

Family Infant Toddler Program
FIT Changes Plenary

1

Agenda

- FIT Redesign
 - Budget situation
 - FIT Redesign Work
 - FIT Changes
 - Implementation of changes
- CMS Change
- Respite Change
- DS Certification overview

2

FIT Redesign Charge

- The FIT Program and the ICC were charged by Sec. Vigil M.D. to address the looming budget shortfall in FY12
- The FIT redesign, as it has come to be known, addresses changes to:
 - Eligibility and Eligibility determination process
 - Service Models
- Changes were to save \$\$
- Changes could not include changes to the state statute

3

FIT Budget Situation:

• FY 2010

SGF	\$13.5 million
SGF Appropriation	\$.5 million
Part C Grant	\$ 2.8 million
Private Insurance	\$ 1.3 million
ARRA Formula Grant	<u>\$ 1.4 million</u>
TOTAL	\$19.5 million

SIG ARRA funding + \$5.8 million over 2 years

4

FIT Budget Situation:

• FY 2011

SGF	\$14.0 million
Part C Grant	\$ 2.9 million
Private Insurance	\$ 1.3 million
ARRA Formula Grant	<u>\$ 1.4 million</u>
TOTAL	\$19.6 million

SIG ARRA funding + \$5.8 million over 2 years

5

FIT Budget Situation:

• FY 2012

SGF (incl. Medicaid Match)	\$14.0 million
Part C Grant	\$ 2.9 million
Private Insurance	<u>\$ 1.3 million</u>
TOTAL	\$18.2 million

ARRA funds end Sept. 30th 2011 and the FMAP reverts from .22 to .29 cents on the dollar

6

FIT Budget Situation:

A projected budget shortfall of (\$3-6 million) in Fiscal Year 2012. This revenue shortfall is due to:

- American Recovery and Reinvestment Act (ARRA) funding ending in September 2011
- Federal Medical Assistance Percentage (FMAP) reverting to the pre stimulus rates in Oct 2010
- State revenue projections unlikely to result in increased appropriation of State General Funds in the next few years.

Meet the funding cliff...



7

FIT Redesign Work:

- Large workgroup met on Jan 05th to review and make recommendations regarding changes to eligibility
- Finance and Accountability Committees met on March 4th and April 08th to make recommendation regarding service delivery models

8

FIT Redesign Work (cont.):

- ICC met on April 14th in Alamogordo and at a special meeting May 05th in Albuquerque
- ICC reviewed and voted on the recommended changes for FY 11
- Recommended changes have been presented to and approved by Sec. Vigil M.D.

9

FIT FY11 Changes:

Change 1.

Limit the amount of services that a child eligible under either biological / medical risk or environmental risk and their families can receive to 24 hours of early intervention plus 12 units of service coordination per year.

When:

Beginning on 07/01/10 through 09/30/10 IFSPs would be revised to make this change to the frequency of services provided for at-risk children.

10

FIT FY11 Changes (Cont.):

Change 2.

End all services and transition / exit all "at risk" children and their families at age three

When:

- Children at risk who are currently over age 3 or turning 3 before the beginning of the 2010 – 2011 school year would continue services until they transition at the beginning of the 2010 – 2011 school year.
- Children turning 3 after beginning of the new school year (2010 – 2011) will transition by the end of the month in which the child turns three (3).
- The Transition Plan in their IFSP will be revised.

11

FIT FY11 Changes (Cont.):

Change 3.

Develop surveillance / tracking model for children found to not be eligible for the FIT Program (using ASQs to be mailed to family at each periodicity).

When:

- By Sept 01st
- Considering having CMS or UNM-CDD administer a developmental screening system.

12

FIT FY11 Changes (Cont.):

Change 4.

DOH FIT Program will work with providers that are more than 1 standard deviation from the mean for:

- Average Monthly Cost Per Child
- Average Monthly Hours Provided Per Child

When:

- Begin 07/01/10

13

FIT FY11 Changes (Cont.):

Change 5.

Promote an evidence-based Primary Service Provider / Primary Coach Model (trans-disciplinary) – whereby the family has one primary interventionist who visits the family on a regular basis who is supported by a team that provides consultation.

When:

- Begin 07/01/10

14

FIT FY11 Changes (Cont.):

Change 6.

Require 1-2 Norm Referenced tools for use by all providers statewide to determine eligibility of 25% developmental delay in one area of development

When:

- Begin 01/01/11 with all new Comprehensive Multidisciplinary Evaluations

15

FIT FY11 Changes (Cont.):

Change 7.

Mandate use of the Environmental Risk Assessment Tool.

(Two agency determination will no longer be required)

When:

- Begin 07/01/10 for all new children determined eligible under Environmental Risk

16

FIT FY11 Changes (Cont.):

Change 8.

- Change Low Birth weight from 2,500 gms to 1,500 gms
- Change prematurity from 35 weeks to 32 weeks gestation or earlier
- Move the following to tracking:
 - 32 weeks and 36 6/7 weeks and /or >1500 gms <2,500 gms
 - chronic otitis or serous otitis (> 4 months duration)

17

FIT FY11 Changes (Cont.):

Change 8 (cont.).

- Epilepsy (except febrile seizures)
- Medical factors such as hypothyroidism, severe chronic anemia

When:

- This change will be applied to all children determined eligible after 07/01/10.
- Does not affect children who are currently eligible for the FIT Program

18

FIT FY11 Changes (Cont.):

Change 9.

Reduce the following systems support contracts:

- Parents Reaching Out (parent training, parent to parent support etc.)
- EPICS (parent training)
- Cooney Watson (public awareness / materials)
- UNM – Center for Development & Disability (training and TA)
- ICC

When:

- Amendments to be in place by 09/30/10

19

FIT FY11 Changes Implementation

- Changes to DDSD Service Definitions and Standards
 - By July 01st
 - Public comment will be gathered
- Changes to FIT Regulations 7.30.8 NMAC
 - Promulgated later this summer
 - Hopefully Federal IDEA Part C regs will be published soon
 - Public hearings will be held

20

FIT FY11 Changes Implementation (Cont.)

- Information and Training for service coordinators
 - Clear instructions regarding each change
 - Instructional aids (decision tree; grid; flow chart etc.)
 - Tele-conference / web-conference
- Information to parents
 - Letter to be delivered and explained by SC
 - Public forums held in communities across NM
- UNM-ECLN contract changed to address change #5 and #6

21

CMS – FIT Change

- Due to the unprecedented budget situation the Public Health Department has decided that CMS will no longer be providing service coordination
- A letter was sent out on 06/07/10 This effects ~115 children in the following counties:
 - Santa Fe
 - Sandoval
 - Socorro
 - Sierra
 - Dona Ana

22

CMS – FIT Change (cont.)

- Meeting to plan the transfer process will be held in each county between the FIT Program; CMS and the local FIT Provider(s) in the coming weeks
- Parents will also be given the opportunity to attend a meeting hear about the change
- A letter is being written to families

23

CMS – FIT Change (cont.)

- No transfers will take place until after July 01st 2010
- All children will be transferred by September 30th 2010
- If a child is transitioning at the beginning of the coming school year, CMS will retain service coordination until then
- IFSP team meetings will be held to plan for the transfer of other children to the FIT Provider(s) over the coming months

24

Respite

- Beginning July 01st Respite will be managed by the DDSD State General Funds Manager (not the FIT Program)
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- Respite and DDSD adult services are in a separate Provider Agreement from FIT Program services
- No change to billing or reporting

25
