

Friday, March 26, 2021
ZOOM Meeting Platform

Public Meeting 11:00 a.m. to 1:30 p.m.

A regular public meeting of the New Jersey State Interagency Coordinating Council (SICC) was held on Friday, January 22, 2021. Due to COVID-19 pandemic, the meeting was held via Zoom meeting platform. The meeting was called to order at 11:03 a.m. by Joyce Salzberg, Acting Chair. A quorum was declared.

Attendance – Maintained by the Department of Health

Welcome – Joyce Salzberg welcomed attendees. Joyce asked that public members enter their names in the chat box. Joyce read the Welcome Statement.

Introductions – Joyce Salzberg and the remaining SICC members introduced themselves, followed by Susan Evans, Part-C Coordinator, Early Intervention - Department of Health followed by the REIC Executive Directors. The SICC Members welcomed a special guest, Lubna Qazi-Chowdhry, J.D., Ethics Liaison Officer, DOH.

Lubna Qazi-Chowdhry addressed the SICC members on the Department’s Ethics requirements. She stated that should anyone have any questions, can contact Sandra Howell or her. For more information and for onboarding materials, individuals can visit the following website: <https://www.nj.gov/health/ethics/> .

Lubna Qazi-Chowdhry shared and explained the following:

- A “Special State Officer” is a title held even as a volunteer. It is defined as (3) “...Special State Officers are members of boards, commissions, councils, task forces, etc. who serve without compensation or who may receive reimbursement for expenses.” According to the statute, all Special State Officers must receive mandatory ethics training annually. It takes about 30 minutes to complete and a full training occurs every three years; this year 2021, a full training is required. The annual training is due by 12/31 every year.
- Members need to complete an Outside Employee Questionnaire (OEQ) found on this link, <https://www.state.nj.us/ethics/docs/statutes/outsideemployment.pdf> . For existing SICC members, the form needs to be completed every three years. For new members or for persons that changed their outside employment, the form would need to be completed. The purpose is to identify if there are any conflicts of interest.

- Recusal requirements can be found on this document, https://www.nj.gov/health/ethics/documents/sso_recusal.pdf and the rules can be found here, https://www.state.nj.us/ethics/statutes/guide/state_officers.html.
- Attendance at an event that is sponsored or co-sponsored by an entity other than the State, must be approved by the agency's Ethics Liaison Officer (ELO). A State employee must complete the form identified as "Request for Approval for Attendance at Event" prior to the attendance (unless it is a virtual event).
- Conflict of interest which include gifts, representation, appearance on proceeding before the State solicitation and meeting with a legislator (contact the ethics liaison to see if there is a conflict).
- Meet with a Legislature - if someone wants to meet with a legislator they may do so as an independent person, a constituent. However, if someone wanted to reach out to the legislator in the role as a SICC member, the individual must first reach out to the point of contact and the legislative director, Maria Del Sid.
- Recusal is for matters that there is a conflict of interest or the appearance of a conflict of interest. For example, if there is a financial or personal interest that is incompatible with the performance of the job duties. That could include outside employment, sources of income, investments, leadership roles in professional/trade organizations, matters related to business associates, family members or friends, receipt of campaign contributions, regardless of election results and prior employers and business associates.
 - Recusal is important due to incompatible financial and personal interests. It can impair objectivity and independent judgement, create the appearance of impropriety to name a few. If participation in a matter looks like it could create a conflict of interest, then the individual should recuse him/herself.
 - Recusals are absolute and it is not limited to voting matters.
 - Persons recusing themselves can provide it in writing or it is reflected in the minutes of a public meeting. If the individual recuses him/herself at a public meeting, the reason for the recusal must be stated on the meeting record prior to any discussion on the matter. The recusal must be contained in the meeting minutes, which are a public record. For long-standing recusals, see your ELO about executing a memo following the public meeting.
 - For recusal advice, reach out to the ethics liaison officer, your agency counsel, the State ethics commission. Guidance is key.

Lubna Qazi-Chowdhry briefly reviewed the Outside Employment Questionnaire that SICC members should have received and completed. If not, it can be found on the website, <https://www.nj.gov/health/ethics/>. Lubna also reminded everyone that this year's ethic's training is a full training as opposed to a briefing and is due by 12/31/21 and can also be found on this website, <https://www.nj.gov/health/ethics/>.

For more information, contact Lubna Qazi-Chowdhry, Ethics Liaison Officer, lubnaqazi-chowdhry@doh.nj.gov, Debbie Freeman, Confidential Assistant at Debbie.e.freeman@doh.nj.gov and the State Ethics Commission website can be found on <https://www.nj.gov/ethics/>.

Joyce Salzberg thanked Lubna Qazi-Chowdhry for her informative presentation. Completed training certificates are emailed to Sandra Howell and the SICC Administrator.

Approval of Minutes – Motion from Joyce Salzberg to approved January 22, 2021 meeting minutes. Joe Holahan moved and Kate Colucci seconded it. No discussion, none abstained.

SICC Member Updates:

- SICC Retreat has been scheduled for Friday, April 16th, at Sunny Days office. SICC members can attend in-person or join through Zoom. Susan Evans shared that there will be many topics covered at the retreat, including but not limited to the organization of the SICC, committee and ad hoc work groups and more. More information to follow.

SICC Standing & Ad Hoc Committees:

1. **Administrative/Policy** – Channel McDevitt, Chair was not available, however, Susan Marcario shared two policies for the SICC committee to review, discuss and vote on. SICC Policy 06 – Parent Member Stipend (adopted in 2009) states that a parent representative member may receive a stipend of \$150 for expenses to participate in meetings and \$150 stipend for expenses related to their participation in scheduled committee or workgroup meetings outside of regularly scheduled SICC meetings.

Joyce Salzberg motioned the committee to adopt SICC 06 Policy - Parent Member Stipend. Michele Christopolous motioned to adopt the policy and Joe Holahan seconded it. No discussion, all were in favor. Steve Weiss recused himself, as the parent member of the SICC.

Susan Marcario reviewed SICC Policy 03 – Orientation of New Members. In part, the policy reads that all new members participate in the orientation process within six months of their appointment and complete the State of New Jersey Ethics Commission training within 90 days of their appointment. The Administrative Committee is responsible for developing, conducting and updating the orientation training.

Joyce Salzberg asked for a motion to adopt SICC 03 - Orientation of New Members. Kate Colucci motioned to adopt the policy and Virginia Lynn second it. No discussion, none opposed and none abstained. All were in favor.

Susan Marcario stated that there will be two more Policies that will be presented at the next SICC meeting.

Kathleen Hinnigan-Cohen stated she was not appointed a mentor. The SICC Administrator will follow-up.

2. **Service Delivery Committee** – Joyce Salzberg reported on her committee. They had a meeting on February 5, 2021 and discussed obtaining electronic vote on SICC matters. However, it was discovered that the Ethics officer at the Department of Health (DOH) stated “no”. The committee was aware that electronic votes did occur in the past and Joyce would like to gather more information about why they are not able to vote electronically.

Sandra Howell stated that the electronic vote omitted the public, therefore, it could not be done.

Kate Colucci stated she only recalled one electronic vote and with special permission.

Joyce Salzberg stated that the Service Delivery Committee also reviewed the Targeted Evaluation Team (TET) competencies. Carola d’Emery was their guest speaker and shared the materials that she had developed for Sunny Days TET related to competencies. The group contacted all TETs in the State and asked if they had their own competency standards along with the State’s requirements. The committee believes that the TETs are all doing a great job. The group will develop a list of minimum competencies. No recommendation to the SICC at this time.

Another topic discussed was practitioners’ ability to view other team member’s notes in EIMS. The committee discussed the recent change put forth by DOH restricting permissions selection on the administrator tab in EIMS for both the administrator and provider. The change in EIMS made it more difficult for administrators to do their job. There are also disadvantages for several team members to view other team member’s notes. Practitioners need to work together and not in silos. No SICC recommendations at this time however, the Committee asks for further explanation as to why this change was made.

The Committee requested that each EIP with a TET bring their set of competencies to the next meeting and the group will develop minimum standards for the TET members. No recommendation at this time.

The Committee met again on March 5th and discussed the TET competency standards. Several EIPs submitted their agency's competency standards to the Committee. The Committee will include standards from the those that were received from the EIPs to develop statewide minimum standards. No recommendation at this time.

There were lots of discussions on the need for TET personnel to have experience. TET personnel need to be trained and supervised in conducting evaluations as well as a number of hours in EI. Each EIP may set their own criteria on minimum experience needed for an evaluator. No recommendation at this time.

The Committee is looking to create a baseline for standards needed and leave it to the EIPs discretion on additional requirements. The TETs are doing an excellent job but the focus is on new evaluators and how to support them. No recommendation at this time.

The next meeting will focus on (building on the competency standards). The Committee will be focusing on the following and meet again in April:

- Experience needed
- Interpersonal and communication skills
- Clinical observation skills
- Understanding of transdisciplinary models
- Telehealth knowledge and experience
- Competencies in coaching families
- Family Center intervention
- Enhance interpersonal skills
- Trainings
- Observation and evaluation on timelines and skills of the evaluator

3. **Higher Education Committee** – Kate Colucci, Chair, reported. The Committee continues to work on their focused assignment with Kristen Kugelman on developing a speakers bureau and a very specific presentation for their college and university partners. The Committee is also developing a case study to go along with the PowerPoint presentation and make it standardized with prerecorded portions. The next steps include recruiting speakers and train the trainers. They hope to have it completed by the end of the fiscal year. The next meeting is scheduled in May. Kate, on behalf of the Higher Education Committee, thanked Carolyn Russo-Azer for her contributions on the Committee upon her resignation.

Lead Agency Report – Susan Evans, Part-C Director (Report on file)

Part C Administration: Federal

1. **Federal Application:**
 - a. The Federal Application went out for public comment. It is due May 7 and is available on the DOH website or by request to DOH.

- b. The federal allocations have not been made public as of March 26. States have been advised to use the allocation amount from last year's allocation for this year's application.
 - c. NJ's application is based on \$11.8 million in federal funds.
 - d. All federal funds are budgeted to infrastructure, including service coordination.
2. **State Systemic Improvement Plan (SSIP):** Progress reporting on the SSIP is due to OSEP April 1, 2021. This is the last year for the SSIP which was originally designed in 2016 with stakeholders. Beginning in 2022, the SSIP will be due on February 1 as part of the Annual Performance Report. OSEP is transitioning to a shorter, less involved format for states to report progress on SSIP and DOH will present on the final SSIP at the May SICC meeting. The report will highlight key successes during 2020, including maintaining and growing partnership with Montclair State University (MSU), the development of Community Impression Plans at each REIC, supports for teaming and collaboration, in addition to the targeted professional development with Monmouth County.
3. **Federal Data Reporting:** Additional data on Child Count and "Settings" is due April 7. DOH will report the final cumulative and point in time data to the SICC at the May meeting, however the unofficial Point in time child count is 13,234 (December 1, 2020). By comparison, the child count in 2019 was 15,132.

The application contained flat funding (same as last year) and DOH may receive a very small increase from the Federal Government. Federal funds are budgeted for infrastructure (Service Coordination and the Data System). The State is limited in their ability on how to use Federal Funds. Susan Evans will review national resources around Part C Federal monies and how funds are used including restrictions. Susan asked if anyone would like to join in on that process.

DOH is required to do Federal reporting and the next step is the update on the State Systemic Improvement Plan (SSIP) that needs to go in by April 1st. This is the last year for the SSIP (it was originally developed in 2016). Beginning in 2022, the SSIP will be due on February 1, 2022 and it will be a part of the Annual Performance Report (APR) that the SICC reviews at the January meeting.

Susan Evans reported being interested in having all NJEIS personnel (i.e., EIPs, practitioners, SCs and other workforce personnel) and SICC members understand the Individuals with Disability Education Act (IDEA) and the regulations and how it drives the system. It would give people a sense as to why things are done in the manner in which they are.

OSEP has transitioned into a less involved format in State reporting. The report was reduced from approximately 50 pages to 16 pages. Fewer pages makes it a challenge which means DOH can only highlight a few things but at a high-level. The final SSIP will be presented at the May SICC meeting.

Susan Evans highlighted the partnerships with MSU with trainings (PIWI and Keeping Babies and Children in Mind), the regional Community Impression Plans and a lot of collaboration on professional development that have been happening with the Monmouth County cohort, Summit Speech School and Gloucester County (for targeted professional social-emotional development).

Additional data on Child Count and “settings” is due on April 7th. It is the cumulative child count (for the previous year) and a point-in-time child count. Susan Evans will have the official numbers in May. The unofficial December 1 Child count is 13, 234 compared to 15,132 in 2019. NJEIS referral are back to pre-pandemic levels from January through March 2021. A hypothesis is that the current referrals reflect older children (over 30 months) due to the delay in referring sooner EI.

NJDOH allowed EI providers/practitioners to be in the 1-A vaccination group. Vaccinations at retail pharmacy programs (CVS, Walgreens, etc.) has now included Part C providers/practitioners to receive the vaccine.

State Performance Plan (SPP) is the plan that measures how the system does (Indicators 1 through 11). Susan Evans will be asking the SICC members and other stakeholders over the next few months (beginning in April) and during the SICC [organizational] retreat meeting to review, plan and prepare for the next five-year SPP plan. The DOH will be specifically looking at Indicator 3, 4 and 11 (Child and Family Outcomes).

Susan Evans shared with the SICC membership that OSEP conducts a bi-annual leadership conference. This year the conference will be virtual from July 19-22. At the conference, there are sessions geared toward SICC council members and Susan Evans encouraged SICC members to attend. DOH will share the registration to the SICC members once it becomes available. There should be no cost to attend the virtual conference. For this particular conference, there is no need for SICC members to file it with the Ethics Office. But an Attendance and Event form will need to be completed. There are typically live plenary sessions, a presentation from the Secretary of Education from OSEP.

Susan Evans was pleased to announce the additional DOH staffing. They now have a full time Research Scientist and a permanent position of Service Coordinator Liaison. Additionally, since summer 2020, there has been an addition of a CSPD Technology and Support Specialist and four Data Analysts at the REICS who provide new supports to EIPS and practitioners and support for DOH. The DOH has a few more permanent positions to fill – including PSO Coordinator and staff.

Part C Administration: State Updates

1. **Family Explanation of Benefits (EOBs)** - An updated Explanation of Benefits (EOBs) for families was implemented with the March 2021 statements. Chanell McDevitt was part of the sub-committee working with the DOH staff and PCG for improving the EOB received by families. DOH and the Family Support Specialists from the REICs are continuing to work with PCG to improve EI experiences and interface with their portal in the EIMS to assist in understanding their billing.
2. **Next Step Operations** – there is discussion on centralized background checks under consideration for all in-coming staff. A change in the Language Line provider is under consideration.
3. **Data Vendor** - The Competitive Bid process for a data system vendor has moved to the next phase with state OIT. PCG’s contract expires December 2021. DOH will need to extend at least 1 year with PCG for EIMS.
4. **NJEIS Rules** - The DOH has been advised by the Office of Legal and Regulatory Compliance that NJ 8-17 (rules) must be updated along with all policies and procedures, including the System of Payment.
5. **REIC Activities:** In July 2020, each REIC created a new work plan to better meet the needs of their regions in several key areas such as SPOE, supporting families, supporting evidence-based practice with practitioners and increase and improve the use of local data to assist with service provision. The REIC staff have submitted their semi-annual report on meeting their goals through December 2020. Three regions developed an internal method for tracking new referrals to ensure children were not missed. The MidJersey Cares REIC will be submitting a conference proposal to OSEP that presents their physician feedback on a pilot process (on the referral process). The 4 REICs converted the Intro to IFSP training to an all-virtual format. Reflective Supervision sessions were supported by the TTA. A Master Slide deck was developed to be used for Child Find activities, transition training and general publicity with designated audiences. The goal is to provide consistent messaging and marketing the system.
6. **Early Intervention Week 2021** – is typically the third week of May. The REICs, in conjunction with DOH, have determined that “EI Week activities” previously held, will be on hiatus this year. DOH is considering hosting a virtual “ASK THE DOH” for practitioners to give them an opportunity to interact with DOH staff and leadership in a Q&A format during EI Week.
7. **Infographics and Telehealth Video** – The REICs developed several infographics and the Southern REIC developed a NJEIS Telehealth Video that is available on YouTube that spotlights EI services via telehealth since the pandemic.

8. **NJEIS Child Find Poster** - In 2019, the DOH created and published a new Child Find poster that the members of the SICC and other NJEIS stakeholders were not in favor of. A set of new potential new posters have been offered to DOH for review. The DOH is requesting feedback from the SICC members today on these options. [SICC reviewed and commented on the proposed Child Find posters).

Susan Evans asked the SICC members if they had any questions.

Virginia Lynn asked if there was any discussion about parents having access to their notes in EIMS.

Susan Evans responded that at this time the DOH is prioritizing the requirements for the new vendor system. It could be PCG. If PCG will be the vendor, then it could be added to the requirements. At this time, the DOH has decided to wait to see who the next vendor will be. If PCG turns out to be the next vendor, then they will discuss changes to EIMS.

Joyce Salzberg stated she was concerned with any new vendor and having to relive what they [the system] went through.

Susan Evans remarked that from a process standpoint, it needs to be out for a bid. Technology literacy for both practitioners and families is also needed. EIMS challenges comes from practitioner literacy and it was not where they thought it was or expected it to be. Considerable attention is now on how to increase platform literacies for families and practitioners.

Joyce Salzberg stated it was good news for people who come into the system.

Susan Evans stated that at some point it might be required in the contracts with agencies about the type of platforms the EIPs must use. For example, it is not a good idea for practitioners to use their cell phones for billing.

Nicole Edwards stated that through her research it is important to tailor messaging based on your audience. For example, what you might want to share with the pediatric practices might be different from early child care providers.

Susan Evans agreed with Nicole's assertion.

Kate Colucci shared a comment on the IDEA (OSEP) Leadership Conference. She wanted to encourage the SICC members in attending the conference. She had attended three conferences and felt they were tremendously helpful and interesting. The governmental and policy makers presented as well as early intervention agencies. Kate attended the presentations that pertained to SICC business.

Susan Evans agreed with Kate stating it is very helpful to see what is happening nationally.

9. **State Budget:** The Governor's proposed SFY22 budget is \$104 million dollars which is a decrease from the SFY21 budget of \$106 million dollars. DOH is aware of stakeholder concerns for the current rate structure and that entities have approached elected officials and senior officials with those concerns. DOH is actively engaging a vendor to conduct a study of reasonable and customary rates. DOH program staff have provided senior management with data, relevant timelines and options as requested in response to inquiries and discussion of a rate increase prior to the completion of the rate study.
10. **Key Statutory Language** – there are three key pieces that impacts the budget. One in part states, that NJEIS must have in place the Family Cost Participation (FCP) program as part of the overall budget per the legislature. The other statutory language states that NJEIS must adhere to the requirements of IDEA for state funds to be available. The third one states that the provisions of IDEA are Maintenance of Efforts (M.O.E.) and prohibits against supplanting funds - meaning that if the EI program needs additional funds during the fiscal year, the program may request additional funds to close any potential gap.
11. **Collection of Family Cost Participation (FCP):** the Final FCP revenue for SFY2020 is \$6,904,977 and the FCP revenue through March 2021 is \$4,668,953. DOH has not enforced Family FCP suspension since 2018, due to the EIM system.

Kathleen Hinnigan-Cohen stated that the Federal Government listed a \$250M appropriations for programs for infants and toddlers with disabilities under Part C of IDEA and asked how it would affect NJEIS.

Susan Evans responded that yes, New Jersey will receive a one-time supplemental appropriations but not sure when they will receive it or what the total amount might be. DOH will only be allowed to use it in a certain way. Susan expects to have more specifics and information by the next SICC meeting in May.

Joyce Salzberg asked if the Department has percentages of how many families are receiving face-to-face services versus telehealth.

Susan Evans stated that it is about a 50-50 split. She has additional COVID-19 guidance for the field soon including getting back to normal operations as soon as possible. Previously, any discussion on telehealth before COVID-19, there was not any thought about provider assignments. Now there is a different playing field and the provider assignment policy needs to be revised.

Joe Holahan asked if families can choose to receive services in person or through telehealth.

Susan Evans stated that families can choose and often times the Service Coordinator offers a hybrid (in person and/or virtual).

Joyce Salzberg asked about partial compensation for “no shows” it has been a recommendation provided to DOH. It is still occurring at a high rate. Sunny Days conducted a survey for their practitioners and 50% responded. Families are no shows even when practitioners confirm appointments.

Susan Evans stated that other states are reporting the same thing. She asked Joyce Salzberg to share the data (practitioner survey); it will be helpful for the rate study. The DOH is working on ways to obtaining signatures from families, reinforcing their obligation because it is a two-way street. It is conversation that needs to happen.

Joyce Salzberg stated that she hopes by July (because it is still expected to have a hybrid model) it can be discussed.

Susan Evans stated that they had checked with Medicaid and licensing boards to see if they can continue to use telehealth as viable way to provide service. NJEIS and healthcare providers are seemingly getting the support to continue with telehealth.

Joyce Salzberg asked if the EIPs needed to wait for the rate study to get compensated for the no shows.

Susan Evans stated she did not want to confuse anything with the rate study and potential increase come July.

Joyce Salzberg asked if NJEIS will receive more Federal funds.

Susan Evans stated that it is determined a one-time appropriate; DOH needs to look at the statutes.

New Business

1. REIC - Nichole Gooding – TTA for Family Link REIC co-presented with Rebecca Harrington – TTA Southern NJ REIC on the transition from in-person Intro to IFSP training to a virtual training. Nichole shared the following:
 - The training was transformed to a virtual training in 5 weeks
 - It consists of the same material and content
 - The training is interactive and use the *GoTo* training platform
 - Participants are assigned to breakout rooms and are assigned a group
 - A registration site was created
 - Priority groups were identified

- The first pilot of the virtual training occurred in September 2020, where DOH personnel attended
- The challenges include the length of training (3 days/week) and two TTAs are needed for the training.
- Many practitioners that attend the training are not familiar with the platform and/or have technical difficulties
- It is often difficult for practitioners to network with one another during a virtual platform

Rebecca Harrington shared the benefits of the virtual training:

- The TTAs were able to resume a regular training schedule
- Practitioners have greater ability to access the trainings (no need to drive) and trainings are offered during different hours of the day (morning, afternoon and evening)
- There is the ability to fill-in due to last minute cancellation
- Practitioners can schedule the training around their EI sessions.
- The training is interactive with the use of breakout rooms, use of Menti for polling and the use of the chat features
- The same number of trainings have been offered between January through March 2021 compared to January through March of 2019. 11 trainings in 3 months.
- More practitioners attended; 159 practitioners attended the trainings in 2019 and in 2021, there were 187 participants. The benefit is that attendance is not restricted to the size of a room.
- Weekly trainings have resumed since October 2020 and to date. 119 virtual IFSP trainings have been offered with a total of 321 practitioners that attended.

2. NJEIS Posters – Susan Evans asked for feedback from the SICC members

Nicole Edward commented that she is in favor of the poster primarily because it is more detailed and highlights the importance of early intervention.

Kate Colucci concurred with Nicole Edwards, she believes the poster is more detailed.

Thomas Lind responded that he liked the graphics and the specificity. However, he commented that not all children experience every developmental milestone. He felt concerned that families might take it that they are not doing a good job. In other words, the poster may be sending out the wrong message. He suggested adding a caveat something to the effect that these are typical milestones but not every child may experience that.

Susan Evans stated that the NJEIS Developmental Brochure has been updated and that it lists typical development and developmental delays. Susan understood the point that Thomas Lind was making.

Dr. Holahan understood the comments but also believed that the poster's typical developmental skills is good for families to know since they can use it to gage their own child's development. Dr. Holahan also commented that the old flyer stated families did not need their pediatrician's permission to contact early intervention. While this is so, pediatricians and doctors are good resources for families.

Nicole Edwards remarked that in speaking with doctors (not in New Jersey), they were under the assumption that a child needed a diagnosis in order to be eligible for early intervention services. It is important for families to know that if a developmental delay is suspected, they can contact the early intervention system.

Susan Evans asked the council members about "shirtless" babies. Many members responded they did not believe it was an issue. Susan will be taking the posters for others to review before a final decision is made.

Alexis Ziegler suggested that a joint child-find effort occur between NJ Department of Education and Early Intervention. There are many other states that have joined efforts and it could potentially help with the transition between the systems. The NJ Department of Education has Early Intervention phone number on their flyers.

A record of responses to the poster in the chat box has been recorded and is on file.

Old Business – no update

Public Comment:

Patricia Carlesimo – LADACIN Network and ABCD EIPA – stated she was disappointed to hear there was a \$2M cut from the budget. Many EIPs are still working at a 50-70% revenues. EIPs are suffering, people are leaving; lost 25% practitioners. She suggested that maybe the supplemental funding could be used to retain the providers as has been done in another department (e.g. DDD). She also stated that EIPs are experiencing significant workforce reductions and when the system comes back the EIPs will have shortages. Finally, she asked if there is a timeline for the rate study; EIPs cannot wait for a rate increase or a recognition of the no show issue until it is complete.

Karen Olanrewaju, Sunny Days – shared information the EIP had received from an informal practitioner survey that was conducted on family no-shows. Practitioners claimed that it is nearly impossible to fill in appointment times (when family's cancel or no-show for a scheduled

appointment). Practitioners reported that they confirm appointments primarily through text messaging. Practitioners report that families provide an array of reasons for the cancelled session. She wondered if families would be charged for no-shows or cancellations. Perhaps the system can provide a consistent message to families on the importance of keeping their appointments.

David Holmes, ABCD, reported that EIPS need more PPEs and hopes that DOH will replenish the supply. He asked if there is a timeline for publishing the rules, policies and procedures.

Susan Evans responded that she will look into the PPE. Timeline for rules is dependent on the Office of Legal and Regulatory Compliance. Susan was asked to provide that Department a proposal on how to conduct the changes. So for example, there are parts of the system that are not in the rules that need to be considered (such as how to become an EIP and rates as examples). DOH might start with what is missing in the Rules, then work from there. The first step for Susan is to propose the changes to the Office of Legal and Regulatory Compliance.

David Holmes asked about the updated safety measures and when it would be announced.

Susan Evans responded that it would be announced on Tuesday, 3/30.

David Holmes asked Susan Evans about the update on the damages the EIPs incurred due to EIMS.

Sandra Howell responded that they are working closely with the legal department on the damages. They expect an announcement in the upcoming week to those agencies that have submitted requests.

David Holmes also mentioned that he supported what Patricia Carlesimo mentioned about the \$2M differential and how it could help EIPs.

Sandra Howell asked David Holmes if any of the EIPS applied for the PPE funds from the Feds

David Holmes responded that a few EIPs did apply, however, not many were eligible.

Patricia Carlesimo – LADACIN Network stated that her agency applied for FEMA money toward PPE and initially were told they were accepted, but then they were told it stopped on September 15th. The EIP tries to get reimbursed but they keep hitting roadblocks.

Sandra Howell provided an update on the Rate Study. It is now in the last stage of review and as soon as it is returned to her, she will send it to the vendors and then they will begin the process to bid on the project.

Susan Evans stated that the bidding process is short, usually two weeks.

Sandra Howell mentioned that the State has specialized vendors they have contracts with and it will go to that vendor system. They have five days to respond as to whether they accept the proposal and they could sub it out. The turn-around should be quick.

Edna Lee, Lee's Developmental Services stated that Telehealth is a great opportunity for cross-training for practitioners and she wondered what DOH thought of to include consults between practitioners (to share strategies, etc.).

Susan Evans responded that it is a good idea, however, she cautions between professional development and supervision and what is necessary and what is on the child's IFSP; there might be a cost to the family for both practitioners. It needs to be on the IFSP as the consult and not the professional development. The team needs to be careful to write in the child's IFSP if it is a service a child really needs and not professional development. If a practitioner wants to sit in on a session, that would be ok, but it cannot be put in the IFSP because it would not be serving the child.

Joyce Salzberg asked if anyone else had a question or comment. Motioned the meeting for adjournment approximately at 1:55pm; Kim Peto first and Michelle Christopoulos second it.