

INTERAGENCY COORDINATING COUNCIL (ICC)



ICC MAY 29-30, 2018 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Andrea Leon, Sophie Bertrand, Kathy Hughes, Sara Einfalt, Marc Kolman, Kathey Phoenix-Doyle, Amanda Gibson-Smith, Janis Gonzales, Paula Seanez, Justina Stewart, Celina Waller, April Spaulding, Lula Brown, Luanne Stordahl, Camila Gutierrez, Peggy O'Neill, Naomi Sandweiss, Joanne Corwin, Sophie Bertrand

MEMBERS ABSENT

Catherine Quick (both days), Justina Stewart (Day 2)

PROXIES PRESENT

Christie Guinn Proxy for Medicaid, Sara Einfalt Proxy for Nikki Ornelas (both days), Viviana Olivas Proxy for Naomi Sandweiss (Day 2)

OVERVIEW

Kathey Phoenix-Doyle, ICC Co-Chair, thanked NMSBVI Preschool for hosting the ICC. Kathey asked for introductions. Kathey stated there were several changes in agenda presenters and asked for a motion to approve the changes. **MOTION: Peggy O'Neill made a motion to approve the meeting agenda as amended. Naomi Sandweiss seconded the motion. There were no objections or abstentions. The motion passed.**

PRESENTATION BY NMSBVI PRESCHOOL

Loreta Martinez Cargo and Sophia Diaz presented a PowerPoint presentation on the birth to 3 orientation and mobility services provided statewide to children who are blind and visually impaired and their families. Services help families incorporate orientation and mobility skills into their child's daily routines and activities so they can be independent and successful. Orientation and mobility supports help children know where they are and how to get to where they want to go. It expands body awareness and supports sensory development. When orientation and mobility supports are begun early, children develop muscle tone, balance, strength, coordination and stamina. Movement with a purpose and exploration is encouraged which in turn promotes cognitive development, problem solving, concept development, safety, and object permanence. Mobility supports may include an adaptive mobility device, a cane, protective strategies and adaptations in the child's home. NMSBVI uses the Oregon Project Skills Inventory which is a strengths based assessment. NMSBVI staff work in collaboration with other early intervention programs, child care facilities, and CYFD. IFSP outcomes and strategies are family directed. NMSBVI staff have developed a tool to help evaluate a child's orientation and mobility skills. A video was shown. There were examples of orientation and mobility equipment and materials such as texture boards and play stands. A video clip of a mother and child was shown. When the child bumped into a chair, the mother guided her child's

hand down the cane until she could touch the chair and know what she had bumped into.

Luanne Stordahl welcomed folks to NMSBVI and offered a tour during a break tomorrow.

VOTING ON ICC PARENT REPRESENTATIVE

Carmen Armenta and Belinda Vigil-Luevano introduced themselves and discussed their interest in serving as a parent representative on the ICC. Carmen has four children and her two youngest children, ages 9 and 5, are hard of hearing. Both of these children participated in early intervention services. Her daughter did not begin early intervention until she was twenty-two months old but her son was able to start benefiting from early intervention services as an infant. Early intervention has a measurable benefit and starting early makes the difference. Carmen would like to help other parents understand the resources available.

Belinda has a four-year-old daughter who participated in early intervention services. Belinda asked her daughter's pediatrician for a referral to early intervention but was told to wait as children develop at different rates. Belinda had to go elsewhere to obtain a referral. The time their child and family spent in early intervention made a world of difference. Her daughter just finished pre-kindergarten. Belinda wants to help assure that other parents know about the benefits of early intervention and are able to advocate for the services their child needs. She also wants to make certain that parents know about the services available after their child transitions from early intervention. The ICC voted using paper ballots and Carmen Armenta was selected.

VOTING ON ICC PARENT CO-CHAIR

Kathey Phoenix-Doyle informed the ICC that the Past ICC Parent Co-Chair, Andrea Leon, is willing to serve as the Interim Co-Chair until a new Parent Co-Chair can be selected. The selection will take place at the November ICC meeting and the term will begin in January 2019. This will give the ICC parents more time to consider if they want to apply for the position.

MOTION: Sara Einfalt made a motion to have Andrea Leon serve as the Interim Parent Co-Chair until January 2019. Paula Seanez seconded the motion. There were no objections or abstentions. The motion passed.

VOTING ON WORK FORCE COMMITTEE CHAIR

Luanne Stordahl is changing positions at the NMSBVI and has to resign from the ICC. A new Work Force Committee Chair has to be selected. ***MOTION: Celina Waller made a motion that Sophie Bertrand will chair the ICC Work Force Committee. Kathy Hughes seconded the motion. There were no objections or abstentions. The motion passed.***

ICC CONSENT AGENDA

Kathey PhoenixDoyle asked for a motion to approve the Consent Agenda which consisted of the April Meeting Minutes and the ICC Financial Report. ***MOTION: Amanda Gibson-Smith made a motion to approve the ICC Consent Agenda. Kathy Hughes seconded the motion. There were no objections or abstentions. The motion passed.***

ICC COMMITTEE REPORTS

Kathy Phoenix-Doyle asked for a motion to have ICC Committee Chairs begin presenting their Committee Reports because the next presenters had not arrived yet. **MOTION: Kathy Hughes made a motion to begin ICC Committee Reports. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.**

ICC Finance Committee - Peggy O'Neil, Finance Committee Chair, reported. The committee has not met since the last ICC meeting. Peggy will be emailing Finance Committee members and setting up a meeting.

ICC Work Force Committee - Luanne Stordahl, Outgoing Work Force Committee Chair, reported. The committee has not met since the last ICC meeting. The committee needs to add parent and early intervention provider members. The committee meets via Zoom so there are no travel requirements.

ICC Communication Committee - Marc Kolman, Communication Committee Chair, reported. The committee has not met since the last ICC meeting. The committee needs to add members.

ICC Quality Committee - Lula Brown, Quality Committee Chair, reported. The committee has not met since the last ICC meeting. Lula provided the following updates: The committee will continue reviewing FIT documents in conjunction with other ICC committees so FIT provider agencies have current and correct information regarding standards, regulations and processes. After the end of this fiscal year, follow up with Dr. Zafran and review M-CHAT trends and availability of ECEP evaluations. Continue to explore use of informed clinical opinion and T-Scores. Follow-up with Jeanne Du Rivage on any documents that need to be reviewed by the committee.

ICC Native Services Work Group - Paula Seanez, Native Services Ad Hoc Work Group Co-Chair, reported. The work group has met twice since the last ICC meeting. Cathy Riley and Marc Kolman attended the meeting. Marc will meet with Aiko Allen, the DOH tribal liaison. Aiko will be added to the work group. The work group is working to help address the lower than expected percentage of eligible Native children and their families participating in FIT services. Joanne Corwin will meet with Jason Lavy to discuss FIT data needs. Sophie Bertrand was able to obtain archived work from the 2012 task force. Many of the goals of that task force are continuing in this work group and all 2012 task force archived work will be reviewed. The work group will look at the types of technical assistance that can be provided to EI programs serving tribes. A master resource of tribal contacts with protocol defining how to address these contacts is in process and Cathy Riley will provide assistance with this task.

MOTION: Amanda Gibson-Smith made a motion to accept ICC Committee Reports. Luanne Stordahl seconded the motion. There were no objections or abstentions.

LEAD AGENCY REPORT

Jeanne Du Rivage and Jason Lavy reported. Jeanne highlighted some of the information in the FIT Program Manager report which included:

- Karen Burrow, FIT Regional Coordinator, has developed a CBA schedule and CBAs are being scheduled.
- There are two Regional Coordinator vacancies in the NE and the SE regions of the state.
- The Part C Application was submitted on May 2, 2018. The FIT Program was awarded \$2,834,707 which is a decrease of \$86,000. The amount is based on NM's population and birth rate which has dropped.
- The FIT Annual Meeting will be held on June 13-14, 2018. Dr. Andy Hsi will be the keynote.

Jason Lavy distributed copies and highlighted some of the data in the FIT Program Lead Agency Report.

ICC PROVIDER PANEL

Kathy Phoenix-Doyle facilitated the Panel. Panel members were: Karen Lucero from Inspirations in Albuquerque, Katie Wylie from Alta Mira in Albuquerque, Felicia y Juarez from Los Pasitos in Roswell, Alisia Johnson from MECA in Roswell, and Libbie Plant from MECA in Hobbs. The panel shared their perspective on the following questions that were provided to them ahead of time:

1. What has gone well for your early intervention program during the past and the current fiscal year (FY17 & FY18)? What do you think contributed to this success?
2. What was a major challenge that your early intervention program faced during this time period? How did you?/How are you addressing this challenge?
3. How can the ICC support resolution of this challenge?
4. What information have you recently learned that is exciting to you/your program?
5. What confusing information have you heard that is concerning to you/your program?
6. How are your regional meetings addressing your questions/concerns?

Panel members were thanked for candid responses. ICC members stated their input was helpful and informative.

Day 2

FIT SERVICE DEFINITIONS & STANDARDS

Jeanne Du Rivage facilitated the review of draft changes to the Service Definitions & Standards. Draft changes were reviewed by FIT staff, ECN staff, Jim Copeland, Marc Kolman and Andy Gomm. The FIT Program's charge is to follow IDEA Part C and the NMAC Standards.

Andy Gomm stated FIT Service Definitions & Standards define FIT services, who can provide services and how services are paid for. NMAC 7.30.8 provides the procedural rules such as the requirements for transition and how to make eligibility determinations. Changes to NMAC 7.30.8 are difficult because proposed changes have to be published and sent out for public comment. It is an easier process to make changes in Service Definitions & Standards. Andy said the role of the ICC is to provide recommendations regarding the proposed changes.

Jeanne Du Rivage stated strikeouts represent language that has been removed and red font indicates new language. She reviewed the changes as follows:

CHILD FIND & PUBLIC AWARENESS

Page 9

- 1st bullet on Child Find and Public Awareness - "Require provider agencies to use standardized FIT print materials in their child find and public awareness standards by adding language to their Provider Agreements".
- 3rd bullet - "tribal communities" and "making" added.
- 4th bullet - "including Native American tribes within those boundaries" added.
- 5th bullet - "as appropriate to family need" added.

ICC Recommendations/Comments/Questions. ICC recommendations are in bold font:

- April Spaulding - **Remove 'adding language to provider agreements'.**
- Kathy Hughes - Is provider training on PE-MOSAA available?
- Christie Guinn - There is mandatory PE-MOSAA training and new training will be available next month. Let Christie know if staff need training as all training requests go through her.
- Lula Brown - Post PE-MOSAA training on FIT Coordinators list serve.

CHILD FIND & PUBLIC AWARENESS SERVICE REQUIREMENTS

Page 9.

- "(up to 45 days prior to child turning 3)" added. No ICC input.

CHILD FIND & PUBLIC AWARENESS AGENCY REQUIREMENTS

Page 10

- FIT Program Provider Managers will now be called FIT Program "Regional Coordinators".
- "Use the FIT supplied template" for annual Child Find / Public Awareness plan.
- Change from an Annual APR to a "Quarterly APR".

Andy Gomm said the FIT Program will provide training on how to run reports in FIT KIDS. Quarterly APRs will support agencies in running and analyzing their data and making needed changes. Jeanne Du Rivage stated we have to keep the term annual.

- Paula Seanez - **Keep the title Annual Report and add a bullet regarding the Quarterly Report and call it the Annual Report Indicators.**
- Celina Waller - **Have APR Quarterly Reports, Child Find and Staff Development plans all due at the same time, not staggered.**
- Kathey Phoenix-Doyle - Will the FIT Program provide training on Quarterly Reports and not have this requirement begin until after the training?

- Joanne Corwin - Will the APR Quarterly Report be for all indicators.

Andy Gomm - A training webinar will be provided. The APR Quarterly Report will include all indicators.

CHILD FIND & PUBLIC AWARENESS STAFFING REQUIREMENTS

Page 10

- Section B. Added "or higher level of certification". No ICC comments.

COMPREHENSIVE MULTIDISCIPLINARY EVALUATION (CME)

Page 12

- Language was added in red font and there were strikeouts to some of the language. These changes were made to increase clarity. There were no ICC comments.

COMPREHENSIVE MULTIDISCIPLINARY EVALUATION (CME) SCOPE OF SERVICE

Page 12

- Language was added in red font and there were strikeouts to some of the language. These changes were made to increase clarity.
- April Spaulding - **Remove 'is' so it reads 'will not be used' in the 4th bullet.**

Page 13

- Language was added in red font and there were strikeouts to some of the language. These changes were made to increase clarity.
- The Newborn Behavioral Observations system (NBO) was added to Approved tools for infants under 1 month of age and there was a knockout of the Infant Toddler Sensory Profile.

Kathleen Cates - Is there a process for FIT approval of 'Other Tools'?

Andy Gomm - A written request for the use of a tool is to be submitted to the FIT Program Manager.

- Marc Kolman - Asked if Andy's comment provided enough clarification.
- Kathey Phoenix-Doyle - **Leave in wording 'Other tools as approved by the FIT Program' and add a statement on how to get other tools approved.**
- Viviana Olivas - **Write the name of the tool first and then the acronym. Add: 'information from the routines based interview process to the section for infants under 1 month of age.'**
- April Spaulding - Can we continue to use both 1 and 2 of the Infant Toddler Sensory Profile?
- Kathey Phoenix-Doyle - Does version 2 cost more than 1?

Jeanne Du Rivage - Yes, you can use both. The cost is the same for both versions.

Karen Lucero - In the section "Other developmental domain specific tools", spell out 1.5 standard deviation and add "or equivalent". The PLS and the Peabody don't report in standard deviations. We are allowed to use more tools than is listed. If you add the language 'or equivalent', providers can use a conversion table. Peabody provides a T score which is the same as a standard deviation.

Andy Gomm - This language was worked on by a committee and is leery of changing the language. Can the ICC refer this issue to the Quality Committee?

- Kathey Phoenix Doyle - Quality committee said this is fuzzy. Providers are having to use informed clinical opinion which limits the child to one year.

- Lula Brown - The Quality Committee is looking at informed clinical opinion and issues around standard deviation.

Jeanne Du Rivage - Can consider adding the criteria for eligibility for each of the tools.

Andy Gomm - Tools can be added without having to change the Standards. FIT can review any tool and approve the use of the tool through a Memo.

Andy Gomm - Informed clinical opinion is a one-time solution. Could say "use informed clinical opinion for infants".

Jeanne Du Rivage - It is hard to determine a percentage of delay for a young baby.

MOTION: Sophie Bertrand made a motion to have the Quality Committee review the use of informed clinical opinion by the November ICC meeting. Janis Gonzales seconded the motion. There were no objections or abstentions. The motion passed.

- Kathey Phoenix-Doyle - The Quality Committee has reviewed this a number of times. Recommendations have been made to the FIT Program but the issues are never resolved.

Andy Gomm - The Quality Committee will make a recommendation to the ICC at the November meeting. They will discuss and vote. The FIT Program can reissue the Service Definitions & Standards after the November ICC meeting.

Jeanne Du Rivage - Informed clinical opinion is the best tool to use for infants.

Lisa Rohleder - Add a bullet to the section that begins "Other developmental domain specific tools".

Page 14

- Language added in red font to provide more clarity on the M-CHAT-RF and on OAE and Tympanometry screening.
- Paula Seanez - **Use the word 'refer' instead of "does not pass".**
- Joanne Corwin - **The correct word is "refer", can use "does not pass/refers on the OAE".**
- Kathey Phoenix-Doyle & Louanne Stordahl - **The machine says "refer".**

Page 15

- There are strikeouts and wording added in red font to improve clarity.
- Camila Gutierrez - Where the wording says 'written in family friendly language', does this also apply to families who speak different languages?
- Kathey Phoenix-Doyle - Google can be used to translate documents into Arabic, Russian, etc.

Page 16

- There are strikeouts and wording added in red font to improve clarity.

Page 17 & Page 18 REIMBURSEMENT FOR CMEs

- There are strikeouts and wording added in red font to improve clarity. When a child is determined eligible, the child's eligibility lasts for one year even if the child leaves and comes back. If they come back within the year, the program will conduct an Evaluation and Assessment (E&A), not another CME.
- If a child wasn't determined eligible and is then re-referred to the FIT Program, a second CME can be conducted with Prior Authorization from the FIT Program. If a child was recently referred, a program may elect to do a screening first before doing an evaluation.

Andy Gomm - This presents a slight billing complication. It takes time and money to make changes in FIT KIDS. FIT will try to find the money and then procure a contract to make changes to FIT KIDS. In the interim, providers will have to submit a paper bill through DOH to cover the cost of the second CME.

- Celina Waller - This leaves it too open. Some second CMEs will go through for some kids.
- Kathey Phoenix-Doyle - If a child has a CME and does not qualify but is referred again in a couple of months, do an E&A first.

Jeanne Du Rivage - We have to be judicious in our thinking. Do we need to add more language so programs are not over evaluating?

Felicia y Juarez - Likes the change but concerned about the abuse of it. If a family goes to a second FIT agency, the agency may do another CME without knowing that the child was determined not eligible at the first agency. We do tell families whose children are not eligible to come back to us if they continue to have concerns about their child's development. Is FIT going to track the number of CMEs a child receives?

Kathleen Cates - if the EI providers were more aware of the assessment tools used in home visiting programs, they could refer ineligible children and their families to the local home visiting program.

- Christie Guinn - There is no prior authorization required for a second evaluation in Medicaid. If you submit to Medicaid, then Medicaid will pay for the second evaluation.
- Andrea Leon- Written information about other local resources should be provided to the family.
- Lula Brown - If a child is determined not eligible by one program and the family then goes to another program, if the second program knows about the first program, records will be requested.

Page 19 FAMILY SERVICE COORDINATION

- There are strikeouts and wording added in red font to improve clarity.
- April Spaulding - **Add a place to write the name of the family on the Public and Private Insurance form.**

Andy Gomm - Some provider agencies are exiting and then transferring a child so the receiving agency has to do the exit.

Jeanne Du Rivage - Jonetta Pacias is cleaning up the ECO documents.

Jonetta Pacias - On transfers only, the agency transferring the child will not have to do an exit ECO. The agency receiving the child will not have to do an initial ECO.

Page 21 AGENCY REQUIREMENTS

Section A.

- There are strikeouts and wording added in red font to improve clarity.

Page 22 B. Staffing Requirements

- Family Service Coordinators must attend the Family Service Coordination trainings within 6 months of hire. Family Service Coordinators must take the non-credit on-line training Parts 1 & 2 every 3 years.
 - Celina Waller - Has the every 3-year training been updated?

Jeanne Du Rivage - Yes, it has been updated.

Page 24 EARLY INTERVENTION

- There is wording added in red font to improve clarity.

Page 25 & 26 EARLY INTERVENTION SERVICE REQUIREMENTS

- Wording highlighted in yellow will be removed as information is addressed in the CME section. There are strikeouts and wording added in red font. There are substantial changes in this section regarding service hours.
- The 10th bullet addresses the IFSP which should be a flexible and fluid document. Family Service Coordinators have reported they are sometimes told what to do by other members of the IFSP team. The FIT Program has decided to keep the 16 hours of service but if the IFSP team recommends more than 10 hours of service, then the new draft *IFSP "Supports and Services" Team Review* form must be completed. This form will require that a designated person at each provider agency review completed forms and sign them. The form is based on key principles and practices.

Andy Gomm - Some provider agencies are not aware that their IFSP teams are asking for more hours of service. In NM, the team lead works with the family and the team. Andy will review completed *IFSP "Supports and Services" Team Review* forms.

- Kathey Phoenix-Doyle - Have all provider agencies been trained on coaching and Family Guided Routines Based Intervention (FGRIB)? By July 1, you are asking all programs to implement something their staff and contractors may not have been trained to do. How will agencies pay their teams to meet and complete this form. Is this a non-billable mandate?

Andy Gomm - Training on how to complete the form will be provided. These are not new concepts. The form asks how families will be supported (coaching) so they can enhance their child's development during routines.

- Kathey Phoenix-Doyle - FGRIB is a new term and new process for therapists. If this form and process is being put in place because of a training issue with some provider agencies, then FIT should provide training to the provider agencies that need it. Prior authorizations are already being approved by the state.

Andy Gomm - FIT is facing a \$2-million-dollar deficit next fiscal year and we have to make some difficult decisions on how we allocate our resources. In one month, over 244 families were receiving more than 16 hours of service. Why do three or four therapists need to provide service to a child and family in the same week? Family Service Coordinators and families are being influenced by other team members to have more services than they need.

- Kathey Phoenix-Doyle - The NM data presented yesterday is already in line with what you are proposing. We were told that we would have reports today on the services being provided by FIT agencies. We need to be able to see planned versus delivered IFSP services. IFSP services tend to go down after the first six months. We are all faced with red line budgets. Not certain if this proposed plan has been fully developed. Every prior authorization has to be approved by the state and should be helping to address the issue.

Andy Gomm - The FIT Program doesn't feel comfortable going against what an IFSP team has recommended. We want to make certain IFSP teams are using a more defined process for determining the type and amount of FIT services that a child and family need.

Jeanne Du Rivage - IFSP teams can use the form to have conversation.

- Kathey Phoenix-Doyle - The assumption is that teams are not already having these conversations.
- April Spaulding - Concerns seems to be about specific agencies and FIT should address these concerns at the agency level and not statewide. We are within the national average. FIT should not be approving prior authorization forms when there is a concern. This new process will create a significant burden on our staff. We can't keep staff. Our average is four hours. I don't want to go to my FSCs and tell them they have to complete this form for any child and family receiving over 10 hours of service.

Felicia y Juarez - The last bullet in red font on page 25 says the FIT Program Regional Coordinator will review and provide monthly feedback on the forms. What is the purpose of this?

Jeanne Du Rivage - The purpose is to give teams training and to track how people are doing in their practice.

Felicia y Juarez - If our Regional Coordinator disagrees with us, will we be told we need to shave hours off an IFSP that is already in place?

Jeanne Du Rivage - No, you will have a conversation. We want to build agency capacity.

Felicia y Juarez - We ran our numbers. We have 11 out of 200 families that will be effected by this. When will this start?

Jeanne Du Rivage - July 1.

Grace Coca - Trying to envision these meetings taking place. It can be difficult to bring a team together especially when there are contractors on the team. If my teams are going to come together and review IFSP strategies and outcomes, it should be billable time and part of TTA.

- **Celina Waller - Have this be a billable part of TTA. Add language in Service Definitions & Standards as to when this will begin.**

Andy Gomm - FIT will need to have a training webinar in place so open to a start date of October 1 instead of July 1.

- Sara Einfalt - As a parent, I know how hard FIT agencies work to provide services. FIT is responsible for approving prior authorizations. It would not be fair to require agencies to do this without training and without being paid for the time it takes.
- Peggy O'Neill - Even if this issue will not affect our individual agencies, ICC provider members are here to represent all FIT agencies. FIT has a responsibility to the agencies that provide FIT services. Provider agencies can't fund a shortfall at the FIT level by not paying our staff and contractors and by continuing to do unfunded mandates.

Andy Gomm - We have to have a solution. The FIT Program has never started a fiscal year with this much of a deficit.

- Peggy O'Neill - How will what you are proposing help the deficit?

Andy Gomm - What is your solution?

- Peggy O'Neill - Set the FIT hours where you think they need to be and then deal with the agencies that exceed those hours.

Andy Gomm - We thought this proposal was more proactive.

- Peggy O'Neill - Don't give providers any more unfunded mandates.

Jeanne Du Rivage - The idea is not to go back and change any IFSPs. Families can still be offered up to 16 hours of service. IFSP teams will have to use the form to justify over 10 hours of service. We are trying to do a better job of looking at our data. Practices within an agency change when people are having conversations at the agency level. This is a reflective approach that we hope will help. FIT is not comfortable sharing individual provider agency data. FIT is open to ideas about how to do this differently. We all want to provide high quality, cost effective, evidenced based services. If your agency is providing 10 hours or less of service on your IFSPs, the this will not affect your agency.

- Andrea Leon - ICC parents and providers are representing out communities in our comments and questions.

Kathleen Cates - How do we notify FIT as to the person from our agency who will sign off on our forms? My child participated in FIT services 17 years ago. It is experience, not just training, that make our service providers excellent. Don't know if this change will buy the FIT Program two million dollars. The solution is to hold the agencies who are exceeding the recommended number of hours responsible.

Alisia Johnson - If the conversation and completion of the form can be billed under TTA, then this should support quality. The form and coaching impacts other areas in the Standards. Training, quality and fiscal impact all go together.

Karen Lucero - Center based group services such as those provided by PEI and PB&J increase the number of hours on IFSPs.

- Sophie Bertrand - Started as a classroom teacher with therapists in my classroom providing services to specific children. I learned so much from therapists such as how to support children on the playground. Part C is a beautifully written law that says services are to help families support their children. FIT is moving to a transdisciplinary process. We have to help families understand the purpose of our services. The IFSP is a place to document decisions. This form is an extension of the IFSP conversation and it can be used to explain why a child and family need a specific number of IFSP hours.

Lisa Rohleder - In Family Service Coordinator (FSC) training, FSCs are asking for tools to support IFSP conversations. When IFSP teams are too big, families can become overwhelmed and may not show.

- Camila Gutierrez - Do we have an anticipated cost saving for implementing this?

Andy Gomm - Cost savings can be hard to measure. We will add more criteria to prior authorization forms and we expect the number of children and families receiving more than 16 hours of service will come down. As IFSP teams look more closely at needed services, then the service hours should come down from 16. If there were no IFSPs with more than 10 hours of service, it would save the FIT Program \$1.8 million dollars. As good stewards of the money, we need to consider this potential cost savings.

- Camila Gutierrez - There is a lot of value in implementing cost savings measures. Need to ask providers how to do this in a way that is not burdensome to them.

Jim Copeland - This is a philosophical change for FSCs and the people who do CMEs. We need to refocus on what the child and family need as opposed to saying we have up to 16 hours so let's use all 16 hours.

- April Spaulding - We all know there is a deficit and we want to be at the table to help figure this out. Providers need to know our voices are heard and valued.
- Sara Einfalt - Likes the IFSP "Supports and Services" Team Review form. The form requires staff to put more thought into the hours of service a child and family need. Is there a way to phase this requirement in? FIT could roll out the training on the process and then require the use of the form.
- Kathey Phoenix-Doyle - Concerned that this was brought forward without data. It is difficult to consider the proposed process without knowing how many agencies and FSCs you are talking about. FIT providers have known about the deficit for five or six years. Our goal is to support the FIT Program. It is critical that we work together. Programs that have good writers will have their forms approved and programs that don't have good writers may have their forms rejected. If there is a \$2-million-dollar deficit, how can FOCUS be implemented? Our staff have not had raises for over ten years. Providers are running businesses so please don't think we don't understand deficits. We are all faced with the same financial stressors. Please work with us and provide the data we need to make recommendations regarding proposed solutions.

Jeanne Du Rivage - This is not necessarily a cost savings measure but a way to support IFSPs teams in thinking about the services a child and family really need. We can run the numbers and present them.

- Celina Waller - Aprendamos has transfer IFSPs from different agencies that have OT, PT and SLP services and we don't have the staff to provide these services. A few years ago, prior authorizations went down to 14 hours and then they went back up to 16 hours. How can we implement the proposal as a layered process with manageable timelines?
- Luanne Stordahl - If FIT could make the Family Guided Routines Based Intervention training a priority, it would help with the proposed process. One of my NMSVI co-workers has a video of a mom helping her daughter take her first step. As service providers, we should be helping families help their children. The first smile, the first word, the first step belongs to the parents, not us.
- Marc Kolman - The conversation has depth. There are a lot of issues, feelings and thoughts about what needs to happen. Change is inevitable. As an ICC, we have a role in answering some of these questions. The proposed process has some anticipated cost savings and it is an appropriate change for the FIT Program.

MOTION: April Spaulding made a motion that a work group be created to review the data provided by the FIT Program and work together on cost savings to be discussed further at the ICC retreat. Camila Gutierrez seconded the motion. After discussion of the motion, Marc Kolman amended the motion by adding the ICC Finance Committee will address the issue in preparation for the ICC retreat. Amanda Gibson-Smith seconded the amended motion. There were no objections or abstentions. The motion passed.

DEVELOPMENTAL DISABILITIES WAIVER

Cassandra De Camp and Vangie Yanez presented a PowerPoint presentation. Copies of the presentation were distributed. The DD Waiver is a Medicaid Home and Community Based Service program for individuals with intellectual and developmental disabilities. An intellectual disability is defined as significantly sub average intellectual functioning that exists concurrently with deficits in adaptive behaviors with onset prior to age 18. An intellectual disability must be identified using a standardized test. A specific related condition is defined as a severe chronic disability, other than mental illness, that meets all of the following: onset prior to age 22, impairment of general intellectual functioning or adaptive behavior similar to that of an individual with an intellectual disability, is lifelong and indefinite, and results in substantial functional limitations in at least three areas of major life activity (self-care, expressive and receptive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency). Registration is different than the actual application packet. Registration can be completed over the phone, in person or by fax. Application packets have to include all required documentation. Documentation can include IEPs, a review of existing evaluation data, medical records, neuropsychological/psychological evaluations and other diagnostics. All documents have to be submitted as per required timelines. Everything that is submitted is read.

A child under eight years of age can be placed in child pend status to collect additional documentation. Once the child is nine years of age, it must be determined if the child is a match. Eligibility workers may request documents every year while the child is in pend status.

Andy Gomm - If a child has a significant developmental delay, can the child be placed in child pend status even if the child doesn't match the definition?

Answer: No.

- Camila Gutierrez - Can families on the DD Waiver waiting list receive respite?

Answer: Yes, if you have the letter, you can access state general funds and receive respite if there is an available respite slot.

Child pend status is not the same as being on the DD Waiver waiting list. The DDS regional offices and the phone numbers for each office were provided. The names and phone numbers of the regional eligibility workers were provided. A contact sheet for all eligibility workers is maintained. Workers are assigned according to the last name of the clients. Every office has a Spanish speaker.

- Luanne Stordahl - When should you apply?

Answer: As soon as a child has his or her social security number.

The Metro region has the longest wait. On average, the wait is about 10.7 years. If a family moves out of state but plans to return, their child should stay on the list. However, the family needs to provide their current contact information. Individuals are closed and taken off the list if the required information is not submitted within the required time frame. DD waiver service can be traditional waiver service or Mi Via waiver services. Services may include therapy supports, private duty nursing, etc. Services depend on the person's needs. Services are based on long term planning that will assist the person in the home and community.

- Kathey Phoenix-Doyle - Do you have a webinar for Family Service Coordinators?

Answer: We will bring the idea back to our bureau chief. All eligibility workers are required to conduct outreach every month.

- April Spaulding - I am developing a DD Waiver training with Jonetta Pacias and PRO.
- Andrea Leon - PRO has just revised the PRO DD Waiver Manual and sent it out for review. What children who meet the criteria and who are in foster care?

Answer: We have an agreement with CYFD. We need a copy of the exparte. The assigned worker will communicate with CYFD and keep a child's name changes and social security number in the child's file.

FIT FINANCIAL REPORT

Deb Vering reported. She distributed copies of the FIT Budget and Expenditure Report that was previously reviewed at the April ICC meeting in Ruidoso. She briefly reviewed FIT revenues and expenditures. The FIT Program has three revenue sources: 06101-General Fund, 06102-18-month federal grant, 06105-Private insurance. A special appropriation of \$1.8 million was received to help cover expenses in FY18. The FIT Program is spending between \$1.2 million and \$1.5 million per month in provider agreements. The Medicaid Match is costing more. FIT is serving more children. For FY20, we are asking for a \$1.4 million base increase. Budget requests have to be presented two years in advance. We are asking for a \$5.1 million base increase to support the rate study. This would pump \$10,000,000 into the system. Andy Gomm wrote an excellent justification for the expansion. We hope this funding increase will come to us in HB2 because it will state the money is for provider rate increases. FIT operates on a small budget of \$80,300 which is mostly used for travel. FIT staff did receive a 2% raise. Andy Gomm and Deb requested and received an extension until July 13 from the Administrative Services Division so providers can be paid in a timely manner and not have to wait until September. Deb is open to suggestions on the fiscal information the ICC needs. Her email address is debbie.vering@state.nm.us.

- Janis Gonzales - What is the percentage of kids reaching their private insurance cap?

Answer: Deb doesn't know. Andy Gomm will run these numbers for the ICC Finance Committee.

FIT FAMILY SURVEYS

Jeanne Du Rivage and Lisa Rohleder reported. Family Surveys were late getting out. FIT had to send more surveys because we had not informed OSEP that we were planning to use a sampling. A survey had to be sent to every family who has been in FIT for six months. Next year, we will report our sampling process to OSEP so they can approve it. Lisa is creating a flow chart and will be asking for field input. In January 2019, Lisa will prep survey materials and order supplies. Surveys will go out in March 2019.

Andy Gomm said families can complete surveys online using Apple and android devices. FIT has to manually enter a couple of thousand surveys into Survey Monkey.

- Kathy Hughes - Who do we contact if we need an extension on this year's survey?

Answer: Lisa Rohleder is the contact.

- Sara Einfalt - Providers will get more online responses if they send a link to their families.

Answer: The FIT Program provides a letter about the survey that providers give to their families.

Angelique Tafoya - Why is the family survey part of the APR?

Answer: Because it is the only tool that we use to measure family outcomes. FIT wants to know if families feel they have the capacity to support their child's development.

Andy Gomm - FIT provides the full data but only has to report to OSEP family responses to the three questions. The target of 20% provides a good sampling.

Jonetta Pacias - Providers can use this data for quality improvement.

FIT SERVICE DEFINITIONS & STANDARDS (cont'd)

Page 27 & 28 EARLY INTERVENTION

B. Staffing Requirements

- There are strikeouts and wording added in red font to improve clarity.

Page 29 REIMBURSEMENT

- There is wording added in red font to improve clarity.

April Spaulding - The correct hourly rate for Home & Community Individual rate is \$105, not \$108.

Pages 31, 31, & 33 REIMBURSEMENT

- There are strikeouts and wording added in red font to improve clarity.

MOTION: *April Spaulding made a motion to table the addition to the Standards regarding the 10-hour guidance until further discussion at the next ICC meeting. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.*

Jeanne Du Rivage said she thought she heard that the 10-hour proposal and form would be acceptable if teams could bill under TTA.

- April Spaulding - If we are billing TTA, we are not saving money and this will be burdensome to providers.

Jeanne Du Rivage - This is not being proposed as a cost savings measure. It is being proposed as a way to review utilization and support learning and training.

MOTION: *Sophie Bertrand made a motion that the ICC adopts all the changes to the Service Definition & Standards that FIT proposed. There was no second. The motion died.*

MEETING ANNOUNCEMENTS

- April Spaulding - Attended the ASQ meeting but there is nothing that would affect the ICC to report on.

ICC FUNCTIONING

What Worked

- Provider Panel was invaluable
- Venue
- Nice to hear new voices giving input
- NMSVI presentation on Orientation & Mobility for Birth to Three
- Receiving documents prior to the meeting
- Snacks

What Needs Improving

- Don't schedule ICC meetings the day after a holiday
- Data available to support decision making
- Comment cards for ICC guests
- Microphones so people can hear speakers
- ICC guests to stand up and identify themselves when providing comments

MOTION: *Peggy O'Neill made a motion to adjourn the ICC meeting. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed. The meeting was adjourned at 3:21 pm.*

FOLLOW-UP MEETING RECOMMENDATIONS/TASKS

RECOMMENDATIONS/TASKS for FIT PROGRAM	STATUS
Provide requested data to support ICC meeting discussion and decisions and ICC Finance Committee work	
Add a place to write the name of the family on the Public and Private Insurance form	
Andy Gomm to run the numbers on children exceeding their private insurance cap and provide this information to the ICC Finance Committee.	

RECOMMENDATIONS/TASKS for ICC MEMBERS or ICC COMMITTEES	STATUS
Post PE-MOSAA training on FIT Coordinators list serve	Posted on 6/1/2018
Quality Committee to review use of informed clinical opinion by the November ICC meeting	
ICC Finance Committee to review data to be provided by the FIT Program and work on cost saving strategies to be discussed at the ICC retreat.	