



ICC April 2019 Meeting Minutes

MEMBERS PRESENT

Kathey Phoenix-Doyle, Andrea Leon, April Spaulding, Nikki Ornelas, Julie Maner, Celina Waller, Marc Kolman, Lula Brown, Sophie Bertrand, Catherine Quick, Felicia Juarez, Vanessa Skrehot

PROXIES

Celina Waller Proxy for Amanda Gibson-Smith, Vanessa Skrehot Proxy for Christie Guinn, Jessica Sanchez Proxy for Naomi Sandweiss, Karla Sanchez Proxy for Joanne Corwin, Lula Brown Proxy for Kathy Hughes, Sophie Bertrand Proxy for Paula Seanez, Marc Kolman Proxy for Janis Gonzales, Nikki Ornelas Proxy for Carmen Armenta, April Spaulding Proxy for Angelique Tafoya

MEMBER ABSENT

Sara Einfalt, Justine Stewart, Camila Gutierrez

WELCOME/INTRODUCTIONS/AGENDA APPROVAL

Damian Houfek, ENMRSH president and CEO, welcomed ICC members and guests. ENMRSH started providing services in 1971. ENMRSH has 320 employees and serves over 600 individuals each month. ENMRSH provides services and supports to children and families, and to adults. Damian commended the ICC for their work on behalf of New Mexico's children and families.

Kathey Phoenix-Doyle, ICC Co-Chair, thanked ENMRSH for hosting the ICC meeting. ICC members and guests introduced themselves. Kathey reviewed the ICC's Public Comment and Community Input processes. She asked for a motion to amend the meeting agenda by moving the Quality Committee Report to before the Lead Agency Report so the ICC could discuss the Quality Committee's input to FIT Service Definitions & Standards. ***MOTION: April Spaulding made a motion to move the Quality Committee Report to before the Lead Agency Report. Nikki Ornelas seconded the motion. There were no objections or abstentions. The motion passed.*** Deb Vering informed the ICC that she, Jeanne Du Rivage and Marc Kolman would have to attend a webcast from 1:00 to 2:00 pm. Kathey Phoenix-Doyle stated this would not affect the agenda.

ENMRSH EARLY INTERVENTION PROGRAM PRESENTATION

Jessi Stockwell, the ENMRSH Quality Assurance Manager presented. ENMRSH serves the counties of Guadalupe, Quay, De Baca, Curry and Roosevelt. Early childhood services include FIT early intervention services, respite, home visiting, and infant mental health. ENMRSH provides developmental screenings at no cost and community education. Early intervention, home visiting and respite services and supports provide

continuity of care for children and families. ENMRSH has developed strong community partnerships and works collaboratively with families, medical professionals and MECA. The biggest challenge is staff turnover.

MECA EARLY INTERVENTION PROGRAM PRESENTATION

Alisia Johnson presented. Alisia thanked ENMRSH for their work. The joint services provided by ENMRSH and MECA help assure that children and families are not missed and receive needed services and supports. MECA has been providing services for twenty years. Services include birth to three early intervention services and outpatient clinic services for children three to twenty-one in Roswell, Clovis, Hobbs and Las Cruces. MECA is committed to providing resources and services for families and children in rural areas. Services support positive outcomes for children, families and the communities in which they live. We are seeing a big rise in children with autism. MECA staff are dedicated and work diligently to provide quality services, processes and supports.

APPROVAL OF CONSENT AGENDA

Kathey Phoenix-Doyle asked for a motion to approve the Consent Agenda which consisted of the ICC January meeting minutes and the ICC Financial Report. ***MOTION: Celina Waller made a motion to approve the Consent Agenda. Nikki Ornelas seconded the motion. There were no objections or abstentions. The motion passed.***

ICC PARENT PANEL

Jessica Sanchez from PRO introduced Ethan, Rachel and their daughter, Arabella. Their son, Owen, was diagnosed in Lubbock, Texas shortly after his birth. Owen is now six and in public school. While in early intervention, Owen had speech, physical and occupational therapy, and vision services. All the early intervention services and supports that Owen and our family received were instrumental in helping Owen make developmental progress. The therapists and our Family Service Coordinator were incredible. We would not have changed anything about our team or our services. We were involved in all aspects of our service delivery. We were supported in setting realistic goals. Owen has just started crawling. At times there were scheduling conflicts but our team was supportive and understanding. Owen's transition to the three-year-old program was seamless. He loves school. Owen does not talk and we learned how to communicate with him and interpret his communication in early intervention. Owen should be able to walk independently by 3rd grade.

Lulu introduced herself. Her daughter Anna is now almost four years old. Anna did not pass her newborn hearing screen. She also had a lot of ear infections. Anna did not use many words and her speech was difficult to understand. When she was 2 and ½, we went to an audiologist in Albuquerque. Anna was diagnosed with a fluctuating mild to moderate hearing loss. PE tubes were inserted. Anna is a "bundle of sass" and she can

advocate for herself. The transition from early intervention to the three-year-old program was smooth. Anna's teacher uses an FM system in classroom as Anna still has a fluctuating hearing loss. I am also an aunt to two nephews who were diagnosed with autism. One of my nephews is now in regular kindergarten because early intervention helped him so much and he was diagnosed so early. If I could change anything about Anna's early intervention services, it would have been to access them earlier.

Rachel introduces herself. She is the mother of five children from fifteen months to twelve years of age. Her fourth child did not pass her newborn hearing screen. She was a happy and healthy baby but she did not respond to sounds like Rachel's other children did. She was diagnosed with auditory neuropathy and is profoundly deaf. She wears bilateral hearing aids. Early intervention services gave her the foundation from which to excel. Sophie – transition from EI into preschool.

Questions/Comments:

- Julie Maner – Wonderful to hear that early intervention supports and services were beneficial.
- Sophie Bertrand – How was the transition from early intervention into preschool?

Parent Responses:

Rachel (first mom) – Our Family Service Coordinator made the transition smooth. She explained everything to us. We had no issues with transition. We had the same Family Service Coordinator for both Chloe and Owen.

Rachel (second mom) – Services have always been complicated. Our daughter's primary language is ASL. There are limited support services in rural NM. We had to relocate to Santa Fe for five years to attend the preschool. When we came back home, the transition was so overwhelming that we are still dealing with it. We are home schooling her.

Lula – Our transition was smooth.

Kathey Phoenix-Doyle thanked the members of the Parent Panel for coming and sharing their experiences with the ICC.

ICC PARENT PANEL REFLECTION

- Options for children who are deaf or hard of hearing living in rural areas may be limited.
NMSD has preschools in Santa Fe, Farmington, Gallup, Las Cruces and Albuquerque. NMSD offers housing in Santa Fe at no cost for a limited number of families of children birth to age 6. Children can go to school at NMSD in Santa Fe, live on campus with dorm counselor supervision, and be bused home each weekend. There are also a number of day students who go to school at NMSD in Santa Fe from as far away as Belen and Taos. NMSD offers statewide, home based early intervention services to children birth to age 6. All communication options are available in NMSD's early intervention program.

- Family Guided Routines Based Intervention is making a difference in how families report their involvement in their early intervention services.
- Transition was smooth and effective.
- Families were validated by their early intervention staff.
- Families were honest about scheduling issues and the impact of these issues on services.

Quality Committee Report

Lula Brown, Quality Committee Co-Chair presented. The Quality Committee provided input to the *FIT Service Definitions and Standards* as requested by the FIT Program and outlined in the Quality Committee's Action Plan. The ICC was emailed a copy of the committee's input to the *Service Definitions and Standards* document. Committee input to the document is shown in red font, strikeouts, and yellow highlights. The ICC was also emailed a copy of a six-page document that contained the committee's input to pages 9, 10, 12, 13, 16-18, 20, 23, 24, 27, 31, 35, 37, 38, and 40 of the *FIT Service Definitions and Standards* document. Pages 4-6 of the six-page document included notes on the committee's discussions regarding the IDA, collaborative consultation, tools for infants under one month of age (adjusted) and over one month of age, and telehealth. The Quality Committee will continue discussing the topics on pages 4-6 in future meetings.

MOTION: Marc Kolman made a motion that all public awareness materials must adhere to the NM FIT Program branding and communication guidelines. 2 ICC member voted in favor of the motion. 16 ICC members opposed the motion. There were no abstentions. The motion did not pass.

Jeanne Du Rivage – All FIT provider agencies are part of the statewide system of early intervention services.

- Andrea Leon – Is the ICC making a recommendation to FIT that we delete the language in the standards related to the branding campaign?
- Marc Kolman – Willing to amend the motion to state that the FIT PowerPoint will be used but the language statements are not required at this time.

MOTION: April Spaulding made a motion that FIT remove the branding language from the Service Definitions and Standards and revisit the language at a later date. Felicia Juarez seconded the motion. There were no objections or abstentions. The motion passed.

MOTION: Marc Kolman amended his previous motion to state that all public awareness materials must adhere to the most recent NM FIT Program branding and communication guidelines and the FIT Service Definitions and Standards will reference the language on the FIT website and the use of the FIT PowerPoint Presentation. Sophie Bertrand seconded the motion.

Discussion of the Marc Kolman's amended motion:

Jeanne Du Rivage – Grace Coca used the FIT PowerPoint and it went well. As provider agencies use the PowerPoint, email Jeanne any recommendations for change.

- Marc Kolman - FIT provider agencies are all the FIT Program and the FIT Program is part of a larger organization. Branding is used to create an impression and tie people as to what the intentions are. The branding information has already been presented to the ICC. The Communication Committee worked on the document. We are ready to launch. There will a May 15 webinar. FIT needs to know how to reference the branding campaign in Service Definitions and Standards.
- April Spaulding – Why do we need to add language about the FIT Program branding and communication guidelines in the ***Service Definitions and Standards*** at this time?

Jeanne Du Rivage – What is the concern with the cost? Is it the cost for typesetting the new logo?

- April Spaulding – For a small agency with no IT department, we will have to outsource changes to our documents. Changes will also have to be put on our social media. We just re-did our brochure and printed thousands of copies. Our entire brochure will need to be reformatted to encompass the changes. Our agency can do an analysis of the costs.

Deb Vering – It makes sense to wait until the new department is formed as they will develop their own branding. In July 2020, FIT providers will be under contract with the new department.

- Felicia Juarez – Are there any anticipated complications from delaying compliance with the branding and communication guidelines?
- April Spaulding – Has no issues with the branding campaign. Concerned that there may be significant costs to changing agency brochures and social media. Was there input from providers on the branding and communication guidelines?

Jeanne Du Rivage – Doesn't know if provider input was obtained.

- Celina Waller – Will the FIT branding and communication guidelines be available as part of the FIT Service Definitions and Standards?
- Marc Kolman – The guidelines are posted on the FIT provider section of the website.

MOTION: April Spaulding made a motion to table Marc's amended motion until the Quality Committee's Report is completed. Julie Maner seconded the motion. There were no objections or abstentions. The motion passed.

- Sophie Bertrand – Commended the work of the Communication Committee. The committee provided some nice guidance for the ***Service Definitions and Standards***.
- Lula Brown – The Quality Committee will meet in May. Anyone is welcomed to attend. The committee will continue to discuss telehealth and will obtain parent input regarding telehealth. Lula commended Randi Malach for her work as a member of the Quality Committee.

Jeanne Du Rivage – Amplified Therapy piloted telehealth services to families in rural areas and wrote a report.

MOTION: April Spaulding made a motion to approve the Quality Committee's Report. Nikki Ornelas seconded the motion. There were no objections or abstentions. The motion passed.

FIT SERVICE DEFINITIONS AND STANDARDS

Jeanne Du Rivage presented a PowerPoint presentation. The ICC Quality Committee provided input on policies and formatting. Jeanne highlighted the following changes:

- Page 12 – Use “must” instead of “should” regarding evaluator background and working knowledge of early childhood development and families, and evaluator training in FIT evaluation and eligibility procedures. Evaluator competencies need to be developed along with an “alternative pathway” to demonstrate evaluator competencies. FIT is partnering with ECN because the IDA 1 is on the portal. Do we need to redo the training? An online training does make an evaluator competent. The ICC Work Force Committee is also working on this
- Page 12 - CME – Requiring the NMSD two-hour hearing screening training and the additional one-hour practice with the OAE (certificate will be provided). Joanne Corwin will draft the language. Proposed language: Hearing screening are a required part of the CME process and annual re-eligibility. Any personnel conducting hearing screenings must be trained in the use of the equipment and completion of the New Mexico Hearing Screening Tool. Personnel will be identified as “qualified” to conduct hearing screenings after they have received a certificate indicating that they have completed the Hearing Screening Administrator's Training. Other information and refresher training are available to assist in the development and maintenance of screening skills. (Please contact NMSD to schedule any of the aforementioned trainings).
- Page 13 – CME - Add the Hammersmith Neurological Evaluation (HINE) and General Movement Assessment (GMA). Both require a high degree of training. HINE is the tool that the CP Taskforce is looking at. The HINE can be used to

determine if a child as young as five months is at risk for CP. Informed clinical opinion moved to page 16. Pages 16-17 added explanations of M-CHAT RF. (Randi Malach wrote up an explanation of how to interpret the M-CHAT and how to make use of it).

- Page 18 – FSC: Service Requirements – Leave “child”, take out “family”.
- Page 23 – FSC - Freedom of Choice form to post to the portal and use the form for transfers from one county to another.
Page 24 – FSC - Add prior to the age of 3 to make it more specific. Transfer language adding signed release and Freedom of Choice.
- Page 30 – Early Intervention – Take out old Prior Authorization. New process.
- Page 31 – Early Intervention – Add Oregon Project Skills Inventory to list of approved ongoing assessment tools and screening for Autism.
- Page 37 – Transdisciplinary Team Consultation – Move from CC to TTA: when there is a team of EI personnel providing ongoing services and an FSC....
- Page 9 – Branding – Under Service Requirements, group identify as the FIT Early Intervention System and Individual agency identification. New language will also be in the next provider agreements. May webinar. Guidelines and presentation documents are at <https://nmhealth.org/publication/view/guide/4876/>
Don't want providers to print new materials until FIT is under the new department.
- Page 40 – Telehealth – The goal is increased access to services. Recommend removing requirement for a direct service provider to be in the home for each session. Medicaid does not require this, and some rural providers have said this is burdensome. Add for the first visit and possible 3-4 times a year?? Ellen Pope will be working on this and reviewing documents from CO and other states.

Questions/Comments:

- Andrea Leon – Speaking as a parent, I am not comfortable with a provider on the screen but no provider in the home to help guide the parent in the use of skill/strategy being shown by the provider on the screen. Parents don't know what we don't know. I would not feel supported as a parent and would not think the services would address my child and family needs. It is difficult to use techniques such as positioning when parents are not being shown the techniques in person. The provider on the screen is missing out on the family interaction during the visit as other family members may not be visible. Families need a provider in the home.

Jeanne Du Rivage – Can include a statement that parents can specify if they want a provider in the home. Amplified Therapy in Catron County can travel 6 hours for one home visit.

- Andrea Leon – Telehealth makes sense for the providers but not for families. PRO could facilitate parent focus groups to discuss telehealth and provide input. PRO could work with FIT provider agencies who are using it. The use of

telehealth should be done in stages with parent and provider input as to strengths and challenges at each stage of implementation.

- Nikki Ornelas – Will telehealth be rolled out in stages?
- Julie Maner – Jeanne Du Rivage said it would be a continuum of services. Families could start with home visits and then move to telehealth. Home visits would always be available and offered.

Jessica Sanchez – What about families who don't have a laptop and who can't afford Internet services?

Jeanne Du Rivage – Providers could bring a hotspot.

- Lula Brown – Please refer to page 5 & 6 in the Quality Committee input document. The Quality Committee is having intense discussions about telehealth.
- Vanessa Skrehot – Medicaid rules are not easily changed and it takes time to make changes.

Jeanne Du Rivage – FIT rates are set by location so providers can only bill the center based rate for telehealth services.

- Marc Kolman – This is an interesting and rich conversation. We have telehealth in our FY19 standards. What changes do we need to make for next fiscal year? Look for the Medicaid reference in the standards that states we need to follow Medicaid instructions. Parent input is very valuable. The use of telehealth is not the question, how to implement telehealth to provide effective services is the question.
- Kathey Phoenix-Doyle – The Quality Committee has asked a lot of the same questions and the committee thinks the telehealth process needs to be slowed down and wait for another year before starting implementation. The Quality Committee also did not have a parent representative that could be at their meeting. Focus groups are an excellent idea. Bandwidth is an issue. A physical therapist on a screen does not get an actual picture of movement because the movement gets slowed down. It may be less of an issue for an SLP.
- Celina Waller – Telehealth is on page 40 of the draft Service Definitions and Standards documents. Agencies need more HIPAA compliant procedures on videotaping and video storage.
- Vanessa Skrehot – There is a policy, 8.310.0 telehealth code.
- Julie Maner – NMSBVI has done a handful of telehealth visits. An example was the use of telehealth to provide a Spanish translator for a Spanish speaking family.
- April Spaulding – The Quality Committee has had more in-depth conversations on telehealth and they are asking that the process be slowed down.

Jeanne Du Rivage – A telehealth video visit is equal to a regular visit.

- April Spaulding – How will providers track which visits were in person and which visits were telehealth visits?

Roberta Flores - Can Amplified present information and data as to their telehealth successes, challenges and the eligibility categories of children they were working with? Having this information and data would be helpful to the Quality Committee and to the Parent Focus Groups.

- Lula Brown - The Quality Committee will be developing a survey to obtain parent input. The committee would like to know what training would look like for providers using telehealth. The committee would also like ongoing parent feedback as to how telehealth is working for their child and family.
- Vanessa Skrehot – There needs to be more discussion as to how bill Medicaid for telehealth services. Telehealth licensure is required when the provider is out of state and the family is in NM.
- Sophie Bertrand – The ICC has already voted to accept the Quality Committee Report in which the Quality Committee asked that the telehealth process be slowed down.

Jeanne Du Rivage – Telehealth is not about making it easier for providers but increasing access in rural areas. Families are being told they can't get a service.

- Julie Maner - New Mexico is the 5th largest state. Telehealth can be one of the solutions to a lack of services in rural areas.

ICC COMMITTEE REPORTS

Communication Committee - Marc Kolman reported. The Communication Committee has not met since the last ICC meeting.

Work Force Committee – Sophie Bertrand reported – Work Force is reviewing the DS certification process. Hyacenth Sedillo from FIT and Clarisa Franco from La Vida will look at what other states are doing.

Jeanne Du Rivage - CNM will have a representative attend Work Force Committee meetings.

Legislative Advocacy Committee – Nikki Ornelas reported. The committee accomplished a number of achievable starter goals during the Legislative session including the support of bills specific to early childhood, talking with legislators, and the dissemination of legislative information to parents and providers. The committee is working to identify better ways to support understanding of the DD Waiver. Lisa Rohleder has been helping the committee. The next meeting is in May. The committee is looking for additional members.

Jeanne Du Rivage – FIT staff met with Marianna Padilla about openings on the ICC. There will be going conversations with her.

Finance Committee – April Spaulding reported. The Finance Committee has had productive meetings with representation from FIT providers, parents, HSD and FIT. Jason and Andy provided a spreadsheet with a breakdown of possible rates. The committee was charged with helping FIT staff brainstorm how to spend the new funding. The focus has been on a 15-minute unit for FSC. We still don't know enough to be in favor of this so we want to stay with one unit a month. The committee voted yesterday. The committee recommended the following unit rates to the full ICC for endorsement:

1. Individual Home/Community: increase from \$27 to \$29
2. FSC: increase from \$160 to \$180
3. CME: increase from \$630 to \$660
4. Individual Center (Team Consult/ TTA): increase from \$13.50 to \$18.50
5. Center Group and Home and Community Group: Remain at current rates

The Finance Committee also recommends that the option to move FSC to a 15-minute unit continue to be researched in order to make an informed decision that will be best for providers and services across the state. We need providers to enter all FSC data into FITKIDS in order to better understand the impacts of shifting to a 15-minute unit for FSC. Members of the Finance Committee will be available for the 1st day of the FIT annual meeting to support FIT staff with this request.

Questions and Comments:

Jeanne Du Rivage – Vanessa Skrehot and Christie Guinn will present the ICD-10 Codes at the FIT Annual meeting.

- Celina Waller – How can we ensure that providers enter this FSC information? Do we need to set up a time frame for providers?
- April Spaulding – The details have not been worked out.

MOTION: Celina Waller made a motion to accept ICC Committee Reports. Felicia Juarez seconded the motion. There were no objections or abstentions. The motion passed.

FIT REPORT

Jeanne Du Rivage reported. Jeanne emailed the report to the ICC prior to the meeting. She highlighted the following information from her report:

- Hyacenth Sedillo is the new NE Regional Coordinator.
- Andy Gomm has applied to be the new Preschool Development Grant Director.
- A kickoff for the Preschool Development Grant will be held on May 1 in Albuquerque. The Preschool Development Grant went to UNM.
- CBAs are up to date and going well.
- The FSC list serve has been launched

- \$2.6 million was received for the Rate Increase. The Finance Committee provided input as to how FIT might adjust the rates.
- FIT Annual Meeting will be held on June 12-13 at the Albuquerque Hotel in Old Town.
- Family Outcome Surveys were sent out on March 15. The online survey will be available from April 1-May 17.
- The Transition Guidance Document is complete and available on the UNM portal at <http://www.cdd.unm.edu/ecln/Transition/index.html>
- Professional Development Activities include: Completing the coaching training with Ellen Pope. EI practices training will start in April. Roll out plan is to teach lead coaches first. There will be agency stipends to pay for travel and logistics. Cathy Riley and Lisa Rohleder are reformatting the FSC training. FSCs learn best through mentoring, not just attending a training. Plan is for FSCs to take a module, then shadow someone. IDA training will be updated to include the IDA 2. The Developmental Specialist manual will be updated.
- Proposed professional development ideas for the coming fiscal year.
- APR was submitted to OSEP. The final version was due 4/18/2019.
- Part C Application is due 5/3/2019. State's birth rate is low so our grant has been decreased.
- Marianna Padilla is the new Children's Cabinet Director.
- The FIT Program audit public report will be presented on 5/8/2019 at the Roundhouse.

LEGISLATIVE UPDATES

- Kathey Phoenix-Doyle – Lot of rumors about the new department.
- Sophie Bertrand – 10 Focus Groups of staff and families are being held across the state to give input on the new department. Registration closed quickly so many interested stakeholders were not able to register.
- Celina Waller – Asked what the Plan of Safe Care Bill (House Bill 230) might mean for FIT Programs.
- Kathey Phoenix-Doyle – Our role will remain the same in that we will continue to provide support to families. Specific questions should be addressed to Jeanne Du Rivage.

UPDATES ON OTHER EARLY CHILDHOOD COMMITTEES/TASK FORCES

April Spaulding attended the ACQ meeting on April 11. Jim Copeland has stepped down from the DDSD Director position. Jason Cornwell is the new acting director of DDSD. There was much discussion regarding the upcoming Supports Waiver. This waiver is currently in the early design phases and is intended to be a stepping stone to the full DD Waiver program. Services and costs have not been finalized. According to DDSD, there are an average of 29 children added to 'Child Pend' status each month. This status is relevant to FIT as children receiving FIT services are typically placed in 'Child Pend' status due to age. Please note that even if a child is placed in the 'Child Pend' status,

the date of registration is honored. DDSD will be at the PRO Conference for a panel discussion regarding the DD Waiver. They will highlight several items related to DDW services such as the waiting list, what parents can expect when allocated, etc. Nikki Ornelas will work with DDSD and FIT on getting DD Waiver information out. A lot of good work happening.

ANNOUNCEMENTS

- Kathey Phoenix-Doyle – There will be an annual meeting of State ICC chairs and staff in July in Virginia. The ICC Co-Chairs, the Co-Chairs Elect, and the ICC Coordinator would like to use ICC funds to attend the meeting. **MOTION: Julie Maner made a motion that ICC funds will be used for the ICC Executive Committee to attend the OSEP meeting in July. Nikki Ornelas seconded the motion. There were no objections or abstentions. The motion passed.**
- Julie Maner – The CP Task Force Memorial passed. No funding was included. The Task Force is looking for funding and grants to provide statewide training. Funds from the Preschool Grant may be a possibility. The Task Force will soon be on the CDD website.
- Andrea Leon – PRO just completed its 15th Annual Leadership Conference. 477 parents registered for conference. Shiprock sent 50 parents. There were 40 break-out sessions. A lot of families connected to FIT attended. Thanks to FIT providers who helped families fill out the scholarship paperwork. The keynote was phenomenal.
- Kathey Phoenix-Doyle – Suggested that the ICC have a table at the Annual Meeting. Participants could write down their questions about the ICC and FIT. Opportunity to engage more community providers in ICC work. It is also an opportunity to ask FSCs to document all their work including their non-billable work.
- Lula Brown – An ICC table at the Annual Meeting is a great idea. The work this group does is amazing. A table will help providers know who we are and what we do. Lula will help staff the table.
- Felicia Juarez – Will help staff the table.
- Sophie Bertrand – ICC members could be identified on their name tags.
- Felicia Juarez – How many agencies need to input their FSC hours? We could have a sign-up list of agencies/FSCs willing to record their total FSC hours in FIT KIDS.
- Celina Waller – Include a list of ICC Committees and what each committee is working on.
- Kathey Phoenix-Doyle – Important for people to know they can participate on ICC Committees via ZOOM.

Jeanne Du Rivage – Will check on the availability of an ICC table because there is a limit of ten tables.

LEAD AGENCY REPORT

The FIT Program Lead Agency Report was completed by Jason Lavy, FIT Data Manager and emailed to the ICC. Jeanne Du Rivage reported that some parts of the report are updated quarterly and some parts, such as Tribal information, are updated yearly. The FIT Program served 7,873 children in March. The average cost per child is up slightly. The FIT Program is continuing to grow.

FIT BUDGET AND EXPENDITURE REPORT

Deb Vering reported - It was a wonderful legislative session. The FIT Program received almost \$8 million dollars in additional funding. Deb reviewed the sections of the report. The first section is revenue. The second section is expenditures. FY20 growth has leveled off a little bit. Large expenditures in the months of March, April, May, and June. So far, FIT is experiencing a 5% growth rate. FY20 will have a bit of a jump in salaries and benefits because FIT is hiring a trainer. In FY 19, even with the supplemental, FIT will still be short \$1,975,582 dollars. FIT providers are always paid before HSD. In FY20, the projected shortfall after the base increase will be \$3,044,781 dollars. Deb has asked the DOH to project FIT's budget for FY21. If there are any federal funds remaining, they can be re-budgeted to the next fiscal year.

The report does not include the projections for the rate increases. Deb will present these at June ICC meeting. She will also report the revenue FIT receives from Medicaid at the June ICC meeting. FITS operating costs (postage, travel, gas) are low. FIT runs on a budget of \$83,600.

Question/Comments

- April Spaulding – Asked Deb how can the Finance Committee help.

Deb asked if the Finance Committee could meet in May. Deb has to submit the budget by September 1st. Medicaid needs numbers by May 30th to do the state plan amendment. The Finance Committee's input to FIT was to go with Option 4 and stay within the \$2,600,000. We don't know what this will mean in the long term. The ICC will need to go to legislature and advocate for addition funding for rates.

MOTION: Nikki Ornelas moved to accept the Lead Agency Report and the FIT Budget and Expenditure Report. Celina Waller seconded the motion. There were no objections or abstentions. The motion passed.

Jeanne Du Rivage – We don't know the impact of HB230 yet. Susan Merrill from CMS will do a presentation at the FIT Annual Meeting. Andy Gomm will connect with the J Paul Taylor Task Force to discuss the potential impact. The bill will decriminalize families and babies will have a safe plan. Case managers at hospitals may be responsible for developing the safe plan.

MEETING FUNCTIONING

What Worked:

- Meeting space and ENMRSH hospitality
- Opportunity to travel to this region
- ICC members were active participants
- Rich discussion on difficult topics
- Quality Committee work
- Finance Committee work
- Parent Panel
- Hearing that the benefits of early intervention services continue after transition
- Presentations by ENMRSH and MECA Clovis
- Input and expertise of ICC Committee members

What Needs Improving:

- ICC member attendance!!!

Kathey Phoenix-Doyle asked ICC members and guests to fill out a meeting evaluation form. She asked for a motion to adjourn the meeting. **MOTION: Nikki Ornelas made a motion to adjourn the ICC meeting. Felicia Juarez seconded the motion. There were no objections or abstentions. The motion passed.** The meeting was adjourned at 3:07 pm.

FOLLOW-UP MEETING RECOMMENDATIONS/TASKS

RECOMMENDATIONS/TASKS for FIT PROGRAM	STATUS
FIT to remove branding language from the Service Definitions and Standards and revisit at a later date.	
FIT to slow down the telehealth process to allow time for parent focus groups and more study.	
FIT to provide the ICC with a table at the FIT Annual Meeting.	

RECOMMENDATIONS/TASKS for ICC MEMBERS or ICC COMMITTEES	STATUS
ICC Executive Committee to plan ICC table at FIT Annual Meeting.	