

# INTERAGENCY COORDINATING COUNCIL (ICC)



## JANUARY 21, 2015 MEETING MINUTES

### MEMBERS/APPOINTEES PRESENT

Andrea Leon, Peggy O'Neill, Karen Lucero, Jim Copeland, Cynthia Mantegna, Samantha Carl, Joanne Corwin, Sophie Bertrand, Janis Gonzales, Nelli Calame, Cindy Faris, Sara Einfalt, Lourdes Vizcarra, Arlene Waters, Marc Kolman, Kathey Phoenix-Doyle, Karen Ziegler, Paula Seanez, Anna Otero Hatanaka

### PROXIES PRESENT

Karen Ziegler Proxy for Amanda Gibson-Smith, Amanda Barrett Proxy for Naomi Sandweiss

### MEMBERS ABSENT

Robin A. Wells, Ida Tewa

### WELCOME

Dr. Stern welcomed ICC members and guests to NMSD and wished everyone a happy new year. He will be retiring in July. Dr. Stern stated he will miss seeing this unique partnership and passion in action.

### OVERVIEW

Andrea Leon, ICC Co-Chair, welcomed ICC members and guests to the meeting and thanked Joanne Corwin and the New Mexico School for the Deaf for hosting the ICC. Andrea asked ICC members and guests to introduce themselves. Anna Otero Hatanaka asked if the Legislative Action Plan discussion could be moved from the afternoon to the morning. Andy Gomm stated some changes to the ICD-9 Eligibility List would be discussed as part of the FIT Lead Agency Report. **MOTION: Samantha Carl made a motion to approve the meeting agenda as amended. Joanne Corwin seconded the motion. There were no objections or abstentions. The motion passed.** Jonetta Pacias informed the ICC that FIT calendars are ready to be dispersed to early intervention providers. Andy Gomm said 110 calendars would be given to legislators. Jim Copeland reminded Andy of his request to include ICC meeting dates in FIT calendars. Andy stated Jim's request would be noted and ICC meeting dates would be included in FIT 2016 calendars.

### NMSD PRESENTATION

Joanne Corwin presented a PowerPoint presentation. She expressed appreciation for such a wonderful history of working together as an early intervention community. Joanne held up two clay pots and asked if anyone knew what these pots were used for. Joanne's husband is Korean and they use these pots when they make a Korean cabbage dish called kimchee. The PowerPoint presentation highlighted a Korean emperor from the 1400s who mandated a number of

## ICC JANUARY 2015 MEETING MINUTES

### Page 2

important things including maternity leave for women slaves, promotions based on merit, polling people before the aristocracy finalized decisions, the right to an education, and language as the conduit to thought with people having the right to express their thoughts. Joanne highlighted decades of research that demonstrates sign language is a biological imperative for babies who are deaf or hard of hearing as they need immediate access to language. The lack of immediate access to language constitutes a developmental emergency. It is our basic human right to have language throughout our lifespan. Joanne's daughter is deaf. As a small child, her daughter had night terrors. Sign language enabled her daughter to tell her parents she was dreaming about a monster. As her language skills grew, she could provide more details about the nightmare. When she had the language to tell them all the details, her nightmares stopped. Joanne stated the Memorandum of Understanding (MOU) that the FIT Program, NMSD, and Children's Medical Services have in place helps assure that families of deaf and hard of hearing infants and toddlers have the early intervention services needed to support their children's communication and language skills. Twelve (12) years ago, the New Mexico Deaf Education Task Force created the Deaf Child's Bill of Rights. The Task Force has been convened again to review and update this Bill of Rights. NMSD's Early Intervention and Involvement Division serves approximately 280 families each year. The program provides training to other early intervention programs. Last year, the program provided 4,134 home visits, 2,500 hearing screenings, 180 trainings, and program providers traveled 217,185 miles to provide services.

### ICC CONSENT AGENDA

Andrea Leon asked for a motion to approve the consent agenda which consisted of the November Meeting Minutes. Andy Gomm stated the consent agenda usually included the ICC's Financial Report. A new price agreement has been issued to the ICC's fiscal agent, Zia Therapy Center. An ICC Financial Report will be included as part of the Consent Agenda for the April ICC meeting. **MOTION: Cindy Faris made a motion to approve the Consent Agenda. Arlene Waters seconded the motion. There were no objections or abstentions. The motion passed.**

### VOTING ON PARENT REPRESENTATIVES

The ICC reviewed the letter of interest and resume for Shandra Clow. Ballots were distributed. **MOTION: Karen Ziegler made a motion to have Shandra's information forwarded to the Governor for official appointment. Paula Seanez seconded the motion. There were no objections or abstentions. The motion passed.**

### ICC LEGISLATIVE ACTION PLAN

Anna Otero Hatanaka informed the ICC that the Legislative Finance Committee (LFC) report includes \$300,000 for rate increases for FIT providers. The decrease in oil and gas prices is having a significant impact on the amount of money available. Anna is working on the wording for the FIT bill and will secure legislative sponsors for the bill. HB2 will include the \$300,000

LFC request. Association of Developmental Disability Community Providers (ADDCP) Day at the Legislature will be on February 11<sup>th</sup>. ICC members and guests are invited. There will be open mikes from 11:00 am to 12:00 pm. Information on the FIT bill will be available. Anna discussed options for the wording of the FIT bill. She suggested that the wording include \$1.5 million to bring reimbursement up to the 2003 rate study recommendations and another \$8 million to provide cost of living allowances (COLAs). Dividing the funding requests in the bill will help demonstrate what the true need is. ICC members made the following comments:

- Sophie Bertrand - There is increased funding for early childhood services. FIT needs to be presented as a part of early childhood services.
- Marc Kolman - There was discussion on the ICC list serve regarding the true need and some disagreement as to recommendations in the 2003 Rate Study. Marc encouraged the ICC to be careful as to how the need is articulated in the bill. He expressed caution about using the Rate Study as justification for COLAs. Marc did not agree that COLAs were included in the Rate Study.
- Jim Copeland - Expressed support for both funding amounts. The LFC needs to understand the importance of FIT services and the dire need to increase provider rates.
- Peggy O'Neill - Has a copy of the Rate Study. It includes recommendations for cost of living allowances going forward.

Andy Gomm stated the market basket index was used as part of the Rate Study because the information from early intervention providers was already a year old. The final recommendations in the Rate Study did not include the market basket index. The Department of Health did not accept the Rate Study principles as part of a formula for cost of living increases. Andy said Cathy Stevenson has expressed the need to do a new Rate Study which would be funded with Race to the Top monies. The FIT Program needs to consider provider costs for unfunded mandates and Race to the Top. Andy stated it was good for the ICC to debate these issue and vote whether to endorse the FIT bill.

Anna Otero Hatanaka stated she was opposed to having DOH contract out for another rate study. She suggested that it would be better to take the money that it would cost to fund a rate study and use the money to increase rates. Providers are in trouble. Even the \$8 million dollar request does not include the cost of doing business today. If the ICC does not feel comfortable going forward, ADDCP will still go forward. Jim Copeland suggested that we stipulate the amount it would take to fund the 2003 Rate Study, and then figure the average cost of living for each year, and then add these figures together to determine the amount of money needed. Marc Kolman said he appreciated Jim's comments and thought this would be a good strategy and that the DOH could support this. Marc said the DOH has to do a factual analysis of bills and if certain statements from the rate study are used in the bill, they could have a negative impact on the factual analysis.

Andy Gomm stated that an \$8 million dollar request for state general funds would generate a total of \$16 million dollars when Medicaid is added. The current FIT budget is approximately \$43 to \$46 million dollars. **MOTION: Jim Copeland made a motion that the ICC supports a legislative request of \$1.5 million dollars to fund the 2003 recommended rates from the cost study. Sara Einfalt seconded the motion. There were no objections. Marc Kolman abstained. The motion passed.**

**MOTION: Anna Otero Hatanaka made a motion that the ICC supports an appropriation request of \$6.7 million dollars for a cost of living increase for providers of FIT services. Marc Kolman amended the motion to state "cover the increased costs of providing FIT services including COLAs". Anna accepted the amendment. AMENDED MOTION: Anna Otero Hatanaka made a motion that the ICC supports an appropriation request of \$6.7 million dollars to cover the increased costs of providing FIT services including COLAs. Kathey Phoenix-Doyle seconded the motion. Marc Kolman, Karen Ziegler, Karen Lucero and Sophie Bertrand abstained. There were no objections. The motion passed.**

Cindy Mantegna asked if the above information could be included in letters to legislators. Karen Lucero asked if the second amount in this two part bill could put the first amount in jeopardy. Anna Otero Hatanaka replied that the wording should be okay.

### **STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR)**

Patti Ramsey distributed copies and reported on the FFY 2013 Annual Performance Report (APR) and State Performance Plan (SPP), which is now combined into one document. The SPP contains targets for all indicators from FFY 2013 thru 2018.

With the initiation of the new SPP, several changes were presented:

- Indicators have been revised. Indicators 1-8 remain the same, but Indicator 9 and 10 now refer to hearing and mediation resolutions, respectively. A new addition is Indicator 11, which refers to the State Systemic Improvement Plan. Indicator 11 will not be submitted until its due date on April 2, 2015.
- Improvement activities are no longer required
- If targets were met and there was no significant "slippage," there is little discussion of the data, so the APR overall is much more brief than it has been previously.

Patti reviewed targets and data for each indicator.

- Indicator 1, timely service delivery: FFY 2013 target of 100% was not met. Performance of 98.1% in FFY 2013 showed improvement over FFY 2012 performance of 97.8%
- Indicator 2, natural environments: FFY 2013 target was met. Performance varied little with 98.75 in FFY 2013 compared to 98.8% in FFY 2012.

- Indicator 3, child outcomes: All FFY 2013 targets (for children eligible due to developmental delay or environmental risk) were met for each summary statement of each outcome. Performance for Summary Statement 1 (Infants and toddlers who were functioning at age expectations by the time they exited the program) was slightly higher than performance reported in FFY 2012. Performance for Summary Statement 2 (Infants and toddlers who substantially increased their rate of growth by the time exited the program) was slightly lower than that reported in FFY 2012. This decrease likely demonstrates improved data quality, as there were fewer data outliers.

Office of Special Education Programs (OSEP) did not require targets for at risk population and data, while reported in the APR and available for ICC perusal, was not presented to the ICC due to time limitations.

- Indicator 4, family outcomes: Targets for all three outcomes were exceeded. Performance on each outcome was slightly lower than that reported in FFY 2012, but the difference was insignificant.
- Indicator 5, children served, birth to age 1: Target was met, and performance improved slightly from 3.2% served in FFY 2012 to 3.47% served in FFY 2013.
- Indicator 6, children served birth to age 3: Target was met and performance improved from 5.7% in FFY 2012 to 6.21% in FFY 2013.
- Indicator 7, initial IFSP within 45 days: Target of 100% was not met. There was very little improvement in performance of 98.57% in FFY 2013 from FFY 2012 performance of 98.5%.
- Indicator 8 Transition
  - 8a, transition planning: Target of 100% was not met. FFY 2013 performance of 97.09% was an improvement over FFY 2012 performance of 95.9%.
  - 8b, SEA & LEA notification: Target of 100% was not met. However, FFY 2013 performance of 99.32% was improvement of FFY 2012 performance of 96.2%.
  - 8c, Transition conference: Target of 100% was not met. Performance improved to 96.94% in FFY 2013 from 95.9% in FFY 2012.
- Indicators 9 & 10 - N/A because the FIT Program has had no complaints.
- Indicator 11 - not due until April.

### Comments:

Magi Gerety - When FIT-KIDS is updated, it would be very helpful if reminder reports that specify the number of days remaining until a required event could be generated. Andy Gomm replied that Albert Ericson will be convening a FIT-KIDS work group and that Magi should participate.

Jim Copeland - The report to the governor and the cover letter should state that this quality was achieved even though FIT providers were operating under an \$8 million dollar deficit.

Patti reported there are more complaints in the larger states. Smaller states and Western states have few to no complaints. About half the states have few to no complaints. Sophie Bertrand commended Patti on the report and she asked Patti to present this information to the Transition Steering Committee. Andy Gomm said the APR report to the public has not been posted as yet to the FIT website.

***MOTION: Paula Seanez made a motion that the ICC endorses the State Performance Plan (SPP)/Annual Performance Report (APR), ICC Co-Chairs will sign the report, and the report will be submitted to OSEP and to the Governor of NM. Joanne Corwin seconded the motion. There were no objections or abstentions. The motion passed.***

### **PARENT PANEL**

Kristine has an eighteen (18) month old son named Knox. When Knox was seven (7) months old, Kristine noted that he had not reached a motor milestone in about 2½ months. His legs worked but he was not moving them the way he should. Kristine talked with her husband. They contacted New Vistas. Kristine stated it was such a relief to have someone support her concern about Knox's motor skills. New Vistas moved quickly. An evaluation was scheduled within two (2) weeks. The physical therapist found Knox has neurological patterning issues. Their IFSP team always explains everything to them. Services helped Knox achieve a 4-point crawl. Services have also helped Knox overcome some of his neurological patterns. The parents turned their two (2) couches into an obstacle course and used toys to encourage Knox to crawl up the cushions to reach the toys. Knox has gone from crawling to walking. He is starting to run and he is trying to jump. He knows what he wants to do but he can't always do it. Kristine said it is hard to see how much Knox wants to walk like other kids but not be able to. The family's IFSP team has become Kristine's support group. Conversations with the team help both parents achieve their goals for Knox. The parents are working on supporting Knox in using both hands so they are handing him two (2) toys at once. Kristine said she and her husband are so grateful for the services and the support they receive from the team. They have a dream team. The emotional support Kristine received from their team has been so helpful.

The ICC asked Kristine the following questions:

- How did the family find out about New Vistas? Kristine's brother was born premature and the family participated in New Vistas services twenty-two (22) years ago. Her brother is an amazing success story. He is traveling the world and is currently in Thailand.
- Did you share your concerns with your child's pediatrician? Knox's pediatrician did not have the same level of concern initially. Knox was ten (10) months old before the pediatrician made the referral to New Vistas. Now, the pediatrician asks for updates on Knox's progress.

- How has sharing videos of Knox been helpful? Parents use videos to show the team Knox's emerging skills. Parents show the videos during home visits or by email.

## ICC PARENT PANEL REFLECTION

ICC member reflection on the Parent Panel was as follows:

- Parents who have concerns need their child's doctor to listen to their concerns and make needed referrals.
- Parents still need to know where to go for help when they have concerns about their child's development.
- Physicians don't always take the time, or have the time, to screen development.
- Physicians only receive a small reimbursement for screening development.
- Child-find efforts (ex. giving out FIT calendars, etc.) that target physicians are important.
- Well-child paperwork is different at every practice.
- Not all parents are able to pick-up on subtle motor development issues like Knox's mother was able to.
- Knox's pediatrician did not follow-through on Kristine's expressed concerns.
- Kristine used "team lead" and "team" as she shared their family's story.
- Team honored Kristine's concern and is providing ongoing support and encouragement.
- Early intervention services described by Kristine are "strengths based."
- Family is comfortable using video to show and review their child's progress.
- Mother's family participated in New Vistas early intervention services twenty two (22) years ago when Knox's uncle was born prematurely.
- Would PSAs on television help parents know where to go? Andy Gomm replied that the cost is prohibitive. Race to the Top dollars will be used to develop public relations ads specific to young children.
- It would be helpful if physician offices provided medical reports to early intervention programs at no cost. Andy Gomm replied there is a letter on DOH letterhead that discusses this and providers can access the letter on the FIT website.
- ICC Communication Committee will be looking at public relations activities.

## ICC COMMITTEE REPORTS

### *Quality Committee*

Cindy Mantegna, Quality Committee Chair, reported. FIT Program staff identified a concern regarding the ECO subcommittee's recommendations and supporting documents. These issues and the ECO subcommittee's recommendations and documents are being reviewed by selected parents. The Quality Committee continues to work on additional information to assist evaluators. The committee will add additional action steps to their action plan as the TQRIS develops. The committee is recommending that the action item on home visiting guidance be removed as Project Envision will be taking on this responsibility.

### *Qualified Workforce*

Robin Wells was unable to attend the meeting but provided her committee report. The committee added critical issue #3 to their action plan which will address the fragmented degree and the need to advertise the availability of FIT coursework. Yvette Dominguez will be the FIT staff person working with the committee. Sophie Bertrand and Yvette will schedule a conference call with Robin to discuss the committee's action plan.

### *FIT Forms & Process Review*

Sara Einfalt reported. The committee has met once since the November ICC meeting. The committee continues to review and develop recommendations regarding FIT forms.

### *ICC Finance & Funding Committee*

Jim Copeland reported. The committee completed its work for last fiscal year. They provided input for the 2015 legislative request. The committee will continue to advise and assist the DOH/DDSD in the development and implementation of an appropriate budget for the FIT Program. They will work with the DDSD to seek funding to implement the 2003 cost study and will continue to seek legislative appropriations to address rate discrepancies that impact service provision.

### *Interagency Coordination*

Karen Ziegler reported. Karen asked the ICC for feedback regarding the committee's request to put Critical Issue 1 on hold. The guidance document presented at the November ICC meeting for endorsement is now going through the approval channels at the state agencies. On February 9, the committee will work on the scripted version of the webinar. There will be three (3) webinars. Yvette Dominguez is obtaining video clips from selected programs to use in the webinars. Andy Gomm stated the committee has completed its goal. Karen Ziegler responded that the committee wants to work on the webinar. Kathey Phoenix-Doyle asked Karen Ziegler if the committee had been able to add an early intervention provider member. Karen Ziegler said they had added both an early intervention provider and a parent. Jim Copeland asked who will fund the webinars. Sophie Bertrand stated that it is in UNM/CDD/ECLN's contract to support FIT in developing webinars.

Andy Gomm informed the ICC that the FIT Program is now over autism services for children birth to age twenty one (21). Changes to Medicaid regulations regarding adaptive behavioral analysis services have gone out for comment and these should be implemented around May. The FIT Program is trying to get Medicaid to approve the current families who are being served under adaptive skill building. The Autism Committee will be convened within the next couple of months. A joint memo is going through the approval process at CYFD. More money may be injected into home visiting and these services will be provided by endorsed infant mental health home visitors. The IFSP will be the deciding document to determine if both FIT and

home visiting services are needed. We will develop guidelines for the field to address when a child is eligible for both FIT and Home Visiting.

## Comments:

- Magi Gerety - In Santa Fe, there are several different home visiting programs including New Vistas and an infant mental health program. Families can receive four (4) different phone calls which confuse and overwhelm them. This can result in families deciding not to participate in any services. New Vistas is meeting at St. Vincent's with the other programs to determine how to work together and not confuse families. It would be less confusing for families if one (1) agency would be responsible for contacting families and this agency would help families figure out which program, or programs, would be most helpful. Magi stated CYFD sent the joint memo out to their home visiting providers for feedback. Magi asked if the ICC should see a copy of this memo.
- Jonetta Pacias - There is a high level of concern about bringing home visiting to the table. There is misunderstanding as to how FIT and home visiting programs operate. Jonetta expressed concern that the joint memo went out in the manner it did. She wondered how the document was going to be perceived and what CYFD was going to do with the feedback.
- Sophie Bertrand - The governor wants to increase funding to prevent child abuse. We should consider educating the Legislative Finance Committee about FIT's role and perhaps receive some of the funding. FIT providers might want to become home visiting agencies. Some already are. Perhaps FIT should consider increasing at-risk services. Sophie suggested that an interagency committee, not an ICC committee or a local committee, be formed to help address the issues.
- Kathey Phoenix-Doyle - At La Vida, we are hearing that home visiting agencies are telling families they "do the same thing as FIT." Families are thinking they can just stay with home visiting services.
- Karen Lucero - This is not just a local issue, it is a statewide issue. There are "turf concerns" with some home visitors afraid to refer to FIT as they might lose their clients.
- Cindy Faris - Attends the Metro home visiting monthly meetings. These are huge meetings and no other FIT providers attend. FIT providers should attend the meetings.
- Jim Copeland - FIT is "behind the eight (8) ball" because our Governor is in favor of child care. We must educate about the big differences among these programs.
- Andy Gomm - CYFD is obtaining input from their providers and will use the input to edit the joint memo. The edited memo will come back to the Interagency Coordinating Committee. Andy asked if the Interagency Coordinating Committee could send the joint memo to the full ICC in the next week.
- Jonetta Pacias - The Interagency Coordinating Committee knew there was a sense of urgency. The joint memo has been written for months. Jonetta asked if Karen Ziegler could check on the deadline.

- Sophie Bertrand asked if a CPS worker could be recruited to serve on the Interagency Coordinating Committee. She asked if the Autism Committee members need to be refigured and if Janis Gonzales would want to chair the Autism Committee.

***MOTION: Cindy Faris made a motion to approve committee reports. Samantha Carl seconded the motion. There were no objections or abstentions. The motion passed.***

Nelli Calame asked if the name of the Committee Chair could be added to the Committee reporting forms. The ICC Coordinator will add their names to the committee reporting forms.

### **LEAD AGENCY REPORT**

Andy Gomm reported. Page 2 of the report has full expenditures by funding source for the last year. This money is used to fund provider agreements and evaluations. Andy is still working to obtain page 3 information regarding insurance revenues.

#### **Questions:**

- Peggy O'Neill asked if Andy had been able to find out about the affordable health care act rules. Andy replied that FIT should be able to bill beyond the \$3500 cap. Andy requested that the ICC Finance Committee add this to their Action Plan.
- Jim Copeland asked why all the insurance revenues were not being used to pay for FIT services. Andy replied that others at DDS think the insurance revenues are one (1) of FIT's four (4) main funding sources and that the insurance revenues should be used to pay FIT bills. Jim Copeland stated DDS would be upset if providers used part of their funds for direct services to pay other bills.

Andy Gomm said Ralph's unit is short staffed and FIT is not able to obtain the reports that used to be provided. Andy will request a report on how insurance revenues are being spent. This year, we are generally serving more children each month. FIT still needs to figure the average cost per child. FIT had a 31% increase in referrals this December compared to last December. The number of children served is up this year. Andy reviewed the number and percentage of children served by county. Providers serving the counties where no children are being served might need to do outreach in these communities.

#### **Comments:**

- Sophie Bertrand asked for a report on the number of FIT children served by investment zones.
- Magi Gerety - New Vistas serves Mora county and Las Vegas. There have been no referrals. They are becoming retirement communities. There is also a First Born Program in Mora.

FIT is serving about 8% of the Native American population. We did drop in the total number of Native American children served.

The FIT Program provided the cost of serving the at-risk population to the J. Paul Task Force. The average amount of FIT services provided per month is six (6) hours. It would cost \$2.9 million dollars in state general funds (SGFs) to serve at-risk kids an average of six (6) hours per month. When federal Medicaid is added, it would generate more total funds. 70% of children are on Medicaid. Marc Kolman recommended that FIT refigure the amounts as there seemed to be some discrepancy in the figures.

Andy Gomm informed the ICC that there was a split among FIT team members when they reviewed the recommendations and documents developed by the ECO committee. Some FIT staff thought families should be given all the ECO information. A panel of PRO parents will meet to consider the issues. Once the FIT Program reviews the information from the parent panel, the FIT team will make a decision.

***MOTION: Cindy Faris moved to accept the Lead Agency Report with the assurance that the FIT Program would check on the requested figures. Samantha Carl seconded the motion. There were no objections or abstentions. The motion passed.***

### ICD-9 Codes

Andy Gomm and Yvette Dominguez reported. Yvette discussed the following changes to eligibility:

- Children born under 28 weeks are eligible under established condition.
- Children born under 28 weeks or up to 34 weeks would be eligible under biological/medical risk. The literature supports that these kids are at increased risk of having development delays. Andy Gomm said we don't know for certain but this change could make 24 to 36 children eligible.

Karen Lucero stated she is in favor of these changes. She asked if FIT will add these changes to the regulations. Andy replied that the changes would be added. A director's memo will be used to present these two changes to FIT providers so they can implement them while FIT makes the changes to the regulations. ***MOTION: Cindy Faris made a motion that the ICC endorses the following changes to eligibility: children born under 28 weeks are eligible under established condition and children born under 28 weeks or up to 34 weeks are eligible under biological/medical risk. Kathey Phoenix-Doyle seconded the motion. There were no objections or abstentions. The motion passed.***

**MEETING ANNOUNCEMENTS & EVALUATION**

Andrea Leon distributed Family Leadership information and scholarships for FIT families. Andrea is the primary contact and families or providers can contact Andrea at PRO for more information.

Peggy O'Neill, ICC Co-Chair, asked members and guests to complete and turn in the meeting evaluation forms. Peggy asked for a motion to adjourn the meeting. **MOTION: Cindy Faris made a motion to adjourn the meeting. Samantha Carl seconded the motion. There were no objections or abstentions. The meeting was adjourned at 5:00 pm.**

**FOLLOW-UP MEETING RECOMMENDATIONS / TASKS**

RECOMMENDATIONS/TASKS for FIT PROGRAM	STATUS
FIT Program to add ICC meeting dates to FIT calendars beginning in 2016.	
FIT Program to add how insurance revenues are being spent to the Lead Agency Report.	
FIT Program to include the number of children served by investment zones in the Lead Agency Report.	
FIT Program to refigure the SGFs needed to serve at-risk children an average of six (6) hours per month.	
FIT Program to send a director's memo to FIT providers regarding changes to eligibility so they can implement these changes prior while FIT adds these changes to the regulations.	

RECOMMENDATIONS/TASKS for ICC COMMITTEE	STATUS
Finance Committee Chair to add billing beyond the \$3500 insurance cap to the committee's Action Plan.	