

INTERAGENCY COORDINATING COUNCIL (ICC)



November 15, 2011 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Lisa Chavez, Karen Lucero, Jim Copeland, Cindy Faris, Andrea Leon, Ida M. Tewa, Arlene Waters, Lourdes Vizcarra (pm), Robin A. Wells, Anna Otero Hatanaka, Karen Ziegler, Paula Seanez, Jan Winslow, Cynthia Mantegna, Joanne Corwin, Cathy Salazar, Maria Varela, Peggy Denson, Tiffani Lovell.

PROXIES PRESENT

Arlene Waters Proxy for Jyl Adair, Sophie Bertrand Proxy for Mette Pedersen, Karen Ziegler Proxy for Jaime Diaz, Lourdes Vizcarra Proxy for Janis Gonzales, Cathy Salazar morning Proxy for Lourdes Vizcarra

MEMBERS/APPOINTEES ABSENT

Cathy Stevenson

OVERVIEW

Lisa Chavez, ICC Co-Chair, welcomed members and guests to the meeting. Lisa introduced Karen Ziegler. Karen is the new CYFD representative on the ICC. Lisa thanked Tiffani Lovell for her years of service as a parent representative on the ICC as this was Tiffani's last ICC meeting. Joanne Corwin was welcomed back. Lisa asked for introductions. Johnny Wilson, Parents Reaching Out (PRO) Executive Director, welcomed members and guests to PRO. Johnny stated he was honored to have the ICC hold their November meeting at PRO and offered the facility for future meetings. Johnny left copies of PRO's annual report at the registration table.

ICC MEETING AGENDA

Lisa Chavez reviewed the following changes to the meeting agenda: the ECO Process discussion was taken off the agenda and the discussion on the FIT KIDS User Group was moved up. Lisa asked for a motion to approve the meeting agenda as amended. ***MOTION: Robin Wells moved to approve the meeting agenda as amended. Cindy Mantegna seconded the motion. There were no abstentions or objections. The motion passed.***

CONSENT AGENDA

Lisa Chavez asked for approval of the consent agenda. ***MOTION: Cindy Faris made a motion to approve the consent agenda. Arlene Waters seconded the motion. There were no abstentions or objections. The motion passed.***

FIT LEAD AGENCY REPORT

Andy Gomm distributed the report. Andy gave an overview of the data in the report. The data can be used like a dashboard view of the health of the FIT system. FIT receives \$.70 on the dollar in Medicaid funding and pays the Medicaid match. FIT is now paying a larger percentage of the Medicaid match now that ARRA funding has ended. The FIT KIDS data base allows the FIT Program to maximize every claim sent to Medicaid. The ICC Finance Committee will look at why Medicaid revenues are down from FY09. More children eligible under the at risk category and funded through Medicaid may have contributed to higher Medicaid revenue in FY09. Andy reviewed the total number of children served in FY10 and FY11. Robin Wells expressed concern that FIT was not identifying all children who need services. FIT revenue for FY11 is \$25.6 million. The Finance Committee will be meeting with Deb Vering, DOH finance director, as the FIT Program may experience a funding "crunch" this year. The FIT Program receives \$2.9 million dollars each fiscal year from the federal government. The FIT Program has 27 months to spend each fiscal year's federal funding. Andy stated he was beginning to think that the FIT Program may not experience a funding "crunch" this fiscal year but may experience the "crunch" during the next fiscal year. Andy briefly highlighted the mini grants awarded to FIT providers through ARRA funding. The ICC helped identify priorities for utilizing ARRA funds. It is estimated that the FIT Program will have about \$200,000 left over in ARRA funds. The FIT Program will do an accounting of the remaining funds and then charge off other expenditures against the balance so that all ARRA funds are utilized. Anna Otero Hatanaka asked about the DOH budget request. Andy replied that it will be a flat budget request. Andy reviewed Medicaid retroactive claiming. Private insurance revenue continues to increase. The FIT Program is optimistic that more families will be covered under private insurance. The change in number of prior authorization hours will result in some savings. The total number of children served each month has decreased. The ICC had asked FIT to monitor the number and percentage of Native American children served. FIT is not yet seeing an increase in the number. The percentage of Native American children in New Mexico is 14% to 15%. The FIT Program recently funded a Tribal Summit to discuss issues and identify strategies. FIT is collecting race / ethnicity information as a two step question. Jim Copeland asked about the discrepancy in the total number served vs. the total number eligible. Arlene Waters stated these could be referrals. Jim Copeland replied a discrepancy of 3,200 is huge and it cannot all be referrals. Andy will check on this.

FIT REGULATIONS

Andy distributed the draft *Requirements for Family Infant Toddler Early Intervention Services 7.30.8 NMAC*. The ICC has already reviewed and given input regarding the federal Part C and the draft FIT regulations. Since the ICC review, a side by side document of former and new federal Part C regulations has gone out. Andy will be in Washington, DC tomorrow for training on the new federal Part C regulations. DOH FIT regulations will be promulgated after all federal Part C requirements have been added. The New Mexico Part B Program will also

have to promulgate regulations based on the October OSEP visit and SB330 (FIT services ending at age 3 starting July 1, 2012). Andy reviewed the official promulgation process which consists of draft regulations being published, a 60 day official public comment period with two (2) public hearings to be held during this period. The DOH is also required to accept written comment. FIT will review all comments and make the changes determined necessary. The process will take about two (2) months. Final FIT regulations should be in place sometime in March 2012. Anna Otero Hatanaka asked if Medicaid regulations will have to be changed to reflect the changes in FIT regulations. Maria Varela replied that the Medicaid Program is looking at changing Medicaid regulations to reflect the changes in FIT regulations. It will take at least 6 months to change the Medicaid regulations. The Medicaid regulations are tied to the State Medicaid Plan.

Andy asked for ICC input on the following five (5) areas in the draft FIT Regulations:

On page 10 - E. Screening. There is new federal Part C language regarding screening. It is now permissible for states to include screening as part of the early intervention system. Andy asked the ICC to consider screening as the first step in determining if a child has a suspected developmental delay and needs an evaluation. FIT providers would not be screening every child. Robin Wells asked how parents would give consent for this change. Andy replied that the current *Prior Written Notice* form could have a field added to inform parents that their child's screening did not indicate the child has a developmental delay. Andy stated a screening would not change the date of referral and the entire process would still have to be completed in the required 45-day timeline. Cindy Mantegna asked how screening would be paid for. Andy replied FIT providers would bill the 15 minute unit rate in accordance with where the screening was performed. Cindy Mantegna asked how an intake person would determine if a child needed a screening or an evaluation. Andy replied the FIT Program would provide guidance. Arlene Waters expressed concern that some parents might avoid going through an evaluation if they later become concerned about their child's development. Andy asked ICC parent representatives for input. Lisa Chavez stated it would be up to the provider to clarify screening and evaluation for the parent. Arlene Waters said their program serves a number of teenage moms who might not remember their option to request an evaluation at a later date. Andy replied that a clarification about the parent being able to access Ages and Stages for Kids would be added. Robin Wells suggested the following statement be added: "children will not be screened if they have had a previous screening or a confirmed developmental delay". Joanne Corwin suggested the following statement be added: "a parent can request an evaluation at the present time or at a later date up to age three". Sophie Bertrand stated screening is the first step in the intake process and screening provides an efficient way to identify any developmental red flags. Magi Gerety stated that when programs receive a referral, they will have to "tease out" the concerns of the referral source in order to determine if a screening is needed. Andy asked the ICC if anyone had a strong concern about adding screening as an option during the intake process. Maria Varela stated Medicaid allows doctors and therapists to bill for screening. Early intervention providers would have to be added and a procedure code and

rate would need to be determined. Andy replied the rate would be the current 15 minute rate by location. Norm Segel stated it may be worth thinking about screening as a separate rate. Andy replied that the ICC Finance Committee would review and make recommendations about the rate. Joanne Corwin suggested that screening for hearing and vision be added to the Ages and Stages for Kids. Andy stated he was hearing ICC consensus about adding screening to the FIT system. The FIT Program will partner with CYFD on how early intervention providers can access training on Ages and Stages for Kids.

Page 12, G. (a) Developmental Delay

Andy reminded the ICC that an Evaluation Subcommittee is in place under the ICC Quality Committee. Cindy Mantegna is the Chair. Mary Zaremba from the CDD is assisting the subcommittee. The subcommittee is working on tasks such as developing a definition for informed clinical opinion. When a child does not present with a developmental delay on the IDA, a provider can opt to use a domain specific tool to establish eligibility. Andy asked if the language "domain specific tool resulting in 1.5 standard deviations or greater" was acceptable. Evelyn Shore from NEC*TAC was on a call yesterday and stated this addition would be in accordance with many other states. Cindy Mantegna stated many good tests used around the state don't provide a percentage of delay. Karen Lucero asked about Informed Clinical Opinion in G. (4) (b) (bottom of page 11). Mary Zaremba replied the federal Part C regulations state that informed clinical opinion cannot be used to override the decision made by the team. Mary said we are focusing on a discreet point in time when a decision is made based on informed clinical opinion. However, we should not forget that informed clinical opinion is used as a part of every decision a team makes. How a team approaches a decision will vary because informed clinical opinion is a process. Cindy Faris asked why vision and hearing was part of the developmental delay definition. Andy reviewed the definition for physical/motor development on page 5 and stated FIT will look at this when cleaning up other language in the document. Andy will work with NMSD and NMSBVI to determine better language. Andy asked the ICC if the 1.5 standard deviation should be in addition to the existing language. Cindy Mantegna reviewed the steps that may be taken in evaluating a child as follows: Step 1 - IDA; Step 2 - Domain Specific Tool; Step 3 - Informed Clinical Opinion with supporting documentation. Andy asked the ICC if they wanted to vote. Sophie Bertrand stated the ICC Evaluation Subcommittee has already made the recommendation. Jim Copeland suggested that the 3 steps presented by Cindy Mantegna be added to this section. *ICC members were asked to give a show of hands to recommend that FIT include language that 1.5 or greater standard deviation was needed to qualify under developmental delay. Results of the vote: Approve - 19; Not Approve - 1; Abstentions - 0. The language will be added.*

Transition, Page 18. - Transition is the biggest area of change in the federal Part C regulations. FIT has been making good changes to transition and many of these changes are in line with the changes in the federal Part C regulations. The FIT Program is working with DOH attorneys to post date some changes in the FIT regulations. FIT does not have to make changes until July 1,

2012 but cannot wait that long as SB330 changes have to be added to FIT regulations before July 1, 2012. In New Mexico, transition is a two (2) step process consisting of the transition plan and the transition conference. Federal Part C regulations state the transition plan has to be written and the conference has to be held 90 days prior to the child's third birthday, or no more than 9 months prior to the child's 3rd birthday. FIT can have regulations that exceed the federal regulations. The feedback from the field is that the FIT second birthday timeline is clear. Jim Copeland recommended language stating that transition will be initiated by 24 months and completed by 33 months. Norm Segel asked why FIT regulations would be more restrictive than federal Part C regulations. Sophie Bertrand stated more planning time will be required for some children with complex needs and 90 days is a tight timeframe. Jim Copeland stated the public schools will know a year ahead about children. Cathy Salazar replied the information may not go to the specific schools children will be attending. Sophie Bertrand stated public schools only know about numbers, not specifics about each child. Jim Copeland recommended flexibility for FIT providers. Norm Segel stated he strongly agreed with Jim. Andy said FIT regulations have to match the federal Part C regulations and we will want FIT regulations to state the following: nine (9) months is the minimum timeframe, the transition plan will be initiated when the child is 24 months of age and the transition conference will be completed by the child is 33 months of age. Andy will be working with DOH attorneys to determine if FIT can postpone the section about children turning 3 (see Page 19, Subsection G.). Maria Varela asked why the FIT regulations could not become effective on July 1, 2012. Andy replied the changes have to be made as soon as possible. Andy said FIT could have subsection G. of transition not become effective until July 1, 2012. Norm Segel asked if SB330 addressed children turning 3 before July 1, 2011. Andy replied that no, it does not. Anna Otero Hatanaka agreed with putting in an effective date of July 1, 2012 for Subsection G on page 19. Andy informed the ICC that once DOH publishes new regulations, the previous regulations are no longer in effect. Norm Segel suggested that the language be removed from the FIT regulations. Andy stated a memo from the DOH Secretary that addresses this specific group of kids could be used in lieu of language in the regulations. Jim Copeland asked what will happen to these kids between July 1 and the start of school. Andy replied FIT will let the lawyers decide. Sophie Bertrand cautioned that clarification about these kids is needed because service coordinators were told during training that these kids could continue in FIT until the next school year. Andy Gomm replied the FIT Program would need to determine how to fund services to these children. Jim Copeland and Norm Segel expressed concern if these children were served until the start of the school year as the SB330 states FIT services will end.

ICC PARENT PANEL

Andrea introduced Anita. Anita's son, Joaquin, was born with hydrocephalus and now has a shunt. Joaquin is 20 months old and doing very well. His NICU nurses were very supportive. The family met with a PRO representative and also started receiving early intervention service while Joaquin was in the NICU. Joaquin was able to go home at eight (8) weeks of age. His early intervention services include vision, speech and physical therapy. He is able to grab and

hold his bottle and small toys. He can sit up with support. Joaquin is using a few words to communicate. He loves music. He is eating some solid foods. Joaquin has a very supportive home day care provider and he has therapy during day care. Joaquin has overall good health and is a very happy child. Andy Gomm asked Anita if there was any way the family's FIT services could be improved. Anita said she was pleased that services had started so quickly although initially it was hard to schedule services around her work schedule. She said she had no way to compare how services should be provided but she thinks the services are going well. Sophie Bertrand asked about transition. Anita replied that Joaquin will not turn two (2) until March 2012. Lisa Chavez asked Anita if she was concerned about transition. Anita replied that she was worried about Joaquin falling through the cracks and not getting into a program.

FIT REGULATIONS (Cont'd)

D. (4), Page 10 - Referral to Part B Preschool Special Education. Service coordinator will help family get connected with Part B Preschool Special Education.

G. (3), Page 11 - Eligibility Determination - Corrected age for prematurity. Language to be determined by the Evaluation Subcommittee.

Andy Gomm stated that based on the information he will receive tomorrow in Washington, the FIT Program may need to make some additional changes to the draft FIT Regulations. If changes are made, Andy could use the ICC List Serve to email the revised draft FIT Regulations to the ICC for input. Or, a special ICC meeting could be held to review the changes.

Karen Lucero, ICC Co-Chair discussed the Early Intervention Provider Survey that was sent out on the FIT Coordinators List Serve. Karen requested that the survey be completed as soon as possible. The information collected in the survey will be presented at the next ICC meeting.

Andy Gomm informed the ICC that the Association of Developmental Disability Community Providers (ADDCP) had expressed a concern about FIT *Service Definitions and Standards*. The concern is about the 4th bullet on page 16 which refers to the family service coordinator making minimum of a once a month contact with the family. Andy stated the intent of this is that service coordinators will contact the families on their caseload at least once a month via a face-to-face contact, phone call, etc. ADDCP has suggested new language: if a contact with the family will not occur during the month, reasonable attempts will be documented in the case notes. ICC parent representatives, Lisa Chavez and Cathy Salazar, agreed with the new language. Andy will send a memo that clarifies the language. Jim Copeland asked if FIT needed to re-issue the *Service Definitions and Standards*. Andy replied that a memo would be sent but the *Service Definitions and Standards* would not be reissued until summer of 2012. Andy Gomm stated Cathy Stevenson is requesting that the ICC form a committee to review *Service Definitions and Standards* and make recommendations about changes (keeping or clarifying). This task would fall under the work of the ICC Quality Committee. Cindy Mantegna, Quality Committee Chair, agreed that the committee could do this task but could not start working on

it until spring. Jim Copeland asked if the FIT Program could collect data on the number of consults and the resulting cost to the system. If there is a financial implication, it should be taken into consideration. Andy Gomm replied that it would be hard to tease this out in the data. Cindy Mantegna stated that data could be collected if this was listed on IFSPs as a strategy. Andy asked if parents were currently on the Quality Committee as we would need their input. Cathy Salazar stated that as a parent, she would not be comfortable if the initial contact (seeing child in the family) was not face-to-face. After the initial contact, then the team could decide if monthly contact with the service coordinator should be added to the IFSP as a strategy.

FIT KIDS USER GROUP

Andy asked the ICC if the FIT KIDS User Group should become an ICC subcommittee so that the ICC could provide better input. Albert Ericson joined the meeting via speaker phone. Albert overviewed how the FIT KIDS User Group has been used to date. The group has been in existence since September 2008. The group consists of early intervention providers and state staff. The group has had the following roles:

- Review and give input regarding FIT KIDS Data Base materials and training documents;
- Make recommendations as to past and to future changes;
- Provide support to other providers;
- Do queries;
- Review changes before changes go live on the system.

ARRA funds were used to fund recent changes to FIT KIDS. Changes went into effect in 2011. The group has met three (3) or four (4) times formally and has also met via a series of conference calls. The future role of the User Group will be to look at reports and queries that need to be developed and provide technical assistance to providers on how to run reports for their agencies. Andy stated changes will always need to be made to FIT KIDS. Albert agreed. ICC members asked Albert who are the providers on the group. Albert replied that the early intervention providers include program coordinators, fiscal managers, and data managers. Representatives of Maximus also participate. The group does not have formalized roles such as a chair. Cindy Faris and Jim Copeland both stated it is a good idea for the ICC to have a more direct connection to the group so the ICC can provide ongoing input. Albert said all changes the group recommended were made and these changes were paid for through ARRA funds. There was discussion as to where the FIT KIDS User Group would best fit under the ICC. The options discussed were having the group be a subcommittee under the ICC Finance Committee or a stand-alone ICC committee. Albert suggested that the group be a stand-alone committee because FIT data feeds into every part of the FIT system. If the group became a stand-alone committee, an ICC member would need to chair or co-chair it. The group would meet quarterly via face-to-face meeting and teleconferencing. Randi Malach stated billing is not the biggest function of FIT KIDS. The data requirements that have been added to FIT KIDS have created a lot more work for agencies. Decisions to add data requirements were made without input

from the User Group and the ICC. These data collection requirements have increased program costs and staff time. Randi suggested that the ICC consider the cost of collecting new data before a decision to collect the data is made. *Motion: Cindy Mantegna made a motion to formalize the FIT KIDS User Group as a subcommittee under the ICC Finance Committee to be co-chaired by the Finance Committee Chair and a member of the User Group. Cindy Faris seconded the motion. There were no abstentions or objections. The motion passed.* Andy Gomm stated Randi Malach could co-chair the subcommittee with Peggy Denson. Albert Ericson will staff the committee.

ICC COMMITTEES MEET

Karen Lucero, ICC Co-chair, asked the Committee Chairs to meet with their committees for one hour.

ICC COMMITTEES REPORT

Professional Development and Support

Cindy Faris reported. Critical Issue #1: Appropriate Preservice. There is an increase in online training with CEUs and college credit. The committee is advising the FIT Program about increased academic requirements for early intervention staff. Critical Issue #2 - Appropriate Inservice. Committee has advised FIT regarding the development and implementation of the Primary Service Provider Approach. The committee will consult and collaborate with the Quality Committee regarding the use of consultation. Critical Issue #3: Early intervention services and supports are linked with other service systems. Committee will review the early intervention programs' child find reports. Committee will consider how to better align with other service systems such as Home Visiting, Early Head Start, and Day Care.

Quality Assurance

Cindy Mantegna reported. Critical Issue #1: Implementation of SB330. Andy Gomm has met with folks from PED. They will continue to meet and with work with NEC*TAC and Mountain Plains on resources (e.g. wrap around services) for children turning 3 over the summer. SB330 brings New Mexico in line with most of the other states that stop services at age three. Children will be served until the end of the month in which they turn 3 starting July 1, 2012. Andy Gomm stated children cannot be served in both Part C and Part B. Critical Issue #2: Update the Evaluation and Assessment Technical Assistance document and consider the technical assistance needed statewide regarding the IDA. The committee is working with the CDD and the IDA leads. Critical issue #3: Newly hired contractors need information about the FIT Program. The committee is working with the Professional Development Committee on a manual for contractors. Cathy Salazar will write a letter to new contractors about what it is like to be a parent/family in the system and what parents would like to see from their service providers. ICC parents can email Cathy with their input. The letter could be from ICC parents. Randi Malach suggested that information for contractors include how to serve children when they are seen in day care. Arlene Waters and Robin Wells should be contacted with ideas for

manual. 4th Critical Issue: Develop guidance around consultation: what is it, how should it be used, how to use telehealth, etc. Andy Gomm stated the technical assistance document may come out in sections. The committee has met twice and will meet again in December.

Child Find / Public Awareness Advocacy

Lourdes Vizcarra reported. Critical issue #1: Interagency collaboration - how to assure FIT presence in early childhood settings. FIT materials are being distributed statewide. Parent input regarding FIT materials is being obtained; materials are being translated; distribution targets underserved populations in NM. Verna Trujillo is waiting for the summary from the Tribal Summit to look at better ways to reach Native American families. The committee is working with PRO and EPICS on distribution of materials. The committee will meet again on December 1.

Finance Committee

Tiffani Lovell reported. The committee is working on Critical Issue #1, which is the need for alternative funding sources. For example, the committee has been working on a Race to Top application for data base funding and has been laying the groundwork to obtain support for reopening the insurance legislation. On Critical Issue #2, which is the FIT Program having enough funding and not exceeding the budget, the committee has been reviewing FIT revenues and expenditures on a monthly basis. The committee will be working to determine cost savings from SB330 and will explore autism and infant mental health funding resources. The committee will meet again in December.

ICC LEGISLATIVE PLANNING / EARLY CHILDHOOD AWARENESS DAY

Karen Lucero and Lisa Chavez

Karen Lucero discussed the importance of meeting with Legislators even when there is no FIT legislation being presented. Lisa Chavez stated the 2011 Early Childhood Awareness Day was held the day before the January ICC meeting. Lisa requested that ICC parents participate and meet with their legislators. It is an excellent learning experience and a great opportunity to thank legislators for their continued support of the FIT Program. Anna Otero Hatanaka informed the ICC that ADDCP Day is scheduled on the second Thursday of the Legislative session. There will be an open mike in the Rotunda. Sometimes legislators come to that event. ADDCP always develops a legislative fact sheet that includes information about FIT.

At the 2012 Early Childhood Awareness Day, ICC Packets will be available for parents. The packets will include information that supports parents in talking with their Legislators about the FIT Program. Parents will receive a \$50.00 stipend plus mileage for attending. A brochure about the ICC was suggested. The ICC Coordinator will update the current brochure. Lisa Chavez offered to put parent stories with a picture of their children on cards that parents could give to their Legislators. Parents should email Lisa with the information and a picture. Lisa asked about a FIT banner to hang in the Rotunda (take banner to legislative maintenance on ground floor on east end of Roundhouse by 8:00 am and pick up the banner at the end of the day).

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: 55 pm.

FOLLOW-UP MEETING TASKS / RESPONSIBILITY

ICC Executive Committee:

- Update brochure and Early Childhood Awareness Day Packets; discuss having a banner to hang in Rotunda.

ICC Committees:

- Continue meeting and implementing Action Plans.
- ICC Finance Committee - Review and make recommendation regarding rate for screening.

FIT Program:

- Check on data discrepancy in the total number served vs. the total number eligible.
- Work with NMSD and NMSBVI on better language regarding how vision and hearing is included in the definition of developmental delay.
- Send out a memo that clarifies 4th bullet on page 16 (refers to the family service coordinator making minimum of a once a month contact with the family) of *Service Definitions and Standards*.
- Send out memo from DOH Secretary regarding children turning 3 in lieu of including language about these children (Subsection G -Transition) in the draft *Requirements for Family Infant Toddler Early Intervention Services 7.30.8 NMAC*.