

INTERAGENCY COORDINATING COUNCIL (ICC)



November 5, 2015 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Andrea Leon, Peggy O'Neill, Karen Lucero, Jim Copeland, Cynthia Mantegna, Samantha Yancey, Sophie Bertrand, Nelli Calame, Cindy Faris, Sara Einfalt, Marc Kolman, Kathey Phoenix-Doyle, Paula Seanez, Amanda Gibson-Smith, Janis Gonzales

PROXIES PRESENT

Erica Candelaria Proxy for Naomi Sandweiss, Samantha Yancey Proxy for Lourdes Vizcarra

OVERVIEW

Peggy O'Neil welcomed ICC members and guests to the meeting and asked for introductions. Peggy reviewed meeting ground rules. She stated the meeting agenda would be amended to move the voting on the continuation of membership for two ICC members prior to the voting on the ICC Provider Representative. Peggy asked for a motion to approve the meeting agenda as amended. **MOTION: Amanda Gibson-Smith made a motion to approve the meeting agenda as amended. Nellie Calame seconded the motion. There were no objections or abstentions. The motion passed.**

ICC GUIDANCE DOCUMENTS

The ICC Coordinator presented the following documents for ICC discussion and voting:

- *ICC Member Discussion Guidelines*
- *ICC Parent and Provider Panels*
- *Partnership Agreements and Commitments*
- *ICC Relationships*

The first three documents, *ICC Member Discussion Guidelines*, *ICC Parent and Provider Panels* and *Partnership Agreements and Commitments* were reviewed and edited during the ICC Retreat.

ICC COMMITTEE FUNCTIONING & PROCESS

The fourth document, *ICC Relationships* was developed at the request of the ICC Executive Committee. This purpose of the document is to:

- clarify the ICC's relationships with the Lead Agency and the DDSD/FIT Program;
- clarify the role and responsibilities of ICC committees, subcommittees and work groups;
- support the ICC in the oversight of its committees, subcommittees and work groups;
- clarify that ICC committees, subcommittees and work groups recommendations are to the ICC;
- clarify that only the ICC can make recommendations to the DOH/DDSD/FIT Program.

Peggy O'Neill asked for a motion to accept the four documents as presented. Marc Kolman said the DDS and the FIT Program have an issue with the word "all" in the following statement in the third section of the *Partnership Agreements and Commitments* document: 'Bring "all" issues impacting the provision of early intervention services to the ICC for discussion. Utilize the ICC Executive Committee as a clearing house when in doubt'. Kathey Phoenix-Doyle said the word "all" was discussed "in detail in 2013" and she expressed concern about being "back to where we were two years ago". Jim Copeland stated this document is a revision to the current *ICC Charter* which is currently in effect and will remain in effect until the ICC votes on the *Partnership Agreements and Commitments* document. Jim Copeland stated in 2013, the ICC and DDS/FIT agreed to implement the *ICC Charter* and determine if any issues came up with the word "all". Jim said to his knowledge, no issues have come up between the ICC and DDS/FIT because of the word "all". Andy Gomm said he has heard concerns that FIT has not brought certain initiatives to the ICC prior to implementation. Marc Kolman requested that the ICC table voting on the *Partnership Agreements and Commitments* document until the Executive Committee meets with DDS/FIT and clarifies the meaning of the word "all". Joanne Corwin asked for the timeline on when the meeting would be held and when the document would come back to the ICC. The ICC Executive Committee meets in December to plan the agenda for the January ICC meeting. This discussion could happen at that meeting. Andy Gomm is a non-voting member of the Executive Committee. The ICC Executive Committee does not vote but the committee could have the discussion, make any agreed upon revisions to the *Partnership Agreements and Commitments* document, and then present the revised document to the ICC in January. The ICC would review and discuss any revisions in January and vote to either accept, reject, or modify the suggested revisions. **MOTION: Samantha Yancey made a motion to table the voting on the Partnership Agreements and Commitments document until the January 2016 ICC meeting. Marc Kolman seconded the motion. There was no opposition or abstentions. The motion passed. MOTION: Amanda Gibson-Smith made a motion that the ICC Executive Committee would meet with DDS/FIT to discuss and clarify the word "all" and present any recommended wording changes in the Partnership Agreements and Commitments document to the ICC at the January ICC meeting. Sara Einfalt seconded the motion. There were no objections or abstentions. The motion passed.**

Peggy O'Neill asked for a motion to accept the following documents as presented: *ICC Member Discussion Guidelines, ICC Parent and Provider Panels, and ICC Relationships*. **MOTION: Amanda Gibson-Smith made a motion to approve ICC Member Discussion Guidelines, ICC Parent and Provider Panels, and ICC Relationships. Kathey Phoenix-Doyle seconded the motion. During the discussion of the motion, the ICC requested that a cover page with a title and a date be added to the Relationships document. Joanne Corwin amended the motion to recommend the inclusion of a cover page, the title ICC Relationships, Roles and Responsibilities, and the implementation date. Kathey Phoenix-Doyle seconded the motion. There were no objections or abstentions. The motion passed.**

VOTING ON CONTINUATION OF MEMBERSHIP

Peggy O'Neill informed the ICC that two current members, Jim Copeland and Karen Lucero, have exceeded the early intervention provider terms specified in the ICC Bylaws. ICC Bylaws have term limits for parent and early intervention provider members. Federal regulations require term limits for ICC parents based on the age of their children. Years ago, the ICC voted to also have term limits for ICC early intervention providers. Jim and Karen are currently appointed by Governor Martinez. ICC Bylaws do allow for a vote of continuation and the ICC is being asked to consider if Jim and Karen should continue. Andy Gomm stated that if Jim and Karen are viewed as effective members, the ICC should vote for their continuation. Anna Otero Hatanaka said she was not in favor of term limits because experienced ICC members contribute significantly to the work of the ICC. Kathey Phoenix-Doyle recommended that ICC Bylaws be reviewed and revised. Jim and Karen were each given a few minutes to discuss their commitment and contributions to the work of the ICC. Continuation ballots were distributed for ICC voting. The ICC voted in favor of having Jim and Karen continue on the ICC.

VOTING ON ICC PROVIDER REPRESENTATIVE

Peggy O'Neill welcomed the six candidates interested in the open early intervention provider position. These candidates had submitted letters of interest and resumes for ICC review prior to the meeting. The six candidates were:

1. Lula Brown - ENMRSH in Clovis
2. Grace Coca - Life Roots in Albuquerque
3. Abel Corvarrubias - Aprendamos Intervention Team in Las Cruces
4. Bill Jones - Los Pasitos in Roswell
5. Roberta Martinez-Flores - Multicultural Evaluation and Consultation Associates (MECA) in Las Cruces
6. Amy Pickard, Native American Professional Parent Resources (NAPPR)

Each candidate had a few minutes to discuss their expertise, interest in and commitment to the work of the ICC as well as the region(s) and counties of New Mexico they would be representing. Abel was in Washington, DC so he sent a short video. Ballots were distributed. The ICC selected Lula Brown from Clovis. Lula's information will be forwarded to the Governor's Office of Boards and Commissions for official appointment to the ICC.

Anna Otero Hatanaka informed the ICC that this would be her last ICC meeting as she is retiring as the Executive Director of the Association of Developmental Disabilities Community Providers (ADDCP) at the end of December. ADDCP will be selecting a new Executive Director. ADDCP will recommend a replacement for the ICC ADDCP member.

APPROVAL OF CONSENT AGENDA

Peggy O'Neill asked for a motion to approve the Consent Agenda which included the ICC June Meeting Minutes, the ICC Retreat Minutes and the ICC Financial Report. Peggy stated Zia Therapy Center is the ICC's Fiscal Agent. The ICC's budget is for January through December of each calendar year. After the food for this meeting is paid for, the ICC will have \$3,255.13 remaining in the budget. ICC member and ICC Parent Panel reimbursement for today's meeting will be deducted from the \$3,255.13. Any funds remaining at the end of each calendar year cannot be transferred to the next year. Remaining funds will be used to purchase needed equipment for the ICC Coordinator. **MOTION: Amanda Gibson-Smith made a motion to approve the Consent Agenda. Samantha Yancey seconded the motion. There were no objections or abstentions. The motion passed.**

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

Linda Askew and Thea Guerin presented. Thea provided a brief description of the membership and work of the Cross Sector Team. The team is determining how to best align the systems serving young children and their families. The goal is to align the systems in a manner that assures the best use of resources and supports the effective operation of each system. There are system specific operations. For example, in FIT, there are teaming and collaboration, assessment, quality IFSPs, and reflection. Child Trends is helping New Mexico consider how to best align systems by creating a common systems' infrastructure. Each New Mexico system will create a Logic Model to identify where the system wants to go and the steps needed to get there. FIT is committed to embedding TQRIS into what FIT programs are already doing. The FIT stakeholder group is helping to assure that what we are doing will result in quality. Thea highlighted the information in each column of the Outcomes-Impact handout.

Jim Copeland asked the following questions about the information in the far right column on the Outcomes -Impact handout:

- Does FIT have a current baseline percentage on OSEP Child and Family Outcomes?
- If we find that 100% of families say they know their rights, how can we improve on this percentage?
- Is time and money going to be wasted working on quality that has already been achieved?

Jim asked if wording regarding the money needed to implement the Goal Statement (Ensure highest quality services to children and their families through the use of evidence-based practices) could be added to the statement. Andy Gomm said providers are paid a certain amount for a home visit whether or not the visit is of high quality. Jim stated the issues around the recruitment and retention of staff need to be considered. Recently, an SLP at Alta Mira was offered \$10.00 more an hour than Alta Mira can pay. Money attracts people regardless of their level of commitment to providing early intervention services. Jim stated it is imperative to continue having ongoing conversations about the funding needed to implement

TQRIS because our current service system is not adequately funded. Sara Einfalt asked how many family satisfaction surveys are sent each year and what is the percentage of return. Yvette Dominguez said last year, the FIT Program sent out approximately 500 surveys and approximately 200 were completed and returned. Andy Gomm stated FIT could provide a presentation on family survey results at a future ICC meeting. Kathey Phoenix-Doyle stated the questions on the family survey are very confusing and should be reviewed and edited. Kathey said goal statements are not typically inclusive of finances. Thea said the concerns about finances are being heard and taken into consideration. The FIT Logic Model includes risks and assumptions and the financial implications can be added there. The FIT Evaluation Plan will also include financial implications.

Linda Askew distributed a handout on the indicator for Quality IFSPs. The IFSP Quality Rating Scale has been validated through an interrater reliability study. We will train eight pilot sites to use the scale to rate a percentage of their program IFSPs. Linda reviewed the Levels handout. Agencies will be asked to look at what is happening in their programs at each level. Programs will use the recommended tools to assess the growth and needs of their early intervention staff. Collected information will be shared with the Early Childhood Network (ECN) who will provide training and technical assistance (T&TA) as needed to support quality practices. The Division of Early Childhood (DEC) has provided NECTAC with money to develop self-assessment checklists and a number of these checklists apply to New Mexico's essential indicators. We are reviewing these checklists to determine which will be the best and easiest to use. The ECTA Center is collecting videos to demonstrate what early intervention practices should look like. FIT's Video Demonstration Project has just completed Cohort 1 and this group will get together on November 10th to share their experiences. FIT will begin the Cohort 2 group which will have a narrowed focus and include the use of video conferencing. FIT will develop an evaluation plan and identify outcomes, and the feasibility of outcomes we will be working to achieve. Andy Gomm stated New Mexico may receive an extension to finish our projects which would go through December 2017. The rate study will look at the cost of implementing TQRIS. Pilots will tell us how much time implementation takes and this information will be included in the rate study. There will be an analysis of the costs.

PARENT PANEL

Erica Candelaria introduced the two parents, Gabrielle and Viviana. Gabrielle is the mother of two children. Her first child is five years old and he has an autism diagnosis. It took two months for the early intervention program to call Gabrielle back. Their son's pediatrician referred him to early intervention because the pediatrician saw early signs of autism. Once services began, things went well and the services have been so beneficial. Her second child is at risk because she was born with a club foot. Early intervention really helped the parents understand developmental milestones. Her daughter made great progress in early intervention but transition to the public school has been difficult. Even though her daughter stutters, she

does not qualify for speech therapy. Gabrielle stated parents need support understanding the importance of early intervention services. Their family service coordinator is "great." Viviana's son is almost four years old. He lost his hearing as a result of meningitis and he had cochlear implant surgery when he was 26 months of age. The family's primary residence is in Roswell. They currently stay in Albuquerque so their son can attend preschool. She learned about early intervention from her son's physician. She also has a friend whose child and family participated in early intervention services. Services were so helpful. After the meningitis, her son could not eat, and he could not walk because he lost his balance. Early intervention services started immediately. The family had to travel back and forth to Albuquerque frequently so their son could have the pre-cochlear implant assessment, the surgery, and post-implant services. Children with a cochlear implant have to learn to use their implant. The therapist in their home city did not know how to work with children with cochlear implants. They decided to move to Albuquerque to access the services here. Their son went to the NMSD preschool and the family had a deaf mentor. These services were "amazing and we loved these services." There are a lot of children with cochlear implants living in Albuquerque.

Questions:

- Joanne Corwin - Asked Viviana if training for their first early intervention agency might have helped the family receive specialized services more quickly. Viviana replied that better communication between the parent and the early intervention agency would have helped because a half hour of speech therapy a month was not sufficient.
- Amanda Gibson-Smith - Asked Gabrielle if she had explored Head Start services. Gabrielle replied her daughter is transitioning out of Early Head Start and hopes she qualifies for Head Start because the public school has already informed them that their daughter does not qualify.
- Sophie Bertrand - Asked if services provided supports for other family members, not just the moms. Gabrielle said the Autism Program focuses mainly on the mom. PRO is very helpful for all family members.

ICC PARENT PANEL REFLECTION

ICC member reflection on the Parent Panel was as follows:

- Consider adding a Family Survey question to help determine if there are gaps or delays in services.
- Consider how to bring in state supported schools/other services when there are specialized service needs.
- Fathers need support and should be a part of early intervention services.
- Should we ask parent panel parents to identify their early intervention agency when they report a concern? Or, do we continue to look for systemic issues/trends?
- Can be very difficult for parents to access some highly specialized services for their children when they live in rural areas.

During discussion of whether or not to ask parents to identify their early intervention agency, there was agreement that this was not appropriate and the ICC would continue to look for systemic issues/trends.

COMMUNICATION AD HOC COMMITTEE REPORT

Kathey Phoenix-Doyle, Committee Chair, reported. The Communication Ad Hoc Committee was formed to address the communication issues that had been brought to the ICC over the last year. The Communication Ad Hoc Committee met once. This was a very productive meeting and the recommendations contained in the report will help address the communication issues if they are implemented. Kathey reviewed the recommendations which included:

- Ways to improve the DOH/FIT website;
- FIT Program to designate a communication liaison who will address communication issues;
- How to improve communication with the medical community;
- How to assure FIT information reaches all early intervention providers;
- FIT information to also be posted on the Early Childhood Network (ECN) website;
- DOH/FIT to develop a protocol for providers to follow when communication from FIT is not received in a timely manner.

Comments/Questions:

- Janis Gonzales - Would like to be on any work group looking at ways to improve communication with the medical community.
- Jim Copeland asked what the difference is between the Early Childhood Network (ECN) and Early Childhood Learning Network (ECLN). Sophie Bertrand replied that ECLN is the bigger umbrella. ECN is the early childhood piece.

MOTION: Amanda Gibson-Smith made a motion to accept the Communication Ad Hoc Committee report with the understanding that the recommendations will be rolled into the Communication Committee Action Plan. Janis Gonzales seconded the motion. During the discussion of the motion, Jim Copeland amended the motion as follows: Communication Ad Hoc Committee report is received as information and will be forwarded to the Communication Committee for implementation as appropriate. Janis Gonzales seconded the amended motion. Samantha Yancey stated the Communication Ad Hoc Committee worked hard and we should not lose their work. Kathey Phoenix-Doyle stated the Communication Committee's Action Plan does not address all of the recommendations in the Communication Ad Hoc Committee report. Sara Einfalt made a motion to table voting on the amended motion until after the committee reports. Joanne Corwin seconded the motion. Three ICC members opposed the motion. Four ICC members abstained from voting on the motion. Twelve ICC members voted in favor of the motion. The motion passed.

ICC COMMITTEE ACTION PLANS

Andrea Leon asked Committee Chairs to highlight their committee action plans so the ICC could have the information needed to vote to approve them.

Forms Committee

Sara Einfalt, Forms Committee Chair reported. The Forms Committee has completed its Action Plan and will not be meeting anymore. A short term Ad Hoc Forms Work Group may be formed if needed. **MOTION: Kathey Phoenix-Doyle made a motion to disband the Forms Committee. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.**

Quality Committee

Cindy Mantegna, Quality Committee Chair, reported. The Quality Committee needs more family and early intervention provider members. The committee is working with the Stakeholder Group for TQRIS. Cindy reviewed the committee's planned actions. **MOTION: Kathey Phoenix-Doyle made a motion to accept the Quality Committee's action plan. Samantha Yancey seconded the motion.** During the discussion of the motion, Andy Gomm asked if the ICC would like to address the State Systematic Improvement Plan (SSIP). Andy said he and Jason Levy will take the lead on the SSIP and they would like ICC input. Input could come from an ICC subcommittee. Samantha Yancey agreed that the ICC should have input. Karen Lucero said the subcommittee should have representation from the Quality Committee. Kathey Phoenix-Doyle said she would be willing to chair the SSIP Subcommittee. **MOTION: Samantha Yancey made a motion to reconvene the SSIP Subcommittee. Karen Lucero seconded the motion. There were no objections or abstentions. The motion passed.**

ICC Communication Committee

Marc Kolman, Committee Chair reported. The committee has a large membership. The action plan addresses communication between FIT and the ICC, the ICC and early intervention providers, and FIT and early intervention providers. Karen Lucero asked about the first action as it is not part of the ICC and DDS/FIT *Partnership Agreements and Commitments*. Shandra Clow recommended that the Communication Committee let the Communication Ad Hoc Committee know why if any of their recommendations don't become part of the Communication Committees Action Plan. Marc said the wording in the first action will be clarified. The goal of the action is to make certain that things don't get dropped. He also proposed taking off the reference to the ICC Finance Committee in the first action. The Communication Committee will add an action step to review the Communication Ad Hoc Committee Report and consider including their recommendations in the Communication Committee's Action Plan. Sophie Bertrand said the Communication Ad Hoc Committee's recommendation regarding communication with the medical community should not be ignored. **MOTION: Amanda Gibson-Smith made a motion to approve the Communication Committee Action Plan with the inclusion of the public awareness recommendation from the Communication Ad Hoc**

Committee. Samantha Yancey seconded the motion. There were no objections or abstentions. The motion passed.

Early Childhood Collaboration Partnership (ECCP) Committee

Andrea Segura, Committee Chair, reviewed the committee's action plan which is designed to build collaboration. Andy Gomm stated he had a hard time understanding the purpose of the action plan. Andy asked if the actions would be at the state or local level. He asked what would be the result of the work. Andrea replied that the committee would be working to build new early childhood partnerships within FIT and the ICC. Sophie Bertrand said an example of this could be an ECO map of the early intervention and home visiting relationship. There are relationship gaps. Marc Kolman suggested that the wording "strategic partners" be substituted for "agencies" throughout the document. Marc also stated the action steps for the first critical issue are identical and he suggested the committee identify the purpose of the collaboration in one of these action steps. ***MOTION: Marc Kolman made a motion to approve the Early Childhood Collaborative Partnership Action Plan with the recommended changes in wording. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.***

ICC Finance & Funding Committee

Jim Copeland, Committee Chair, reported. The actions in the committee's action plan are strategically designed to support the financial integrity of the FIT system. Jim distributed copies of the Legislative appropriation request for \$5,000,000 dollars for FIT rate increases. The committee will develop a checklist for ICC committees to use when reporting fiscal impact information. Anna Otero Hatanaka suggested that a box be put around the \$5,000,000 dollars and add wording that the money will be used for rate increases for FIT providers. Sophie Bertrand suggested the addition of a statement about how early intervention supports children. Amanda Gibson-Smith suggested that the two bullets at the bottom of the request be moved to the top. ***Motion: Janis Gonzales made a motion to approve the committee action plan and the legislative appropriation request with the suggested revisions. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.***

ICC Committee Chairs will review and edit their action plans based on the recommendations of the ICC and send their plans to the ICC Coordinator by Friday, November 20th. Jim Copeland stated that according to the ICC Bylaws, at this meeting, the ICC should have voted to elect new Co-Chairs so they could be mentored for one year by the current Co-Chairs. ***MOTION: Cindy Mantegna made a motion to postpone the voting on the Co-Chair elects until the January 2016 ICC meeting. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.***

MOTION: *Amanda Gibson-Smith made a motion to approve the ICC Strategic Plan. Kathey Phoenix-Doyle seconded the motion. There were no objections or abstentions. The motion passed.*

ICC Role and Responsibilities forms for ICC Co-Chairs, ICC members, ICC Committee Chairs and ICC committee members were distributed for signature. These forms are signed every year. Committee Chairs were asked to take extra committee member forms and return signed forms to the ICC Coordinator. Cindy Faris informed the ICC that this will be her last ICC meeting. She wants to spend more time in the field working with staff. Cindy introduced Louanne Stordahl. The NM School for the Blind and Visually Impaired is recommending that Louanne be Cindy's replacement on the ICC. Cindy will still serve as a member of the Quality Committee. Cindy thanked the ICC for all the things she had learned as an ICC member.

MOTION: *Paula Seanez made a motion to accept Louanne Stordahl as the NMSBVI representative on the ICC. Amanda Gibson-Smith 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 information in the report which included the following:

- Page 10 of the report includes the follow-up on ICC recommendations to DOH/DDSD/FIT. Jason Levy will be taking over for Patti Ramsey and Albert Ericson. Jason will be the FIT data lead. Andy said he needed more information on the structure and content of training needed by the ICC to help them understand the ICC Lead Agency Report. The ICC has a clear role of advising and assisting on financial issues. Future reports will include more complete financial data.
- Page 1 of the report has a yellow header which signifies new data. The numbers in the first column under the yellow header show the following: 200 is for salaries and benefits; 300 is for contracts; 400 is for provider agreements; 500 is for the Medicaid match. New funding for this fiscal year included \$150,000 plus \$400,000 to apply to rates. FIT's overall budget is \$25,000,000 which does not include Medicaid.
- Page 2 contains actual FIT expenditures by fiscal year. The table at the top of page 2 is for direct services to children. The table at bottom of page 2 is for all FIT expenditures. We can't roll over state monies that are left at the end of the fiscal year but we can roll over federal monies and Race to the Top money. Medicaid revenue is listed below the table on page 2. We pay \$.30 cents on the dollar for the Medicaid match. Medicaid doesn't bill FIT for family service coordination or evaluations.
- Page 3 contains Medicaid recoupment amounts. Over the course of several years, FIT has recouped \$4.5 million dollars. FIT revenue from private insurance has decreased this year. We need to look at each health plan to determine if insurance companies are denying more claims. Peggy O'Neill said the 2005 insurance statute has a cap where insurance only

pays up to \$3500 for FIT services. Andy said DDS is working internally to see if the DOH will sponsor a bill to remove the cap. Anna Otero Hatanaka asked Andy if the DOH legal department had checked to determine if the federal law regarding no insurance caps supersedes state law. Andy replied that DOH legal had determined that states could apply a cap if they wanted to and New Mexico could remove the cap. Anna Otero Hatanaka requested a copy of this from legal so the ICC Finance Committee could review it. Jim Copeland asked if New Mexico could remove the cap in the state law without opening the law. Andy replied that he would ask DOH legal. ICC members expressed concern that if the statute is opened, the insurance companies could oppose the bill and we could lose the \$3500. Anna Otero Hatanaka stated the upcoming Legislative session is a 30 day session and a new insurance bill could not be introduced unless there is an appropriation attached to it or the Governor sends a letter stating she wants the bill introduced. Karen Lucero asked if FIT knows how many children would exceed the cap. Andy Gomm replied that this had been looked at and it is substantial. Anna asked if the Department of Insurance could review this. Sara Einfalt stated the penalty for not having health insurance is currently less than it costs to have insurance so this may contribute to lower insurance revenues.

- Page 4 data has not been updated since February of 2014. There has been a concern that the cuts to eligibility have not reduced costs.
- Page 5 - Referral data has been consistent from year to year. Bottom of the page shows the number of referrals by age group.
- Top of page 6 is not data on children with an IFSP. The data is on children who received some type of service. Referrals are picking up.
- Page 7 - Data is on the December 1 child count by county. Providers have to work with other providers to develop a child find plan.
- Page 8 - Has race and ethnicity data. We need to have the estimated population of Native Americans from the census to compare with FIT data.

Anna Otero Hatanaka said her question about the status of the \$4,000,000 regarded the Legislature's belief that this was new money that would be used for provider rate increases. Janis Gonzales asked what the explanation is for the \$5,000,000 increase in State General Funds. Karen Lucero thought the additional money was to "keep FIT out of the hole". Andy will research these questions.

Andy asked the ICC what kind of training is needed to help them understand the Lead Agency Report. Nellie Calame stated Andy was not at the June ICC meeting and there were more questions about the Lead Agency Report than the person presenting the report could answer.

Questions/Comments

- Jim Copeland - Asked why the private insurance revenue was not in the 400 section as this money should be for providers. Jim stated the insurance legislation was to bill insurance companies for services to their enrollees and these services are provided by early intervention agencies. Andy replied that the DOH sees the insurance monies as revenue. Anna Otero Hatanaka agreed with Jim. Andy stated Jim has a valid point.
- Karen Lucero - Asked what has happened to the regulation changes that the ICC voted on a previous meeting. Andy stated that he is back working $\frac{1}{2}$ time and the regulation changes should be able to move forward. He said the eligibility will have to be moved from the regulations first. Karen Lucero said we now have a number of new eligibility codes.
- Nellie Calame asked if the Lead Agency report could be restructured so the ICC could see comparisons.
- Samantha Yancey asked if Andy could include a guidance sheet that includes terms like recoupment. She said overlays would help the ICC see trends or just side by side graphs.
- Cindy Mantegna asked if military insurance funds were included. Andy replied that military insurance is exempt from state law as are self-insured insurance plans and federal workers insurance plans. Karen Lucero asked if we could try billing military insurance even though they are not mandated.

MOTION: Shandra Clow made a motion to accept the Lead Agency report. Kathey Phoenix-Doyle seconded the motion. There were no objections or abstentions. The motion passed.

ANNOUNCEMENTS

- Anna Otero Hatanaka said Senator Howie Morales will sponsor the \$5,000,000 bill. Anna will work for ADDCP until the end of the calendar year. Anna encouraged the ICC to take a more active role in supporting the legislation. As voters, each ICC member should talk with their Legislators about the need to support the legislation. Next year is an election year and legislators want and need the support of their constituents. Legislative money bills will be discussed in the caucuses.
- Paula Seanez introduced the new Deputy Director for New Vistas, Sarah Michaud.

ICC CONTINUOUS QUALITY IMPROVEMENT (CQI)

What Worked

- Early intervention provider interest in the open provider position and serving on ICC committees;
- Discussing committee action plans in detail and voting to approve each plan;
- Parent Panel;
- Food;
- Having Andy Gomm back;
- ICC Coordinator;
- Celebrating members who are retiring;

- Facilitation of Co-Chairs.

What's Not Working?

- New member voting process;
- Bylaws;
- Acoustics in this meeting room;
- Co-Chairs not taking advantage of the process that allows them to participate in discussions.

MOTION: *Sara Einfalt made a motion to adjourn the meeting. Andrea Segura seconded the motion. There were no objections or abstentions. The meeting was adjourned at 4:15 pm.*

FOLLOW-UP MEETING RECOMMENDATIONS / TASKS

RECOMMENDATIONS/TASKS for FIT PROGRAM	STATUS
Meet with the ICC Executive Committee to discuss and clarify the word "all" and present any recommended wording changes in the Partnership Agreements and Commitments document to the ICC at the January ICC meeting.	
Provide a presentation on family survey results at a future ICC meeting.	
Consider adding a family survey question about gaps or delays in services.	
Check on the status of the \$4,000,000 Legislative appropriation that was added to the FIT budget. Was this money intended to increase provider rates or was it intended to keep the FIT Program from running in the red?	
Add side by side graphs to the Lead Agency Report so the ICC could see comparisons. Add a guidance sheet to explain terms such as recoupment.	
Check with DOH legal department to determine if the cap in the insurance legislation could be removed without opening the legislation.	
Obtain Native American Census data to compare with FIT data.	

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RECOMMENDATIONS/TASKS for ICC COMMITTEES or ICC Members	STATUS
ICC Executive Committee to meet with DDS/D/FIT to discuss and clarify the word "all" and present any recommended wording changes in the Partnership Agreements and Commitments document to the ICC at the January ICC meeting.	
Reconvene the SSIP Subcommittee. Kathey Phoenix-Doyle is willing to be Chair.	
ICC Committee Chairs to implement the recommended changes in the wording of their Action Plans and email their updated Action Plans to the ICC Coordinator by November 20, 2015.	
ICC Executive Committee to add voting on new Co-Chair elects to the January 2016 meeting agenda if the current Co-Chairs do not want a second term.	
ICC Executive Committee to review and make recommendations for changes to the ICC Bylaws and present draft changes to the ICC at the January 2016 ICC meeting.	