible. ***Cindy Faris seconded the motion. There were no objections or abstentions. The motion passed.*** Samantha Carl suggested that the documents be given at intake along with family rights. Andy Gomm stated that FIT would print the memo and document, providers can order copies of the memo and document and copies of the Family Handbook and give both at the same time;

Motion: Cindy Mantegna made a motion to accept the change to the FIT Regulations. Cindy Faris seconded the motion. There were no objections or abstentions. The motion passed.

ICC COMMITTEE REPORTS

Quality Committee

Cindy Mantegna reported.

Committee has met three (3) times. A Race to the Top stakeholders meeting will be held on September 19th to address Race to the Top. Invitations have been sent out. Linda Askew and Jen Brown joined the committee. The committee has had a lot of discussion around quality in IDA evaluators. Three (3) programs are piloting the evaluator guidelines.

Kathey Phoenix-Doyle - The ECO Subcommittee meets monthly. The Subcommittee recommended that annual ECOs no longer be done. They are now reviewing the ECO summary form and the ECO scoring. ECO scoring is numbered in the FIT data base but not on the scoring form. The Subcommittee is recommending that the ECO be scored without the parent but then discuss with the parent where their child falls. Parents report that it is overwhelming when first coming into the system. Parents want to know where their child is and what do we need to do. The Subcommittee is looking at how to best capture the child's current status and show progress. Cindy Mantegna stated the Quality Committee is still requesting information from FIT regarding ICD-9 codes. The Quality Committee would also like FIT to get together with PRO and EPICS and talk about videotaping for Race to the Top. Andy Gomm stated that it is much easier for a committee to make a number of recommendations at the same time rather than a recommendation here and there.

Qualified Workforce

Robin Wells reported. The committee has not met. After hearing today's provider panel, we will take on obtaining CEUs for FIT trainings. To earn a CEU, the training has to be approved by the state licensing agency and be presented by a therapist. The first course, Infant Toddler Assessment and Evaluation, is being offered this fall and Robin is the instructor. The committee will survey faculty in all the major disciplines as to what they are teaching their students (e.g. inclusive practices). Robin asked who would be her FIT contact person in order to obtain a list of contractors and Developmental Specialists. Andy Gomm said Yvette would be

the contact. Jim Copeland asked where the people taking the course live. Robin does not yet have this information. Robin will call and ask providers to support the one (1) hour practicum. Jim Copeland asked if practicum students have to get fingerprinted and have a background check. Robin said practicum students do not have to get fingerprinted and have a background check but this is required for internships and student teachers. Students have to pay for the cost of fingerprints and background checks. CNM is also asking for internship sites. FIT will check to determine if DHI requires a criminal check for people in practicums or internships. Jim Copeland said the cost is about \$70.00. Jim said Albuquerque Public Schools will not accept Rio Rancho's Public School background check.

FIT Forms & Process Review

Sara Einfalt reported. The committee met with the state supported schools to review their screening forms and make suggested revisions. Andy Gomm reported that these forms were emailed using the FIT Coordinators website. A small subcommittee of parents and providers on the Forms Committee met to plan how to obtain videotape scenarios that would demonstrate how to get information from parents for the IFSP. A curriculum committee (separate from Forms) will meet to design trainings on the IFSP. The Forms Committee will meet on July 28th. Members of Forms Committee participated in a panel on the new IFSP form at the FIT Annual Meeting. Sara requested that the state supported schools' screening forms be put on the FIT website.

ICC Finance & Funding Committee

Peggy Denson reported. We did obtain \$500,000 for a rate increase. The rates did not go into effect on July 1. Andy Gomm said a letter has gone to Medicaid. By billing time, providers should be able to bill at the new rates. Jim Copeland stated Anna Otero Hatanaka is scheduled to testify at interim Legislative committees in August and September and she is planning to ask for additional funding to increase rates. Anna is asking the ICC to identify the amount she should ask for. Jim said we are considering asking for another \$500,000. ***MOTION: Jim Copeland made a motion that the ICC endorse the Finance Committee to move forward with financial recommendations to fund the 2003 Rate Study. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.***

Cindy Mantegna recommended that ICC Committee Chairs record their motions on the committee reporting form and that committees no longer update the status columns on their action plans.

Interagency Coordination

Rhonda Montoya reported.

The committee had a conference call with Evelyn Shaw. Evelyn sent information on how other states are approaching autism services and early intervention. The committee is continuing work on the joint home visiting services document to be presented at the next ICC meeting.

The committee has been working on refining the draft inclusion guidance document. The document is being reviewed by Alejandra Rebolledo Rea, Bureau Chief for the Office of Child Development. Yvette Dominguez stated the committee began working on the inclusion document without realizing that CYFD was already working with UNM to develop one. The committee is obtaining input from inclusion specialists from across the state. A joint inclusion webinar with CYFD has been discussed. The committee would like the ICC to review the inclusion document at the November meeting. Andy Gomm stated the Autism Subcommittee has not met. Pat Osborne at UNM is revamping their website so it will be easier for families to navigate the system.

MOTION: *Cindy Faris made a motion to approve the ICC Committee reports. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.*

LEAD AGENCY REPORT

Andy Gomm reported. End of the year expenditure data is not yet available. The actual FIT budget for FY15 is \$24,926,000. This does not include federal Medicaid funding. With Medicaid added the FIT budget is \$46,000,000. Andy will invite Ralph Miller to an ICC meeting. FIT has \$4.3 million Race to the Top funds that can be accessed over a three (3) year period. The FIT Program is checking with the Office of General Council to determine if the \$3500 cap on insurance can be lifted. Janis Gonzales reported that providers are having trouble with Medicaid eligibility and Medicaid billing.

STATUS OF ICC RECOMMENDATIONS FROM APRIL 2014 ICC MEETING

| RECOMMENDATIONS: | STATUS: |
|---|---|
| <i>Implement the ICC Finance Committee's rate recommendations for the \$500,000;</i> | Implemented. Home & Community Individual Rate is \$26.25 per 15 minute unit. Early Intervention Center Individual Rate is \$13.50 per 15 minute unit. Family Service Coordination rate is \$158.20 per monthly unit. |
| <i>Provide the ICC Finance Committee with official FIT budget numbers;</i> | Provided in Lead Agency Report |
| <i>Select FIT provider agencies to pilot the draft Qualifications for Staff Conducting IDA Evaluations;</i> | La Vida, Tresco and Inspirations have been implementing (piloting the qualifications with their evaluation staff) since the ICC made this recommendation. Questions that have come up are being addressed by the Quality Committee. |
| <i>Prior to distribution of TQRIS information, bring</i> | FIT is working with the Quality Committee and stakeholders and will meet on September |

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| <i>information to the ICC Quality and Finance Committees for recommendations and input;</i> | 19 th to begin developing criteria for FIT TQRIS. |
| <i>Organize a meeting with PRO and EPICS to obtain statewide input from parents on the use of videotaping home visits;</i> | Not implemented yet. Video recording initiative is just getting off the ground. |
| <i>Discontinue annual ECOs;</i> | Put in FIT standards and will be effective immediately. |
| <i>Grant Michelle Staley access to FIT KIDS to assist the ECO Subcommittee in obtaining needed data;</i> | Not implemented. FIT will run any reports needed. |
| <i>Add ECO information to service coordination training;</i> | This will be done as part of the updates to the Service Coordination training, |
| <i>Move the ECO training module to the ECLN website so ECLN can issue certificates of completion and explore CEUs;</i> | This may be addressed at the FIT - ECLN meeting on 8/12/14. |
| <i>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;</i> | Meeting occurred and the report presented at today's ICC meeting. |
| <i>Develop an overlay graph of one year's time that shows expenditures, referrals, number of children served and average cost per child;</i> | Not yet implemented. Expenditure data for FY14 not yet available. |
| <i>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;</i> | ICC recommendations made. OSEP reviewed document and required additional changes. |
| <i>Email the draft changes to 7.30.8 Requirements for Family Infant Toddler Early Intervention Services to the ICC for further input;</i> | Emailed a few days before today's ICC meeting. |
| <i>Provide ICD-9 Code information at the FIT Annual Meeting.</i> | Almost finalized. Working with Donna Weston, Ph.D regarding cross walk between the Diagnostic Classification 0-3R and the ICD-9. |

ICC RETREAT PLANNING

The ICC Retreat will be held in Albuquerque on September 16 and 17. The following topics were suggested:

- Review ICC Orientation flash drive presentation
- Update Committee Action Plans - primary purpose of the retreat
- Discuss provider recommendations - address as needed in ICC committees
- Create ICC Legislative Action Plan
- Invite Early Learning Advisory Council (ELAC) for one (1) hour
- Have an update on Autism
- Discuss SSIP outcomes

NMSBVI will provide space for the retreat. The ICC Coordinator was asked to look for options that include outdoor space.

MEETING ANNOUNCEMENTS & EVALUATION

Karen Lucero, ICC Co-Chair, asked members and guests to complete and turn in the meeting evaluation forms.

FOLLOW-UP MEETING RECOMMENDATIONS / TASKS

| RECOMMENDATIONS/TASKS | STATUS |
|--|---------------|
| SSIP AD HOC Committee to continue working and bring information to the September ICC Retreat and recommendations to the November ICC Meeting. | |
| ICC to go back to an April meeting instead of a July meeting. | |
| Under the Proposed Standards for Respite, change wording in last statement on second page from "developmentally disabled" to "having a developmental disability". | |
| Under the Proposed Standards for Respite, alter the first bullet on the second page to read ages 3 through 5 | |
| Under the Proposed Standards for Family Service Coordination, remove the certified letter requirement when an early intervention program has to end services and substitute with Family Service Coordinator documentation. | |
| Don't include a home visit requirement as part of the discharge process. | |
| ICC Executive Committee to meet with DOH staff and others to address issues of accountability and communication. | |
| Forward Naomi Sandweiss's information to the Governor for appointment to the ICC. | |
| Add the following statement to the System of Payment letter | |

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|--|--|
| "if your family does not have Medicaid or other health insurance, your family will not be charged any out of pocket costs or fees to receive early intervention services." | |
| System of Payment letter and supporting document to be given to new families starting September 1, 2014. | |
| FIT to provide copies of the System of Payment letter and supporting document so providers may order number of copies needed. | |
| Changes to FIT Regulations were endorsed by the ICC. | |
| NMSD and NMSBVI Screening forms to be placed on the FIT website. | |
| ICC to review the Inclusion document at the November ICC meeting. | |
| ICC Finance Committee to move forward with financial recommendations to fund the 2003 Rate Study. | |
| ICC to review and provide feedback to the ICC Orientation flash presentation at the September Retreat. | |
| ICC Coordinator to look for September Retreat locations with outdoor space. | |