

# INTERAGENCY COORDINATING COUNCIL (ICC)



NOVEMBER 13, 2013 MEETING MINUTES

## MEMBERS/APPOINTEES PRESENT

Lisa Chavez, Karen Lucero, Jim Copeland, Andrea Leon, Cynthia Mantegna, Sophie Bertrand, Samantha Carl, Janis Gonzales, Cindy Faris, Karen Ziegler, Robin Wells, Anna Otero Hatanaka, Paula Seanez, Sara Einfalt, Lourdes Vizcarra, Arlene Waters, Johnny Wilson, Peggy O'Neill, Kathey Phoenix-Doyle

## PROXIES PRESENT

Cindy Faris Proxy for Joanne Corwin, Sophie Bertrand Proxy for Ida Tewa, Samantha Carl Proxy for Anita Sedillo, Andy Gomm Proxy for Marc Kolman

## MEMBERS ABSENT

Maria Varela, Jaime Diaz

## OVERVIEW

Lisa Chavez, ICC Co-Chair, welcomed ICC members and guests to the meeting. Lisa asked ICC members and guests to introduce themselves. Lisa asked for a motion to approve the meeting agenda as amended. **MOTION: Cindy Faris made a motion to approve the meeting agenda as amended. Arlene Waters seconded the motion. There were no objections or abstentions. The motion passed.**

Lisa Chavez asked for approval of the ICC Charter. Andy Gomm stated his staff has concerns about the wording in the first bullet. Jim Copeland discussed the importance of not changing the wording of the Charter. Andy said he brings the majority of issues to the ICC. Janis Gonzales stated the wording about bringing issues that affect the provision of early intervention services makes it very clear that the intent is not to have the ICC review everything the FIT Program does. Jim Copeland recommended that the ICC try the Charter as is and see if issues come up. Jim said the ICC views things from a different perspective and the State needs to hear the ICC's perspective. Karen Lucero stated the Lead Agency report should inform the ICC about issues impacting the provision of services. Karen said issues can also be brought to the ICC Executive Committee and the Executive Committee will inform the ICC. Lisa Chavez asked for a motion to approve the Charter. Robin Wells stated the ICC should be informed about issues as part of transparency in government. Jim Copeland said FIT does not have to wait until an ICC meeting to inform the ICC and could share information through a weekly email posted to the ICC List Serve. Andy Gomm said some things will be presented to the ICC in the early stages as

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information. **MOTION: Peggy O'Neill made a motion to approve the Charter as presented and review in one year for effectiveness. Cindy Faris seconded the motion. The motion passed. There were no objections or abstentions. The motion passed.**

### VOTING ON CO-CHAIRS ELECT

Lisa Chavez informed the ICC that Peggy O'Neill is running as the provider Co-Chair Elect and Sara Einfalt and Andrea Leon are running as parent Co-Chairs Elect. Lisa asked each person to talk about their interest in taking a leadership role on the ICC. Peggy O'Neill stated that she had thought long and hard about running as Co-Chair and decided that she was ready to step up. Robin Wells asked if it might be a conflict of interest to have Peggy be both the ICC CoChair and also be the Executive Director of the agency serving as the ICC's Fiscal Agent. Andy Gomm stated that it is not a conflict of interest as Zia was awarded the contract to serve as the ICC's Fiscal Agent based on a competitive bid. Andrea Leon stated she is ready to take a leadership role on the ICC and she will bring her expertise as a family who participated in FIT services as well as knowledge of issues impacting families to the position. Sara Einfalt stated her family participated in FIT services with their two children. She said she wanted to help other parents and she wanted to help make needed changes in the system. Sara said she wanted to make certain that family voices are heard. Lisa distributed voting ballots. Peggy O'Neill and Andrea Leon were selected as the ICC Co-Chairs Elect.

### ICC MEMBERSHIP

Lisa Chavez asked Andy Gomm to discuss an issue with Anna Otero Hatanaka's appointment to the ICC. Andy stated that Anna had recently sent another letter of interest to the ICC List Serve. The previous DOH Secretary did not want to forward Anna's name to the Governor because she is a paid lobbyist. Jim Copeland stated that as the Executive Director of ADDCP, Anna has to register as a lobbyist but she is not a paid lobbyist. Jim stated Anna has worked on behalf of funding for DOH services for children and adults for many years. **MOTION: Cindy Mantegna made a motion that the ICC request that the DOH forward Anna Otero Hatanaka's information to the Governor for consideration of appointment to the ICC. Robin Wells seconded the motion. Andy Gomm, Proxy for Marc Kolman, abstained on Marc's behalf. There were no objections to the motion. The motion passed.**

### ICC MEETING ATTENDANCE

Lisa Chavez informed the ICC that the ICC Executive Committee would be monitoring ICC attendance. ICC members who don't come to two consecutive meetings will be asked to resign. The Executive Committee will consider each person's attendance issues and reasons for not attending. The Executive Committee is also encouraging every ICC member to participate on

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one of the ICC committees. Karen Lucero stated the Executive Committee will be enforcing the ICC Bylaws.

### **ICC CONSENT AGENDA**

Lisa Chavez asked for a motion to approve the consent agenda which includes the ICC June Meeting Minutes, the September Retreat Minutes, and the ICC Financial Report. It was noted that the ICC Financial Report had not been emailed to the ICC List Serve. The ICC Coordinator will email the ICC Financial Report to the ICC List Serve following the meeting. **MOTION: Cindy Faris made a motion to approve the Consent Agenda with the corrections made to the spelling of several names in the June Meeting Minutes and the correction to one name in the Retreat Minutes and with the exception of the ICC Financial Report. Paula Seanez seconded the motion. There were no objections or abstentions. The motion passed.**

### **ICC MEETING / RETREAT DATES & CITIES**

As requested, the ICC Coordinator presented a rationale for keeping the current ICC meeting schedule. Andy Gomm stated he was requesting that the ICC meet in December instead of January, meet in March instead of April, and meet in May instead of June. Andy stated it is difficult to meet during the Legislative Session and the June ICC meeting is so close to the FIT annual meeting that it is too late for the ICC to provide input to any changes. ICC members discussed the impact of changes to the ICC's meeting schedule. The following dates and cities were selected:

#### **ICC 2014 Public Meetings:**

January 22 - Santa Fe

April 24 - Gallup

July 24 - Los Lunas

November 13 - Albuquerque

#### **ICC 2014 Retreat:**

September 16-17 - Albuquerque

#### **Race to the Top**

Andy Gomm presented a power point presentation. Andy stated Patti Ramsey was available to provide input during the presentation. Andy asked the ICC to determine the role they want to have in Race to the Top. This will be one of the biggest initiatives that FIT will be working on. Andy said the ICC could form either an ad hoc committee or a separate ICC committee to provide guidance to the FIT Program. Race to the Top will have a large impact on FIT providers

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and on the provision of early intervention services. A lot of big implementation decisions still need to be made.

Andy provided an overview of the Tiered Quality Rating and Improvement System (TQRIS). There had been a push from Congress and OSEP to increase the focus on compliance and accountability. Now, the push is toward measuring outcomes and quality. Are FIT services making a difference? A quality movement equals multiple quality initiatives. FIT is moving from compliance to quality. The TQRIS will provide the opportunity for FIT to build on the federal Annual Performance Report (APR) and Community Based Assessments (CBAs).

In New Mexico, TQRIS is known as FOCUS. New Mexico initially received \$25 million and then received additional supplemental funding of \$12.5 million for a total of \$37.5 million. The FIT Program will receive \$4.1 million out of the additional \$12.5 million. Andy reviewed TQRIS as follows:

- **Tiered** - incentives and expectations provided upon designation of providers at various levels of quality.
- **Quality** - elements established in a number of areas such as professional development, quality practices, compliance with regulations, etc.
- **Rating** - determined through the use of a number of tools.
- **Improvement** - activities to improve performance.
- **System** - to be applied to all early childhood programs with a common framework but varied tools and specific elements.

New Mexico will be expanding FOCUS TQRIS to Pre K, Head Start, Preschool Special Ed, and FIT. There will be a systematic approach to assessing, improving and communicating the level of quality in early learning programs. This will provide a rating system and quality measurement tools for providers to incorporate into their system of continuous quality improvement. FIT providers will be trained to utilize tools to assess their internal quality and make changes to improve their performance. Coaching support for FIT providers will be available through the UNM team which is being expanded. Coaching will include how to use the tools and how to make improvements. The FIT Program will provide external onsite verification visits to assess the fidelity of provider implementation of tools and processes. Measures and tools will vary across programs but there will be a common set of quality elements to be assessed by each program.

FIT Measures of Quality Practices:

- APR measures for FIT
- Staff qualifications and professional development

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- IFSP tool, quality evaluation and ongoing assessment tool, etc.

The IFSP tool will be turned into a self-assessment tool for FIT providers. The most challenging thing for FIT will be to identify the desired quality practices that early intervention programs should implement. FIT might decide to build on the NECTAC 7 Key Principles and the DEC recommended practices (currently under revision). The following is an example of implementation:

- A FIT provider agency receives training and coaching in the use of an observational tool to assess implementation of quality practices by staff.
- The agency then video tapes an early intervention home visit to assess a staff member's implementation of quality practices.
- The agency utilizes the results of an observational tool to assess their staff member's need for professional development.
- The FIT Program will verify the provider agency's use of the tool and that the agency addressed any concerns identified.

Andy reviewed the potential use of a star rating system. For example, a 5 star rating might be given to a provider agency that utilizes the observational tool at least twice a year with a high level of fidelity and provides strong professional development for staff identified as needing improvement.

How the \$4.1 million in FIT funding will be used:

- Hire a lead for the FIT Program;
- Develop and validate quality measurement tools;
- Contract with UNM to provide training and coaching;
- Contract with Larry Edelman to provide training and support on use of video technology;
  - Participation by Pilot Sites in Year 2;
- Cover provider agency costs to participate in video technology training and any other training needed;
- Cover provider agency costs to integrate TQRIS into quality assurance policies and practices. Note: Provider agency cannot use the funds to pay for a program's supervisor time but can use the funds to put additional money into the supervisor's contract.

Plans for Implementation Year 1 which begins January 2014:

- Work with CYFD and PED on alignment of essential elements of quality;
- Develop quality measurement tools;

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- Design pilot and recruit and contract with FIT Provider agencies. FIT will need a lot of input as Year 1 will be the design year.

Training and support in use of video technology will be provided for the following:

- Reflective supervision;
- Transdisciplinary teaming;
- IFSP and transition meetings;
- Tele-health;
- Measurement of quality practices.

The state of New Jersey has expanded the use of tele-health and video especially in rural areas using Go to Meeting technology.

#### Year 2

- Begin pilot implementation with 5-6 FIT agencies;
- Provide coaching to pilot sites;
- Continue validation of tools;
- Design roll out based on pilot site input.

#### Year 3

- Implement TQRIS statewide;
- Provide training for FIT providers;
- Provide coaching and support on the implementation of tools;
- Providers to develop policies and procedures to incorporate TQRIS into their ongoing Quality Assurance Plans.

Discussion about the Presentation follows:

- Cindy Mantegna - Will there be funding to address the legal issues around videotaping (e.g. confidentiality, storage of data, etc.)?
- Anna Otero Hatanaka - Implementation will be really expensive for FIT providers.
- Andy Gomm - No decision has been made as yet regarding a tiered reimbursement rate. There will be money for each agency to look at and make changes to their internal quality systems.
- Karen Ziegler - Head Start agencies are not eligible for STAR increases but they are doing it because it is the right thing to do. They money is for system's change, not direct services.

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- Johnny Wilson - Asked that FIT and FIT providers at the pilot sites communicate with families and get their input. Pilot sites may need technical assistance on how to best obtain family input.
- Andy Gomm - Family engagement is an essential element of this.
- Johnny Wilson - Has not seen a lot of the "how to engage families" being put into practice.
- Andy Gomm - What does a measurement of engaging families look like?
- Jim Copeland - Feeling resentful that the quality currently in FIT programs is not being recognized. What happens if FIT does not get the money in 2017?
- Andy Gomm - FIT would have to implement everything in a one (1) year period instead of the two (2) year period.
- Jim Copeland - Some FIT families have so many distractions and needs that they cannot make FIT services their priority. Would hate to see agencies rated down because outcomes are not achieved.
- Andy Gomm - Agencies will not be rated in terms of a child's developmental progress or what the child's family has learned. Agencies will be rated on the quality practices the agency is using.
- Peggy O'Neill - STAR System began as New Mexico's aim high initiative for quality child care. There are some parts of this that are great. Our program, Zia Therapy Center, made it to level five (5). The standards for accreditation have changed. In order to maintain their rating, Zia would have to spend \$80,000, cut child care to twenty (20) children, and cut two (2) staff members. Quality is expensive. ZIA is not going to maintain our accreditation because we refuse to cut child care for twenty (20) children and let two (2) staff members go. Also, Zia can't afford the \$80,000. Therefore, Zia will have to go back to a two (2) star rating. Peggy asked what the outcomes for the STAR system are and how many New Mexico child care programs are still accredited?
- Karen Ziegler - Will provide a report for the ICC.
- Peggy O'Neill - If FIT is going to mimic the Star System, don't we need to know if it will be worth the cost? If we look at the quality already present in the FIT system, imagine what providers could achieve if they were adequately funded.
- Patti Ramsey - Sees poor quality IFSPs in a number of agencies, and good quality in some agencies. This will force programs to take a look at their IFSPs and a tool will be provided to help them.
- Arlene Waters - Agree with Peggy and Jim and Patti. Concerned about the supervision of staff. It is very hard for rural programs to hire staff. Emphasis on degrees is a concern. Training staff is a high cost for agency and then staff leaves for higher paying jobs elsewhere.

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- Andy Gomm - Staff qualifications and professional development for those staff are just one part.
- Janis Gonzales - Who will do the verification of providers?
- Andy Gomm - FIT staff and a contractor. Verification will focus on agencies internalizing the use of the tools and making needed improvements.
- Johnny Wilson - Achievement of outcomes still need to be measured.
- Andrea Leon - Families are grateful for FIT services but don't feel they are part of the system, they feel the system is happening to them. Most parents don't know what is on their IFSP or what their IFSP is.
- Cindy Mantegna - Videotaping really scares me. It will be upsetting for staff and families.
- Andy Gomm - Videotaping will always be a choice for families but not for staff unless staff choose to have their supervisor do supervisory home visits.
- Cindy Mantegna - Some staff only work with two (2) families. How do we justify the cost of supervising these staff?
- Karen Ziegler - What child care started with is not what we ended with.
- Cindy Faris - Observed almost all of her eighteen (18) staff. Her staff think videotaping would be intrusive. Observations were a lot of work but they provided statewide input from families and identified staff training needs.
- Alvino Sandoval - Stressed the importance of what Johnny Wilson said about continuing to monitor outcomes and obtaining community engagement. Asked that a consistent message be sent across all systems so families don't become anxious about these changes before the roll out. Asked that parent centers (PRO and EPICS) provide some of the training. Expressed issues with the term "systems change across early childhood programs" because sometimes tribal programs including tribal child care are excluded.
- Karen Ziegler - We are reaching out to native communities.
- Cindy Mantegna. - The Quality Committee met during the break and the committee would like to take on the role of providing input to FIT regarding Race to the Top as the committee is already working on quality.

**MTION: Cindy Mantegna made a motion that the ICC Quality Committee will take on the role of providing input to the FIT Program about the implementation of Race to the Top. Kathey Phoenix-Doyle seconded the motion.** During the discussion of the motion, Jim Copeland requested that the Quality Committee let the ICC know when the committee is meeting as other ICC members may want to attend. Cindy Mantegna stated the Quality Committee needs more parent participation. Andrea Leon will let parents who are not ICC members know about the committee and when the committee meetings are scheduled. The committee can meet by teleconference. Andy Gomm said State staff and

contractors will be handling the bulk of the work and the role of the Quality Committee will be to review documents and advise. Cindy Mantegna stated the Quality Committee is functional, works well, and wants to be involved in the process. **There were no objections or abstentions. The motion passed.**

### IFSP PILOT

Lisa Chavez, Randi Malach and Magi Gerety reported. Six (6) agencies participated in piloting the draft changes to the IFSP. The pilot IFSP form was utilized by the pilot agencies with fifteen (15) families and then the families, IFSP team members and supervisors participated in a follow-up call on October 15. The results of the follow up call follow:

- 100% of families thought the pilot IFSP form included all important information and all of their concerns and priorities were addressed. One (1) family thought the process was confusing. Two (2) families thought the pilot IFSP form was easier than the current FIT IFSP form.
- 60% of Developmental Specialists thought the pilot IFSP form was easier for families. The form supported the team in developing an IFSP that was more focused around child/family routines. The form also supported the Transdisciplinary Team Approach.
- 87% of Family Service Coordinators found the pilot IFSP form easier to explain and 100% thought the form helped them focus on family routines and activities.
- 100% of supervisors found the pilot IFSP form helped IFSP teams develop outcomes that correlated with family priorities and concerns. The supervisor survey was conducted using the Quality IFSP Tool.

From October 16 to November 5, the Forms Committee completed changes to the pilot IFSP form and developed a guidance document for Family Service Coordinators. On November 6, the Forms Committee had a phone conference with FIT to present pilot results and discuss revisions and recommendations. There was a follow-up phone call with FIT on November 12. Randi Malach highlighted the following significant changes contained in the pilot IFSP form:

- Our Family Life, pages 1 & 2 - Designed to be a conversation with the family. More pages can be added as needed. Magi Gerety said the Forms Committee spent a tremendous amount of time developing probing questions to help guide conversations with families.
- ECO Map - The Forms Committee had a lot of discussion about the map. The map can be drawn at the bottom of the page or on the back of the page.
- ECO - It is embedded into the Present Abilities, Strengths and Needs page in a functional manner.
- Child and Family Outcomes page - Can use the guidance document to help identify probing questions.

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- Supports and Services page - This page changed a lot. It is oriented horizontally. Supports and services will build on what the family is already doing. It will be easy to see where services have been added, deleted or changed. Non-FIT services are separated out from FIT services which make it easier for data entry.
- Transition Plan pages - Did not change much.
- Review page - Slight change. It now includes a reason for the delay. The category of "Other" was also added.

The Forms Committee is recommending a laminated two (2) page guide for Family Service Coordinators and a one (1) page guide for parents to help them prepare for the IFSP meeting. The committee is also recommending that Family Service Coordinators be required to participate in one (1) hour webinar that includes handouts before they begin using the new IFSP form. The Forms Committee is also recommending that the State develop and offer a training day for contractors with CEUs available. The training will focus on how to write functional outcomes and strategies. The committee thinks the new IFSP form will better support routines based early intervention services.

#### Questions and Comments:

- Karen Lucero - Likes the page on amendments.
- Randi Malach - IFSP teams can add a line on the amendment page when an IFSP service is being added or changed.
- Randi Malach - Service Coordinators will still do a Prior Written Notice (PWN) regarding any changes in IFSP services.
- Cindy Faris - Noted that ECO outcomes are all on the key strengths and needs page. Noted that the ECO rating page is not part of the IFSP form.
- Randi Malach - The ECO rating cover page will be a separate document. The ECO rating is being addressed by the Quality Committee. Family Service Coordinators need to attend ECO training.
- Jim Copeland - Asked where the notice to complete the PWN was.
- Randi Malach - Replied the information about when to complete the PWN will be included in the two (2) page guidance document for Family Service Coordinators. Family Service Coordinators need to attend the webinar and the webinar is always available online.
- Cindy Faris - Asked if we still have to do the ECO plus the ECO outcomes on the new IFSP form?
- Andy Gomm - The revised IFSP form will help IFSP teams think more functionally about the three ECO outcomes.

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- Andy Gomm - The changes on the revised IFSP form will be a shift in how we have conversations with families. FIT will talk with ECLN about the training and technical assistance needed. Not sure when the revised IFSP form will be mandated for statewide use.
- Randi Malach- The revised IFSP form and the guidance document for parents have to be translated into Spanish. Once all the documents are ready and mandated for use, they will be placed on the FIT website so they can be downloaded. Training on the use of the revised IFSP form is essential. Providing the training via a webinar will assure that no one has to travel. The Forms Committee is also recommending a full day, agency specific training.
- Andy Gomm - The IFSP Quality tool will be adapted to include some of the sections on the new IFSP form.

Lisa Chavez asked for a motion to approve the work that has been completed and for the go ahead to take the next steps needed for implementation. **MOTION: Robin Wells made a motion to approve the work completed on the pilot IFSP form and to approve the next steps needed to implement the form. Paula Seanez seconded the motion.** During the discussion of the motion, Robin Wells commended the Forms Committee for their thoughtful work. Kathey Phoenix-Doyle asked if specific people at the pilot sites could continue to utilize the pilot IFSP form. Andy Gomm replied that he would need to consider this but he did approve the continued use of the form with the families who had helped pilot the form. **The motion passed with no abstentions or objections.**

### ICC COMMITTEE REPORTS

ICC Finance & Funding Committee - Peggy O'Neill reported. The committee has not been able to meet since the ICC Retreat. The committee is working on two critical issues. The first critical issue is to advise and assist the DOH with FIT Program decisions that might affect the FIT budget or might adversely affect providers' budgets. The second critical issue is to advise and assist the DOH in identifying sources of fiscal and other support for early intervention services.

Anna Otero Hatanaka informed the ICC that she had appeared before the Disability Concerns Subcommittee. Cindy Mantegna was also present and helped Anna answer questions about how the FIT system works. Disability Concerns Subcommittee members expressed concern about FIT services ending at age three (3). They were also concerned that FIT providers are being paid rates from ten (10) years ago. The Health and Human Services Committee will meet on November 25 and 26 in Santa Fe. It is extremely important that people show up to testify

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during the public comment period. Anna will need one (1) early intervention provider, such as Jim Copeland or Jane Larson, to be present in order to answer questions. Anna recommended that the ICC Finance Committee consider developing a three (3) year FIT funding plan to increase provider rates. The funding plan should consist of a \$2.5 million dollar request per year for three years. Anna did speak to a potential bill sponsor in the Senate, Senator Morales, who recommended a \$4 million dollar request with an anticipated hard fight to get \$2.5 million.

**MOTION: Anna Otero Hatanaka moved that the ICC support a legislative appropriation request of \$4 million dollars to enhance provider rates as per the 2003 cost study and that this be part of an ICC multi-year plan to obtain needed funding. Robin Wells seconded the motion.** During the discussion of the motion, Andy Gomm asked why it would be a multi-year request as the Legislature only appropriates money one (1) year at a time. Anna responded by stating \$9 million is needed in order to implement the rates in the 2003 rate study and it will take more than one (1) year. She said Senator Morales will not put multiple years in the bill. Anna will find a sponsor in the House for the bill. She will let the ICC know when the bill hearings are. It is critical to speak to Legislators now. Anna requested that when ICC members speak to their Legislators, they let Anna know who they spoke to and what they said. **Marc Kolman, Karen Ziegler, Ida Tewa, Joanne Corwin and Cindy Faris abstained. There were no objections. The motion passed.**

### Quality Committee

Cindy Mantegna reported. The committee will meet tomorrow at 9:00 am. The committee is working on three (3) critical issues. The first critical issue of developing a provider tool box has been put on hold. The second critical issue is to consider the lack of reliability in ECO scoring. The DOH and ECLN are leading the work on the ECO and much of the work will be completed by Michelle Staley and Jonetta Martinez-Pacias. The third critical issue is the lack of tools to assess quality. The committee is working on developing criteria for evaluators to demonstrate they are qualified to conduct CMEs, especially around the use and scoring of the IDA. Other demonstrated skills would include conducting hearing screening, vision screening and environmental risk assessment. The committee would like to survey providers to help determine the areas in which providers need training. Cindy Mantegna asked Andy Gomm when the updated list of ICD-9 codes would be available as providers are currently using the list from 1999. Andy Gomm stated the list of ICD-9 codes in FIT KIDS is not meant to be exhaustive and the "Other" category should be used as needed. The committee is beginning to look at how to assess quality home visiting. There are a huge number of resources on this topic which need to be reviewed. **MOTION: Cindy Mantegna made a motion that the Quality Committee will survey early intervention providers about their training needs and what they think makes a quality evaluator. Peggy O'Neill seconded the motion. There were no abstentions or objections. The motion passed.**

### Interagency Coordination

Karen Ziegler reported. The committee is working on three (3) critical issues. The first critical issue is children with autism will have increased access to services. No action has been taken on this issue as yet. The second critical issue is to provide clarification and enhancement on the interface between home visiting and FIT early intervention services. The subcommittee working on this critical issue has been meeting. They have reached out to the home visiting community and are in dialogue together. A guidance document for the field will be developed. The guidance document will show there is no duplication among home visiting programs (as requested by the LFC). Andy Gomm stated the document will also serve as a guide for Family Service Coordinators when FIT children are receiving services from another home visiting agency. The document will also help home visiting agencies make referrals to the FIT Program. Karen Ziegler asked Andy who is the audience for the document. Is it the LFC or is it service coordinators? Sophie Bertrand stated FIT providers such as NAPPR, Aprendamos and PB&J provide services that cross systems. Sophie suggested that the committee ask these providers where does it get confusing and what would be helpful. The third critical issue is to develop a joint guidance document between the Office of Child Development and FIT that will provide recommended inclusive practices. The committee will review the inclusion document that the UNM CDD is currently developing in order to avoid duplication. The subcommittee working on the third critical issue needs another FIT staff person because Verna Trujillo has left.

### Qualified Statewide Workforce

Robin Wells reported. The committee is working on two (2) critical issues. The first critical issue is to increase the statewide availability of highly qualified staff. CYFD will issue a certificate upon completion of the thirteen (13) online credit hours for the AA Courses. A lot of people have taken the classes but only four (4) people have completed all thirteen (13) hours. The ultimate goal is to encourage people to get a BA degree in infant toddler studies. Governor Martinez was recently in Portales talking about legislation to help cover a portion of student loans for nursing students who agree to work in rural areas of the state for two (2) years. The American Speech and Hearing Association (ASHA) has no problems with telepractice as long as the individuals providing this are licensed in the state in which the child resides. The committee will check with other regulatory agencies in New Mexico. Jim Copeland stated CNM wants to refer students for field study at Alta Mira. These students have already completed the CNM background check. Jim said Alta Mira will not be able to pay \$65 for a DOH background check. Robin Wells stated CYFD, PED and DOH should have a single background check process across all three (3) departments. Jim Copeland said it would be easier to provide field placement for students if they came with an official letter stating they passed a background check and each early intervention program agreed to always have a staff person present. Cindy Faris asked about the

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marketing of the FIT studies coursework. Robin Wells replied there are flyers available. Cindy Faris said it would be helpful if notices about the classes were sent to the FIT Coordinators List Serve. Robin said CNM will also be meeting with students about early intervention being a viable career. Students have to commit really early if they decide to take the FIT pathway. **MOTION: Anna Otero Hatanaka moved that the ICC send correspondence to the DOH, CYFD, and PED about developing a single fingerprint system across all three departments or consider reciprocity across the departments. Robin Wells seconded the motion.** During the discussion of the motion, Anna Otero Hatanaka suggested that a Legislative Memorial, one (1) in the House and one (1) in the Senate), requesting that the three (3) departments study the background check issue might be a viable option. **There were no abstentions and no objections. The motion passed.**

### Forms and Process Review Committee

Lisa Chavez reported. The committee will continue working and will look at all FIT forms. A meeting will be scheduled soon. Kathey Phoenix-Doyle and Sara Einfalt have joined the committee. As they begin to review other FIT forms, the committee will continue to work collaboratively with FIT as they did on the IFSP pilot.

**MOTION: Karen Ziegler made a motion to accept the ICC Committee Reports. Johnny Wilson seconded the motion. There were no objections or abstentions. The motion passed.**

**MOTION: Cindy Faris made a motion to table approval of the Strategic Plan until the January 22, 2013 ICC meeting. Peggy O'Neill seconded the motion. There were no objections or abstentions. The motion passed.**

### LEAD AGENCY REPORT / FIT BUDGET

Andy Gomm reported. Andy had hoped the new DDS fiscal person, Ralph Miller, would be able to present with him. Andy asked Peggy Denson to invite Ralph to the next ICC Finance Committee meeting. Andy reported the FIT Program is facing a \$4 million dollar shortfall this fiscal year. DFA will not approve a DOH supplemental request to cover this shortfall because the DOH had to return somewhere between \$16 and \$30 million dollars in unspent funds last fiscal year. Internal discussions are being held at DOH to determine where the funds to cover the shortfall are going to come from. The funds may not be available until the end of this fiscal year. If this happens, FIT will pay mid-year appropriations from the Medicaid match funds (\$5 million dollars are held for the match) and pay Medicaid at the end of the fiscal year. Andy will report to the ICC Finance Committee as he learns more. FIT has to provide a lot of justification for the 2015 expansion request of \$4 million dollars. The data indicates FIT is serving fewer kids. The average monthly cost per child was down in July but up in August. The FIT Program still needs to do

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month by month tracking. The data indicates FIT might need a bit less than the \$4 million dollars. Jim Copeland stated FIT expenditures are driven by services and the ICC has requested data on the average number of hours of service per child per early intervention provider. Jim said the key to our expenditure issues is the amount of service being provided. Andy replied that we also have to consider the increase in cost when children who were funded under Medicaid have to be covered under SGFs. Cindy Mantegna stated there is a lower cost per child when serving children at risk. Agencies who serve more children at risk than children with developmental delay have lower costs. Andy Gomm stated he had called the Division of Insurance for the total amount of private insurance revenues in FY13. Andy was informed the insurance cap of \$3500 may be illegal under the Affordable Care Act. If this is true, FIT would likely see insurance revenues increase as well as have more children covered under the Affordable Care Act.

### STATUS OF ICC RECOMMENDATIONS FROM JUNE 2013 ICC MEETING

#### Recommendations:

- Recommended Kathey Phoenix-Doyle for appointment as an ICC provider representative.  
**Status: Appointed**
- Recommended that the DOH defer implementation of the 50% requirement for FY14 to provide time for discussion and for the ICC to make recommendations. **Status: To be added to the January 2014 ICC Meeting Agenda**
- Recommended that the DOH approve programs to conduct the CME, complete the IFSP, and start early intervention services for children if the programs have used and continue to use due diligence to obtain the children's medical records.

**Status: No action by DOH. Andy Gomm to report at January 2014 ICC Meeting.**

- Recommended that the ICC Finance Committee prepare legislation, consider developing a three year funding plan for the FIT Program and obtain ICC input on a funding plan.  
**Status: ICC made a Motion to do this at the November 13 ICC Meeting.**
- Recommended that the DOH include a cost of living increase or a rate increase in the budget request to the Legislature and the Executive for FY14.

**Status: Cathy Stevenson was supportive of \$5.2 million dollar request for rates but this only went to the Administrative Services Division. Andy Gomm will report status at January 2014 ICC Meeting.**

- Recommended that the ICC Forms and Process Review Committee work with the FIT Program to implement a pilot of the draft revised IFSP form.

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**Status: Completed.** Reported on at November 13, 2013 ICC Meeting and the ICC made a motion for FIT to move forward with implementation.

- Recommended that the FIT Program move forward with the ICC Issue Paper on Consultation with input from Medicaid.

**Status: FIT issued a guidance document.** Table this recommendation until Maria Varela returns.

- Recommended that an ICC ad hoc committee be formed to review the proposed Race to the Top implementation and give direction to the FIT Program on the FIT funding request. **Status: Assigned to the ICC Quality Committee.**

### ICC FUNCTIONING ACTIVITY What

Worked:

- Status Report of ICC Recommendations from June 2013 ICC Meeting
- Lunch
- Committee Reports / Format of Committee Reports
- Report on IFSP Pilot
- Ratification of ICC Charter
- Meeting facility
- Agenda allowed time for discussion
- Co-Chairs Elect
- Guests / Guest Participation
- Public Comment Structure supported more ICC discussion

What Needs Improvement:

- Crunching time on the agenda
- Public Input Process

### MEETING ANNOUNCEMENTS & EVALUATION

Karen Lucero, ICC Co-Chair, asked members and guests to complete and turn in the meeting evaluation forms. Karen Lucero asked for a motion to adjourn the meeting. **MOTION: Arlene Waters made a motion to adjourn the meeting. Samantha Carl seconded the motion. There were no abstentions or objections. The motion passed. The meeting was adjourned at 4:00 pm.**

### FOLLOW-UP MEETING TASKS / RESPONSIBILITY

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### ICC

- Meet as individual constituents with Legislators to discuss benefits of FIT services and need for additional funding to increase FIT base and provider rates
- ICC Quality Committee to survey early intervention providers about their training needs and what they think makes a quality evaluator.
- ICC Quality Committee will provide input to the FIT Program about the implementation of Race to the Top.
- ICC Quality Committee will survey early intervention providers about their training needs and what they think makes a quality evaluator.
- Approve ICC Strategic Plan at the January 2014 ICC meeting.
- ICC Finance Committee to invite the new DDS fiscal person, Ralph Miller, to their next meeting.

### Executive Committee

- Add discussion on implementation of the 50% requirement to the January 2014 ICC meeting agenda.
- Write a letter requesting that the DOH forward Anna Otero Hatanaka's information to the Governor for consideration of appointment to the ICC.
- Write a letter in support of a legislative appropriation request of \$4 million dollars to enhance provider rates as per the 2003 cost study as part of an ICC multi-year plan to obtain needed funding.
- Write a letter to the DOH, CYFD, and PED about developing a single fingerprint system across all three departments or consider reciprocity across the departments.

### FIT Program

- Provide status of the ICC recommendation for the DOH to approve programs to conduct the CME, complete the IFSP, and start services if programs have used and continue to use due diligence in obtaining children's medical records.
- Provide status of the ICC recommendation for the DOH to include a cost of living increase or a rate increase in the FY14 budget request to the Legislature and the Executive.
- Complete the steps needed to implement the revised IFSP form.
- Include the average number of hours of service per child per early intervention provider in the FIT Lead Agency Report.