

INTERAGENCY COORDINATING COUNCIL (ICC)



APRIL 13, 2011 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Lisa Chavez, Karen Lucero, Jim Copeland, Cindy Faris, Andrea Leon, Mette Pedersen, Ida M. Tewa, Arlene Waters, Lourdes Vizcarra, Stephani Greathouse, Robin A. Wells, Jyl Adair.

PROXIES PRESENT

Mette Pedersen Proxy for Jane Larson, Lourdes Vizcarra Proxy for Tiffani Lovell, Ana Torres Proxy for Joanne Corwin, Jim Copeland Proxy for Anna Otero Hatanaka, Andrea Leon Proxy for Jan Winslow, Cynthia Mantegna Proxy for Janis Gonzales, Robin A. Wells Proxy for Paula Seanez.

MEMBERS/APPOINTEES ABSENT

Nancy Treat, Cathy Salazar, Maria Varela, Joseph Sanchez, Senator Gerald Ortiz y Pino, Cathy Stevenson, Jaime Diaz.

OVERVIEW

Lisa Chavez, ICC Co-Chair, welcomed members and guests to the meeting. Lisa asked for introductions. Damian Houfek, ENMRSH Executive Director, welcomed members and guests to the agency. ENMRSH has provided services to children and adults since 1971. The agency employs over 350 service providers. Services provided to children and adults include the early intervention program, an autism program and the adult program. Damian commended the FIT Program for being well run, well organized and for the excellent communication FIT maintains with agencies.

ENMRSH Presentation

Lula Brown, ENMRSH Early Intervention Program Director, provided a brief history of ENMRSH's early intervention services. Lula expressed appreciation for the years of leadership provided by the previous early intervention program director, Erin Wood. ENMRSH provides excellent services to children/families and to the community. ENMRSH was the first agency funded by the DOH to provide services to children and adults in Eastern New Mexico. The agency is currently serving 429 children and their families in a five county area. ENMRSH employs three (3) Intake Service Coordinators, twenty (20) Service Coordinators / Developmental Specialists. ENMRSH also contracts with sixteen (16) SLPs, five (5) OTs, 1 COTA, three (3) PTs, and seven (7) respite providers. The ongoing Service Coordinators/Developmental Specialists have caseloads of twenty (20) plus children/families. 43% of children/families served live outside the Clovis area. Early intervention staff travels approximately 5,600 miles per month to provide services. Agency challenges include recruiting/retaining qualified staff to serve a rural population and the costs associated with

providing services in rural areas. ENMRSH works with 15 school districts when transitioning children.

MECA Presentation

Madison Eldridge, Intake Coordinator, presented. Madison distributed an information folder. MECA's mission is to celebrate the cultural backgrounds of all people and to make a difference in the lives of the individuals and communities served. MECA has a satellite office in Clovis and the main office is in Las Cruces. The agency has 100+ service providers and provides the following services: physical therapy, occupational therapy, speech therapy, special instruction and service coordination. MECA has seven (7) Developmental Specialists/Service Coordinators working in the Clovis area. The agency's pediatric programs include Early Childhood Services for children ages birth to three and a Children's Outpatient Clinic for children over the age of three.

ICC MEETING AGENDA

Lisa Chavez asked for approval of the meeting agenda. ***MOTION: Robin A. Wells moved to approve the meeting agenda. Jyl Adair seconded the motion. There were no abstentions or objections. The motion passed.*** Andy Gomm stated IDA kits for providers in the region would be distributed during the lunch break.

CONSENT AGENDA

Lisa Chavez asked for approval of the January ICC Meeting Minutes. ***MOTION: Cindy Mantegna made a motion to approve the January ICC Minutes. Arlene Waters seconded the motion. There were no objections to the motion. Robin A. Wells abstained because she was not present at the January meeting. The motion passed.*** Lisa Chavez asked for approval of the ICC Financial Report. ***MOTION: Mette Pedersen made a motion to approve the ICC Financial Report. Jim Copeland seconded the motion. There were no objections or abstentions. The motion passed.***

FIT LEAD AGENCY REPORT

Andy Gomm gave a brief update on ICC appointments. Andy has provided a list of current members to Secretary Torres at the Department of Health. Jim Copeland informed the ICC that he, the ICC Co-Chairs, and the ICC Coordinator met with Henry Varela on Early Childhood Awareness Day to discuss ICC appointments. The ICC Coordinator also sent ICC appointment information to Keith Garner. Scott Darnell, the governor's press secretary, spoke with Jim, and stated the ICC should continue to meet until told not to. Mr. Darnell stated the Governor will be cautious about making board/commission appointments. Andy said the ICC should expect some changes in membership as the Governor wants to assure that rural New Mexico is being represented on the ICC. Andy stated it might be another six (6) months before appointments are made. Mette Pedersen suggested the ICC acknowledge the great success of legislative efforts. Andy Gomm distributed copies of the FIT Lead Agency Report. The FIT Program is

making several big changes to the FIT KIDS data system. These changes will provide drop and drag capabilities which will enable early intervention providers to generate reports. Andy discussed Medicaid and State General Fund (SGF) expenditures. FIT has a base of \$14.5 million from the State Legislature. Although President Obama put \$50 million into his budget for Part C Programs, there will probably be some cuts to Part C at the federal level. The FIT Program is receiving more in insurance revenues each year. ARRA funds that carry over into the upcoming fiscal year will have to be expended by September 2011. ARRA provider amendments will be necessary because carry over AARRA funds cannot be combined with other funding. Current provider agreements are currently being processed at the DOH and are awaiting the DOH Secretary's approval. Jim Copeland expressed concern that current quotes may expire. Andy Gomm replied that a new bid would only have to be obtained if there is a significant change in the amount of the original bid. Andy stated \$1,615,059 of ARRA funds have been spent. The federal government could decide to recoup a state's unspent ARRA funds. New Mexico is in good shape as only \$200,000 of New Mexico's ARRA funds has not been encumbered. Andy discussed the number of children served per month which started to go down in the first three months of this calendar year. Andy stated this decrease in numbers of children served per month may be due to the hard decisions made to change eligibility. This reduction in numbers served will have a positive impact on FIT expenditures and the FIT budget. Mette Pedersen asked why the FIT Program is receiving increased insurance revenues. Andy replied it may be due to providers doing a better job of entering this information into the FIT KIDS data base. Robin A. Wells asked if children who are found not eligible for FIT services were being referred to other home visiting programs. Andy Gomm replied a presentation from the Children, Youth and Families Department (CYFD) on the home visiting program could be scheduled for a future ICC meeting. Mette Pedersen stated there are also many other grass roots programs in the state that providers could refer children to.

ICC COMMITTEES MEET

Lisa Chavez asked the ICC Committee Chairs to identify themselves and then meet with their committees. In the absence of two Committee Chairs, Andy Gomm led the *Finance Committee* and Mette Pedersen and Robin A. Wells led the *Personnel Development and Support Committee*. Committees met for approximately one (1) hour.

ICC PARENT PANEL

Andrea Leon introduced the three (3) members of the ICC Parent Panel, Derrick, Christa and Lisa. Derrick introduced his wife and child, Payson. The family lives in Clovis. Payson was premature and born in Lubbock. The referral process to early intervention was very expedient. The parents were quickly contacted by the early intervention provider, the evaluation was held and the family had the evaluation results within a week. The IFSP meeting was held and services started quickly. Services are provided by a Developmental Specialist, an SLP, a PT and an OT. Their child will stay in early intervention through the extended Part C option. There is ongoing, great communication with their service providers. Both parents and Payson's

pediatrician are pleased with Payson's progress. Payson only has minimal delays at present. Derrick stated he and his wife are so thankful for the services.

Christy stated her son and family received wonderful early intervention services. Her son was referred by their military base pediatrician to early intervention when he was four (4) months of age because of low muscle tone. The parents were contacted within a week of the referral. Their son received a very good evaluation. The IFSP process helped the parents know what to expect. IFSP strategies helped their son make progress. Services included OT, speech, PT and nutrition. There was an initial concern about reflux that turned out to be food allergies. Their son also had middle ear fluid and now has tubes which have made a huge difference. Their son also had an Early Childhood Evaluation Program (ECEP) evaluation, which provided a lot of valuable information, and then had a second ECEP evaluation a year later. Their son transitioned at two and one half years of age to the Part B preschool. He really enjoys interaction with other children. The transition process took a bit longer than expected but the delay was not due to the early intervention program. Christy thanked all their service providers for the wonderful services their child and family received. Christy stated her child's transition process could have improved by having the Part B folks communicate quicker.

Lisa's son Devin was referred by his doctor because of speech concerns when he was two (2) years old. Lisa had heard good things about the agency prior to the referral. Intake, evaluation and the IFSP all happened in a timely manner. Devin had Developmental Specialist and speech therapy services. Devin is a shy child but their wonderful SLP could get him to talk and make progress in his language and speech development. Communication with all their service providers was really good. The service providers helped the parents know how to support Devin's development at home. The service providers always communicated with the parents after every session as to the progress Devin was making. The parents also knew what to expect at the next home visit. Within months of being in the program, Devin started saying words. The transition process was a bit long due to the Part B folks. The Transition Conference went well and Lisa's questions were answered. Lisa expressed her appreciation for the early intervention services and for their service providers. Andy Gomm asked Lisa if the school system used the evaluations provided by the agency. Lisa replied the school speech therapist did re-evaluate. Devin attends the preschool and receives speech therapy. Lisa stated she wished Devin had been referred to early intervention sooner but her child's pediatrician did not listen to her concerns for a long time. Jim Copeland stated it is important that communities know parents can request an evaluation without having a doctor's referral.

ICC COMMITTEE REPORTS

Professional Development and Support

Mette Pedersen and Robin A. Wells reported. The committee is looking at two (2) critical issues. In critical issue 1, the committee is working with the Higher Education Task Force regarding course work that includes information about children with disabilities and working with families. FIT coursework and an Associates program are available through CNM. Mette Pedersen suggested that ARRA monies might be used to sponsor a retreat for faculty from two and four year institutions in which information about FIT priorities and FIT coursework could be provided. In critical issue 2, the committee will look at how reflective supervision is being provided in FIT early intervention programs. A summer survey will be conducted to determine this information. Next fiscal year, the committee will assess the implementation of the Primary Service Provider model. Robin discussed the levels of certification and licensure for New Mexico's early care, education and family support professionals. FIT coursework is transferrable. Not all institutions have the ability and the faculty to provide the coursework. The coursework will be offered both on line and in person. Institutions may have to hire adjunct faculty with a masters to provide the coursework. Institutions of higher education have to determine if there is a student body available for the coursework. Institutions make the most money on transfers and graduate students. People from different states are taking the online coursework.

Quality Assurance / Accountability

Andrea Leon reported. Most of the committee work has been accomplished. A therapist FIT procedural manual is in development. The committee will meet again in May.

Child Find / Public Awareness Advocacy

Lourdes Vizcarra reported. Lourdes passed a list around and asked ICC members to update their information regarding the other groups they serve on. Lourdes thanked Verna Trujillo for her work with the committee. Lourdes distributed a copy of a draft thank you letter for referral sources. The referral form will be translated into Spanish as well as Navajo. There are a large number of FIT public awareness materials available. FIT is reprinting 5,000 more calendars. Plans include radio spots, bill boards and a Creamland campaign with FIT information on milk cartons. FIT Referral Manuals and Family Handbooks are being updated. Andy Gomm discussed a regional collaborative training with different head start early head start grantees. There will be a Tribal Summit held on August 19 at the All Indian Pueblo Cultural Center where early childhood providers and tribal folks will be brought together to share information. Ida Tewa is a member of this regional collaborative planning committee.

Finance

Andy Gomm reported. The committee is monitoring the effects of changes to eligibility. The change in the level of service provided before prior authorization is required will start on July 1. This change will be implemented as IFSPs become due in order to phase in this new requirement. It is anticipated that IFSP teams will become more creative when considering the number of hours of services needed for each child/family. The FIT Program will work with Medicaid on the implementation of this change. Prior authorizations will be done for a 6 month period and an assessment of the impact of the change will be done at 6 month IFSP reviews. There is extra money in the Maximus contract so the FIT KIDS data base will be able to be used to automate the process of requesting prior authorizations. The Governor signed the bill changing the three year old choice law. This will not take effect until July of 2012. A joint PED/DOH memo will be provided to detail the change process. The FIT Program will partner with the Quality Assurance/ Accountability Committee to consider the impact on children whose services end but who will need services during the summer prior to the start of preschool.

Summits are being sponsored by CYFD and Optum Health regarding infant mental health services. There is a new billing code for infant mental health treatment. Qualified FIT providers could apply to provide infant mental health services. There is now a code through Medicaid (adaptive skill building) for autism services B-5. ENMRSH and Aprendamos are two (2) of five (5) providers in the state who are providing autism services. Under the code, providers can provide 10-15 hours of direct service each week to children with a diagnosis of autism. Andy stated the FIT Program is hoping that more FIT agencies, whose staff have the required credentials, will sign up. The contact person at Medicaid is Jennifer Chavez and the contact person at Optum Health is Wendy Corry. The Medicaid requirement for clinical supervision is holding back agencies that want to be certified.

Eligibility Subcommittee Report

Andy Gomm and Cindy Mantegna reported. Dr. Vigil wanted the FIT Program to standardize the eligibility determination process by specifying the tool or tools used. The committee recommended that the Infant Toddler Developmental Assessment (IDA) be used to determine developmental delay. The IDA provides a percentage of delay. A series of IDA trainings will be provided and some webinars have already been completed. Andy asked the ICC for endorsement of the recommendations made by the Eligibility Subcommittee. Jim Copeland requested that information on the number of kids being referred who are one (1) through four (4) months of age be added to the FIT Lead Agency Report. ***Motion: Robin A. Wells made a motion to approve the recommendations of the ICC Eligibility Subcommittee on the use of the IDA. Mette Pederson seconded the motion. There were no objections or abstentions. The motion passed.***

Motion: Robin A. Wells made a motion to accept the ICC Eligibility Subcommittee's definition of informed clinical opinion, to add a category of eligibility under informed clinical opinion to the FIT data base, and to add a category of eligible under informed clinical opinion to the first page of the IFSP form. Cindy Farris seconded the motion. There were no objections or abstentions. The motion passed.

Andy requested that the ICC recognize the work of the members of ICC Eligibility Subcommittee. *Motion: Cindy Faris made a motion that a certificate of recognition will be sent to the members of the ICC Eligibility Subcommittee. Arlene Waters seconded the motion. There were no objections or abstentions. The motion passed.*

Karen Lucero, ICC Co-Chair, asked the ICC if they would agree to add more time to the agenda for the discussion on FIT Regulations / Standards by shortening the discussion regarding the 2011 Legislative Session. The ICC agreed to this change in the agenda.

FIT REGULATIONS / STANDARDS

Andy Gomm distributed a handout on the draft changes to Requirements for Family Infant Toddler Early Intervention Services 7.30.8 NMAC. The DOH had been waiting for the federal regulations to be published before changing FIT regulations. Since the FIT Program has made so many changes around eligibility and transition, FIT can no longer wait and has to move forward with updating FIT regulations. Andy asked ICC members to break into three subgroups: one group for transition, one for evaluation, one group for definitions and services/IFSP. Andy stated changes have to be either written in standards or written in regulations although they might possibly be written in both. Andy asked the groups to determine if a section that is currently in regulations should be moved to standards. Changes to standards are easier to make and do not require public comment. Changes to regulations require a formal process that includes a public hearing. Andy briefly reviewed the sections in the document that have draft changes:

1. Definitions have huge changes although these are not substantive changes.
2. Administrative, Personnel, Developmental Specialist Certification do not contain substantive changes.
3. Substantive changes begin on page 9 and go through page 14 and then continue on pages 17 and 18.

Andy requested that each group review the draft changes, look for information that is missing and add it, look for information that is listed but should be either deleted or moved to Standards, and look for grammatical errors. The group leaders will note recommended changes on one draft copy. Andy will use this input to revise the draft. The DOH Secretary will review the draft, the final draft will then be published, a public hearing will be held, and the State will review public hearing comments. The groups met, reviewed their assigned sections, and made recommended edits. A member from each group gave a brief report on their recommendations. Andy requested that all ICC members read through the entire draft document, and email their

recommended edits to him. The final draft of the regulations will be presented to the ICC at June meeting for a vote of approval.

RESULTS / IMPLICATIONS OF 2011 LEGISLATIVE SESSION

Karen Lucero, ICC Co-Chair discussed the result of the session as follows:

- The FIT Program was awarded a one-time \$500,000 appropriation (contained in House Bill 2) to serve three year olds for one more fiscal year.
- Senate Bill 330 ending FIT services on a child's third birthday was signed by the Governor but will not take effect until July 1, 2012. Andy Gomm stated FIT and the PED are developing a joint memo and FIT is working with the Transition Steering Committee on training needs.
- Senate Bill 297 increasing the insurance cap received a pocket veto by the Governor.

Karen Lucero asked for a motion to send certificates of appreciation to legislators. ***MOTION: Mette Pedersen made a motion that certificates of appreciation will be given to the members of the Legislature who sponsored/supported FIT bills. Arlene Waters seconded the motion. There were no objections or abstention. The motion passed.***

MEETING ANNOUNCEMENTS & EVALUATION

Karen Lucero, ICC Co-Chair, asked members and guests to complete and turn in the meeting evaluation forms. The meeting was adjourned at 3:50 pm.

FOLLOW-UP MEETING TASKS / RESPONSIBILITY

ICC Members:

- Contact the members of the State Legislature who sponsored and supported FIT bills and thank them the members of the State Legislature who sponsored and supported FIT bills.
- Read through the entire draft changes to Requirements for Family Infant Toddler Early Intervention Services 7.30.8 NMAC and email any additional recommended edits to Andy Gomm.

ICC Executive Committee:

- Lisa Chavez, ICC Co-Chair, will send contact information for the members of the State Legislature who sponsored and supported FIT bills.
- Letters of appreciation and certificates will be hand delivered to the members of the State Legislature who sponsored and supported FIT bills.

FIT Program:

- Add information on how many kids are being referred who are from one (1) to four (4) months of age to the FIT Lead Agency Report.