



**INTERAGENCY COORDINATING COUNCIL (ICC)
JULY 17, 2008 ALBUQUERQUE, NEW MEXICO
MEETING MINUTES**

MEMBERS/ APPOINTEES PRESENT

Rachel Porcher, Jim Copeland, Richard Barbaras, Karen Lucero, Kimberly Diaz, Tiffani Lovell, Monica Chlastawa, Ann Borrego, Ethel Davis, Maria Varela, Denise Balderas, Lisa Chavez, Wendy White, Cindy Faris, Ida M. Tewa, Lawrence Shandler

PROXIES PRESENT

Isabel Binger Proxy for Jaime Diaz, Lorraine Crespin Proxy for Rosemary Gallegos, Krista Scott Plionis Proxy for Lynn Christiansen, Nina Johnson Proxy for Dan Harris, Karen Pete Proxy for Paula Seanez, Jim Copeland Proxy for Jyl Adair, Maggie Austen Proxy for Jane Larson

MEMBERS/APPOINTEES ABSENT

Senator Gerald Ortiz y Pino, Joseph Sanchez, Jennifer Thorne-Lehman

MEETING OVERVIEW

Rachel Porcher, ICC Chair, welcomed members and guests to the meeting and asked for introductions.

CONSENT AGENDA

Rachel presented the ICC April Meeting Minutes – ***MOTION: Richard Barbaras moved to approve the minutes. Ann Borrego seconded the motion. The motion passed. There were no objections or abstentions.***

COMMITTEE UPDATES

ICC Work Force Committee- Mette Pedersen & Jim Copeland provided an update on the Work Force Committee Action Plan. A handout with the recommendations made by early intervention providers at the FIT Program annual meeting as well as a flyer on the New Mexico's Early Care, Education & Family Support Professional Development System were distributed. Andy Gomm stated the FIT Program has provided some funding for the development of Family Infant Toddler Studies coursework. Mette requested that the provider input from the annual meeting become an agenda item for a future ICC meeting. Jim requested that the provider input be discussed at the ICC Retreat. Mette and Jim will review the provider input and craft some strategic directions for ICC consideration during the retreat. Rachel Porcher requested that any proxy or guest input regarding strategic direction be given to an ICC member.

FIT Lead Agency Report – Andy Gomm distributed copies of the report. The FIT KIDS data system allows for monthly reporting of trends. Andy highlighted monthly totals of children served. The number of children referred and the number of children determined eligible varies from month to month. Andy will add monthly fiscal information to future reports. The FIT KIDS system now automatically bills Medicaid. 71% of children served are funded through Medicaid which saves on the usage of State General Funds. Andy will add quarterly private insurance revenues to the next Lead Agency Report. The FIT Program

received a million dollars from the Legislature for this fiscal year thanks to the advocacy of parents, providers, etc. FIT KIDS allows FIT to bill Medicaid up to 120 days for children made retroactively eligible by ISD. Jim Copeland requested that Andy provide a quarterly breakdown of eligibility in future reports. Richard Barbaras questioned the number of kids referred and the number of kids in the system. Andy will determine the number of kids transitioning which will help answer Richard's question. The total number served only reflects the children who were billed for during a given month.

Parent Engagement Committee - Tiffani Lovell & Cindy Faris provided an update. Tiffani discussed options for distribution of the FIT brochure, radio spots, etc. The committee is recommending vision and hearing screening as part of developmental screening. Andy Gomm suggested that the public relations agency that FIT uses, Cooney, Watson & Associates, be invited to one of the committee meetings. Krista Scott Plionis stated Channel 4 has media time available and she will provide the committee with more information. Jim Copeland suggested that the DOH write an op ed piece, have the ICC edit the piece, and then have the piece published in the Albuquerque Journal. Andy Gomm suggested that the article be tied to an event such as FIT recently receiving annual federal grant funding and how this funding is being used in New Mexico. Rachel Porcher stated that just before school starts is a good time for an article. Several ICC members have connections with reporters. Andy Gomm will contact some of the ICC parents for quotes about the early intervention service system. Isabel Binger stated most radio stations have live community spots on Friday and will give 30 to 60 minutes time slots and electric companies will put a blurb on bills. Lorraine Crespín suggested that time be requested on the Channel 5 New Mexico Focus program that airs on Sunday morning and Friday nights.

Finance Committee - Karen Lucero provided an update on the work of the Finance Committee.

ICC Financial Report – Richard Barbaras distributed copies of the report. As of end of June, \$1,143.12 remained in the ICC's budget. Andy Gomm stated the ICC instituted some cost savings measures to assure that the ICC does not run out of funds before the end of the fiscal year.

MOTION: Cindy Faris moved to accept the consent agenda. Wendy White seconded the motion. The motion passed. There were no objections or abstentions.

DEVELOPMENTAL SCREENING INITIATIVE (DSI)

Presenter: Dr. Sherri Alderman

Dr. Alderman commended the ICC for advocating developmental screening of children birth to five years of age. She stated New Mexico's early intervention system is a fine system of care. The DSI is working closely with the FIT system at state and local levels. Only 20 to 30% of children with or at risk for developmental delay/disabilities are identified prior to starting school. Standardized developmental screening tools have 70% to 80% specificity in identifying developmental delays or behavioral issues. 5% of young children do not see a medical provider in the first three years of life. Dr. Alderman also

commended New Mexico and the FIT Program for recognizing the needs of children at risk and providing services for this population. Dr. Shandler, Andy Gomm, the CDD, the State Supported Schools and other programs and individuals have been very influential in the development of the statewide developmental screening initiative. The initiative focuses on helping medical providers understand the importance of using a standardized tool, how to use the tool, and how screening can support the efficacy of their practice. DSI is an outgrowth of the Children's Cabinet, Early Childhood Action Network (ECAN), and the ECAN Developmental Screening Committee. Development is the top issue for young children. The initiative is working to inform New Mexico families about the benefits of screening so parents request developmental screening as a standard of care for their children. The American Academy of Pediatrics recommends that all children who come to their 9 month, 18 month and 30 month well child visits receive a developmental screening using a standardized tool. DSI is a collaborative effort among the following: Center for Development and Disability (CDD), Envision NM and the Initiative for Child Health Care Quality. DSI focuses on communities and the medical and early intervention providers/agencies in each community that serve young children. DSI provides training on motivational interviewing techniques, screening tools, data collection tools, methodology, data analysis and feedback. The initiative has one demonstration site and has conducted site visits in Espanola and Santa Fe as well as provided technical assistance to other sites.

Larry Shandler stated there is support for the DSI from Medicaid as well as private insurance. Jim Copeland asked Dr. Alderman if there has been a change in practice for the pediatricians and family practice docs who are in training regarding the provision of developmental screening. Dr. Alderman replied that the initiative will add the Plan Do Study Act Model of Improvement to physician training as well as include training on child development. Each physician who goes through DSI training receives a binder. Dr. Alderman stated that screening information specific to children and adults with Down Syndrome could be added to the binder in response to Monica Chlastava's request. Cindy Farris stated that 0% of referrals to NMSBVI of children with vision issues come from pediatricians and family practice docs. Dr. Alderman suggested a representative from the two State Supported Schools be included in both the day long training for communities and the training for pediatric residents. AAP is supporting and encouraging medical providers to listen to parents more regarding their child's development.

Michelle Staley asked if the ASQ-Social Emotional could be added to the recommended screening. Dr. Alderman asked the ICC what other early childhood issues in addition to adding the ASQ-SE should the DSI should focus on next. Andy Gomm asked Dr. Alderman to connect with Ida Tewa at the State Public Education Department. Ida Tewa will provide Dr. Alderman with a list of providers working with children 3 to 5 years of age. Mette Pedersen requested that Dr. Alderman come back to ICC in the near future to share data.

ICC PROVIDER PANEL

NM School for the Blind and Visually Impaired (NMSBVI) – Cindy Faris – The program served 750 infants and toddlers statewide this past fiscal year. The two major challenges for the program are providing coverage of all the children referred and meeting statewide

requests for training. A major need is continued statewide support for screening young children's vision. NMSBVI needs support from the ICC and the DOH to continue providing statewide training.

NMSD Step*Hi Program - Lorraine Crespín – Number of referrals to the program have increased. Step*Hi has provided more training for service coordinators on how to use OAE equipment as part of the initial evaluation process. There is increased collaboration among the Metro providers. The major challenge for Step*Hi is the age of referral which has not gone down. Children, with or at risk for hearing loss, should be identified at birth and referred first to CMS and then to Step*Hi. Most Step*Hi referrals come from early intervention agencies. Step*Hi does not receive very many referrals from pediatricians or family practice docs. Another challenge for the program is assuring that hearing screening is conducted as part of the initial evaluation process. Step*Hi services must be listed in the NM KIDS data base as special instruction. Programs that close children also being served by Step*Hi should inform Step*Hi. Step*Hi can provide service coordination and serves children up to age 6 years.

RCI – Karen Lucero – Successes include increased referrals. Continued collaboration with referral agencies has supported referrals. Children are being referred a bit earlier. Program is providing community group services in day care settings. The classroom on site is licensed. Majority of services are provided in the home and community. Group and individual pool therapy had been very successful but had to be discontinued due to the cost. There are increased referrals for the Hippo Therapy Program and families report this service is very helpful to their children's development. Biggest challenge this past fiscal year has been staffing issues. Program had a focus monitoring visit due to issues with meeting requirement of IFSP services starting within 30 days of IFSP date. Staffing issues, especially lack of therapists, has impacted the program's ability to meet the 30 day time line. It would be helpful if the ICC has ideas on how to attract early intervention professionals to New Mexico.

Alta Mira – Karen Burrow – Referrals are up and program served over 800 families this past fiscal year. 99% of services are provided in home and community settings. Service coordinator case loads continue to go up and range from 35 to 50 families each. Developmental Specialist case loads average 20 to 30 families each. The program had a stable staff this past year. The program is using a team model and electronic forms both of which have helped staff. Program procedures and forms have been adapted to emphasize routine based activities. Alta Mira continues to serve more monolingual Spanish speaking families. A committed staff, a supportive management team and the Board of Directors have helped Alta Mira be successful. Challenges include hiring qualified staff. Therapists mostly want to contract. Program can't find staff with the knowledge base needed to begin working on the first day of hire. New staff requires a lot of training and support. Biggest challenge for the program continues to be funding. The funding issue is more than just expansion and should include reasonable rate increases for provider agencies so they can meet the cost of doing business. Karen requested that the ICC get the message across that the early intervention system is underfunded and asked

that the ICC consider other options including reviewing eligibility, etc. if more funding cannot be obtained.

NAPPR – Maggie Austin – Program challenges are funding and staff retention. The program serves Native American families only. Staff members need ongoing training on the social emotional issues of children and their families and ways to meet the changing needs of families. Program hired three social workers who work with staff and who support child family relationships. Program is providing monthly infant mental health support/training/information for staff to increase their self-awareness and their ability to meet the needs of the families they serve. The program is supporting staff in ways that help them have a sense of control over their life, help them make a contribution to their community and help them develop and maintain successful relationships so they in turn can effectively support the families they serve. Caseloads are going up. Providing preventative social work and supporting infant mental health are critical components of successful programming.

Developmental Care – Monica – Successes - Infant mental health awareness and services have been expanded and program is addressing the social emotional needs of the families/children served. Program has incorporated reflective supervision and this is provided monthly to staff. Collaboration has increased among programs with a resulting positive effect on co-training and smooth and timely transition. Challenges include working in a crisis situation and billing questions/issues. A meeting with Patti Ramsey and Andy Gomm helped address billing issues/questions. Program works with families that are in a state of crisis and program staff has to sensitively assess when and how to approach families and start providing services. The program misses out on billing opportunities in the effort to be sensitive to where families are in terms of readiness for services. Program has difficulty finding qualified staff. Program continues to have concerns about early intervention services having the potential to effect families lifetime insurance cap.

CMS – Krista Scott Plionis – Challenges – CMS FIT has had an identity crisis in terms of meeting timelines. Staff has been working hard to increase community partnerships, and find and retain staff. CMS provides service coordination. CMS has revised their intake packet and developed a P&P manual to increase CMS ability to meet the 45 day timeline and IFSP services starting within 30 days of date of the IFSP. Looked internally at CMS role and responsibilities within the FIT system and how CMS can better support services across programs. CMS social workers can provide medical case management as well as address social and emotional issues. Krista requested that the ICC continue to support social workers in their role as service coordinators.

Kimberly Diaz informed the ICC that La Vida Felicidad currently has a large number of interns volunteering in their program. Increasing the use of interns has enabled La Vida to hire several of them as staff once they graduate. Kim requested that the ICC consider how to support early intervention programs in utilizing interns and providing supervision for the interns so they can complete their training programs in exchange for continuing to work in the early intervention system upon graduation.

Mette Pedersen stated that social work positions in the state vary in reimbursement rates. Krista Scott Plionis stated CMS social workers do not earn as much as social workers working for other state agencies and other programs.

Andy Gomm asked how gas prices were impacting home and community service delivery. Andy stated the ICC Finance Committee is considering requesting one time funds from the legislature to address the increase in gas prices. Karen Lucero stated that one option that may be considered at some point is to bring children and families back to center based services. Karen Burrow stated that Alta Mira raised the mileage reimbursement rate for their staff from \$.42 a mile to \$.50 a mile at a cost of about \$11,000 per year for their program.

Maggie Austin stated that programs have to contend with more than just the increased cost of gasoline as the cost of everything has gone up.

Kimberly Diaz asked Andy about possibility of moving back to center based services. Andy replied that if gasoline continues to go up, FIT will have to look at other options. However, OSEP will not want families to bear the brunt of the cost of transporting their children to center based services. One possibility is to look at early care and education settings as a place to provide early intervention services.

Monica Chlastawa stated that as a parent, if there was a choice of getting more therapy in a center than less therapy in her home, she would choose the location where her child would receive more therapy.

Rachel Porcher asked about the possibility of using state supported transportation such as SALUD / SAFE RIDE services. Maria Varela replied that transportation reimbursement is being closely monitored by Medicaid and there have been no rate increases in years. Medicaid is only funding emergency transportation services.

Richard Barbaras stated the state will have to look at a cost effective way of providing services and adapt the service delivery system to address these funding issues.

FIT SUSTAINABILITY PLAN

Presenters: Andy Gomm & Karen Lucero

Andy Gomm stated the DDSD charged the ICC with developing a sustainability plan for the next five years to address growth and the cost of providing services. Draft plan was presented at the last ICC meeting. FIT Sustainability Plan has been edited again and the final edits will be added in the next few days. Andy highlighted the sections of the plan. The plan follows a public education funding formula model in that it specifies a per child cost. The plan includes an attached differential for the FIT Program and considers the number of children served each year. The costs associated with serving three year olds were discussed at the April ICC meeting and options including changing the three year law were considered.

Karen Lucero stated the ICC Finance Committee members met with DOH administration to review the plan and discuss the funding issues. DOH did not agree with the premise that not funding three year olds would have an impact on FIT funding.

The ICC Finance Committee was asked to analyze how this funding formula would impact a fee for service system that promotes high quality individualized care. The ICC Finance Committee 7/2/2008 recommendations on provider payment system are:

- Fee-for-service payment promotes individualized care as opposed to capitated payments, which historically drive amounts of service down. A flexible system is desirable to meet family needs
- Medicaid funding is based on a fee-for-service. State general fund payments need to be aligned with Medicaid to assure continued Medicaid funding
- DDSD is able to influence Medicaid funding based on cost studies and department rates. This requires department rates to be aligned with standard Medicaid billing systems
- The Health Insurance Portability and Accountability Act requires records be submitted and tracked per individual and service
- State general funding needs to align with insurance funding in order to maximize continued funding from the insurance industry. The private insurance industry customarily uses a fee-for-service system and is an increasing revenue source for Fit Program services
- Case management billing through Medicaid is established on a fee-for-service basis and is a major portion of our service coordination funding.

The ICC Finance Committee will be meeting with Dr. Vigil on July 18, 2008. Karen Lucero requested input from the ICC regarding the committee's recommendations and asked if any additional recommendations should be added.

Larry Shandler informed the ICC that the medical model for funding uses a relative value point for a service. Larry asked if the ICC Finance Committee should utilize a medical funding model as opposed to an educational funding model. Andy Gomm replied that it would be helpful for the ICC Finance Committee to look at the relative value point for a service.

MOTION: *Richard Barbaras made a motion that the ICC endorses a FIT provider fee for service payment system. Krista Scott Plionis seconded the motion. The motion passed. There were no objections and no abstentions.*

INTEGRATION OF INFANT MENTAL HEALTH APPROACHES IN THE FIT PROGRAM

Presenter: Doreen Sansom

Doreen distributed copies of the Infant Mental Health Approaches Position Paper. The purpose of the position paper is to define and support the appropriate application of infant mental health approaches through early intervention supports and services provided by the FIT Program. The ICC was asked to endorse the position paper before it is distributed to FIT providers. FIT Developmental Specialists and Service Coordinators implement the promotion and preventive intervention components of infant mental health. Infant mental

health promotion materials are free of charge and readily accessible for use with families, in presentations, etc. Mette Pedersen recommended that the provision of training in infant mental health approaches including preservice training be added to the FIT Recommendations on page 7. The STTAR team (FIT training and technical assistance team) shall consider implications for training around infant mental health based on the position paper. Jim Copeland recommended that bullet three on page 8 regarding providing reflective supervision to all personnel be changed to reflect recent changes in FIT Service Definitions and Standards.

MOTION: Mette Pederson made a motion that the ICC accept and endorse “The Integration of Infant Mental Health Approaches Position Paper” once the ICC’s recommended changes are made. Kimberly Diaz seconded the motion. The motion carried. There were no objections or abstentions.

Maria Varela informed the ICC that the Infant Mental Health policy for services to be paid by Medicaid is being drafted. Maria will keep the ICC informed.

DD WAIVER

Presenter: Phil Moskal

Phil is with the intake and eligibility unit of DDSD. Phil overviewed the registration process. DD Waiver can be applied for over the phone. A packet of information is then sent. It is critical that the MAD325 form be completed and sent back as soon as possible. The definition for developmental disability includes documentation that justifies a diagnosis of mental retardation (IQ and adaptive skills scores that are 2 standard deviations below average) or a related condition and functional limitation in life activities. There are eligibility workers throughout the state that determine eligibility. There continues to be confusion about eligibility for young children. Registration of children from birth through age 6 is difficult because we do not often have a diagnosis of mental retardation during this age span. Children are then looked at in terms of deficits in adaptive behaviors. If the diagnosis is developmental delay, this will not enable eligibility workers to determine if the condition will impact the child the rest of his/her life. If the child has one of the related conditions (to be determined by a nurse), he/she is then put in pending status and the family will be asked to send school evaluations to confirm functional deficits in at least three of the seven life areas. People on the waiting list are only those people who have met the definition. People on the pending list are not on the waiting list because they have not met the definition. Original registration date applies for everyone who meets the definition. For children in pending status, the DDSD tries to make a determination by the time a child is eight years old. It is up to the child’s family to send the information to the appropriate regional office. When a family is denied, they can request a re-consideration and can also access the appeal process. It is very important for service coordinators to remind families about sending in evaluation information and notifying the regional office if they move. Phil was asked if DOH had ever surveyed why people don’t return completed forms. The answer was no. Families have 60 days to complete the form. After 30 days, the regional office will send the family a reminder letter. Anyone can call a regional office and ask for the eligibility worker.

Access the DOH website: www.health.state.nm.us/ddsd to obtain *Fitting the Pieces Together* eligibility handbook. Phil can be reached at phil.moskal@state.nm.us, at 841-5530 or at 1-800-283-5548. Phyllis Shingle at the CDD has a one page information sheet with phone numbers. PRO sponsors seminars on navigating the health care system that include discussion on the waiver program. Phil stated the length of time on the waiting list for the Metro region is about 6 years. A person with a traumatic brain injury (TBI) may qualify depending on when the injury occurred and the extent of the injury. New Mexico uses the federal definition from 1983. Related conditions definitions are developed by New Mexico and these definitions were reviewed and changed about five years ago.

TRANSITION STEERING COMMITTEE

Presenter: Sophie Bertrand

Sophie distributed a packet of information about the Early Childhood Transition Initiative. The mission of the NM Early Childhood Transition Steering Committee is to provide guidance and oversight to the NM Early Childhood Transition Initiative. Sophie is the Transition Coordinator. Her position is jointly funded by the Department of Health and the Public Education Department. Transition training is provided yearly for all partners. There are 36 transition teams statewide. These teams have memorandums of understanding (MOUs) in place specifying transition responsibilities and timelines of the signatory agencies. The New Mexico three year old family choice law makes transition planning more difficult. OSEP visited New Mexico in September 2007 and is requiring that the FIT Program FFY 2007 APR due 2/1/09 reports on Indicator 8 data demonstrating compliance with the timely transition conference requirements. Sophie stated that when school district representatives were not at 90 day meetings, service coordinators sometimes rescheduled the meeting and therefore did not meet the timeline. These meetings should not be rescheduled to accommodate school district participation. A Transition Stakeholders meeting was held on February 25-26, 2008. The meeting was facilitated by the National Early Childhood Technical Assistance Center and the Mountain Plans Regional Resource Center. 28 stakeholders representing parents, state agencies, the ICC and the IDEA Panel, FIT providers, school districts and other partners attended. The following tasks were accomplished at the meeting:

1. Developed a matrix of current strengths and structures
2. Identified challenges
3. Identified proposed system level outcomes
4. Identified potential strategies to address challenges

On July 30, 2008, a meeting with the Public Education Department and the Department of Health will be held to address state level transition issues.

DISCUSSION OF TRANSITION SAMPLING NUMBERS

Presenter: Andy Gomm

All FIT providers will submit APRs by September 30th that will include reporting on transition plans and 90 day conferences. Andy recommended that the ICC wait for this APR data from last fiscal year. The ICC agreed to this recommendation. The Public Education Department will have Indicator 12 data collected and analyzed in the next few weeks. The FIT Program still has two special conditions (see letter from OSEP 7/2/2008)

that has not yet affected our federal funding. We are addressing the correct indicators for improvement. At the ICC retreat, the ICC will consider strategies to help providers come into compliance.

IMPLEMENTATION OF CHILD CARE INCLUSION

Presenter: Nina Johnson

Quality Child Care for All Task Force – There is a differential rate for providers who are providing care for children with special needs. Eligibility requirements – child must have documented special need or documented need for special support due to behavior, and family must meet income guidelines. Currently the differential rate is available to the following providers: St. Marks in the Valley and Michael's Place in Alb., Appletree in T or C, and El Centro in Tierra Amarilla. The family and the Child Care Inclusion Specialist have to complete the application.

RFP went out to every child care provider in the state. Contracts were awarded. Child Care Inclusion Specialists can work with any program. Child Care Inclusion Specialists can be part of a family/child's IFSP as appropriate.

Andy Gomm requested that the names and contact information for Inclusion Specialists be sent to the FIT COORDINATORS List Serve.

Lorraine Crespín asked if families have to reapply every year. Answer: This is still under consideration. All families should apply for the differential rate. 18 children are currently receiving the differential rate. Michelle Staley asked if the differential rate follows the child. Answer: Yes

ANNOUNCEMENTS

Andy Gomm announced that Cathy Stevenson will be replacing Jennifer Thorne-Lehman on the ICC.

Mette Pedersen requested that the ICC Executive Committee provide a month's notice for meeting presenters.

FUTURE MEETING TOPICS

Suggested Agenda Topic for December Meeting:

- Report on APR data
- Report on Strategic Planning Retreat

MEETING EVALUATION AND ADJOURNMENT

Jim Copeland requested that member and guest evaluation forms be completed before leaving. The meeting was adjourned at 4:10 pm.