

INTERAGENCY COORDINATING COUNCIL (ICC)



June 9, 2011 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Lisa Chavez, Karen Lucero, Cindy Faris, Andrea Leon, Mette Pedersen, Ida M. Tewa, Arlene Waters (by phone), Lourdes Vizcarra, Robin A. Wells, Anna Otero Hatanaka, Jyl Adair, Paula Seanez, Jan Winslow, Cynthia Mantegna, Janis Gonzales, Nancy Treat, Cathy Salazar, Maria Varela, Cathy Stevenson, Jaime Diaz, Tiffani Lovell.

PROXIES PRESENT

Karen Burrow Proxy for Jim Copeland, Lourdes Vizcarra Proxy for Stephani Greathouse.

MEMBERS/APPOINTEES ABSENT

Joseph Sanchez.

OVERVIEW

Lisa Chavez, ICC Co-Chair, welcomed members and guests to the meeting. Lisa asked for introductions. Andy Gomm introduced a special ICC guest, Carol Massanari, from the Mountain Plains Regional Technical Assistance Center. Mountain Plains provides technical assistance for several states including New Mexico. Carol stated she is here to get to know New Mexico's early intervention system better. Linda Lyle, NMSBVI Superintendent, welcomed members and guests. Linda talked briefly about the NMSBVI. NMSBVI provides a network of services driven by an inclusive philosophy. The school began as a single campus in Alamogordo. Long term placement of kids at the Alamogordo campus does not happen anymore. Students attend school in Alamogordo for a limited period of time to address a specific vision need. The goal of the NMSBVI is to provide needed educational opportunities for students with vision concerns statewide. Services include a low vision clinic, a technology lending library, and the production of Braille documents for all the school districts in the state. The Albuquerque Preschool will serve 80+ students on site this coming year in addition to overseeing the early intervention program. Linda shared the goal of one their recent graduates who worked hard to be able to walk out of the gym in a straight line down the aisle and out the door after graduation. This student did achieve his final high school goal. It takes a lot of skills for a blind student to graduate from high school ready to go forth in the world. NMSBVI wants to assure that students meet their goals and have the skills needed to be successful. Linda thanked the ICC and the early intervention system for partnering with NMSBVI in helping children achieve success.

ICC MEETING AGENDA

Lisa Chavez asked for a motion to amend the meeting agenda to add voting on a new early intervention provider representative. ***MOTION: Mette Pedersen moved to amend the meeting agenda to add voting on a new early intervention provider representative. Robin A. Wells seconded the motion. There were no abstentions or objections. The motion passed.***

NMSBVI EARLY INTERVENTION PROGRAM

Cindy Faris, NMSBVI Early Intervention Program Director, presented a powerpoint presentation about the early intervention program. The program began eleven (11) years ago. At that time, Linda Lyle was a primary level infant toddler teacher working on her masters. Linda began providing home based vision services as part of her masters program. Andy Gomm at the FIT Program and Paula Seanez at the Navajo Nation Growing in Beauty Program collaborated with NMSBVI and provided support. Andy suggested that the NMSBVI Early Intervention Program bill Medicaid for providing vision and orientation and mobility services. Paula funded a vision specialist who provided services on the Navajo Nation. 40 kids were initially served statewide. The program has developed and continues to update a Vision Screening Checklist that early intervention providers can use. Services are provided in the home and in the community. The program also provides statewide training and technical assistance for early intervention staff. Cindy said other states have reported that a collaborative relationship with the early intervention system does not exist in their states. The majority of referrals come from early intervention agencies. In April of 2011, the program served 564 children. From July 2010 to April 2011, the program provided screenings and services for 1,365 children. Of these 1,365 children, all were screened and 638 children were provided with ongoing vision services. Program staff includes one (1) program coordinator, one (1) administrative assistant, and seventeen (17) developmental vision specialists. The program's early interventionists are trained teachers of the visually impaired and/or have orientation and mobility training. Services are provided free of charge and are mostly home based. Services include: direct services for child/family, vision screenings, functional vision evaluations, ongoing assessment, participation on IFSP teams and other team meetings. Cindy also works with children in hospitals and at Carrie Tingley and provides vision support services in these settings. NMSBVI serves children birth to twenty-two years of age. The program serves more children birth to three than other states. Preschool numbers have increased because of early identification. NMSBVI serves children who are at risk up to age three but children have to have a vision diagnosis after age three to continue receiving services. There is an increase of optic nerve hypoplasia (environmental and drug related causes) which is the leading single cause of blindness worldwide. There is also an increase of shaken baby/non-accidental trauma and an increase of premature and medically fragile babies. Articles about these conditions are on the NMSBVI website. Staff is the program's greatest resource and six (6) out of eighteen (18) staff members are getting close to retirement. NMSBVI Early Intervention Program is very

fortunate in that the Superintendent has an early childhood background and the Board supports early intervention. Cindy stated implementation of the Primary Service Provider Model will create a need for the program to re-define its role. The program is becoming a model for other states that want to implement a similar early intervention vision model. Mette Pedersen asked why the program serves more children birth to three years of age than other states. Cindy replied that most other states do not serve children at risk and only serve children with a diagnosis. Cindy distributed the third draft of the Vision Screening Tool. She stated the items on the tool have been matched to the Infant Toddler Developmental Assessment (IDA). The Vision Screening Tool assists early interventionists in determining how vision issues are impacting development. Sophie Bertrand commended the School for the Blind and Visually Impaired and the School for the Deaf for ongoing collaboration on training early intervention personnel.

CONSENT AGENDA

Lisa Chavez asked for approval of the Consent Agenda. Lourdes Vizcarra made a correction to the April meeting minutes. ***MOTION: Lourdes Vizcarra made a motion to approve the consent agenda and the April ICC Minutes as amended. Tiffani Lovell seconded the motion. There were no objections to the motion. The motion passed.***

VOTING ON PROVIDER REPRESENTATIVE

Two candidates applied for the open position. Peggy Denson, CEO of Zia Therapy Center, spoke first. Peggy reviewed her interest in and qualifications for the position. Peggy stated collaboration, problem solving and a sense of humor are three strengths she would bring to the ICC if selected.

Kathleen Cates, the second candidate, is the new CEO of RCI which is being re-named Life Roots. Kathleen comes from a business background and has worked mostly with adults in non-profit agencies. Kathleen's daughter went through early intervention and Kathleen also has a niece and a nephew who are legally blind. Kathleen stated her expertise lies in identifying processes to improve effectiveness.

UPDATE ON MEMBERSHIP

Andy Gomm provided an update on ICC appointments. The Department of Health Division Director met with Secretary Torres and ICC membership was one of the topics of discussion. The Secretary was given a list of current members, a map of members by county of residence and the federal membership requirements for ICCs. Andy stated the Governor should make appointments to the ICC in the next month. He also stated the ICC should be prepared for some changes in appointments at the Governor's discretion.

FIT LEAD AGENCY REPORT

Andy Gomm distributed the report. Andy stated the FIT Program will be taking over medically fragile case management. The FIT KIDS Data System is not yet live. The changes to FIT KIDS will significantly increase data and reporting capabilities. The DOH will have to pay an increased rate to Medicaid starting with the new fiscal year. Andy stated FY12 revenue is of concern. Additional funds for FY12 will be needed and the DOH may have to go to the Legislature for a special appropriation. American Recovery and Reinvestment Act (ARRA) funds have helped cover FIT expenses to date. The ICC worked with former DOH Secretary Vigil to put in place several cost savings measures and these are helping with cost containment. FIT received a total of nine (9) million dollars in ARRA funds. Private insurance revenues are up. Andy discussed the data on children served. FIT serves the highest percentage of children B-1 in the country and serves the second highest percentage of children B-3 in the country. FIT is now starting to see a reduction in the number of children served month to month as a result of cost savings initiated (ex. ending services to at risk children at age three). Anna Otero Hatanaka asked about the \$500,000 Legislative appropriation for FIT. Cathy Stevenson replied that this money will be used by FIT to serve children falling under the 3 Year Old Choice Law. Mette Pedersen asked what the FIT budget percentage is in the overall DDSD budget. Cathy replied the FIT Program does not have a separate, independent budget.

2010 LEGISLATIVE PLANNING

Andy Gomm stated the DOH will begin to identify legislative priorities starting in August. The FIT bill to increase the insurance cap (from \$3500 to \$10,000) was not signed by the Governor. This could have potentially generated \$230,000 for the FIT Program. The Department of Health (DOH) Secretary supported the bill. The DOH does know why the Governor chose not to sign the FIT bill. The DOH could put forth another bill to increase the insurance cap. Cathy Stevenson stated everyone did a really good job of educating the Legislature about the bill. The Governor's office may have been concerned that signing the bill into law would cause a tax increase and/or raise insurance premiums. Andy stated the ICC could begin working with the Governor's office now to provide information regarding the benefits of increasing the insurance cap. Cathy said information should illustrate FIT's need for the funding both now and in the future as well as illustrate passing the bill will not have a negative impact taxes or insurance premiums. The ICC Co-Chairs could talk with the Governor's staff person who works on legislation. Norm Segal stated it was very disappointing that the bill was not signed into law as it could have provided FIT with increased revenue over a five (5) year period. Cathy Stevenson suggested information should also be provided for insurance representatives about the long term benefits of the bill so the message can reach the CEOs. Norm said it is important to point out these are not big claims. Anna Otero Hatanaka stated the only way the bill can be introduced is to have it be on the Governor's call. Anna said two insurance lobbyists were not in support of the bill. Getting another bill through may be a two year process. Norm said the Affordable Health Care Act will increase the number of people

who have insurance so more children will be covered which will increase FIT insurance revenues. Andy said the number of children who would be covered over the next three years could double. Cathy Salazar discussed a legislative effort that she has participated in which included obtaining an epidemiology report funded by the Brain Injury Advisory Council on the numbers of children with brain injury to demonstrate the need for additional funding. Andy said FIT has access to epidemiologists at the DOH. Andy stated insurance companies will want to know how early intervention services reduce future health care costs. Anna said the insurance companies are familiar with the FIT Program. Anna stated we did not start the discussions early enough and may have asked for too high a cap. Cathy Stevenson said the Legislature understands the importance of the bill so information about the benefits of the bill needs to be directed to the Governor. Sbicca Brodeur suggested that the bill be framed as allowing access to more health care for children (i.e. children waiting for services until eligibility is determined). ***MOTION: Tiffani Lovell made a motion to begin conversations now with insurance companies and the Governor's staff regarding the need to increase the insurance cap. Jyl Adair seconded the motion. There were no objections or abstentions. The motion passed.*** Andy Gomm stated the ICC needs to have an appointed representative from the insurance division to serve on the ICC who could help with this initiative.

Lisa Chavez announced Peggy Denson was selected for the open early intervention provider position. Lisa welcomed Peggy to the ICC and encouraged Kathleen Cates to continue to attend ICC meetings.

ICC COMMITTEES MEET

Lisa Chavez asked the ICC Committee Chairs to meet with their committees.

ICC COMMITTEE REPORTS

Professional Development and Support

Nancy Treat reported. The Committee is requesting that \$20,000 of ARRA funds be used for a two day faculty institute on September 8th and 9th. Institute topics include: development birth to three, family centered services/care, IDEA Part C, sharing difficult information with families, prenatal issues, families as faculty, evaluation and assessment of children birth to three, integrated systems of care, low incidence - vision & hearing, medically fragile, reflective practice, effective teaming, and child abuse and neglect. CEUs will be available for OTs, PTs, and others who attend the institute. Nancy asked Andy if FIT could fund the institute or if FIT could subcontract with an entity to fund the institute. Andy replied that this was small amount of money but there are some procurement issues. Andy stated FIT will find an entity that does not currently have a DOH contract. Nancy discussed plans for the reflective supervision survey. The committee identified survey questions and will send the draft to the FIT staff for review. The target time frame for the survey is September. Information on the Primary Provider Model will be presented at the upcoming FIT Annual Meeting. The committee will follow the implementation of the model to see how it is being implemented. The committee

has determined that exploring the use of OTs and PTs is not an option and will identify some other actions for the new Strategic Plan. A summer survey regarding the use of inclusion specialists will be conducted this summer. Every FIT Program will identify a person who will serve as the program's inclusion specialist. Training on inclusion will be provided around the state for the inclusion specialists. New Mexico still has a state leadership team on inclusion that meets periodically. An evaluation summary that allows respondents to rate training and knowledge about inclusive practices has been disseminated. Two handouts, *Seven Key Principles Looks Like / Doesn't Look Like* and *Bright Spots and Causes to Pause* regarding inclusive practices were distributed to the ICC. The Committee will report at the June 2012 ICC meeting on the early intervention coordinators utilizing reflective supervision.

Quality Assurance / Accountability

Andrea Leon reported. For Goal 1, the Committee asked that FIT request information from Maria Varela regarding the data warehouse group. The Committee requested that the action in Row 5, Goal 1 be removed from the plan. A meeting with providers as to the changes needed on FIT KIDS was held. The committee requested that Goal 2 and Goal 2 actions be removed from the plan. On Goal 3, the committee is developing a draft manual for contractors. The committee requested that the action of providers developing business plans be removed from the plan. On Goal 4, page 6, the parent surveys had a 40% return rate. The committee will review family survey results. The committee will recommend some revisions to the wording on the family surveys. The committee requested that the Goal 4, Row 3 be eliminated.

Child Find / Public Awareness Advocacy

Lourdes Vizcarra reported. The Interagency Collaboration Form was distributed so ICC members could update the other groups they serve on. Verna and Lourdes will determine which groups are not represented. Jaime Diaz and Lourdes will work on increasing Head Start / Early Head Start collaboration. Most of the FIT materials have been updated. The FIT website will also have updated forms. Ages and Stages Questionnaires have been distributed to physician offices across the state. The committee is hoping that translation of forms will happen. Lourdes stated Alvino Sandoval's program has some funds that could support the translation. Alvino stated they are already in the process of translating some PRO materials. The early intervention provider directory has been updated. All FIT materials are being distributed statewide. The committee will bring FIT materials to ICC meetings so folks can bring them back to their agencies / communities. Statewide public awareness spots will continue next fiscal year. The committee is working on getting FIT materials into homeless shelters. The committee is working on distribution of FIT materials at statewide clinics. Andy Gomm stated there will be a tribal summit on August 19. The Governor's office will be appointing an early childhood lead for each tribe. Anna Otero Hatanaka suggested that the committee look into presenting information about the FIT Program on the KNME TV channel.

Finance

Tiffani Lovell reported. The committee has been working on strategies to introduce the insurance legislation in a more thoughtful way including early meetings with insurance representatives. The committee would like to see the ICC insurance representative position filled. The committee suggested that a different legislative sponsor for the bill be found. Norm Segal and Tiffani will look for a sponsor from their district. The committee has been discussing options for children that turn three over the summer who still need services. Andy will find out what other states have done and will talk with PED about how to support these children. Andy stated when FIT services end at age three, the PED should address any gaps in services. Prior authorization hours were discussed. The Medicaid statute still specifies 19 hours and the committee will work with Medicaid on changing the hours to 14. At the FIT Annual Meeting, Optum Health will discuss how providers can apply to Optum Health to be a provider of infant mental health and autism services. Funding from different funding streams being coordinated to provide needed services for infants, toddlers and their families reflects the spirit and intent of Part C. Optum Health has provided statewide training. Anna Otero Hatanaka requested that Norm and Tiffani include her in any discussions with a legislator about sponsoring a bill to increase the insurance cap.

FIT REGULATIONS / STANDARDS

Andy discussed the plan for the FIT Program to take over FIT service coordination for medically fragile children. The Medically Fragile Program is a waiver program what serves eligible individuals into adulthood. FIT service coordinators have already been providing the bulk of the service coordination for medically fragile children but have been unable to bill for this service because medically fragile was the official case manager. The FIT Program has been working with Medicaid since February of this year on how to make FIT the designated service coordination entity for medical fragile children birth to three. There are approximately 30 to 32 kids statewide who would be affected. Andy asked the ICC if it would make sense to do the transition from medically fragile to FIT over a period of time (e.g. when an IFSP is due) or to do it all at once such as by the end of July 2011. Families would have a choice of FIT service coordination agencies providing there is more than agency in the area. Maria Varela stated the change means that medically fragile infants and toddlers would continue to have their medically fragile case manager who would provide medical case management and they would also have a FIT service coordinator. Jyl Adair asked if the change would result in families having to have two separate meetings, one to develop their medically fragile Plan of Care and one to develop their IFSP. Andy answered yes, two meetings would be required. Cathy Salazar said two meetings for families are not an issue if the meetings are held in the family home. Cathy also stated that many families of medically fragile infants and toddlers do not understand how FIT services will support quality of life for their children and this change will increase family understanding of the importance of FIT services. Cathy stated she liked the idea of having two plans. Families will have a nurse case manager to manage the

Plan of Care and a FIT service coordinator to manage the IFSP. Andy asked Cathy Salazar and Lourdes Vizcarra to review the draft letter to families about the change. Sophie Bertrand encouraged folks not to lose the partnership between the two systems. Karen Burrow suggested the implementation timeline be set for the end of September 2011. Sbicca Brodeur cautioned ICC members and guests not to discuss this change with families until the FIT Program has officially notified families by letter. Andy Gomm stated this change would reflect what is currently happening when medically fragile children are in school. The children have an IEP in addition to their Plan of Care. Cathy Salazar stated it is important that the change be clearly explained to families so they understand what will happen and do not panic. Andy Gomm stated the change will allow the medically fragile case managers to focus on a child's medical needs. Sbicca Brodeur stated FIT service coordinators should still invite medically fragile case managers to IFSP meetings. ***MOTION: Cindy Faris made a motion to proceed with having FIT service coordinators implement new IFSPs for medically fragile children by the end of September 2011 and continue to provide ongoing service coordination in conjunction with the Plans of Care provided by Medically Fragile Case Managers. Cathy Salazar seconded the motion. There were no objections or abstentions. The motion passed.*** Andy Gomm and Sbicca Brodeur will work out the details on how to transfer children.

Andy distributed the draft documents *Requirements For Family Infant Toddler Early Intervention Services 7.30.8. NMAC* and *Services Definitions and Standards*. Andy stated the draft *Requirements For Family Infant Toddler Early Intervention Services 7.30.8. NMAC* had not changed much since the ICC provided input at the last meeting. Carol Massanari stated the federal regulations should be out in July 2011 in order to be available for the OSEP mega conference in August 2011. IDEA will not be re-authorized for at least two (2) years. Andy Gomm recommended that we wait to promulgate FIT regulations until after the federal regulations are out as it would not be effective for New Mexico to have to change FIT regulations again after the federal regulations come out. Andy requested that the ICC spend time today reviewing the draft *Service Definitions and Standards* document. Andy stated regulations specify how FIT will implement IDEA in New Mexico and service definitions and standards specify how FIT will provide and pay for early intervention services. New Mexico went to a fee for service system about six (6) years ago. Andy reviewed the major changes in the draft *Service Definitions and Standards*. Andy asked the ICC if recommendations were okay to include in the document (e.g. recommended tools for the comprehensive multidisciplinary evaluation). Andy stated language about correction of non-compliance had been added. Karen Burrow asked if the additional tools for evaluation could be used to determine eligibility. Andy replied that the Infant Toddler Developmental Assessment (IDA) is the primary tool for determining eligibility but another domain specific tool can be used in addition to the IDA. Anna Otero Hatanaka stated the use of the word "recommended" is confusing. Anna suggested that "recommended" be replaced with "approved" throughout the document. Anna also suggested that parentheses used throughout the document be removed and that commas be used instead.

ICC members reviewed the draft Service Definitions and Standards and gave the following input:

- Page 9, section titled *Family Service Coordination* - Add transition requirements to the second bullet about the IFSP. Add language such as: "The service coordinator will facilitate the entire transition process which includes facilitating the development of a transition plan and facilitating a transition conference for each eligible child".
- Page 10, in the seventh bullet about the ECO, remove language "including the family" as the family is already included. Note: Cathy Salazar stated she preferred this to stay in.
- Karen Burrow stated that in their program's Community Based Assessment (CBA), they were told the service provider had to sign and put their title after each entry on contract logs. Andy stated he will work with DHI to clarify the correct procedure. (See page 11, first bullet at top of page).
- Cindy Faris asked if FIT wanted to specify who could provide vision services on page 17 in the section titled *Staffing Requirements* as NMSBVI requires that their staff have certification in orientation and mobility or have licensure as a teacher of the visually impaired. Andy will work with Cindy to clarify the correct language.
- Sbicca Brodeur asked how many visits could be provided through telehealth (page 21, section titled *Telehealth*). Sbicca stated that if consultation is not listed on the service page than the service coordinator could not track the twelve (12) hours per year. Andy replied the service coordinator could track through the FIT KIDS data base.
- Patti Ramsey asked that the language on page 21 in the section titled *Telehealth* be clarified so the service coordinator knows which location to bill from.
- Clarify the language in the second bullet from the bottom in the section titled *Consultation between early intervention personnel* on page 19 by stating "Provide face to face with the family at least quarterly."
- Maria Varela recommended taking out "in the natural environment" in the section titled *Consultation between early intervention personnel* on page 19.
- Cindy Faris asked if two different providers had to go together to do the annual IDA.
- Cindy Faris asked if a service provider forgets to get a contact log signed by the family, does the service provider have to drive back to the family home to obtain the signature. Jyl Adair stated filling out a contact log is not supposed to be billable time. Andy stated that FIT needs to have more discussion about contact logs. Andy said the Accountability Committee could look at this issue as part of their next Action Plan. Maria Varela stated Medicaid sends out notices to families so they can verify if their services have been provided.
- Jyl Adair asked Andy if Social Work was no longer one of the approved professional backgrounds for working as a Developmental Specialist (page 11, Section titled *Staffing Requirements*). Andy will check on this.

ICC RETREAT PLANNING

Karen Lucero asked that this agenda item be removed from the agenda due to lack of time. Karen stated ICC retreat planning could be conducted via the ICC List Serve. **MOTION:** *Nancy Treat moved that ICC retreat planning be taken off today's agenda and that the ICC Executive Committee utilize the ICC List Serve to obtain ICC input in planning the ICC retreat. Tiffani Lovell seconded the motion. There were no objections or abstentions. The motion passed.* Karen informed the ICC that Anna Otero Hatanaka thanked everyone for the sympathy card. Anna also requested that the ICC be more active in ECAN meetings as the FIT Program was not included in the early childhood legislative activities in the last legislative session.

OSEP MONITORING

Andy Gomm reported that the Office of Special Education Programs (OSEP) will be coming to New Mexico the week of October 3, 2011 to conduct a continuous improvement monitoring visit. OSEP will survey ICC members early in September via Survey Monkey or Zoomerang as to how the ICC thinks the State is following the General Supervision Requirements. Andy asked the ICC to be open and honest in their survey responses. Part of OSEP's focus in October will be on the Results Indicator. Each state will be able to pick an area where assistance is needed. For example, a state could select the area of child count data birth to one (1) or birth to two (2). New Mexico is doing very well in all Results Indicators. Andy stated it would be better for New Mexico to pick an area that FIT is currently measuring. FIT will receive technical assistance in the selected area. Andy stated New Mexico still struggles with Early Childhood Outcomes data as well as determining reasons why one provider's ECO data is very different from another provider's data. Andy asked Patti Ramsey about the Early Childhood Outcomes data. Patti stated she is comfortable with the statewide data but is concerned about how providers score children. Sophie Bertrand asked if providers use this data within their agency. Robin A. Wells suggested that Early Head Starts be surveyed. Robin asked if Early Head Start / Head Start staff is invited to IFSP meetings and if they have administrative support so they can attend IFSP meetings. Carol Massanari stated New Mexico needs to pick the area of assistance needed as soon as possible.

MEETING ANNOUNCEMENTS & EVALUATION

Karen Lucero, ICC Co-Chair, asked members and guests to complete and turn in the meeting evaluation forms. The meeting was adjourned at 4:22 pm.

FOLLOW-UP MEETING TASKS / RESPONSIBILITY

ICC Members / Committees:

- Begin conversations with insurance staff

ICC Executive Committee:

- Utilize ICC List Serve to obtain input from ICC to plan ICC September 2011 Retreat
- Work with Finance Committee Co-Chairs and Anna Otero Hatanaka to begin conversations with insurance companies and the Governor's staff about the benefits / need to increase the insurance cap.

ICC Committees:

- Continue implementing Action Plans.

FIT Program:

- Subcontract with entity to fund two day faculty institute on September 8-9, 2011.
- Inform families of medically fragile children receiving FIT services regarding FIT taking over service coordination for their FIT services. FIT service coordinators to implement new IFSPs for medically fragile children by the end of September 2011 and continue to provide ongoing service coordination in conjunction with Plans of Care provided by Medically Fragile Program case managers.
- Review and utilize ICC input regarding draft Service Definitions and Standards.
- Work with Cindy Faris on clarifying language in Service Definitions and Standards on who could provide vision services.
- Work with Cathy Salazar and Lourdes Vizcarra to draft a letter to families explaining how the FIT Program will assume responsibility for FIT service coordination.