

**NH Interagency Coordinating Council Annual Retreat  
Conservation Center, 54 Portsmouth Street, Concord, NH 03301**

**Notes**

November 2, 2012

**Members present:** Charna Aversa, Sonja Barker, Sharon Davis, Gloria Fulmer, Linda Graham, Rochelle Hickmott-Mulkern, Sharon Kaiser, Michelle Lewis, Ruth Littlefield, Ellyn Schreiber, Lenore Sciuto, Kelley White

**Guests:** Susan Marcotte Jenkins, Terry Ohlson-Martin, Jen Doris, Peggy Small-Porter, Kathy Grey, Nicole Gallant, Myriam Roeder

**Staff:** Carolyn Stiles, Nikki Gagnon

**ICC Chair Notes:**

No amendments or notes to add to September 2012 meeting notes

Review of ICC successes and challenges of past year:

Successes

- Work group accomplishments
- Family cost share has been explored
- Continuous active participation of work group members
- SPED – Pre K support
- Statewide interagency support
- Work with SPARK

Challenges

- Group diversity – keeping the group diverse
- Keeping parents on council
- Time commitment for members
- Work groups discovered more questions than answers
- Difficulty keeping attention focused because there is so much going on
- Keeping the workgroups moving forward

**“State of FCESS”** (See slide presentation):

- Highly regulated by State and Federal laws
- How well we do our work: indicators include timely services, natural settings, child outcomes, family outcomes, Child Find, timely IFSP's, transition planning, notification to LEAs, and Transition Conferences.
- Timely services 100%, Timely IFSP's 100%, Services provided in natural settings 99%, Transition planning: plan 99.7%, notification 100%, 90 day meetings 100%
- Child outcomes: in 2011-2012, all staff had to complete training module, data seems more accurate post training, percents represent kids who substantially increased their rate of growth by age 3 or exiting program. The %s are lower, most likely because the data is more accurate due to the training that was provided.
  - Outcome A (positive emotional- social skills): 2011 target 81.6%, actual 79.13%, 2012 target 82.4%, national average 68%
  - Outcome B (acquisition and use of knowledge and skills): 2011 target 85%, actual 83.18%, 2012 target 85.5%
- Family outcomes: ~ 40% response rate, surveys could be mailed or completed online
- Child Find: # of children served birth to 1 year 1.51% target, actual 1.81%, # of children served birth to 3 years target 3.43%, actual 4.52%, both increases over 2010

- Looking to create a family friendly document to say what IDEA is and how we implement it, needs catchy name, where should it live, how should it be organized.

Suggestions:

- Think of the document as having 3 different layers, the deeper you go, the more detail you find.
- It should be attractive, approachable, and easy to navigate, bright, eye catching, but as simple as possible; family friendly
- Consult marketing and web design people
- Should reside in multiple locations, child care, Laundromats, grocery stores, kiosk in Wal-Mart
- Multiple formats: written, electronic, like a website
- Could be called “Guide to your ESS Journey”; Family Guides with the Teddy Bear; with subtitles based on the need to be clear they are about infants and toddlers.
- Focus on families
- Broad enough to include pediatricians and families
- Major initiative for developmental screening in pediatric offices; “When should a developmental screening happen?”
- Barrier to Pediatrician developmental screenings is lack of reimbursement
- Should be organized under topics such as: For when your child outgrows FCESS”, How are services provided?”, etc.
- A larger version of “everything needs to be widespread
- More specific information on transition can/should be at places directly working with families transitioning, perhaps in the form of cards.
- Be sure there is information on the cards that directs families to multiple places for information, not just the web.
- It is important to work with childcare sites and family resource centers so they understand the process and possibilities.
- Organized similar to transition booklet (colorful, bullets); simplify information, like a brochure; remove legal jargon
- Brochure for MD offices, libraries, schools, places where adults are with children
- Link the brochure to the website with more detailed information
- Web links to programs
- Should include: definitions, acronym guide, types of services, where are they delivered, how is it meaningful to families, what is the difference between Part B preschool, and part C

**Impact of Part C regulations:**

- Perceived changes to practice
  - Two professional evaluators needed at evaluation
  - OSEP: does not have to be in person, can be over phone/Skype/etc.; only required at initial evaluation and when changes needed, not at reviews
  - Memo from director’s has been sent to BDS asking for clarification and concerns about cost of implementing above statement
- Routines based intervention (RBI) in Early Intervention (EI):
  - In Region 1:
    - The McWilliams model of interviewing
    - Lasts 45 minutes to an hour usually, formal form used, should be repeated annually
    - More family outcomes in IFSP’s

- Family goals may or may not be priority at time of initial IFSP, but are noted and may be included at later time; how do we save info to revisit later? Taping the interview may be one way to do this.
- Tracking sheets are provided to families so they can track progress/growth data
- Region 1 been using for past 6 months; trained by people in Region 3 who attended national training; but no one in the region attended the training and there are questions of fidelity
- Additional training sessions have been difficult to set up due to availability of trainers
- It is a shift in thinking; good way to get to know families and what is important to them; need to be flexible with families that do not want it

**SPARK NH Update:**

- Website is live! Web site viewed during meeting.

**Update on Family Cost Share:**

- Still working on developing pilot study
- Considering developing a paid stipend position to coordinate pilot
  - \$1200.00 available at this time
  - Other grants might be available; CSNI (Community Support Network Incorporated) maybe?
  - Will be a term position (not permanent)
  - Job description to be written: person should be familiar with ESS, will coordinate with FCSG, will be contact person regarding pilot and field questions, will distribute pilot, aggregate results...
- Questions:
  - Do we leave application with family to do on their own or do we do with them?
  - Could we have one contact person at each area agency for this person to coordinate with?
  - Should we do a mini pilot first (readability test)?
- Carolyn will draft a job description for the pilot coordinator
- Lenore will discuss with CSNI and request that they partner with the ICC in funding the pilot and participate in the work of the committee.

**Early Childhood Transition:**

- Discussed agreement between SPED, FCESS, and the Parent Information Center regarding the way that the changes to transition between FCESS and SPED will be facilitated. See agreement at end of meeting notes.

**Preschool Update:**

- Special education preschools use the TS Gold and AEPSi tools to measure progress for preschool children with IEPs and for the summary statements reported in the Annual Performance Report
- Results of the child outcomes work is available on the DOE website
- NH has a high standard when it comes to parent involvement
- Reports show that 51% of schools facilitated parent involvement; there was a 15% response rate for this survey.

**ICC Moving Forward:**

- Need new chair to replace Michelle whose term ends today

- If new chair does not step up, do we share load of chair between members of planning committee?
- There is still a Member at large vacancy; there is an opportunity to rep ICC on SPARK NH; a Pre K rep is needed; and we need more parents on the Council.
- Should we reduce the number of meetings from 5 to 4 per year given the time constraints most of the members are having? Yes – eliminate September meeting for now.

The Retreat adjourned at 3:00 without answering these questions. Members are encouraged to consider filling one of the vacant positions.

The meeting schedule for next year is:

|                  |                                         |
|------------------|-----------------------------------------|
| February 1, 2013 | NH Hospital, Concord                    |
| April 5, 2013    | NH Hospital, Concord                    |
| June 7, 2013     | NH Hospital, Concord                    |
| November 1, 2013 | ICC Retreat (9:00 – 3:00), Location TBA |

### **Meeting Feedback:**

What I liked about this meeting:

- Wide range of attendees
- Interactive style updates
- Updates from FCESS and Preschool Special Education
- Group discussion about what they liked
- Having parents with children
- Good dialogues with members
- Combination of family and FCESS program attendance
- Being welcomed as a guest

Best Idea:

- Screen and referring everyone everywhere (Watch Me Grow Screening System)
- Planning for Moving Cost Share conversation forward
- Family outcomes increase
- Discussion about programs using RBI
- Impact of COSF training on data
- TIP card from PIC/SSECT
- National statistics regarding child find
- Spark website and newsletter

Could have been better:

- More breaks
- More space to move around
- More ESS directors in attendance

I would like to know more about:

- ICC structure and leadership (form follows function)
- Updates from Dept of Insurance and Homeless as they impact FCESS
- RBI impact on family outcomes
- What makes autism services different.

# NH Interagency Coordination Council Agenda

September 14, 2012  
New Hampshire Hospital, Conference Room A  
37 Clinton Street  
(603) 271-5300

**Members attending:** Charna Aversa, Sharon Davis, Gloria Fulmer, Gale Hall, Jane Hybsch, Sharon Kaiser, Michelle Lewis, Ruth Littlefield, Myriam Roeder (for Eileen Mullen), Ellyn Schreiber, Lenore Sciuto, Lynda Thistle Elliott, Kelley White  
Video Conference: Rochelle Hickmott-Mulkern

**Visitors:** Samantha Sansom, Ananda Tomas, Susan Marcotte-Jenson, Terry Ohlson-Martin,  
Video conference attendees: Suzanne Iverson, Peggy Small-Porter

**Staff:** Carolyn Stiles

The ICC Chair, Michelle Lewis, conducted an orientation for new member Dr. Kelly White.

## Business

No amendments or notes to add to June 1, 2012 meeting notes

## Nominating Committee Report:

- Need new preschool representative
- Need parents
- Need new chair to replace Michelle (term ending); Michelle is willing to speak with any potential candidates. The position is a 2 year term, and involves facilitating meetings, setting agenda, conducting new member orientations, working with Part C office, heading subcommittees on occasion, writing letters of support for grants, among other things. Specific tasks can be discussed and shared with other Council members.
- Member at large vacancy to rep ICC on SPARK NH and also to participate in meeting planning
- Ann Richardson – needs term extension if she would like to stay

## SPARK NH update

Charna Aversa

- Website going live in 2-3 weeks, Beta test site already reviewed; check it out:  
<http://sparknh.com/>
- NH received SAMHSA grant (Maternal and Child Health sponsored) of 450,000/year x 5 years to support substance abuse and mental health screenings in children; Spark NH executive director position will be partially paid (40%) by the grant with the Spark NH Council serving as an advisory group for the project;
- Committee updates
  - Professional Development Committee – portal for storing licenses and professional development training info approved; info on SPARK website
  - Quality Committee – Survey being developed for professionals and parents regarding access to services
  - Data Committee – Has joined with Needs Assessment Committee; approved contract with a company to do survey
  - Policy Committee – Working on strategic plan; 19 different options; contracted with NECTAC
- Do we want to have time at next SPARK meeting in November for Family Cost Share presentation/info/questions? YES! Charna/Michelle will ask for early time slot

## Update on Family Cost Share workgroup progress

Michelle Lewis/Terry Ohlson-Martin

- Still working on developing pilot study
- Questions that we may want to ask:
  - What expenses (that may adjust income) should be included/not included on the application? Should we leave it open ended or have a list that parents can react to?
  - Is the application easy to read/understand?
  - Were all questions accounted for/answered?
  - Was it time consuming to fill out?
  - Is the suggested cost amount for your family seem fair/would you be willing to pay that amount
- Include a statement about what the money will be used for
- Should we have a focus group before pilot study? Not at this time
  - When we do have a focus group, some questions that could be included:
    - How hard would it be to do this?
    - What is the value?
    - Comment: it could be hard to get families to be forthcoming in discussion in the group setting.
- A focus group could be used after the pilot to inform implementation
- How will money be used? This question should be included in the pilot script. It will be used to offset the deficit of the cost of the program that is not covered by an other funding source.

## Lead Agency Updates

- Care Management – CMS has approved the NH DHHS Care Management plan with some questions, but the plan will proceed on schedule.
- Sequestration - If this becomes reality, there will be an 8% cut of discretionary spending by the federal government in the next fiscal year, which begins 07/01/2013. There would be a domino effect because cuts to one agency will affect other programs significantly.
- Preschool special education survey – PIC is under contract to assist in expanding the SSECT project to include settings and child find and one of the activities is to create a survey to determine what types of program models (charging tuition, type of curriculum, etc.) are being used around the state in each district given the current and expected economy. This information can be used by districts as a foundation to future conversations with each other
- Developmental Services Family Support Conference – The conference planning committee is requesting new suggested early childhood topics for the next conference.
- 2012 FCESS Public Report is now posted on the DHHS website:  
<http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/index.htm>

**Part C Proposed Rules** – changes are proposed to bring the current rules He-M510 into compliance. The proposed rules and summary of changes have been disseminated for Stakeholder Review. The summary is attached to the end of these notes (beginning page 3) along with comments from this ICC meeting (page 10).

The **annual ICC Retreat** is being planned, please contact a member of the planning committee if you would like to make a suggestion.

The **meeting adjourned** at 12:30.

Minutes taken by Sharon Davis, Secretary and Carolyn Stiles, BDS staff

## Next Meetings

| Date             | Location                               |
|------------------|----------------------------------------|
| November 2, 2012 | ICC Retreat (9:00 – 3:00) Concord area |

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## Proposed revisions to He-M510 Family-Centered Early Supports and Services

The purpose of the revisions is to bring the He-M510 into compliance with the 2011 Part C Regulations. Listed below are the sections of He-M510 that have proposed changes. **Bold** indicates new language.

1. *Child Find definition removed* along with entire Child Find Notification section 510.09. OSEP is now defining “notification” as being synonymous with “referral” as used in the transition section. This means we will need to continue our partnerships with the schools to help them be aware of children coming into their system.
2. *Service Coordination section* has been reworded with language added from the rules. Service Coordination activities however, have not changed significantly. They are:
  - (1) Services provided by a service coordinator to assist and enable a child and the child's family to receive the services and rights, including procedural safeguards;
  - (2) Be an active, ongoing process that involves:**
    - a. Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the family-centered early supports and services required; and
    - b. Coordinating the other services identified in the IFSP that are needed by, or are being provided to, the child and that child's family; and
  - (3) Include:
    - a. Coordinating all services required across agency lines;
    - b. Serving as the single point of contact for carrying out the activities described in c. – i. below.
    - c. Assisting parents of infants and toddlers with disabilities in obtaining access to needed supports and services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for children and their families;
    - d. Coordinating the provision of family-centered early supports and services and other services, such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes, that the child needs or are being provided;
    - e. Coordinating evaluations and assessments;
    - f. Facilitating and participating in the development, review, and evaluation of IFSPs;
    - g. Conducting referral and other activities to assist families in identifying available providers;
    - h. Coordinating, facilitating, and monitoring the delivery of services required to ensure that the services are provided in a timely manner;
    - i. Conducting follow-up activities to determine that appropriate services are being provided;

- j. Informing families of their rights and procedural safeguards, as set forth in He-M 203 and He-M 310 and related resources, including organizations with their addresses and phone numbers that might be available to provide legal assistance and advocacy, such as the Disabilities Rights Center, Inc. and NH Legal Assistance;

**k. Coordinating the funding sources for services required under this part; and**

- l. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

**(4) Use of the term “service coordination” or “service coordination services” by an FCESS program or provider shall not preclude characterization of the services as case management or any other service that is covered by another payor of last resort, such as Title XIX of the Social Security Act—Medicaid, for purposes of claims in compliance with the requirements of 34 CFR 303.501 through 303.521.**

(This means that we can bill Targeted Case Management for service coordination activities)

**3. *EI services***

The list of services is **not exhaustive (this is the language of the new rules)** of the types of services – but they have to meet the requirements of 510.03 (a)

- a. Provided in collaboration with parents by personnel qualified under 510.12
- b. Be provided under the system of payment 510.15
- c. Include services listed in 510 and meet the developmental needs of the child and family and enhance the child’s development
- d. Comply with state law regulation of professional practice of person providing services
- e. Provided in natural environments to maximum extent appropriate
- f. Provided in conformity with an IFSP

**4. *All IFSP Development requires a multi-disciplinary IFSP team.***

The **IFSP multi-disciplinary Team** includes:

- a. Parents,
- b. Service coordinator,
- c. **Person or persons directly involved in conducting the evaluation or assessment (if the evaluator can not be physically present, they may be represented in an alternate way)**
- d. Providers as appropriate, and
- e. Others as requested by the parent

**5. *Transition***

- a. For all children found eligible for FCESS prior to 33 months of age.

Convene an IFSP team when the child is between **27 and 32 months** (changed from 24 months) to develop a transition plan:

- 1. To identify steps to be taken and services to be provided for the toddler and his or her family to exit the ESS program
- ii. Identifies training for parents, as appropriate, regarding future placements and other matters related to the child’s transition

- iii. **Review the child's program options for the period from 3<sup>rd</sup> birthday through the remainder of the school year**
- iv. Include, with parental consent referrals to the area agency and other community resources
- v. **Determine if the child is potentially eligible for preschool special education**
- b. For children determined to be potentially eligible:
  - i. **Provide parents information describing the notification requirement and their right to object to information about their child being provided to the responsible LEA and the NH department of education**
  - ii. If a parent informs the ESS program within **7 calendar days** that they object, ESS will **not** notify the responsible LEA and the NH department of education
  - iii. If a parent does not object within 7 calendar days, the ESS program shall **refer the child by notifying the responsible LEA and DOE (through NHSEIS) not less than 90 days before the child reaches his or her third birthday** that a child who is potentially eligible for sped is receiving ESS by providing the following information:
    - 1. The child's name;
    - 2. The child's date of birth;
    - 3. The parent's name;
    - 4. Additional information with parental consent.
  - iv. After the responsible LEA **and the NH department of education** have been notified, convene a transition conference that includes:
    - 1. Family, other persons requested by the family, the service coordinator, and relevant providers'
    - 2. Conducted not less than 90 calendar days but not more than 9 months prior to the child's third birthday; and
    - 3. Includes the LEA representative- from the new rules**
  - v. The purpose of the transition conference shall be to:
    - 1. Review the results of the IFSP team meeting (first bullet)
    - 2. Update the transition plan with input from the LEA representative and other providers; and
    - 3. Confirm the child's program options for the period from the 3<sup>rd</sup> birthday through the remainder of the school year, if applicable.
- c. For a child referred and determined eligible for ESS between 24 and 36 months, a written transition plan as described above shall be included in the initial IFSP.
- d. For a child referred and determined eligible for ESS more than 45 days but less than 90 days before the child's third birthday and the parent does not object, the ESS program shall refer the child to the responsible LEA and the NH department of education.
- e. For a child who is referred fewer than 45 days before the child's third birthday, ESS program, **following parental consent,** shall refer the child as soon as possible to the

responsible LEA ; the **ESS program shall not be required to conduct a multidisciplinary evaluation or initial IFSP meeting.**

- f. **For children not potentially eligible, make reasonable efforts to convene a conference with providers of other services to discuss appropriate services the child might receive.**

**6. Administration**

- a. Each area agency, in cooperation with the ESS program shall document evidence of outreach to local agencies and providers serving infants, toddlers, and their families to identify children who may be eligible for ESS.
- b. ESS programs shall **annually** conduct and document quality assurance activities, including at a **minimum**: (only the bolded words are new)
- c. **Development and implementation of an improvement plan based on He-M510.11(h)(1-4)** (constituent surveys; record reviews; performance data measurements; and monitoring visits to ESS programs)

**7. Area Agencies and FCESS programs shall enter required information into the statewide data system based on the following schedule:**

(1) Upon referral:

Demographic data:

- i. child's name
- ii. parent/guardian contact information
- iii child's date of birth
- iv race/ethnicity
- v Diagnosis/reason for referral

(2) Upon eligibility determination:

- i eligibility status
- ii. eligibility reason/category

(3) IFSP

- i consent date
- ii IFSP services
- iii Transition plan activities

(4) Monthly:

- i update insurance status
- ii services, including evaluations, that have been provided
- iii update child's diagnosis or eligibility status

(5) Within 30 days of the child exiting the program:

- i Child outcome data
- ii Exit reason and date

(6) If the parent does not object 90 days or less before the child's 3<sup>rd</sup> birthday, or as soon as possible for a child referred later than 90 days before the 3<sup>rd</sup> birthday, notify the LEA and NH Department of Education that the child is potentially eligible for special education by entering the date the family indicated that they did not object in the statewide data system.

**8. Early intervention specialist: continuing education requirement**

- a. An early intervention specialist shall have as a goal in his or her annual personnel development plan acquisition of at least 2 hours of continuing education credit in

subject matter relevant to his or her job description, as determined by the program director.

- b. To continue to be certified as an early intervention specialist, individuals identified in He-M510.12 (k) shall demonstrate ongoing professional development by submitting evidence to the bureau of completion of 4 points from the following list every 2 years:
  - i. An early intervention specialist shall earn one point by:
    1. Being a member of an appropriate state, local or national organization;
    2. Hosting a professional or community meeting/training relative to early intervention issues;
    3. Attending a statewide professional conference;
    4. Attending an advocacy event for early intervention; or
    5. Engaging in other similar activities.
  - ii. An early intervention specialist shall earn 2 points by:
    1. Being an active committee member of an early intervention-related local, state or national organization;
    2. Serving on a professional early intervention conference planning committee;
    3. Organizing a community event related to early intervention programs or services;
    4. Holding a current early childhood special education certificate from the department of education;
    5. Providing training outside his or her program;
    6. Presenting at a local, state or national professional conference;
    7. Providing technical assistance outside his or her program;
    8. Contributing written content to a professionally relevant publication that is distributed locally or statewide;
    9. Attending and participating in a national professional conference;
    10. Participating in advocacy for early intervention policy;
    11. Preparing and presenting an in-service training for early intervention staff, parents or support groups;
    12. Preparing and presenting as a guest speaker for a college course or event;
    13. Testifying at a hearing; or
    14. Engaging in other similar activities.
  - iii. An early intervention specialist shall earn 3 points by:
    1. Being an officer or board member of an early intervention-related local, state, regional, or national professional organization;
    2. Actively participating in a relevant task force or advisory group;
    3. Editing a professionally relevant publication that is distributed locally or nationally;
    4. Participating as a blind reviewer for early intervention requests for proposals or grants;
    5. Presenting credit-bearing instruction in early intervention content;
    6. Successfully completing at least 3 college credits in fields of study listed in 510.12 (k)(1);
    7. Actively participating in achieving a national program accreditation or re-accreditation;
    8. Supervising student teachers officially placed by a college or university;
    9. Organizing an advocacy event regarding early intervention policy issues; or
    10. Engaging in other similar activities. and

- iv. An early intervention specialist shall earn 4 points by:
  - 1. Developing early intervention curriculum for use by other professionals;
  - 2. Serving as an observer or validator for a state or national early intervention program accreditation;
  - 3. Contributing written content to a professionally relevant publication that is distributed nationally; or
  - 4. Editing, peer reviewing or serving on an editorial board of a professionally relevant publication or journal that is distributed nationally; or
  - 5. Engaging in other similar activities.

9. *A permanent record may be maintained without a time limitation:*

- a. Child's name, and date of birth
- b. Parents contact information including address, and phone number;
- c. Name of the service coordinator and ESS providers (not the services received)
- d. Exit data including the year and child's age and any programs entered into upon exiting (not dates and duration of the services)

10. *Utilization of Public and Private Insurance (System of Payment)*

(a) For a child who is a NH Medicaid recipient, the use of this benefit shall be required, except if:

- (1) A child is eligible for home- and community-based care (HCBC) waiver services under He-M 524 or medical assistance for home care of a child with severe disabilities (HC-CSD) under He-W 508; and

(2) The cost of FCESS would result in a risk of loss of service or eligibility based on aggregate health related expenditures.

(b) For a child who has private insurance:

- (1) The FCESS program shall ask the parent for access to the benefit; and
- (2) The use of private insurance shall require the consent of the parent.

(c) Parental consent shall be obtained for a child's personally identifiable information to be disclosed:

- (1) For the purpose of billing Medicaid for FCESS;
- (2) When the bureau or an FCESS program seeks to use the parent's private insurance or benefits to pay for the initial provision of an early intervention service identified in the IFSP; and

(3) Each time there is an increase in the provision of services and a related change in the child's IFSP.

(d) When a parent would incur costs, such as co-payments, premiums, or deductibles, as a result of use of private insurance to pay for early intervention services, the FCESS program shall request prior parental consent for the use of such insurance.

(e)

(e) Prior to giving consent for the use of either public or private insurance, parents shall be informed of and understand that because of insurance billing the parent might incur financial cost, including the following:

- (2) Decrease in available lifetime coverage or any other insured benefit for that child or parent under that program;; and
- (3) An out-of-pocket expense such as the payment of a deductible amount incurred in filing a claim;
- (4) An increase to premiums or discontinuation of public benefits or insurance for that child or that child's parents; or
- (5) Loss of eligibility for the child or parents for home- and community-based waivers based on aggregate health-related expenditures.
- (f) A parent shall not be required to sign up for or enroll in public benefits or insurance programs as a condition of receiving FCESS.
- (g) A parent or guardian may withdraw consent to disclosure of personally identifiable information to the FCESS program or bureau at any time
- (h) The inability of a family of an eligible child to pay for services or the refusal of the parent to consent to use of private or public insurance shall not delay or deny any services on the IFSP.

**11. Summary of when prior written notice is required:**

- a. Eligibility evaluation
- b. IFSP development
- c. IFSP reviews
- d. Changes in IFSP services
- e. IFSP team transition planning meeting
- f. Transition notification option to opt-out**
- g. Transition Conference
- h. When Medicaid is to be billed: the child's personally identifiable information may be disclosed to the State Medicaid program for the purpose of billing Medicaid for the service**
- i. Of potential costs to the parent when private **or public insurance** is to be billed

**12. Summary of when Parent consent is required:**

- a. Evaluation
- b. IFSP development/changes
- c. Transition notification if child is referred less than 45 days from 3<sup>rd</sup> birthday**
- d. Use of private or public insurance:**
  - i. Consent to use either insurance type needs to be obtained every time IFSP services are adjusted**

## ii. Consent can be withdrawn at any time

### ICC comments on proposed rule revisions:

- Cross reference DOE rules for transition (LEA participation)
- Do we address transition with SSECT help? Interagency?
- Not objecting? HIPPA? Consent for additional information.
- LEA requests at school meeting and family does not, what do we do?
- LEA participation could be alternative means.
- Universal forms for “opt-out” and consent for insurance with new information.
- Children found eligible prior to 33 months.
  - Lets look at what this means/clarify
- Age in months vs. number of days?
  - Number of days to meet requirements.
- Define “notification.”
- Transition conference “confirm” program options could we use a different word (explore, review, discuss).
- Concern around data transfer in NHESIS to be sure it is not the LEA referral (this is SEA referral).
  - Referral date in NHLeads would trigger NHESIS upload.

# NH Interagency Coordination Council

## Minutes

June 1, 2012

**Participants:** Sonja Barker, Sharon Davis, Gloria Fulmer, Linda Graham, Gale Hall, Rochelle Hickmott-Mulkern, Jane Hybsch, Sharon Kaiser, Michelle Lewis, Ruth Littlefield, Ellyn Schreiber, Lenore Sciuto

**Staff:** Carolyn Stiles, Nikki Gagnon

**Visitors:** Susan Marcotte-Jenkins, Rae Sonnenmeier, Dotty Treisner, Jen Doris, Carole Smith, Jackie Sparks, Melissa Clark, Nancy Lucci

**Business:** Input on April 2012 minutes – no edits, minutes accepted as is

### Nominating Committee Report

- We still need more parents!
- We have a pediatrician on board as new ICC member. Dr. Kelley White received her letter of Governor appointment
- Secretary: Sharon Davis attended the May planning meeting and is still interested in the position. Sharon was nominated to the position of secretary by Ruth Littlefield and seconded by Sharon Kaiser; the vote was unanimous in favor of her assuming the position.

### SPARK NH! Update

- What is SPARK? SPARK seeks to coordinate the efforts of the various, multiple early childhood organizations
- A 30-second elevator speech was developed to help people talk about Spark NH!  
“When it comes to ensuring the health and well-being of our youngest citizens, right now NH faces a challenge. We don’t have a system that is designed to address all aspects of a child’s development in a coordinated fashion, but rather a bunch of separate parts – health care, early education, family supports – all working hard, but not unified in the most efficient and productive way possible. Spark NH was created to promote a comprehensive system of early childhood programs and services to realize its vision that all NH children and their families are healthy, learning, and thriving now and in the future.”
- An electronic newsletter is now available; if ICC members are not receiving the newsletter, please let Carolyn know and she will add your name to the distribution list.
- Intended to include ages prenatal to 3<sup>rd</sup> grade.
- Committee updates
  - Work Force Development – working on a website providing training info, also developing use of a portal system for documentation of training and connecting professionals to training opportunities.
  - Policy – working on development of a strategic plan with help of NECTAC (National Early Childhood Technical Assistance Center).
  - Quality – trying to define or describe “quality”, coordinating efforts of the State’s early childhood programs, developed a focus group looking at access to programs.
  - Public awareness – developed elevator speech with public relations specialist, website in the works also.

### **Legislative Updates:**

Representative Mary Jane Wallner was not available today, but Sonja Barker of the NH Insurance Department provided the following updates:

- HB 309 whose purpose was to repeal insurance mandates including the autism and early intervention laws was killed.
- HB 351 (deals with Naturopathic medicine, co pays are the same as PCP for the same service) passed.

If anyone knows of any bills that may be of interest/affect early childhood programs, we can request Mary Jane to follow and update us. Sonja will provide updates on insurance related legislation.

### **Watch Me Grow (WGM) - Developmental screening, Family information, and Referral System**

Data is now available through the WGM data system. Copies of the data presented at the WGM Stakeholder Group were disseminated to Council.

What other info should we be looking for with screenings?

- Is the information forwarded to physicians? (This data is collected in the data system and can be reported.)
- How many children have been referred to PCP? (collected, please note that this is not the same as the first question)
- Is the referral rate what we would expect? How does it compare to the national rate? Who are we missing?
- Comment: screenings should include both the ASQ and ASQ-SE
- Comment: The CDC's Act Early program is very similar to Watch Me Grow. Rae spoke about Act Early materials and displayed materials during lunch.
- Comment: Need to differentiate between "referral" and "child find" so schools will treat as referral (check how many enter more than one referral). At this time some referrals are being included under "child find" which is not treated as a referral.
- New report – Who is referring to schools? This information will make it possible to follow-up on this issue.
- Conway does not show up as city – why not?
- Can refer to more than one? How? Several FSC personnel were in the audience and they were not sure how they could indicate in the data system that the child was referred to more than one service. There appears to be a need for training.

ICC suggestions and input will be shared with the WGM Steering Committee. Copies of the WGM brochure were also disseminated.

### **Care Management**

MCO contracts have been signed and Phase one has moved into the implementation stage. Enrollment will start in fall, with a goal of going live in December. This needs to move forward because every month of delay decreases the savings that will need to be realized this coming year and they will need to be made up in some other way. It is a Health and Human Services Departmental activity.

- Working on the development of Phase II will begin this fall. More information on this topic can be found on the DHHS website: <http://www.dhhs.nh.gov/ocom/care-management.htm>. Please notice that this is called "Care Management" rather than managed care.

- There are opportunities to learn more about this initiative around the state as listed on the website.

### **Healthy Kids Insurance**

Jane Hybsch provided this update:

Healthy Kids Silver has been available to families with incomes up to 300% of the poverty level = \$69,156.00/year. With the Medicaid expansion, the name has changed and is now just known as "Medicaid". All children will receive new cards with Medicaid numbers and there will not be any premiums for 18 months beginning 7/1/12. This could change later when Medicaid is offered to adults later. The billing codes remain the same. Letters have been mailed to families. Promotional materials with the new information will be developed over the summer. The application process has not changed for parents.

More information about children's Medicaid can be found on the web at:

<http://www.dhhs.nh.gov/dfa/medical/children.htm>

### **Sequestration**

What is it?

- In 8/2011, Budget Control Act passed to cap discretionary spending
- \$1.2 trillion to be cut across the board: 50% from national defense, 50% from programs such as education, all IDEA programs including SPED (special education), Head Start, Part C (ESS) and all discretionary grants such as the Parent Information Center.
- Not sure when it will take affect or if it will happen.

Will it affect State administration funds or district funds?

- Possibly. Budget resolutions are in progress, but laws would have to be changed to help.
- The Committee for Education Funding web site has additional information:  
<http://cef.org/>

### **Part C Rule Writing**

He-m 510 and He-m 203 need to be revised due to the changes to the Part C regulations last fall. The process for revising the rules will begin on 6/14/2012 with the most complicated process: transition. The rule writing team will be comprised of BDS staff, a DHHS rule-writing expert who will guide us through the project, program directors, the Parent Information Center and others depending on the topic. Michelle Lewis and Ruth Littlefield have agreed to collaborate with us on the transition section. If ICC members are interested, please contact Carolyn.

### **Results Driven Accountability Process**

OSEP has determined that the current accountability process is not yielding the improvement of services, so they have decided to focus on results rather than compliance. February 1, 2013 is last year in the current State Performance Plans (both Part B and C) and OSEP needs to develop new or additional results based indicators before then. OSEP asked state administrators for input; no public opportunity has been identified as of this date. Perhaps we should look at longitudinal data to identify long term outcomes or look across programs and systems. Can't see any change in kids based on current IDEA indicators. Need to keep the ICC up to date. Opportunities for discussion will be shared.

Suggestions for looking at quality:

- What measures does the state have to measure quality?

- Graduation rate? Currently collected. So what data point would help measure quality.
- Child outcomes – preschool & Part C
- What happens to children not served by Part C? Compare to those who do receive services?
- Parent involvement – effected by IDEA programs

### **Family Cost Share Workgroup:**

(See handouts) – electronic copies will be posted on web

#### **Review of Pilot Materials:**

- Who would do the pilot: ESS directors volunteered to do pilot with families, they will decide who will talk with families
- Participants: families currently receiving ESS
- What supporting documentation should be collected?
- Who should fill out the application? Everyone? Exclude asking families with Medicaid to complete the application, but let everyone know about it. If family becomes not eligible, then ask them to complete it.

#### Intro

- Correct so that it is clear they will not need to pay – just looking for input.

#### Application – (draft came from SMS)

- How do stocks and bonds filter into discussion about monthly income? If liquid yes, other wise not looking at assets. Vote to remove assets from income section.
- Documentation – pay stubs or 1040; immediate family only – what does this mean?;
- Remove section “who lives in the household”
- Health insurance info – Why include? Reduces your annual income. (consider how ESS insurance related forms might be combined)
- Specialty diet foods – must be a prescription (add cap of \$500.00)
- Hardship: could be floating, change frequently, need waiver/exemption? Form
- Could keep it simple and base entirely on taxes; families could request hardship if they desire. Rationale: taxes to some extent figure in medical and cc costs.
- Suggestion: develop two forms – one that is based on taxes only, another based on more complex application; could alternatively accept both tax form and other proof of income

#### Workgroup next steps:

Convene the Family Cost Share Workgroup – dates will be floated

Bring update to ICC meeting in September

### **ESS Focus Group Regarding the Referral of Infants ages birth to 12 months**

The focus group will be held following the ICC meeting and ICC members are invited to attend. Notes from the focus group will be shared at the next meeting.

#### **ICC next steps**

September meeting will be held at the NH Hospital so that participants will have the option of participating using video technology. Watch for directions in the mail!

## Next Meetings

| Date               | Location                          |
|--------------------|-----------------------------------|
| September 14, 2012 | NH Hospital, Concord              |
| November 2, 2012   | ICC Retreat (9:00 – 3:00) Concord |

Watch Me Grow data referred to in meeting notes:

### Sample Watch Me Grow Report on Screenings and Results

From January 1, 2011 to December 31, 2011, 3,300 screenings were conducted on 2,974 children in the 12 Watch Me Grow site catchments areas. (NOTE: ACCOUNTS FOR MULTIPLE SCREENINGS ON SOME CHILDREN). Table 1 shows the number and percent of children screened by Watch Me Grow sites and their community partners (including parents).

Table 1. Number and percent of children screened by site (1/1/11 – 12/31/11).

| Site           | Number of Screenings | %*    |
|----------------|----------------------|-------|
| FRC Gorham     | 900                  | 30.3% |
| FRC Littleton  | 444                  | 14.9% |
| FRC Claremont  | 420                  | 14.1% |
| FRC Conway     | 335                  | 11.3% |
| FRC Laconia    | 223                  | 7.5%  |
| FRC Keene      | 153                  | 5.1%  |
| FRC Concord    | 152                  | 5.1%  |
| FRC Manchester | 129                  | 4.3%  |
| FRC Dover      | 119                  | 4.0%  |
| FRC Portsmouth | 31                   | 1.0%  |
| FRC Derry      | 22                   | 0.7%  |
| FRC Nashua     | 14                   | 0.5%  |
| Baby Steps     | 32                   | 1.1%  |
| TOTAL          | 2,974                | 100   |

\* Percents were rounded

Table 2 shows the number of children screened for each of four age groups. The average age of children screened was 1.3 years.

Table 2. Screenings by age group (1/1/11 – 12/31/11).

| Age Group | Number of Screenings | %     |
|-----------|----------------------|-------|
| Under 1   | 1,503                | 50.5% |
| 1         | 771                  | 25.9% |
| 2         | 271                  | 9.1%  |
| 3         | 185                  | 6.2%  |
| 4         | 223                  | 7.5%  |
| 5         | 21                   | 0.7%  |

|              |              |            |
|--------------|--------------|------------|
| <b>TOTAL</b> | <b>2,974</b> | <b>100</b> |
|--------------|--------------|------------|

The race/ethnicity of children screened was very diverse considering New Hampshire's census demographics. Race/ethnicity is based on respondent self-report.

Table 3. Race of children screened (1/1/11 – 12/31/11).

| <b>Race</b>                      | <b>Number of Children</b> | <b>%</b>   |
|----------------------------------|---------------------------|------------|
| White                            | 1974                      | 66.4%      |
| Hispanic or Latino               | 321                       | 10.8%      |
| Two or More Races                | 185                       | 6.2%       |
| Hawaiian or Pacific Islander     | 141                       | 4.7%       |
| Black or African American        | 78                        | 2.6%       |
| Asian                            | 46                        | 1.5%       |
| American Indian or Alaska Native | 35                        | 1.2%       |
| Race Unknown                     | 127                       | 4.3%       |
| <b>TOTAL</b>                     | <b>2,974</b>              | <b>100</b> |

Tables 4-6 provide information on findings from screenings, including screening results, where children were referred, why they were referred, and what prompted the referral.

Table 4. Results of developmental screenings (1/1/11 – 12/31/11).

| <b>Questions</b>                                             | <b>Number*</b> | <b>%*</b> |
|--------------------------------------------------------------|----------------|-----------|
| Okay (No developmental concerns found)                       | 2,723          | 91.6%     |
| Refer (Developmental concerns found and a referral was made) | 251            | 8.4%      |
| Recheck                                                      | 739            | 24.8%     |

\*Figures do not add up to 2,974 or 100% because multiple categories were indicated for some children.

Table 5: Where child/family was referred as a result of screening).

| <b>Where was child referred?</b>                 | <b>N*</b>  | <b>% of 938 Referrals</b> | <b>% of 2,974 Children**</b> |
|--------------------------------------------------|------------|---------------------------|------------------------------|
| Community Mental Health                          | 432        | 48.4%                     | 14.5%                        |
| Community Resource/Other                         |            |                           |                              |
| DCYF                                             |            |                           |                              |
| Early Supports and Services (early intervention) | 211        | 23.7%                     | 7.1%                         |
| Head Start/Early Head Start                      |            |                           |                              |
| Primary Care Provider                            |            |                           |                              |
| School District (preschool special education)    | 67         | 7.5%                      | 2.3%                         |
| Private Therapist                                | 54         | 6.1%                      | 1.8%                         |
| Special Medical Services                         | 49         | 5.5%                      | 1.6%                         |
| Specialist for further evaluation                | 41         | 4.6%                      | 1.4%                         |
| WIC                                              | 84         | 9.4%                      | 2.8%                         |
| <b>TOTAL</b>                                     | <b>938</b> | <b>100</b>                | <b>31.5%</b>                 |

\* The number of referral sites is greater than the number of screenings resulting in referral because some were referred to multiple places. \*\*Percents are rounded.

Of the 938 referrals, the most frequent referral was made to a community group, followed by early intervention.

Table 6. Reason for referral .

| Reason for Referral     | N*  | % of 938 |
|-------------------------|-----|----------|
| Communication           | 201 | 22.5%    |
| Fine motor              | 250 | 28.0%    |
| Gross motor             | 251 | 28.1%    |
| Identified risk factors | 190 | 21.3%    |
| Parental Concerns       | 124 | 13.9%    |
| Other                   | 20  | 2.2%     |
| Personal/Social         |     |          |
| Problem solving         |     |          |
| Resource needs          |     |          |

\* Number of visits for which each reason for referral was identified. Column total does not equal the number of children referred because some children/families were referred for multiple reasons.

# NH Interagency Coordination Council Minutes

April 6, 2012

**Participants:** Charna Aversa, Sonja Barker, Maureen Chorma, Sharon Davis, Gloria Fulmer, Linda Graham, Gale Hall, Rochelle Hickmott-Mulkern, Sharon Kaiser, Michelle Lewis, Lenore Sciuto

**Staff:** Carolyn Stiles

**Visitors:** Dr. Kelley White, Susan Marcotte-Jenkins

**Business:** Input on February 2012 minutes – no edits, minutes accepted as is

## **Nominating Committee Report**

Charna Aversa, ICC Vice Chair

- Secretary: Sharon Davis is interested and will attend the next planning committee meeting to help decide if this is something that she can do.
- New potential member– Dr. Kelley White, (pediatrician)
- Assistance is requested to help recruit parents to the Council

## **SPARK NH! Update**

Charna Aversa, ICC Representative

Charna provided an update based on the April Spark NH! newsletter. The newsletter will be emailed to ICC members for dissemination to the groups that they represent. Newsletters and other materials produced by Spark NH are available currently on the Early Learning NH website at:

<http://www.earlylearningnh.org/who/news.php>

## **Summary of the work of committees work in brief:**

Quality – the committee is developing plans to identify recommendations to increasing child and family access to early childhood services by holding a focus group following the 5/21 Spark NH! Council meeting. This focus group will consider access to early childhood programs broadly. To look specifically at access of newborns to the ESS program, we will need to hold a follow-up focus group possibly following the 6/1 ICC meeting. ICC members present were agreeable to holding a focus group following the 6/1 meeting looking more specifically at referral of newborns with established conditions to ESS.

Policy – There continues to be a discussion with potential vendors for conducting a strategic planning process for Spark NH! to develop long term goals and objectives which will cover all of the functions of the project.

Communication – A monthly newsletter has been initiated. The website, which was originally supported by Part C ARRA funds, continues to be developed and may be ready for use in May 2012.

Data – A needs assessment is being developed to meet the requirements of the Federal grant.

Family Partnership And Engagement – This committee is developing recommendations for strategies that committees can use to encourage parent participation and ensure that the parent perspective is included in all of their work.

## **Family Cost Share Workgroup:**

A written update was provided and can be viewed on the ICC web page at:

<http://www.dhhs.nh.gov/dcbcs/bds/icc/index.htm>

In brief:

Two meetings have been held since the last ICC meeting.

- Basic concepts:
  - Families cannot be denied services based on ability to pay
  - Free services can not be billed

- The update given to the ICC was presented at the March ESS Quarterly Meeting for ESS directors, AA representative, and interested members of the ESS community. There was a great deal of interest shown.
- The next meeting is scheduled for 4/24, NH Hospital, Conference Room C, from 1-2:30 It is an open meeting and the workgroup would like to have additional members join the work.
- A Field Test is going to be held in June or July to— describe. The workgroup is currently discussing who should conduct the field test of the ideas and materials to include who should conduct the field test. A suggestion was made that the program director should decide if they wish to participate and who within their program should participate. It was also suggested that a training session to prepare who ever is designated by the director to conduct the field test. Potentially this could be a virtual meeting. Also being discussed is who should be invited to participate: 1 Medicaid family, a full range of families, etc.
- The workgroup is also looking at the new Part C regulations to make sure our recommendations are in compliance. The recommendation could be sent to OSEP for review before sending to BDS.

### **Service Delivery:**

This workgroup has just begun meeting. The discussion is focused on how to address the deficit if funding is cut and whether there are things related to the way services are provided that we can do to reduce costs.

At the first meeting, providers were challenged to identify practices:

1. Currently ineffective practices,
2. What could be more effective?

At the second meeting, the group discussed their findings

Both workgroups use video participation. Video participants indicated that it was wonderful to not have to drive long distances to participate in person, and that it would be helpful to have handouts ahead of time.

Need to identify additional resources for video conferencing. Sharon Kaiser will look into a resource she is familiar with.

### **Spark input on ICC workgroups**

Charna asked at the Spark NH! Council meeting about how to collaborate regarding the ICC workgroups, and was told that a form is being prepared to allow groups to develop a workgroup under Spark that would address their specific needs. Charna and Michelle will work to develop a presentation with a request for specific feedback. Charna will ask Laura M for time on agenda for the July or August meetings.

The purpose of getting time on the Spark NH! Council is to inform the members, but we should be prepared to ask them for some specific type of input. As we invite input, we need to be prepared to accept information that does not agree with what we would like to hear.

We could also think about presenting information about these workgroups to the SAC and other groups such as CSNI, and the NH BDS Family Support Council (statewide). CSNI may not be aware of the workgroups, but probably would not mind since it is about cost saving and finding ways to reduce cost.

### **Action:**

1. Michelle will talk with the workgroup about determining how to present the information and the questions we would like other groups to respond to.
2. Charna will communicate with Spark to get on the agenda when the workgroup is ready. Possibly after the Field Testing.

## **Part C Updates:**

### 1. Application

Reviewed application revisions that were made based on feedback from the Office of Special Education programs. Need rules group to align NH rules with 2011 Part C regulations. Most of the other sections of the rules will fall into place once the rules are revised.

- Topical areas are: evaluation and assessment, names of some services have changed, language around services provided to at-risk category, coordination of all funding (system of payment), and referral of children who have been subject to abuse and neglect (currently referred by DCYF to WMG). The DHHS/DOE state level transition MOA needs to be revised along with the rules so that it precisely agrees with IDEA; all changes require public hearings;
- Rules Committee Volunteers: Sharon K interested in rules committee; Bonnie Dunham volunteered by Michelle to comparing rules and regulations;

### 2. Family Outcomes Survey

The Family Outcomes Survey is being disseminated in two formats: Survey Monkey and as hard copies. No one has used the electronic format yet. The deadline for returning the surveys is 5/31.

### 3. Verification Visit

Cancelled; OSEP is in the process of reworking the monitoring process. There will be opportunities for Stakeholders to provide input.

### 4. Child Outcomes

There was a thoughtful discussion about integrating child outcomes at the March ESS Quarterly Meeting. Programs are using the COSF training module located on the Granite State College website. Some people could not print certificates.

### 5. Family Webpage

Nikki is working on this, not up yet. BDS (Nikki) will work on getting it up even though we have not received much feedback

### 6. RBI training

Requested assistance from RRC and NECTAC to help bring RBI training to NH with no funds. They assisted in connecting us with Amy Casey. This person would come and assist programs that are interested in implementing RBI. Could ICC and family members be invited to an informational session? Not sure if this would respond to this need. Two people may be trained in VT during their RBI training.

### 7. Managed Care

G&C has not yet signed the contracts, probably not until April. Discussed, ICC needs to look for opportunities for input. Concern is that the savings needs to be recognized regardless of when the contracts are signed. Members were referred to the website for more information.

## **Announcements**

Sharon – SMS anniversary open house at McAuliffe-Shepard Discovery Center at 3 on 6/1, 5 awards; also, the new strategic plan will be presented; ICC invited. Attendees are invited to bring pictures related to Special Medical Services.

**Vote on new member:** Charna moved to nominate Dr. White for physician on the council, Lenore seconded; pediatrician in Plymouth area, on Spark policy, all were in favor; Carolyn will let Kelly know. Need family members, and Legislative member willing to be appointed to the Council.

## **Meeting adjourned**

**NH Interagency Coordination Council**  
**Minutes for February 3, 2012 Minutes**  
New Hampshire Higher Education Assistance Foundation  
3 Barrell Court, in Cambridge Woods, Concord, NH  
(603) 225-6612, ext. 0

**Members participating:** Sonja Barker, Sharon Davis, Gloria Fulmer, Linda Graham, Gale Hall, Rochelle Hickmott-Mulkern, Jane Hybsch, Sharon Kaiser, Michelle Lewis, Eileen Mullen, Ellyn Schreiber, Lenore Sciuto, Lynda Thistle Elliott, Ellen Wheatley

**Visitors:** Dr. Kelley White, Representative Mary Jane Wallner, Peggy Small-Porter, Terry Ohlson-Martin, Sue Marcotte – Jenkins, Dana Leeper, Paula Roberts, Sarah Henry, Darlene Ferguson

**Staff to the ICC:** Carolyn Stiles

**9:30 ICC Chair Notes**

Michelle Lewis, ICC Chair

- Input on 2012 Retreat notes – minutes were agreed upon; retreat notes will be posted by end of next week – let me know if anyone has anything else to be included or corrected in the notes.
- Comment: “Mapping the Territory” document does not include programs provided by Gale’s program. This information was not included because this document was intended to just address activities being supported by ESS.

**Nominating Committee**

Michelle Lewis, for Charna Aversa

- We are looking for family members to join the ICC (reimbursements are available for child care and mileage)
- Karen Welford has resigned.
- We need a new secretary for the ICC

**Legislative Update**

House Representative Mary Jane Wallner

- HB309 passed house, utilization review remains as goes to senate; some things were added; it is not yet (as of today) scheduled for hearing; when hearing comes up will let Carolyn know to pass the word.
- HB1560 interstate health care compacts. Each member state can enact law state laws that will supersede Federal law regarding health care in the state; sponsored by Bettencourt and Morris; background is that Fed law has placed restrictions on States, essentially it is saying that states will not have to follow Fed law; exec session 2/6; in constitutional review committee at this time. This serious legislation needs to be followed. Has had a public hearing in House 1/24, scheduled for executive session February 6.
- HB1658 Neil Kurk, limits assistance financial assistance to mothers who have more children while receiving funds for needy families (would not receive funding for the additional children) TANF. Probably will pass in the House and be sent to the Senate. According to newspaper, this will save the State \$34,000.
- Movement against education: DOE – do away with department, remove us from No Child Left Behind requirement
- There so much going through the House that it is difficult to keep track of everything and the Governor cannot veto everything. 800 new bills were presented in January. It is difficult those that will specifically affect early childhood.
- Request for information on bill related to Parker’s Law – requires newborns to be screened for heart problems; it went to the Senate, not sure what happened to it. Mary Jane will look for it.

- Let Mary Jane know of specific bills we would like to follow
- Sonja – HB 309 – (repeals all state mandates) insurance dept has not taken a position; it did pass the House; utilization review – insurance dept will write rules. When the rules are drafted by the Insurance Department there will be Public Hearings.
- Dr. White HB1416 – no fluorination in water in the state. This bill could have implications for dental health of young children.
- Many bills are going through the House that are related to Education.

**“Spark NH!” (ECAC) update**

Carolyn Stiles for Charna Aversa, ICC Spark representative

See summary of Spark workgroup progress on last two pages of the notes. Spark NH reports that 130 people from diverse backgrounds in the early childhood field are participating on the workgroups. ICC members and guests are invited to participate. Laura Milliken is Executive Director and can be reached at: (603) 226-7900, or [lmilliken@sparkNH.org](mailto:lmilliken@sparkNH.org) for more information.

**Part C Updates:**

- State Performance Plan/Annual Performance Report
  - Submitted and accepted – submitted copy consistent with document sent to ICC earlier, but there will be some areas requiring clarification, primarily Indicator 9. This will happen in early April OSEP sends letters to states specifying the information needing clarification.
  - Family outcomes revised targets and baseline submitted
  - Also new improvement strategy – incorporate child outcomes into IFSP following ECO recommendations which are based on the Robin McWilliam Routines Based Interview model
- Application for Funds – draft forwarded to OSEP for review prior to submission
  - Also sent to ICC
  - Changes will be made to the Application based on feedback from OSEP and public comment
  - Hearings will be conducted on all policies and procedures in accordance with public participation requirements in the IDEA and NH State rules.
  - Application will be posted on the web on 2/10 and will be available for 60 days notice and 30 days comment. Please see the notice in the email which will be sent prior to posting on the web.
  - Budget included in the application is based on last year’s allocation as this year’s allocation has not yet been posted.
  - The application is due on April 16, 2012.
- SPP submitted reflecting the requested revisions submitted in the APR
- Website addition – page for families from the ESS website located at: <http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/index.htm>
  - Purpose of the family page is to help families obtain the information that they need more easily. Example of things to be included: PowerPoint to explain family rights, links to other resources including IFSP development (Family Voices website), transition information, child development information such as a CDC video, etc.
  - Please read the FAQ about ESS that will be posted and make suggestions regarding missing information, revisions.
  - Suggestions:
    - Readability is too high
    - Needs to be in Spanish as well as English
    - Include PIC Family Guide
- Data reports:
  - Settings, child count for 12/1 reports were submitted on time.

- Biggest change from previous reports is that 22 children are eligible for ESS due to the At Risk category. Hard to identify a specific cause, but could be a result of supporting Watch Me Grow.
- Programs get credit for submitting data in the NHLeads data system.

### **Family Cost Share Workgroup**

- See handout summary of status attached at the bottom of this document.
- The work of the group is based on what is done by other NH programs (SMS) and other states. The group is in the early stages of work. A webinar may be scheduled before the next meeting to help move the work forward, please watch your emails for more information. The summary of progress will be posted on web along with the link to the report referenced in the summary.
- Recommend that the billing agency be centrally located rather than having local programs or AA do the billing.
- Sliding fee scale – looking to see what other programs such as Silver are using
- Monthly billing, amount not related to services provided
- Average charge in other states is around \$200 per month
- Could include hardship deductions
- All states have a suspension policy if a family does not pay, typically 90 days of non-payment; applies to services not considered a “free” service.
- Families responsible for updating any change of status annually, not Service Coordinator
- If refuse access to private insurance or Medicaid, go to highest fee on the scale.
- Purpose of group is to increase funding to improve sustainability for the ESS program
- Jane Hybsch will join Family Cost Share workgroup.

### **Service Delivery Practice Discussion**

- The work of the original work group ended at the Retreat. Interest however, has been expressed in continuing the discussion regarding Early Intervention in Natural Environments (EINE) and Routine Based Early Intervention Interview (RBEI, also referred to as RBI).
- At the November Retreat ICC members were interested in the topic, feel that they need more information about the potential impact on the ESS program.
- Interested in service delivery models, not just EINE
- Reason for starting discussion – cost savings re service delivery practice
- No cost savings identified; should ICC endorse a particular model?
- Does ICC want to have a role in moving forward regarding this? Have we ever done this before? No, the ICC has not recommended a particular practice, question whether this is role of the ICC. Yes for discussion of quality: family centered, natural environments, not a particular model of service delivery.
- Let the director’s group decide if individual directors want to take it to their program
- Need to continually look at ways to provide quality service at an affordable price. Don’t want to embrace just one model, as there are too many differences between programs.
- Should spend time analyzing survey that was completed last fall
- Really look more deeply into cost savings because of service delivery
- Purpose of further work in this area is to look more closely at cost efficiency in service delivery.
- Decision was made to continue the Practice group, but with a focus on quality, efficiency, and sustainability.
- Lenore will chair the “Quality and Efficiency in Service Delivery” workgroup
  - Members: Rochelle, Peggy, Sara Henry, Lenore Sciuto
  - Meeting will be scheduled to coordinate with the Family Cost Share workgroup.

### **Discussion: Should ICC Workgroups link with “Spark NH!”?**

- How do the ICC workgroups overlap with Spark NH? This would provide a more formal link. There are similar concerns addressed through Spark workgroups.

- Benefit:
  - Doing so gives access to a wider group of people that we do not typically interact with. No pressure to do this, but it might be useful to think about it.
  - Could be a way to make sure that Spark understands our issues.
  - There is a certain set of expertise present on Spark from which we could benefit.
  - Family Cost Share needs to go out for public notice; this is a way to get feedback before it is official.
  
- Concern:
  - Don't really know what "linking" means, not sure how Spark intersects with the ICC.
  - This might be an opportunity to figure it out.
    - Could look to the ways that the Child Care Advisory Council (CCAC) uses the Quality workgroup as an example of how it might work.
  - Would we give up control?
    - Not necessarily. We could set it up as an ICC issue brought to Spark that we would like Spark to work with us on.

**Member Updates:**

Celebration of the 75<sup>th</sup> anniversary of Special Medical Services on 6/1 at 3-7 at the Christa McAuliffe Planetarium. If anyone has any information about SMS from the beginning, send to Sharon Kaiser. Special Medical Services is having a strategic planning session in March. Sharon will send details to Carolyn to forward to ICC members.

**Next Steps**

- Schedule Quality and Efficiency in Service Delivery workgroup meeting: on 1/21/12 following Family Cost Share meeting at the NH Hospital, Concord
- Recruit new parents and new ICC Secretary
- Watch for posting of the Part C Application for public notice
- Charna will be asked to request agenda time at the Spark NH Council meeting to discuss that the ICC is interested in linking around 2 topical workgroups: Family cost Share and Quality and Efficiency in Service Delivery. We are exploring ways to link with Spark NH!

**12:30 Adjourn meeting**

**Next Meetings**

| <u>Date</u>        | <u>Location</u>                        |
|--------------------|----------------------------------------|
| April 6, 2012      | NHHEAF, Concord                        |
| June 1, 2012       | NHHEAF, Concord                        |
| September 14, 2012 | NHHEAF, Concord                        |
| November 2, 2012   | ICC Retreat (9:00 – 3:00) Concord area |

**Spark NH Committee and Task Force Summaries of Meeting Minutes**  
**January 26, 2012 Spark NH Council Meeting**

Communications and Public Awareness Committee

Communications and Public Awareness committee members are becoming increasingly aware of the Committee's importance to the Council and in New Hampshire and plan to use their understanding of its goals and their personal skill-sets to build awareness of early childhood issues. Current tasks including developing an email policy for Laura, hiring a public awareness consultant, hiring a consultant to write the content needed for the Spark NH website, and compiling a comprehensive list of early childhood stakeholders in New Hampshire. The Committee is hoping to hire the Public Awareness consultant by February.

Evaluation Committee

The Evaluation Committee discussed and supported a number of changes to improve both the process of Spark NH meetings (defining roles/responsibilities, enabling joint access to project resources, trimming down discussion requirements) and content of minutes. Planning for the initial Spark NH Stakeholder survey also occurred. The committee identified key indicators to be included in the survey. The survey will be finalized at the next meeting (Feb. 3, 2012).

Executive Committee

The Executive Committee is examining the structure and efficiency of the Council meetings and further ways to make Spark NH accessible to the public. There will be Department of Education and Department of Health and Human Services updates during every Council meeting for the benefit of the Council members and the public. The Committee discussed the Funding and Sustainability Committee that will soon be launched and also Laura's time allocation as Director. The Committee agreed that a Chairpersons meeting to discuss responsibilities would be helpful. This will be held on Friday, January 27<sup>th</sup> from 11:30am to 1:30pm.

Family Partnership and Engagement Task Force

The Family Partnership and Engagement Task Force is continuing to brainstorm methods of approaching and inciting parents to be involved in Spark NH. It will be important to present what Spark NH has to gain from parents and what parents have to gain from Spark NH. Furthermore, the Task Force will soon be asking Spark NH committees to complete an exercise that will determine their need for parent involvement in their work plan and will also be approaching the Council with a budget allowing for mileage and child care reimbursement for parents.

Policy Committee

The Policy Committee now has two co-Chairs, Jeanne Agri, Southern NH Services Head Start and Jackie Cowell, Early Learning NH. Julie Sackett, Head Start/Early Head Start/Child Care at Community Action Program Belknap-Merrimack Counties, has agreed to assist. Members solicited a proposal for technical assistance from the National Early Childhood Technical Assistance Center (NECTAC) to develop a comprehensive strategic plan. The Policy Committee now has two co-Chairs, Jeanne Agri, Southern NH Services Head Start and Jackie Cowell, Early Learning NH. Julie Sackett, Head Start/Early Head Start/Child Care at Community Action Program Belknap-Merrimack Counties, has agreed to assist. Members solicited a proposal for technical assistance from the National Early Childhood Technical Assistance Center (NECTAC) to develop a comprehensive strategic plan for early childhood in NH. NECTAC presented their process and proposal and answered members' questions. Discussions following the presentation led the Committee to to continue its negotiations with NECTAC while exploring other possible national assistance in developing the state plan.

### Quality of Early Childhood Programs and Services Committee

The Quality Committee is progressing with their work plan. The Committee is weighing in on the NH QRIS planning process and examining the Child Development Bureau alignment of strategic plans document. The Committee is working on how they will use and update the alignment. Discussion ensued on the structure of the existing plan and in order to determine improvements, a survey will be developed that will go out to stakeholders for feedback. The Committee will project the existing QRIS State crosswalk at the next meeting.

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### **Family Cost Share Workgroup Update ICC Meeting 2/3/12**

The Family Cost Share Workgroup reached out to the Infant Toddler Coordinator Association (ITCA) to see what information from other states about Family Cost Share (other than what was on the National Early Childhood Technical Assistance Center (NECTAC) site. ITCA shared with the group a detailed report that was completed for Colorado regarding Family Cost Share. This report was helpful in assisting the committee in its work. The report can be found at:

[http://www.eicolorado.org/Files/ANALYSIS\\_OF\\_FAMILY\\_COST\\_PARTICIPATION\\_POLICY%20DRAFT.pdf](http://www.eicolorado.org/Files/ANALYSIS_OF_FAMILY_COST_PARTICIPATION_POLICY%20DRAFT.pdf)

Through a thorough review of the Family Cost Share Analysis report the workgroup has determined the following:

1. Family Cost Share Administration be centrally based such as a State Agency or 3<sup>rd</sup> Party Fiscal Agent (see Exhibit 3 page 6 of the report)
2. Billing would occur monthly
3. There would be a Sliding Fee Scale
4. Family Cost share would include a Hardship Exemption
5. After 90 days of non-payment, non-entitled services would be suspended
6. Families would be required to update their financial information:
  - a. Annually
  - b. At a change of status – married, divorced, death, job loss or gain, new baby etc.
7. ESS Service Coordinators would not be responsible for reporting change of status, collecting payments etc.

**Status:** The workgroup is working on creating a draft sliding fee scale for the workgroup to review. We are also working on a creating the Hardship Exemption Policy. The workgroup plans to have a formal recommendation to the ICC regarding Family Cost Share at the ICC Meeting in April.