

INTERAGENCY COORDINATING COUNCIL (ICC)



APRIL 30, 2015 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Andrea Leon, Peggy O'Neill, Karen Lucero, Jim Copeland, Cynthia Mantegna, Samantha Carl, Shandra Clow, Sophie Bertrand, Nelli Calame, Cindy Faris, Sara Einfalt, Lourdes Vizcarra, Arlene Waters, Marc Kolman, Kathey Phoenix-Doyle, Karen Ziegler, Paula Seanez

PROXIES PRESENT

Amanda Barrett Proxy for Naomi Sandweiss, Robin Wells Proxy for Janis Gonzales, Cindy Faris Proxy for Joanne Corwin, Jim Copeland Proxy for Anna Otero Hatanaka

OVERVIEW

Kent Howell, Coordinator of Casa Alegre welcomed ICC members and guests. Peggy O'Neill, ICC Co-Chair, thanked Kent Howell and Casa Alegre for hosting the ICC. Peggy asked ICC members and guests to introduce themselves. **MOTION: Karen Ziegler made a motion to approve the meeting agenda as amended. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.**

POSITIVE OUTCOMES

Lindsey Benjamin and Kathleen Ocampo, Co-Directors of Positive Outcomes Program at Alberta House, presented. Positive Outcomes provides early intervention services in Socorro County. The program currently serves 50 families. Staff include three (3) developmental specialists, two (2) speech pathologists, one (1) occupational therapist, and one (1) physical therapist. Positive Outcomes staff are working to spread the message that families who have concerns about their child's development shouldn't wait until their child is in kindergarten. The message is: "When in doubt, check it out". Families need to understand the importance of addressing developmental concerns during the early years. The FIT Program was commended for supporting training and technical assistance through the Early Childhood Learning Network, revising the IFSP form, and building consultation into services. Positive Outcomes challenges include reaching out to physicians to support earlier referral to early intervention services, cancellations, and providing services in a large, rural county. Alberta House was named after a woman who adopted or fostered over fifty children. The video *Ounce of Prevention* was shown.

CASA ALEGRE

Kent Howell, Coordinator of the Casa Alegre Program, presented a power point presentation on Casa Alegre's services. The program started in 1998 and 1,100 children and their families have received services. Together, Casa Alegre and Positive Outcomes serve 9.64% of infants and toddlers birth to age one, and 13.93% of children one to three years of age in Socorro County. There are 17,584 residents living in the county. There is a high rate of poverty and a high teen

birth rate. The documented child abuse rate is 33.4 per 1000 children. The population is comprised of Hispanics, Native Americans, and Caucasians. Staff at Casa Alegre consists of developmental specialists/family service coordinators, an occupational therapist, and a speech therapist. Socorro General Hospital provides resources such as a nutritionist, nurse and a physical therapist. In addition to early intervention services, Casa Alegre provides the First Born Program, child safety seats, and Circle of Security parenting. The program currently serves 78 families. Referrals come from families, physicians, the First Born Program, and child-find activities. Successes include staff longevity and experience, being under the umbrella of the local hospital, sharing hospital therapists, and collaboration with the home visiting program. Challenges include cancellations, no shows, staff travel, 90% of the budget going to staff salaries, and the Affordable Care Act requirement to move to electronic charts. Karen Lucero asked if staff could add to a child's chart by using a lap top during a home visit. Kent replied that they could unless the family lived in a remote area. Andy Gomm inquired about Casa Alegre's relationship with the Alamo/Navajo community. Kent replied that they work together on child-find activities. The Socorro General Medical Group provides Ages and Stages screening. Area primary care physicians are referring children earlier. Sophie Bertrand asked how transition from early intervention to the schools is going. Kent said transition is going well although it is sometimes difficult for parents to attend transition meetings. Andrea Leon stated PRO works with area parents to help them advocate for needed school services.

ICC CONSENT AGENDA

Peggy O'Neill noted a correction to the ICC financial Report. The ICC has \$47,290.46 in the budget. Peggy asked for a motion to approve the consent agenda which consisted of the January Meeting Minutes and the ICC Financial Report. **MOTION: Arlene Waters made a motion to approve the Consent Agenda with the correction to total amount in the ICC's budget. Amanda Gibson-Smith seconded the motion.** Jim Copeland noted that the ICC is funded from December 11 through December 11. This is a calendar year, not a fiscal year. Andy Gomm stated he will talk with Peggy O'Neill about how to report ICC funds using the state's fiscal year. **There were no objections or abstentions. The motion passed.**

CHANGES TO FIT REGULATIONS & SERVICE DEFINITIONS AND STANDARDS

Andy Gomm presented. He distributed copies of the Regulations which are officially called Rules. FIT Rules have to be in compliance with federal and state regulations as to how they are promulgated. The draft changes are being required by the US Department of Education federal attorneys. Andy stated the ICC reviewed and approved earlier changes. Since changes are being made, the document will have to be published in the State register and two public comment hearings will be held over a 60 day period. The DOH last published FIT Rules on June 29, 2012.

Andy reviewed several of the draft changes as follows:

- At the January 2015 ICC meeting, the ICC approved a new eligibility list that contains ICD-9 Codes. Since additional eligibility conditions may need to be considered, wording in the draft Rules was added to permit the DDS Medical Director to add, remove or modify approved eligibility conditions.
- Prematurity definition now reads 29-34 weeks of completed gestation.

Questions & Comments:

- Marc Kolman - Is the wording official enough to comply with the administrative code?
- Cindy Mantegna - Can Dr. Gonzales have input regarding the wording?
- Karen Lucero - Could we say perinatal factors including prematurity as determined by the FIT Program Manager in consultation with the DDS medical director?
- Cindy Mantegna - When looking at prematurity, regardless of how many days premature, you round down to the week. For example, if 34 weeks and five days, round down to 34 weeks.
- Lourdes Vizcarra - 37 weeks is considered term. Under 37 weeks is considered premature.
- Jim Copeland - Suggested wording be 29 weeks to less than 35 weeks.
- Sophie Bertrand - Definition of prematurity should be specific in FIT Rules.

Responses by Andy Gomm:

- We can't cross reference the eligibility list in the Rules.
- We can be less specific in the Rules and more specific on the Eligibility List or vice versa.

Andy Gomm asked the ICC if there were any other changes or additions needed. Jim Copeland asked if the new language definition could be revised. Alta Mira is receiving referrals on children from Chinese, Korean and Nepalese families. It is difficult to find and fund interpreters for all FIT services being provided to these families. Jim asked if a rate extension could be applied to help pay the increased cost of interpreters. Andy Gomm replied that the ICC Finance Committee should consider some sort of rate differential. Karen Lucero suggested that there could be a separate budget component for interpreting services such as the one for child find.

MOTION: *Cindy Faris made a motion to accept the draft rules as amended and to endorse the FIT Program to move forward with promulgation of the draft rules. Karen Lucero seconded the motion. There were no objections or abstentions. The motion passed.*

Other Changes:

Andy Gomm discussed a proposal to conduct autism screening utilizing the Modified Checklist for Autism in Toddlers - Revised (M-CHAT-R) for all children between 18 and 30 months of age as part of the comprehensive multidisciplinary evaluation (CME). For children younger than 18 months, the M-CHAT-R autism screening would be conducted once a child is 18 months, and the child will be screened again at 30 months (personnel may bill for this time spent conducting the screening).

Questions/Comments:

- Robin Wells - Children with certain autism characteristics are seen in the 12 to 18 months age range. A child could have Asperger's and not qualify under the M-CHAT-R.
- Cindy Mantegna - Using the M-CHAT-R could potentially scare a parent away from services.
- Sara Einfalt - Screening is not a bad idea. There were early signs in her boys and wishes they would have found out sooner. Sara supports early screening.
- Robin Wells - If we tell parents that we screen for all high incidence conditions, they should be more comfortable with the M-CHAT-R.
- Kathey Phoenix-Doyle- Agrees with Robin. Concerned that some people will tell parents their child has been diagnosed with autism. We can't diagnose autism. We need more training around this.
- Lourdes Vizcarra - This is a screening, not a diagnosis.
- Sophie Bertrand - People don't have a problem with doing this screening. The concerns are related to training needs and associated costs.

Andy Gomm reported the FIT Program would be striking the language requiring CARF accreditation. Larger agencies can continue to seek CARF accreditation if they wish.

Comments:

- Arlene Waters - CARC still requires CARF accreditation.
- Robin Wells - CARF is better for adult services.
- Karen Lucero - CARF's administrative requirements are helpful.

Andy Gomm stated that when services are changed on the IFSP Supports and Services page, the changes should be made using the amendment section on the Supports and Services page.

Andy Gomm reported that the draft language for certification of Developmental Specialists (DSs) is as follows: DSs must be certified by the FIT Program "before they can bill" and their certifications must be "renewed at the required time".

Comments:

- Arlene Waters - Do her best to meet the required 30 days but often has to wait on transcripts. The transcripts have to be official and cannot be a Xerox copy.

- Jim Copeland - Does not have a problem with the requirement as long as the DDS is accountable as to how long they wait to issue certification.
- Arlene Waters - May need to put a person to work right away and having to wait 30 days impacts services.
- Jim Copeland - Consider language such as "One (1) month from the date of hire."
- Cindy Mantegna - Consider using provisional certification language that therapy boards use.

Andy Gomm replied that FIT will consider the therapy board language so that DSs could practice under provisional certification until their transcripts come in.

PARENT PANEL

April - Her daughter started early intervention services in Arizona. The family moved to New Mexico seven (7) months ago. Her daughter's grandmother (April's Mother) referred April's daughter to New Mexico's early intervention services because she was not sitting up or crawling. Services were very helpful and her daughter is now walking and can also run around the house. April's son is also participating in early intervention services. He is almost three and doing very well. April was contacted within a week of the referral of her daughter, and then her son. The evaluations for both children were scheduled. Therapy services were so helpful for both children. Family was/is an active participant in IFSP meetings and services.

Questions for Parent/Answers:

- Andy Gomm - Asked if there was a difference between Arizona's and New Mexico's services.
Answer: They were about the same.
- Karen Ziegler - Asked if the parent has started paperwork for Head Start services.
Answer: Paperwork is in process.
- Sophie Bertrand - Asked about the paperwork in Arizona and in New Mexico.
Answer: Paperwork was easy to follow and not too overwhelming.
- Sophie Bertrand - Asked if there was a transition plan between Arizona and New Mexico.
Answer: No, had to find out for myself about New Mexico's early intervention services.

Tamara - Has two (2) boys. Her youngest son has a syndrome which causes skeletal abnormalities and hearing loss. They were referred to early intervention services by their son's primary care physician. They were contacted right away. The evaluation was scheduled and services started. The parents were full participants on their IFSP team. They had three transition conferences. Both parents did not think their son was ready to leave early intervention services but the program helped the parents feel confident and comfortable about moving forward. Tamara is concerned about the public school services her son is receiving. He only receives speech once a week. She is advocating to try to get her child more speech therapy.

Questions for Parent/Answers:

- Lourdes Vizcarra - Since your child has a rare syndrome, have you been able to learn about other services?

Answer: Working to get her child on the DD Waiver. Process is confusing and difficult.

RACE TO THE TOP/TIERED QUALITY RATING & IMPROVEMENT SYSTEM (TQRIS)

Linda Askew and Thea Guerin presented a PowerPoint presentation and a brief overview of the components of the FIT FOCUS framework which included the following:

- FIT FOCUS Criteria
- IFSP Quality Review Scale, IDA, Other tools/Processes
- Coaching, Support
- Video Demonstration Project
- Pilots

FIT FOCUS criteria is comprised of the following eleven (11) essential elements of quality:

1. Family Centered Practice
2. Cultural Competence
3. Assessment
4. Leadership
5. Intervention/Intentional/Instructional Practice
6. Team Collaboration
7. Quality IFSP
8. Inclusion
9. Reflection
10. Social Emotional Development/Promoting Social Relationships
11. Professional Development

The Stakeholder Group is working to help develop indicators for the above quality elements.

Thea provided an overview of the Video Demonstration Project. Using video can provide many benefits such as parents videotaping their use of strategies and sharing the video with their team. Video can support service providers in reflecting on their practice during home visits including what went well and what could be improved. Agencies can use video to mentor new staff. Video can also help agencies tell their story to legislators, etc. ECLN staff and four (4) early intervention programs are being trained on why and how to use video. Larry Edelman is providing the training, support and guidance. Between training sessions, participants are practicing using video and then submitting their work to another person to obtain feedback. Linda Askew asked the ICC meeting guests from several of the video demonstration pilot sites how they thought the video project was going. La Vida Felicidad guests stated they really like the small video equipment. Kids don't pay any attention to the equipment and stay natural. The La Vida Felicidad Quality Assurance Manager is using video for staff orientation which is

helping to assure that orientation is consistent. The NAPPR guest said her staff are excited about using video. The Life Roots guest said their agency would not have had the funds to support the use of video but as a video project participant, they have access to the equipment. Life Roots just videotaped their IFSP training provided by Jen Brown. Cindy Faris stated her program is part of the project. Cindy videos staff working with families and reviews the video with the staff back at the agency. They are able to pick up things in the video that were missed during the home visit. Larry Edelman is wanting videos of reflective supervision. Cindy's staff will be using videotapes as part of their presentation at a national conference in July. Cindy is keeping a separate tracking of the time staff are spending to shoot and edit video.

LEGISLATIVE ROUND-UP

Andy Gomm and Jim Copeland presented. The J. Paul Taylor Task Force was funded for a 3rd year. The task force focuses on children who are at risk and on preventing child abuse. The ICC may want to have an ICC member attend task force meetings which are held in Albuquerque. Jonetta Pacias represents FIT at the task force meetings. Kathey Phoenix-Doyle will represent the ICC at the meetings.

Andy Gomm stated there are new monies for home visiting. CYFD has an RFP out for home visiting that will close in mid-May. Andy said it works well when FIT providers are funded to provide both early intervention services and home visiting services.

- Sophie Bertrand - Home visiting is looking at a two tier system. Should we be thinking about having home visiting take over services to at risk children? We need more information about what is being planned.
- Kathey Phoenix-Doyle - FIT at-risk services and home visiting services are not the same. The Legislature does not understand the difference between home visiting and FIT. The two tier system applies to services for children who live farther away. If a child lives farther away, the program serving the child will receive more money.
- Arlene Waters - If people like us don't understand the difference between FIT and home visiting services, then how will people in communities understand the difference?
- Peggy O'Neill - The ICC's Interagency Coordinating Committee might want to take this on.
- Andy Gomm - Suggested that the new CYFD person over home visiting attend an ICC meeting to have a dialogue. Would it make sense for FIT to receive funding to serve children who are environmentally at-risk?
- Cindy Faris - How come the funding is not given to FIT to work in collaboration with home visiting?
- Karen Zigler - Will get in touch with Selestte Sanchez, Home Visiting Supervisor, and invite her to the June 4 ICC meeting to talk about the vision for the second tier.
- Karen Lucero - Want to know how we can refer to each other, collaborate effectively, and know that we each serving the appropriate children.
- Kathey Phoenix-Doyle - Want to know how our services are different and how we can work together.

- Andy Gomm - PB&J takes a leadership role on the task force but they are not chairing it.
- Cindy Faris - An ICC committee could focus on this at the annual retreat.
- Samantha Carl - Why is the RFP an issue for a June presentation?
- Karen Ziegler - When reading RFPs, there will be some things that can't be discussed until the process is completed.
- Sophie Bertrand - Selestte Sanchez comes from early intervention.

Jim Copeland stated ADDCP worked hard during the session to obtain additional money for FIT and the DD Waiver. Each program is to receive \$450,000 for rate increases. ADDCP's understanding is that the \$450,000 is new money. DOH says only \$150,000 is new money. Regardless, the DOH is responsible for providing the \$450,000. ADDCP sponsored legislation to fully fund the rate increases but had to ask that the money be included in HB2. The ICC Finance Committee will meet and make recommendations to FIT on how to distribute the rate increases. Andy Gomm stated the DOH is committed to having the \$450,000 go to rate increases.

STATE PERFORMANCE PLAN (SPP)/ANNUAL PERFORMANCE REPORT (APR)

Patti Ramsey reported. She distributed a handout on the State Systemic Improvement Plan (SSIP) Theory of Action. The SSIP is part of the new Indicator 11 on the State Performance Plan (SSP). Indicator 11 was completed and sent to OSEP by the due date of April 2, 2015. Patti already emailed a copy of this to the ICC. The SSIP required a lot of infrastructure and data analysis and a lot of strategies for how to make it happen. Patti reviewed the membership and commended the ICC Ad Hoc group that helped work on this. FIT Program staff also helped develop the infrastructure analysis. ECLN helped with training and technical assistance. This was a big task. New Mexico's Theory of Action is our plan to identify a state measurable result. Our plan is that eligible infants and toddlers in New Mexico are receiving routines based early intervention services designed to improve the three early childhood outcomes. To support this, ECLN developed and provided early intervention providers with four (4) IFSP training modules designed to help them develop more functional IFSPs. Patti gave a brief overview of how the eight (8) agencies were selected for participation in the FOCUS pilots. These agencies were selected based on the following criteria:

- their Early Childhood Outcome (ECO) data appears to be reliable
- they serve rural or urban areas
- they were willing to participate
- they have strong supportive leadership
- they have professional development activities in place.

Patti gave a brief overview of the validation of the IFSP Quality Rating Scale pilot. New Mexico is working to determine if children with functional IFSPs have better early childhood outcomes. OSEP is providing conferences to help states. The FIT Program will continue to utilize the ICC as the stakeholder group.

ICC PARENT PANEL REFLECTION

ICC member reflection on the Parent Panel was as follows:

- Interesting to hear from a parent who started early intervention services in another state
- States need to support transition when parents move while their child is in early intervention
- FIT Program Manager receives eight (8) to ten (10) calls a week about families transitioning to early intervention services in New Mexico
- Family Service Coordinators need to be knowledgeable about the DD Waiver
- Kids under 5 years of age must have an IEP in place before they are removed from pending status for the DD Waiver.
- At age 5, a child is viewed as having a developmental disability
- PRO provides training and support on the DD Waiver application process
- Family Service Coordinators need to let families know how to apply for the DD Waiver
- Jennifer Thorne Lehman's presentation at last year's FIT Annual Meeting was very informative and helpful
- A webinar on the DD Waiver would be helpful
- IFSPs support transition to Part B services
- Resources for small schools on the reservations are needed
- PRO provides assistance and information regarding placement options
- Lack of therapists in rural areas
- PED has responsibility (funding, etc.) for children
- Special education services at BIA schools is provided for children ages 5-21. For children ages 3-5, the responsibility falls on the local school district

ICC COMMITTEE REPORTS

Quality Committee

Cindy Mantegna, Quality Committee Chair, reported. The Committee has met since the last ICC meeting. They worked on Goal #4: Streamline policies and develop additional guidance with examples and suggestions to help NM FIT providers. They explored various policies that providers may need support on, or that may need streamlining. They explored the forms and policies that are not being covered by TQRIS or the Forms Committee. Cindy asked Andy if the ECO is going to be presented at the FIT Annual Meeting. Andy replied that all ECO materials are ready. They will go live on July 1, 2015. A webinar is planned. FIT did not include ECO changes in Service Definitions and Standards. Children under six (6) months of age don't require an ECO but FIT KIDS forces providers to do an ECO on all children. FIT is developing a

contract with MAXIMUS to make needed changes to FIT KIDS. FIT will re-issue Service Definitions and Standards once FIT KIDS is updated. FIT's proposal is not to go forward with two (2) of the ECO recommendations until the change is made in FIT KIDS. This change may happen by October.

Questions/Comments and Answers

- Kathey - Can't we put the ECO changes in Service Definitions and Standards even though we are waiting for FIT KIDS to be changed?

Reply: Andy said FIT would address this in the training.

Reply: Jonetta Pacias said this will be presented at the FIT Annual Meeting and could be addressed in the webinar.

- Samantha Carl - When do the standards go in effect?

Reply: Andy said Standards go into effect July 1. We could make another change to Standards mid-year or at any time. Andy stated Standards are what providers are currently being held to. Training can say that a change in Standards is coming.

- Samantha Carl - Is there a way to create an under 6 month standard that could be used in the interim?

Reply: Andy said entering a number such as 000 might work.

Reply: Patti Ramsey said putting in dummy dates might work.

- Kathey Phoenix-Doyle asked about including the MEISR on the list of approved tools. The MISER was recommended for this at a previous ICC meeting.

Reply: Andy said there was no consensus that the MEISR fits as an ongoing assessment tool.

- Patti Ramsey - Has to go through and delete all ECO scores on children under 6 months of age and it would be helpful to not have to do this.
- Michelle Staley - MEISR is used to age anchoring a child.

Reply: Andy said FIT doesn't approve ongoing assessment tools so it seems like FIT should approve it as a tool for ECO. This needs to go in the ECO guidelines.

- Sophie Bertrand - The FIT Program presented nationally at the way the ECO categories were embedded into the IFSP.
- Cindy Mantegna - How does the Evaluator Guidance fit into the Standards? They will go into effect in 2016.

Cindy Mantegna stated the Quality Committee is struggling with how to fit between TQRIS and the Forms Committee. The Quality Committee would like to give input regarding progress notes, intake, training and technical assistance logs, routines based interviews, and training for new developmental specialists.

MOTION: *Cindy Mantegna made a motion that the ICC endorses the recommended areas of focus in the April 30, 2015 Quality Committee Report. Robin Wells seconded the motion.*

Discussion of the motion:

- Jim Copeland - Requested that the ICC keep in mind that every change no matter how minor results in a cost to every provider agency. Last year, Alta Mira had a \$90,000 deficit that did not include the \$80,000 from fundraising.
- Cindy Mantegna - The Quality Committee is making suggestions and guidance, they are not recommending changes in FIT Rules.
- Samantha Carl - We are working to help streamline what is already happening, not add additional work.
- Kathey Phoenix-Doyle - Kudos to the committee for reducing ECO requirements. The Streamlining Subcommittee will consider how to support quality while streamlining.

There were no objections or abstentions. The motion passed.

Forms & Processes Review Committee

Sara reported. Provider forms will be posted on ECLN website on July 1, 2015. Sara asked for clarification regarding what date should be used for eligibility determination. Michelle Staley asked if we should use the date the CME was signed or use the date of the evaluation. Sara presented a number of other questions on behalf of the Forms Committee. Andy Gomm asked Sara to send him an email with the committee's questions. Michelle Staley suggested that Sara give committee questions to Albert to take to the FIT team. Sara reported the committee will be making some recommendations regarding the Prior Written Notice form as some needed information is not provided (ex. when the form should be used during discharge). Andy Gomm stated there will only be one (1) FIT staff meeting and FIT forms need to be finalized before putting them on the ECLN website. Sara reported that some of the FIT ICD-9 codes on the Eligibility List are incorrect as they are adult only codes. Karen Lucero stated the torticollis code on the list is the adult code. Sara asked why the IFSP parent letter has not yet been distributed to providers so they can share it with families. She reported that the Transition Summary does not meet HIPAA requirements. To meet HIPAA requirements, some information needs to be added above the parent signature line. Sara will include all of these questions and suggestions on the list that will be given to Albert to take back to the FIT team. Michelle Staley said the Forms Committee will meet prior to the last FIT team meeting.

ICC Finance & Funding Committee

Jim Copeland reported. The committee will meet in the next couple of week to make recommendations on rate increases using the \$450,000.

Qualified Workforce

Robin Wells reported. Moving ahead with issuing AA certificates. Andy Gomm stated AARA money was used to fund the FIT studies at the Bachelors level. Name has been changed to Infant Family Studies.

Comments/Questions

- Karen Ziegler - Issues at every institution in terms of transferring coursework.
- Andy Gomm - Working to build college and university training across systems.
- Karen Ziegler - At a meeting last week, the feds said infant toddler coursework needed to be available
- Sophie Bertrand - There are so many new deans in colleges of education we now need a voice around infant mental health and early intervention. Colleges need to offer more coursework statewide that is not just online.
- Jim Copeland - This is financially related. Early intervention provider agencies don't hire that many people so not that many people are signing up. This is a bigger issue than just having the core curriculum available
- Andy Gomm - One thing we will have to address is the expectation that we want to hire people with specific degrees. We are already hiring 150-160 developmental specialists a year but they are not coming to us with early childhood degrees. We have to set targets for 8 to 10 years out.
- Arleen Waters - We currently have five (5) openings at CARC. We can't find people with early childhood degrees. When we do, Carlsbad schools pays higher so staff move to the schools.
- Jim Copeland - Alta Mira has to provide a lot of specific agency training for new hires. We would not be able to fill positions if there were more specific degree requirements.
- Sophie Bertrand - There are five (5), four (4) year colleges in New Mexico and several two (2) year colleges. The ICC Executive Committee could put degree requirements on a future ICC meeting agenda.

Interagency Coordinating Committee

Karen Ziegler reported. The committee has not met since the last ICC meeting.

MOTION: Karen Lucero made a motion to approve the Committee Action Plans. Cindy Faris seconded the motion. There were no objections or abstentions. The motion passed.

LEAD AGENCY REPORT

Andy Gomm distributed copies of the report and highlighted the FIT budget and expenditures. He reviewed the status of ICC recommendations from the January ICC meeting.

MOITON: Amanda Gibson-Smith made a motion to adjourn the meeting. Kathey Phoenix-Doyle seconded the motion. There were no objections or abstentions. The motion passed.
The meeting was adjourned at 4:00 pm.

FOLLOW-UP MEETING RECOMMENDATIONS / TASKS

RECOMMENDATIONS/TASKS for FIT PROGRAM	STATUS
Andy Gomm to talk with Zia Therapy Center on how to report ICC fund's using the state fiscal year.	
FIT to consider therapy board language to permit developmental specialists to practice under provisional certification until their transcripts come in.	
FIT to include the MEISR on the list of approved tools for the ECO.	

RECOMMENDATIONS/TASKS for ICC COMMITTEES or ICC Members	STATUS
ICC Executive Committee to ask Selestte Sanchez, Home Visiting Supervisor, to make a presentation at an upcoming ICC meeting.	<i>Selestte will present at the November 5, 2015 ICC Meeting.</i>
ICC Executive Committee to invite Pat Osbourne to an ICC meeting to discuss using the M-CHAT-R	
ICC Finance Committee to consider a rate differential to fund interpreters.	
Kathey Phoenix-Doyle to represent the ICC at J. Paul Taylor Task Force meetings.	