

INTERAGENCY COORDINATING COUNCIL (ICC)



MAY 31 - JUNE 1, 2017 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Andrea Leon, Peggy O'Neill, Karen Lucero, Cynthia Mantegna, Samantha Yancey, Sophie Bertrand, Nelli Calame, Sara Einfalt, Marc Kolman, Kathey Phoenix-Doyle, Amanda Gibson-Smith, Janis Gonzales, Lula Brown, Luanne Stordahl, Andrea Segura, Naomi Sandweiss, April Spaulding, Joanne Corwin, Paula Seanez, Justina Stewart

PROXIES PRESENT

Sara Einfalt Proxy for Nikki Ornelas; Viviana Olivas Proxy for Andrea Segura

MEMBERS ABSENT DAY 1

Paula Seanez, Justina Stewart

DAY 1

WELCOME

Peggy O'Neill welcomed ICC members and guests to the meeting and asked for introductions. She thanked the NMSBVI for hosting the ICC meeting. Peggy asked for a motion to approve the meeting agenda. **MOTION: Sara Einfalt made a motion to approve the meeting agenda. Amanda Gibson-Smith seconded the motion. Jeanne Du Rivage informed the ICC that she would be presenting the section on Family Survey results for Yvette Dominguez and that Deb Vering would co-present the Lead Agency Report with her. There were no objections or abstentions. The motion passed.**

PRESENTATION BY NMSBVI

Luanne Stordahl reported. The NMSBVI early intervention program served 2,182 children last year. The program has the following staff: 19 developmental specialists, 1 program coordinator, 1 administrative assistant, and 4 orientation and mobility specialists. Linda Lyle, the Superintendent, is retiring and Patty Beecher is serving as the interim superintendent. The orientation and mobility specialists are presenting an orientation and mobility tool for birth to five at an upcoming national conference. The program has been a cohort in both video projects. Staff have been working on helping families conceptualize their routines so they can identify where they spend their time, what they do during their routines and what skills can be worked on during the routines. This fits into the expanded core curriculum for children with vision impairments. Luanne showed a video of children and families participating in early intervention services.

CONSENT AGENDA

Peggy O'Neill asked for a motion to approve the Consent Agenda. **MOTION: Amanda Gibson-Smith made a motion to approve the Consent Agenda. Nelli Calame seconded the motion. There were no objections or abstentions. The motion passed.** Peggy reported that Zia was awarded a contract to continue as the ICC fiscal agent. Peggy reviewed the ICC Financial Report. Peggy asked for a motion to accept the ICC Financial Report. **MOTION: Amanda Gibson-Smith made a motion to accept the ICC Financial Report. Joanne Corwin seconded the motion. There were no objections or abstentions. The motion passed.**

EARLY INTERVENTION PROVIDER POSITION

Peggy O'Neill stated there was one open position for an Early Intervention Provider on the ICC. Three candidates submitted letters of interest and resumes. Peggy asked the two candidates who were attending the meeting to talk about their interest in serving. Peggy briefly reviewed the resume of the candidate who was not able to attend, Debra Frasca, Chief Executive Officer for Life Quest in Silver City.

Bill Jones - Director of Los Pasitos and the Learning Center. Los Pasitos serves approximately 350 children and their families each year. Numbers are increasing due to the increase in the quality of Los Pasitos services. Los Pasitos works collaboratively with the MECA Roswell early intervention program and the two programs share therapists. Los Pasitos has a great management and early intervention team. Bill has just graduated with his 3rd master's degree. He is very interested in serving on the ICC and would bring good problem-solving skills to the work of the ICC.

Celina Waller - Aprendamos Program Director. Aprendamos works in partnership with the other two early intervention programs serving children and families in the Las Cruces area. Aprendamos is serving 930 children and their families. She wants to be a part of the work the ICC does on behalf of New Mexico's children and families. She believes in collaboration and partnership. Aprendamos was one of the pilot sites for the SSIP IFSP Pilot. This a rewarding and beneficial experience for Aprendamos. Celina has been in the field of early intervention for the past eight years and has worked hard to learn early intervention programming. Celina would bring early intervention staff input to the work of the ICC.

Peggy O'Neill stated the ICC is fortunate to have three good early intervention provider candidates from the southern part of the state who would each do an excellent job of representing rural programming. Paper ballots were distributed and counted. The ICC welcomed Celina Waller. Celina's information will be forwarded to the Governor for official appointment to the ICC.

ICC QUALITY COMMITTEE CHAIR

Peggy O'Neill stated the ICC Quality Committee needs a new Chair. ICC Committee Chairs must be a member of the ICC. Peggy asked Kathey Phoenix-Doyle to highlight the work of the Quality Committee. Kathey reported the Quality Committee looks at quality early intervention practices, staff training needs, impact of services on children and families, and the cost of quality initiatives. The Quality Committee is a great committee with good parent and provider representation. The committee works well together. The committee meets once a month except during the summer. Cindy Faris will continue as the committee scribe. Karen Lucero will help train and guide the new committee chair. No one initially volunteered to be voted on as the Quality Committee Chair. Peggy stated the ICC would discuss all ICC Committee Chairs during the September ICC Retreat.

LEAD AGENCY REPORT

Jeanne Du Rivage and Deb Vering reported. Deb is the Developmental Disabilities Supports Division (DDSD) Deputy Director for the Administrative Services Bureau. Deb has a staff of eight. She works with Andy Gomm, Marc Kolman and Jeanne Du Rivage and helps to support financial decisions. Jeanne Du Rivage asked that the Lead Agency Report be put on the ICC Retreat Agenda to discuss the report data that would be most helpful to the ICC.

Deb stated she "loves the FIT Program". Deb was asked if the DOH had enough funding to get the FIT Program through the end of the current fiscal year. Deb replied there is \$150,000 left in the State Medicaid match which will help cover FIT funding needs. Deb reported there has been a significant increase in provider expenditures due to the increase in referrals. Deb stated more money would be requested for the FIT Program during the 2018 Legislative session. Data in the Lead Agency Report comes from FIT KIDS and the State accounting system. Jeanne highlighted the new information in the report that had been added since the last ICC meeting which included FY17 dollar amounts, numbers served and average cost per child. Data on pages 4 & 5 now match the fiscal year and page 6 now includes Medicaid costs.

Comments:

- Samantha Yancey - Requested that the ICC continue to determine the data fields needed in the Lead Agency Report.
- Sophie Bertrand - At one point FIT served children the year they turned 3. Even though this has ended, the numbers have not gone down.
- Karen Lucero - Page 5 of the Lead Agency Report indicates a drop in the numbers served in 2012 when FIT stopped serving children over 3 but then the numbers went back up. The cost per child went down in FY14 but it went up in FY15 and FY16. This is data the ICC Finance Committee will want to consider.
- Marc Kolman - The Lead Agency Report helps the ICC and the DOH understand the FIT system.

Deb Vering - Will start with an old FIT Lead Agency Report and add the missing data to the blank fields. Deb will meet with the ICC Finance Committee to discuss the fiscal data the ICC needs.

Jeanne reviewed the FIT Program Manager Updates document. Stella Terrazas, CBA Lead and Provider Manager, gave notice. Her last day was May 26. Joyce Solisz, FIT Office Manager, also gave notice. Her last day was May 24. Jeanne reviewed the programs that she, Yvette Dominguez, and Jonetta Pacias will cover until additional staff are hired. Jeanne reported that there is a lot of stress at the state level and things are taking more time. Jeanne reviewed the status of ICC recommendations from the April meeting. She asked for clarification regarding the request about organizing FAQs on the FIT website.

Comments/Questions:

- Kathey Phoenix-Doyle - There are FIT information documents located in various places and it can be difficult for providers to know where to go to find needed information.
- Sophie Bertrand - FIT memos, guidance documents are historical and new folks may not know where to find this information.
- Lula Brown - We need one site that contains the most current FIT information. Information on the site should be organized, such as by topic.
- Karen Lucero - Asked how the FIT agencies would be able to obtain the new assessments. If programs have sufficient assessments, they would like to have hearing screening equipment. Karen asked what the time frame was for the purchase and distribution.

Jeanne Du Rivage - The FIT Program will purchase and distribute the assessments and equipment. Jeanne stated she didn't know yet what the purchase and distribution time frames will be.

Deb Vering - The current fiscal year is ending and the purchase of the assessments or equipment may have to wait until the new fiscal year.

- Kathey Phoenix-Doyle - The assessments and equipment will be purchased with TQRIS funds.

Deb Vering - We need to see how much money was spent in FY17 before we can re-budget whatever funding was left from FY17. The accounting system will be up on July 3rd.

- Celina Waller - Asked about the ICD-10 codes. Not all FIT agencies have the updated codes. This came up at the last regional meeting.

MOTION: Karen Lucero moved to approve the Lead Agency Report. Luanne Stordahl seconded the motion. There were no objections or abstentions. The motion passed.

SERVING NATIVE AMERICAN FAMILIES & CHILDREN

Marc Kolman and Jeanne Du Rivage reported. Jeanne has met with Aiko Allen, the DOH Native American Liaison. Marc stated every department in the state must have a tribal liaison. Each

tribe should be approached individually. Letters, such as transition information, can be sent to tribal leaders but it is important to also send the letter to the local tribal contact. FIT providers should check with EPICS and others to learn about issues and solutions. Aiko put together a state tribal report that Jeanne can send to the ICC. Jeanne asked what the ICC would like to know.

- Sophie Bertrand - Data in past Lead Agency Reports indicated FIT was not serving enough Native American children. This concern is where the original request came from. Tribes receive child find and screening funding. FIT programs could partner with tribes to share resources and address issues.
- Catherine Quick - It would be a good idea to meet with tribal leaders to talk about services and how to support children transitioning from Part C into Part B.
- Samantha Yancey - Justina Stewart wanted to start researching why some children in tribes were not receiving needed early intervention services.
- Sophie Bertrand - Cathy Riley from the CDD is interested in supporting this work. She has a list of tribal contacts.
- Kathey Phoenix-Doyle - Several years ago, ARRA funds were used to host a summit with tribes.
- Janis Gonzales - We need to know why the number of Native American children in FIT services is low.
- Kathey Phoenix-Doyle - We need to know if we are interpreting the numbers correctly and if we are missing children.
- Karen Lucero - The tribal summit was held in 2010. It was a big conference with tribes and providers from across the state. We broke into small groups to problem solve issues and identify strategies. There was good discussion during the conference but no post conference follow-up. Page 10 of the April Lead Agency Report indicates that some of our numbers are low. Do we need to develop better relationships between FIT providers and the tribes?

Chris Vining - Tracking the number of Native American children in FIT services. In 2014 there was a low number of pueblo children receiving FIT services. Some pueblos had no children served under an IFSP and some had only 1 to 2 children served under an IFSP. There has been no follow-up since the summit. FIT programs need to engage families. The ICC should look at the numbers since 2014. Are they up or down? Mass produced materials are not effective without personal engagement. There was \$4 billion dollars in cuts to Native people in the president's budget. Native children fall through the gaps in early intervention and preschool and may not be picked up until they are school age.

- Joanne Corwin - In New Mexico, there is a high number of Native American children with hearing loss. After the summit, the NMSD early intervention program trained Native American service providers which helped increase the number of referrals, referrals to IFSP, and the number of home visits Native families participated in.

- Luanne Stordahl - This is an issue we need to address as an ICC. We may need to form an ICC committee or an ad hoc work group.
- Celina Waller - We need to look at FIT agencies that have been successful in finding and engaging Native American families.
- Amanda Gibson-Smith - FIT agencies can collaborate with Early Head Start/Head Start providers working with the tribes to better meet the needs of tribal children and families.
- Andrea Leon - The ICC used to have a Child Find Committee. The ICC may want this on the retreat agenda. Do we need an ad hoc committee before then?
- Sophie Bertrand - Thanked Jeanne and Marc for talking with Aiko Allen.

ICC PARENT PANEL VIDEOTAPING

This will be a topic on the ICC retreat agenda. Jeanne Du Rivage has the parent presentations on individual thumb drives. She will mail them to the parents with a letter of apology. Jeanne asked the ICC what should be done with the original.

Comments:

- Andrea Leon suggested that Jeanne wait until after the ICC retreat.
- Kathey Phoenix-Doyle - The Parent Panel provided great information. It would be okay to videotape panels if parents had the opportunity to know beforehand that videotaping was an option and how the videotape would be used. They would sign a consent.

Viviana Olivas - The Roswell Parent Panel were okay with the videotaping after it was explained by Jonetta Pacias. They did sign a consent form.

- Kathey Phoenix-Doyle - Some training materials are used nationally. This needs to be clearly explained to the parents.
- Peggy O'Neill - Asked Jeanne to keep the original until the ICC discusses this at the retreat. If a decision is made to use the video, then PRO could ask the parents to resign a consent form.

FAMILY LEADERSHIP CONFERENCE

Andrea Leon reported. FIT funding supports the conference and the funding helps provide scholarships and hotel rooms for families. Children are welcome and entire families may attend. There is a youth strand. Andrea showed a video of the conference. 356 people attended. There were out of state participants. There was a Spanish strand and Spanish interpreters. Andrea thanked the early intervention programs for their support in letting their families know about the conference. The conference supports families who have participated in early intervention services and who want to be leaders in their communities. PRO is developing a portal on the PRO website to help parents learn how to share their stories. The portal will have information on IFSPs and information on navigating the service systems. Some parents who attended this year's conference will be brought back to mentor new parents at next year's conference.

Comments:

- Nelli Calame - The conference is well done. It helps parents find their voice and advocate effectively.
- Samantha Yancey - Keynote speakers were excellent.

MEDICAID UPDATE

Christie Guinn reported. Christie is the Medicaid School Health Manager. She provided a brief history of Medicaid. The federal government has expanded Medicaid benefits. Medicaid is regulated by the federal government and administered by the states. Each state defines the scope of its Medicaid services in a detailed state plan. In addition to payment for direct services, there are federal funds available for performing specific administrative activities related to the Medicaid services being provided. Schools and early intervention providers link at-risk children with needed services. Christi stated that there is a potential for early intervention agencies to do administrative claiming. She reviewed allowable administrative activities. The amount of time spent on allowable Medicaid Administrative Claiming (MAC) is determined by a Random Moment Time Study (RMTS). In New Mexico schools, there are hundreds of providers across the state and 6,000 moments per quarter counted in the schools. Christi said there would have to be more discussion between HSD and DOH to developing a methodology for determining the Medicaid Eligibility Rate (MER) for early intervention. Administrative activities are funded at 50%. A match would have to be found for early intervention for the other 50%. Christi asked if there was available DOH funding, or funding from the EI agencies, that would qualify as a State match. In the schools, each district uses a secure portal to send the number of kids on Medicaid including: student names, dates of birth, social security numbers. It will take one to two years to get this up and running for early intervention providers. We currently have a contract with FIT for some administrative services. A 3rd party vendor would be beneficial. The 3rd party vendor would facilitate the time study and complete quality assurance checks.

Questions/Comments:

- Sophie Bertrand - Do other states do this for their early intervention services?
- Cindy Faris - NMSBVI does the random time study. It is not time consuming. The generated funding makes it worthwhile.
- Christie Guinn - It takes about five minutes to fill out the time study to capture the administrative activities. There is a 3-day turn-around timeframe. An email reminder is sent to let folks know it is time to complete the time study. Questions asked are: what were you doing, why were you doing it, who was with you. Bulk of administrative activities comes from reporting salaries of staff and contractors, allocated costs like materials and supplies, maintenance, rent, phone bills, etc. State funds cannot be used to pay the Medicaid match.
- Nelli Calame - ICC members and FIT has contacts with early intervention providers in other states and could ask if they are doing this and how is working.

- Andrea Segura- Would need to have a financial person to enter all the financial information.

Deb Vering - We have a JPA with Medicaid. The FIT grant is now paying for FIT staff. It would be possible to get the 50% match. Currently, all provider agencies submit information to the DOH and the DOH funds the Medicaid match. If the DOH pays the Medicaid match for administrative claiming, then the DOH would need a percentage of the funds.

Christie Guinn - We could do the administrative claiming as a contract with the early intervention agencies or with the DOH.

Deb Vering - Lets schedule a meeting after we close the current fiscal year.

- Karen Lucero - The Rate Study could help provide administrative costs.
- Andrea Segura - The 3rd party contractor we work with does an excellent job. They provide training.

Christie Guinn - Andrea Segura and I would also be available to answer questions.

Jeanne Du Rivage - Even though it will take one to two years to implement, we should go ahead with this.

The ICC thanked Christie Guinn for the presentation and thanked Andrea Segura for bringing the possibility of administrative claiming to the ICC for consideration.

QUALITY COMMITTEE CHAIR

Peggy O'Neill announced that Lula Brown has offered to be the Chair of the Quality Committee. **MOTION: Sara Einfalt moved to accept Lula Brown as the ICC Quality Committee Chair. Nelli Calame seconded the motion. There were no objections or abstentions. The motion passed.**

Nelli Calame requested a summary of what will be covered at the ICC retreat.

Luanne Stordahl offered a tour of the NMSBVI Preschool.

MOTION: Luanne Stordahl made a motion to adjourn the first day of the meeting. Sara Einfalt seconded the motion. There were no objections or abstentions. The motion passed.

The meeting was adjourned at 4:00 pm.

Day 2

Peggy O'Neill welcomed ICC members and guests and asked for introductions. She thanked the NMSBVI Preschool for the hospitality and meeting space. Kathey Phoenix-Doyle thanked Andrea Segura for the presentation yesterday and for thinking about the additional funding possibility. Jeanne Du Rivage thanked Andrea for her work on the Workforce Development and Professional Support Committee and her ideas on funding telehealth.

Cindy Faris discussed the Shaken Baby Project and the NMSBVI collaboration with UNM hospital on this project. She distributed the new Shaken Baby Project magnets and brochures. These materials are available for distribution to agencies and hospitals. Cindy thanked the Las

Cruces Community Foundation for funding the materials. There will be a table at the FIT Annual Meeting. Cindy said about 10% of children are blind or visually impaired because of being shaken. This happens to approximately one baby a month.

Andrea Leon gave a "shout out" to Marc Kolman for co-facilitating yesterday's training on running more effective meetings.

FIT SERVICE DEFINITIONS AND STANDARDS

Jeanne Du Rivage facilitated the discussion on draft changes to FIT Service Definitions and Standards. She asked ICC members and guests for input. Jeanne stated there was a copy of the existing standards and a copy of the suggested changes in red font. The intention of the suggested changes is to make the standards more effective as they guide service provision.

Comments:

- Marc Kolman - Part of the question is what is the role of the ICC. The ICC is being asked to provide input.
- Joanne Corwin - Thanked Jeanne for the opportunity for the State Supported Schools to give specific feedback to the sections related to the assessment of children with sensory impairments.

Jeanne Du Rivage suggested the ICC break up into small groups to consider the recommended changes.

Questions/Comments:

- Andrea Leon - Will the ICC be voting in small group or large groups?
- Sophie Bertrand - How will we divide into groups?

Jeanne Du Rivage - All groups will review all the recommended changes.

Comments/Questions:

- Marc Kolman - Jeanne will present the recommended changes.
- Janis Gonzales - Don't see the point of groups since all groups are reviewing all the changes.

Andrea Leon asked for an ICC hand vote on breaking into groups or staying in one group. The ICC voted as follows: one group - 14; small groups - 5.

Jeanne Du Rivage said there are four major areas of recommended changes:

The first major area is the M-CHAT-R/F. Jeanne reported that ECEP is being inundated with referrals. ECEP's specialty is not autism. They have a broader level of expertise. The recommended changes are based on a meeting with Dr. Dara Zafran who recommended that providers complete the supplemental questions.

Comments/Questions:

- April Spaulding - We are not supposed to complete the follow-up questions if the children don't score 0 to 2. Need to add clarification.
- Cindy Mantegna - There is confusion in the field about doing some questions, or all the questions. Need to add the word "all" if all questions should be asked.
- Karen Lucero - Inspirations had a CBA and we were told the M-CHAT had to be done by the time a child is 18 months or 24 months. CBA teams need to provide clear guidance and tell programs the same, not conflicting, information.
- Kathey Phoenix-Doyle - A provider agency can be told conflicting information during a CBA based on the interpretation of their FIT Provider Manager. Sometimes we are told to do the M-Chat on the day a child turns 18 months old.
- Marc Kolman - Language should be clarified so it is not subject to interpretation.
- Kathey Phoenix-Doyle - Does the clarification need to be in the standards or in a training.
- Nelli Calame - What is the intent?

Jeanne Du Rivage - The intent is to do the M-Chat at 18 months and at 24 months. Adjusted age can complicate this. According to the M-CHAT, you don't have to adjust. Dara said it is okay to do the M-CHAT early.

- Cindy Mantegna - Add a definition of what 18 months and 24 months means.
- Karen Lucero - You only need to do the M-CHAT one time if a child enters the program after 18 months. If the child is 18 to 30 months old, can do the M-CHAT as part of the initial CME.

Jeanne Du Rivage - Will add clarification about the questions and ages. Will add a statement about adjusting for prematurity until age 2.

- Cindy Mantegna - Clarify adjusted age in the definitions. Define prematurity and adjusting for prematurity.
- Sophie Bertrand - Less ambiguity, the less confusion.
- Karen Lucero - The M-CHAT authors prefer that a child's chronological age be used.

Jeanne Du Rivage - There is no "hard and fast rule" by OSEP or the M-CHAT authors. If there is a concern about a child, the provider agency should take needed action.

- Kathey Phoenix-Doyle - On page 11, use "Team lead" instead of lead Developmental Specialist.
- Celina Waller - If a child scores high on the M-CHAT, then obtain parent's consent to refer. Need clarification about using the M-CHAT during the initial CME and how to present the information to the family.
- Kathey Phoenix-Doyle - The third bullet under Scope of Service on page 11 is about the RBI and IDA. Need to consider children in the NICU as a different tool is used for them.

Jeanne Du Rivage- You would use an RBI interview process.

- Kathey Phoenix-Doyle - The IDA process is inclusive of an RBI interview process. The IDA process is very routines based.
- Lula Brown- The evaluation team should use the IDA as a routines-based process.

Karen Burrow - We struggle at getting the RBI information into the CME report.

Jeanne Du Rivage - Wording will be "the team shall use the IDA inclusive of a routines-based process".

- Cincy Mantegna - Leave wording as it is. Write the RBI process is to be integrated into the CME report.

Jen Brown - Concern is that a CME report can be "cut and pasted" and not connected to the child's development.

- Lula Brown - Under Staffing Requirements on page 14, write "staff with Developmental Specialist certification can complete the evaluation process". A Developmental Specialist may not have a child development background.
- Cindy Mantegna - Nurses or social workers don't have a child development background.
- Janis Gonzales - Anyone using an evaluation or assessment tool should be trained on the tool.
- Luanne Stordahl - Be careful adding wording about DS qualifications now. The Workforce Development and Professional Support Committee is dealing with this. Developmental Specialists are not required to have a background in early childhood to be certified. The availability of personnel with early childhood training varies across the state, especially in rural areas. We should table changes in this section for now.

Kathy Hughes - The early intervention program in Carlsbad has a difficult time finding staff.

- Kathey Phoenix-Doyle - TQRIS is also addressing personnel requirements.
- Andrea Leon - The ICC has a limited amount of time to review the changes. Concerns can be put on sticky notes and added to the Parking Lot.

Jen Brown - Could add wording that specifies that staff on evaluation teams have a background in child development and training on the tools they are administering.

Jeanne Du Rivage - There is confusion in the field about the use of informed clinical opinion and how to evaluate infants under 1 month of age adjusted (page 11). Added wording that all five developmental domains are to be addressed in the CME report. The CME report can include information about a child's feeding, sleeping, motor, tone, etc. Took off the Peabody and the REEL. Need to look at the whole baby (e.g., arching, high pitched crying, etc.).

- Samantha Yancey - All these tests were completed for my children. Why was the Peabody and REEL taken off?

Jeanne Du Rivage - We look at five areas of development. The REEL and Peabody are not that family friendly and not the good quality needed to assess children under 1 month of age adjusted.

Carolina Hernandez - Need to consider how many agencies use the Peabody.

- Kathy Phoenix-Doyle - We are only talking about children under 1 month of age. Informed clinical opinion is used a lot with children under 1 month. If a child is not

eligible using the IDA, then use a second tool to make them eligible and use informed clinical opinion if the child has scattered skills.

- Cindy Mantegna - Taking off the Peabody and REEL for this age group is a good idea. There is a lot of confusion in the field as what should be written in the CME report if the person is not a motor or a speech therapist. The HELP can provide a framework for what to write in the report for children under 1 month of age. Sleep is included under self-help. Some of the confusion could be addressed in training, not standards.
- Celina Waller - Aprendamos chose the AIMS. Evaluators meet once a month.
- Karen Lucero - Likes the bullet "other tools as approved by the FIT Program." Should add the Brazelton Neonatal Assessment Scale which looks at other areas, not just motor.

Jen Brown - Peabody is still on the list for infants for 1 to 4 months old. There are training issues around assessment and evaluation reports. There are a lot of training resources that are not be utilized. Lot of training issues around assessment, report. Lot of training resources not all being utilized. Provider agencies need to provide follow-up mentoring and support for their evaluation teams.

- Luanne Stordahl - Remember the Workforce Development and Professional Support Committee is looking at these issues.
- Kathey Phoenix-Doyle - Remember this is also being addressed in TQRIS.

Jeanne Du Rivage - Added the Rosetti for infants over 1 month and under 4 months.

- Samantha Yancey - In other sections, you had the word "adjusted". It needs to be added after "under four (<4) months" in the red font section at the top of page 12.
- Cindy Mantegna - In the bullet that begins with "Due to the varying nature and purpose...", add statement that "a standard deviation score can be used to qualify a child."

Cindy Faris - The Oregon is approved as a supplemental tool and NMSBVI staff work evaluation teams statewide on the use of the Oregon. The Oregon is a tool for blind and visually impaired children birth through five years of age. Blind children will not do well on the IDA. The IDA should be used in conjunction with the Oregon for these children. A blind child's cognitive and social skills will improve when the Oregon is used. We hope that NMSBVI would be involved in the evaluation of all blind and visually impaired children. The Oregon covers all IDA areas plus vision and compensatory skills. FIT agencies would complete the Oregon for blind and visually impaired children. NMSBVI and NMSD are not able to bill for evaluation reports but they can support them.

Jeanne Du Rivage - We could specify not to use the IDA for blind children. What do people want the wording to be?

- Luanne Stordahl - Write "the Oregon will be used in place of the IDA for eligibility for blind children with consultation with the NMSBVI".

Karen Burrow - Are you saying FIT providers are to administer the Oregon for blind children?

- Luanne Stordahl - NMSBVI will provide staff training on the Oregon. Blind children comprise a very small population of kids. The Oregon is not difficult to learn and is easy to administer.
- Lula Brown - Are NMSBVI staff off in the summer?

Cindy Faris - No. They are on a teacher's schedule but they spread the days out throughout the year. NMSBVI will provide needed coverage.

- Karen Lucero - If we can't use the IDA for eligibility, the Oregon does not provide a percent delay. A provider agency may not know a child is blind at the time of the evaluation.
- Joanne Corwin - Staff from both NMSD and NMSBVI will work with evaluation teams statewide. We type up our recommended wording for sections specific to vision or hearing and give it to the evaluation team to add to the final evaluation report.
- Joanne Corwin - Joanne, Cindy Faris and Luanne Stordahl will step out of the ICC meeting, type up some recommended wording, and give it to Jeanne.

Jeanne Du Rivage - In the telehealth section on page 29, took out wording that the first visit must be in person. Added ASL wording to number 13 on page 24.

Parking Lot

- Personnel training background addressed in TQRIS and on page 11 of the Standards for CME
- CME training on infants <1 month of age
- Clarification on Oregon only or Oregon & IDA
- NMSBVI training on Oregon
- Explore possibility of bringing in experts from out of state via telehealth

FIT FOCUS UPDATE

Thea Guerin presented a Power Point presentation. FIT FOCUS pilots are being rolled out. The first pilot was the IFSP pilot which began in March. The Transdisciplinary Team Approach pilot began in May. The Early Intervention Practices pilot will begin in August. ECN and FIT Managers are supporting the pilot sites. We are focusing on practices that are family centered and evidenced based. We are looking at the systems (individual, programs, state level) that are in place, or needed, to support quality practices. Assessment will be used to help us determine how we are all doing at each level. Coming up with a plan and monitoring the implementation of the plan. The desired result is improved decision making throughout the system.

Early intervention practitioners are the heart of the system and need support so they in turn can support families in meeting desired service outcomes. Each quality element has a set of practices. We are using DEC recommended practices with family pieces embedded. Processes are being established. Practitioners will do a self-assessment and identify their learning and support needs. An agency person will schedule an observation. Practitioners will have a focused

conversation with a coach to discuss and address challenges. A strengths-based framework will be used.

At the Systems level - We are working on supporting programs in building systems that support practices at levels 3, 4, 5. Level 2 is Policies and Procedures. Level 3 is how the system is supporting practitioners. Level 4 is having systems in place to provide feedback including coaching and mentoring. Level 5 is using data to make agency wide program wide decisions. Programs will also complete a self-assessment to evaluate their levels (2, 3, 4, or 5). They will then go through a verification process using a verification tool and the program will be assessed by a FIT manager. Verification results will be put into a plan that the program will work on.

Tools will generate data. We are developing a data base. We may use Share Point for the pilot phases. Share Point is an intranet where documents can be posted. Data will be used to make decisions. We will use the data to help identify the parts of the system that are at risk and the parts that are sustainable. We have developed a cost and time tracking form to help identify activities that are too costly or time consuming.

We are piloting some supports such as monthly administrator phone calls with Linda Askew and Thea Guerin and monthly zoom calls for all the participants.

ICC PARENT PANEL

Nicole - Found out in the hospital that her son was born with a profound hearing loss. He failed three newborn hearing screens and then an ABR was completed to confirm the hearing loss. He had a cochlear implant the day after his first birthday. He had his second implant three months later. He receives speech therapy. We meet regularly with his SLP and audiologist. We didn't know about FIT services until a friend told me about them. We asked about early intervention and then we were referred. It was a "choppy start." Our family service coordinator and PEI met periodically. It wasn't clear who we were meeting with. We discussed goals during our meetings. Transition went well. We needed to know options after transition. Early intervention services and our child's therapists were great.

Brittany - Daughter is 2 years old. We were referred to early intervention because our daughter had a stroke in utero. She has a cortical visual impairment and cerebral palsy. Initially, her doctors told us she might never walk, talk, or be able to live independently. We selected our FIT provider from a list. We were contacted in just over a week by a Family Service Coordinator. The evaluation went well, the process was clearly explained, our questions were answered and the answers allowed us to have hope. The IDA was used and we were given a yellow paper that explained where our daughter was in the developmental areas. The Oregon was done a week later. The IFSP went well. The process was explained and we were very much a part of the IFSP. Our IFSP team answered our questions. Assessments are done every 6

months. All our concerns are listed on the IFSP. All our services address what our child and family needs. Our daughter was underweight. I discussed this with our Family Service Coordinator and a nutritionist was added to our IFSP within a week. We all work together to help our daughter develop strength in her core. We are working on her walking. She has eight services. All our concerns have been addressed. Our transition meeting is next week and we know the options.

Questions for Parent Panel:

Jeanne Du Rivage - Nicole, where was your son born? Answer: He was born at Lovelace and Lovelace told us he didn't pass his hearing screens and he needed the ABR test.

- Karen Lucero - Nicole, how did you learn about early intervention? Answer: I asked another parent at his school. They told me about the FIT Program. We had a nice Family Service Coordinator. The early intervention program provided occupational therapy and PEI provided speech. He is going to the PEI preschool. I wish they would have told us about the IEP. We are just going through the IEP process now.

Jeanne Du Rivage - Nicole, what would have made it better. Answer: Early intervention was great. The school didn't give us the information we needed.

- April Spaulding - Nicole, are you able to be a stronger advocate now? Answer: Yes, I can help other parents now.
- Sophie Bertrand - Brittany, you said your child and family are receiving eight services. That is a lot. Answer: We have a lot of co-treatment. We also have a large family and we all work together. It can be overwhelming but we all work together as a team and it is beneficial for our daughter. Our OT will go with us to her neurology appointment tomorrow.

PARENT PANEL REFLECTION

- Interesting to hear the impact on the family who initially didn't receive services from the public early intervention system.
- New Mexico babies born in Texas or transferred to a Texas NICU can also miss out on New Mexico's public early intervention system, or have a late start.
- Importance of transdisciplinary teaming for all children and especially for children with complex issues who are receiving several services.
- Need for outreach to hospitals.
- Impact of evaluation results "yellow paper" given in a manner that gave the family "hope".
- Level of trauma parents can experience and importance of support.
- The parent supported by the public early intervention system had such a different demeanor.
- Importance of checking in with parents and asking how they are feeling.
- Parent able to identify the use of the IDA and Oregon evaluation tools.
- Lovelace Bump to Baby Health Fair is a good way to reach out to Lovelace and the Lovelace NICU.

ICC COMMITTEE REPORTS

Work Force Development & Professional Support - Luanne Stordahl, Committee Chair, reported. Jeanne Du Rivage and Yvette Dominguez attended a training in Connecticut about a UCONN grant which might be able to help FIT with cross-walk training and looking at structures/systems. The hope is that Part C, Part B and 619 will begin to share training resources. The committee made some recommendations around the telehealth language in the Service Definitions and Standards. Growing in Beauty uses telehealth for therapist visits. The Brindle Foundation would be able to help provide iPads to programs. The committee is recommending the ICC support the change in language in the Standards that would allow therapists to have their first visit via telehealth. The committee has reviewed a survey used by a Vermont early intervention agency. They might use this survey as a template to develop a survey for FIT providers.

Comments:

- Paula Seanez - Growing in Beauty families are happy with telehealth. There is good image and sound quality.
- Karen Lucero - The PT licensing board would have to determine if a PT could supervise a PTA using telehealth.
- Kathey Phoenix-Doyle - Rules are also very specific for speech therapists supervising ASLs.
- Lula Brown - Need to be careful and mindful of children and parents and the impact of using telehealth. Families would need to approve this.
- Andrea Segura - Hot spots are HIPPA compliant.

Jeanne Du Rivage - Using telehealth is a step by step process and issues will be addressed as they become apparent.

Quality Committee - Cindy Mantegna, Committee Chair, reported. Cindy briefly highlighted the four critical issues the committee is working on.

1st issue is TQRIS - The committee is working with the stakeholder group and the pilot projects. 2nd issue - The committee recommended the HELP and the AEPS as ongoing assessment tools and recommended that money not needed for assessments be used to purchase hearing screening equipment. The committee also recommended the use of tools specific to children with sensory impairments. 3rd issue - Early intervention agencies have access to current and correct FIT information. It would be helpful if the Quality Committee and the Communication Committee could meet to discuss ways to improve FIT information access. 4th - M-CHAT- The committee report includes a copy of an email from Dianna Robin regarding the use of the M-CHAT for children who are blind or visually impaired or deaf that was sent to Cindy Faris. Cindy Mantegna thanked the ICC for their work and stated she enjoyed her seven years of ICC membership.

Finance Committee - Karen Lucero, Committee Chair reported. The committee has not met. Karen did not send in a written committee report. A preliminary rate study meeting is scheduled for June 7th. Karen will talk with Andy Gomm as to how many Finance Committee members could attend this meeting. Karen will work with the committee to schedule a Finance Committee meeting.

Communication Committee - Marc Kolman reported - Marc sent an email to the FIT Coordinator list serve requesting additional early intervention provider membership on the committee. The Communication Committee is working on improving communication between FIT and the ICC, FIT and the field, and FIT and the medical community. FIT is working with ECN to better coordinate the FIT and ECN websites. The DOH is migrating the entire DDS website onto a new platform. This will be completed by the end of the year. The committee met on 4/18/17. They discussed the challenges in obtaining medical records. FIT can develop more guidance on how programs can use their child find dollars. Outreach materials were reviewed. FIT will have a table at next year's pediatric conference. Yesterday's workshop on how to make meetings more productive went well because of who attended. Participants included the members of the ICC Executive Committee and members of the ACQ Executive Committee.

Comments:

- Karen Lucero - It helps to have ongoing communication with the medical community about the kids you are seeing including giving them feedback regarding the children they referred, sending them copies of the IFSPs, etc. Can ask a child's physician to sign a form stating they agree with a child's evaluation. Doctors are confused about what Medicaid requires.

MOTION: Amanda Gibson-Smith made a motion to approve the Committee Reports. Luanne Stordahl seconded the motion. There were no objections or abstentions. The motion passed.

FIT PARENT SURVEYS

Jeanne Du Rivage reported. 1,907 surveys were sent out and 1,191 have been returned as of Tuesday. More may come in. So far it is a 62% return rate. Yvette Dominguez worked with the Quality Committee, FIT consultants, and parents to make changes to some of the survey questions. OSEP will have to approve the changes.

SERVICE DEFINITIONS & STANDARDS (cont'd)

The state supported schools provided recommended language at the bottom of page 12.

Cindy Faris - NMSBVI staff are not IDA trained and cannot do CMEs or bill for CMEs. We can bill for CMEs for Medicaid children.

- Joanne Corwin - All NMSD staff are IDA trained and can function as the second discipline on the evaluation team.
- April Spaulding - Who administers the Oregon for children who are blind?

- Luanne Stordahl - The CME team administers the Oregon and the other tools. The Oregon is like the HELP. A vision specialist can help as needed. NMSBVI can start providing training on the Oregon next month. NMSBVI writes up a separate evaluation. We will contribute information to the CME if asked.
- Joanne Corwin - NMSD can be part of the evaluation team but the FIT provider agency bills for the CME.
- Kathy Phoenix-Doyle - It does not feel comfortable for early intervention staff to administer the Oregon. We need to be careful and assure that children are being assessed by the best people.

Cindy Faris - NMSBVI staff will be with you on the Oregon but we will not write up the evaluation report for you.

- Kathy Phoenix-Doyle - What about an agency that does not have a therapist, just a social worker and a developmental specialist?

Cindy Faris - We offer free support and guidance to all evaluation teams. It can be harder in rural areas where NMSBVI staff travel several thousand miles a month.

- Karen Lucero - It does not seem fair for the School for the Deaf to serve as the second discipline on an evaluation team and not receive any funding.
- Joanne Corwin - We are usually the third person on the team. It is okay for us not to bill when we are the second discipline.
- April Spaulding - Appreciates the collaboration and support provided by NMSBVI but the Scope of Service in the Standards specifies evaluation personnel must be trained in the tools they are administering.

Jeanne Du Rivage - State supported schools will provide training at the FIT annual meeting on how hearing and vision losses affect a child's development.

- Samantha Yancey - Not everyone will be able to attend the FIT annual meeting.
- Cindy Mantegna - I have done the Oregon in combination with NMSBVI. It is easy to administer. It is like the HELP.
- Luanne Stordahl - NMSBVI is committed to providing training on the Oregon.

Jeanne Du Rivage - Added ASL to number 13 on page 24.

- Joanne Corwin - On page 14, add pediatric diagnostician to the list of the multidisciplinary team personnel.
- April Spaulding - Add the last portion regarding the scope of practice and NM Regulation and licensing guidelines for supervision and training that was included for ASLs to #8 OT assistants and # 10 PT assistants.

Jeanne Du Rivage - Ongoing assessment tools (HELP and AEPS) and ongoing assessment language was added in red font to page 28.

- Luanne Stordahl - Should add the Oregon for children with for children with vision impairments to this list.
- Lula Brown - We should conduct assessments in accordance with what the authors of the assessment tools recommend. The authors recommendation on the AEPS is quarterly. If we leave the language like it is written, we are going against the authors of the AEPS. A

twice a year assessment schedule is not the purpose of ongoing assessment because it should be happening every time we see the child.

- Karen Burrow - Change "conducted" to "documented". Suggest the wording "Ongoing assessment is to be documented at least two times per year. Ongoing assessment may be conducted more often based on child and family need and the authors recommendations". Take off the word "initial" before 6 month IFSP review.
- Sophie Bertrand - Schools can't use the assessment information unless it has been conducted within the last six months. Add "within six months of transition out of early intervention".
- Kathey Phoenix-Doyle - Wondering if the field is not doing ongoing assessment or not documenting ongoing assessment. We want to conduct assessments as per the recommended timeframes of the authors. Do we not have a good definition of ongoing assessment? Should we list the assessments all the way through?
- Amanda Gibson- Smith - Suggest the wording: "Assessment will be documented at least two times per year and/or in accordance with the publisher's instructions on periodicity".
- Celina Waller - Adding in the language on transition may cause more confusion. School districts have different requirements.
- Catherine Quick - Teachers of children ages three through five date all their assessments and pick the one that most represents the child's development.
- Joanne Corwin - Don't include NMSD's communication and language tools in this section (assessment p.28).

Jeanne Du Rivage - Will include a definition of ongoing assessment. Language regarding telehealth was added in red font on page 29. Telehealth has been used for a long time. Parents don't have to have a service provided through telehealth if they don't want to.

- Paula Seanez - Telehealth is a reality for the Growing in Beauty Program because we cover the reservation. It is very rural and we were "burning out our staff and therapists". Telehealth provides a clear picture. Chris Vining is very confident using the equipment. We talk to the family first about how telehealth will be used. Our families feel the experience is positive and they don't have to wait a long time to see the therapist. We obtained the equipment and trained our staff on how to use the equipment.

Jeanne Du Rivage - Telehealth will be billed at the home and community rate.

- Andrea Leon - Would not like telehealth to be the only way my child sees an SLP.

Jeanne Du Rivage - Families can refuse it.

- Samantha Yancey - My children had a lot of services. It was important to be able to see the service providers.
- Nelli Calame - A blend of telehealth and face to face would work.
- April Spaulding - As a parent, I would take a telehealth service if that was the only way I could get the service. Family consent for telehealth should be added to the PWN form.
- Luanne Stordahl - Some families never see a therapist. Telehealth gives families and agencies an option. Suggest that each family be offered the opportunity to view a video

on another family participating in telehealth services so they can see how telehealth might work for their child and family.

- Sara Einfalt - Great idea especially for rural areas. I had to travel from Edgewood to Albuquerque to get therapy services for my children.

Bill Jones - It is important to have telehealth as an option. We have lost three SLPs in the past six months. MECA Roswell has not had an SLP for a long time. Might want to include a statement about starting with telehealth and then moving to face to face service.

- Lula Brown - We need to think deeply about the impact on children and families. We reviewed a website link from Colorado as to how to talk to the parents about telehealth and obtaining their consent. We need a freedom of choice form for telehealth so that every FIT agency is using the same form to discuss the pros and cons with families and obtain their consent.
- Andrea Leon - We should be asking our parents to participate in telehealth services because it meets the need of the child and the family, not the needs of the agency. Agencies should be documenting and sending to FIT the efforts they are making to find needed staff.
- Justina Stewart - I would want to know why I am getting telehealth services when other families are getting face to face services. Having the justification would help.
- Kathey Phoenix-Doyle - The telehealth reimbursement statement is not written in correct English.
- Cindy Mantegna - Can we use telehealth to consult with the ECEP team or a specialist from out of state?

Jeanne Du Rivage - At present, telehealth can only be used to provide direct service. Do we need a statement about evaluating telehealth services after six months to obtain parent feedback?

Jen Brown - The new telehealth language is stronger what we had before. The use of telehealth is fluid and parents have the right at any point in time to say it is not working.

- Sara Einfalt - Starting with telehealth might help some families be open to face to face services in their home.
- Justina Stewart - This could help parents who have no transportation to get to some of their services. Connectivity in rural areas is an issue. There should be explicit language that a family can opt out of telehealth at any point in time.
- Sophie Bertrand - On page 4 under qualifications of direct service personnel, add in telehealth.
- Andrea Segura - Parents can't use their own phone. Jeanne Du Rivage is working with the Brindle Foundation to obtain the equipment for providers.
- Karen Lucero - There are limitations to telehealth as a PT will not be able to feel things such as a child's muscle tone.
- Luanne Stordahl - Parents are there 60 waking hours with their child. This is where services are moving.
- Celina Waller - Add "months" after six in the 4th paragraph on page 15.

Karen Burrow - FITS KIDS will not allow providers to bill for a second CME (page 15).

Additional Input to the telehealth section on page 29:

- 2nd bullet - Add "it cannot be used as the primary method of providing services"
- 4th bullet - Add "using PWNs"
- 6th bullet - Wording: "Other early intervention personnel, such as the team lead, FSC, or DS will be in the home to facilitate the telehealth meeting for the family".
- Add at end of bullets the wording "Agency will provide written justification for the use of telehealth".

Jeanne Du Rivage will make all the changes by June 12th. Additional comments should be sent to Jeanne by the end of day on June 15th. **MOTION: Cindy Mantegna made a motion that the Executive Committee, on behalf of the ICC, will endorse the changes to the Service Definitions and Standards by June 16th. Nelli Calame seconded the motion. There were no objections or abstentions. The motion passed.**

UPDATES ON OTHER EARLY CHILDHOOD COMMITTEES/TASK FORCES

The Special Education Bureau has been mandated to update the Transition Manual and the Question and Answer document on tribal transition. A task force will be formed and members are needed. Kathy Phoenix-Doyle would like to have the La Vida transition lead participate. Andrea Leon suggested that a representative from EPICS and a representative from PRO be asked to participate.

The J. Paul Taylor Task Force is working on a functional definition of neglect.

MOTION: Amanda Gibson-Smith made a motion to adjourn the meeting. Luanne Stordahl seconded the motion. There were no objections or abstentions. The motion passed. The meeting was adjourned at 3:00 pm.

FOLLOW-UP MEETING RECOMMENDATIONS / TASKS

RECOMMENDATIONS/TASKS for FIT PROGRAM	STATUS
FIT Program Manager to email Aiko Allen's State tribal report to the ICC.	
FIT Program Manager to make changes to Service Definitions & Standards	
FIT to meet with Medicaid to discuss administrative claiming.	

<p style="text-align: center;">RECOMMENDATIONS/TASKS for ICC COMMITTEES or ICC Members</p>	<p style="text-align: center;">STATUS</p>
<p>ICC Executive Committee to include the following topics on the September Retreat Agenda:</p> <ul style="list-style-type: none"> ➤ Forming a committee or ad hoc work group to address ways to engage Native American families, etc. ➤ Data fields needed for Lead Agency Report 	
<p>ICC Executive Committee to "endorse changes to Service Definitions and Standards on behalf of the ICC by June 16th".</p>	