

Friday, May 19, 2023

## Meeting Minutes

Public Meeting 9:30 a.m. to 12:30 p.m.

ZOOM Meeting Platform

A regular public meeting of the New Jersey State Interagency Coordinating Council (SICC) was held on Friday, May 19, 2023. The meeting was held via ZOOM meeting platform. The meeting was called to order at approximately 9:30 a.m. by Joyce Salzberg, Acting Chair.

### Welcome

Joyce Salzberg welcomed attendees and read the Welcome Statement.

### Attendance

Maintained by the Department of Health (DOH)

### Introductions

I. SICC members and DOH representatives were introduced.

**Welcome, Josephine Shenouda**, Director of the Early Intervention System (EIS).

II. Quorum requirements were met.

III. Public members signed their attendance through the chat box in the ZOOM platform.

### Approval of Minutes

Catherine Colucci motioned to accept the March 24, 2023 Minutes as presented, seconded by Kathleen Hinnigan-Cohen.

Minutes were *APPROVED*; 6 Yes, no opposed, 1 abstain, no discussion.

### SICC Member Updates

Josephine Shenouda is in the process of looking at resumes and will be sending some appointments to the Governor soon. Josephine Shenouda will be the Department of Health Representative, replacing Sandra Howell.

Dr. Joseph Holihan has retired and resigned his position on the SICC Council. Members offered their appreciation for his many years of service to the Council and wished him well.

## **SICC Standing & Ad Hoc Committees Reports**

### **Administrative/Policy Committee**, vacant chair

No report given.

### **Service Delivery Committee**, Virginia Lynn, Chair

- I. Thanked and recognized the Committee Members.
- II. The Committee is working on a recommendation for agencies to provide guidance on what constitutes what a good quality training and orientation for new Early Intervention staff involving the many components of Early Intervention.

### **Fiscal Infrastructure Committee**, Kathleen Hinnigan-Cohen, Chair

- I. Reported on the survey the Committee had sent out on the Early Intervention Management System (EIMS) reporting functions. 94 surveys were sent out; 22 responses received. The majority of the respondents indicated that they did not use the EIMS reports due to the inaccurate data produced by the reports.
  - A. In response to this survey, the Committee is continuing to review and determine if the inability to export accurate data is due to User Error or System Inadequacy.
  - B. The Committee is working with DOH to develop a report system separate from the EIMS.
- II. Working with the DOH to update the Family Cost Participation (FCP) Handbook; clarifying some of the language regarding insurance coverage, and Policy 14.
- III. Current Medicaid reimbursement rate has not been increased in possibly 15 years.

*MOTION:* Motion to make a formal recommendation to DOH to apply to the Federal Government to increase the State Early Intervention Medicaid reimbursement rate as soon as possible. Motion by Kathleen Hinnigan-Cohen, seconded by Kimberley Peto.

*DISCUSSION:* It was suggested that connecting with a Medicaid Representative may be advantageous. *DOH RESPONSE:* It has been challenging to get a good connection with a representative from Medicaid.

Virginia Lynn asked how are the Medicaid rates set?

*DOH RESPONSE:* There is a bundled rate for a day.

*APPROVED:* 7 YES; 0 No; no abstained.

- IV. No Practitioner Available (NPA) is calculated by the number of services not being provided, not the number of children. The Committee feels this is a significant concern and recommend an NPA Taskforce be established by the State.

*DOH RESPONSE:* The State is pulling data and it is time to have a summit to work through some concrete steps.
- III. The Committee is concerned that the reinstating of Policy 9 has increased the number of NPAs. Policy 9 is a procedure for making sure that the children are receiving services in the order in which their Individualized Family Service Plan (IFSP) has been established. The policy was suspended during the COVID Pandemic and reinstated again earlier this year.

*MOTION:* Motion to make a formal recommendation to the DOH to reenact the temporary suspension of Policy 9 – Early Intervention Assignment.

Motion by Kathleen Hinnigan-Cohen, seconded by Virginia Lynn.

*DISCUSSION:* A suggestion arose if it would be possible for families to choose openings from an online site. Joyce Salzberg mentioned that agencies are often pointed at because they have many practitioners, but cannot pick up the children on the NPA list, stating it doesn't always match what is waiting there and then the agencies have full-time salaried employees not filling their schedules.

Nicole Edwards asked if there continuity with the provider who picks the child up from the list continuing the service with the child?

DOH RESPONSE: The ideal is that the practitioner who picks up the family will remain and provide that service ongoing.

Kimberley Peto added that there are unusual circumstances when the Service Coordinator has the ability to skip a child on the list according to Policy 9 allowances.

DOH clarified that the NPA list did not get smaller and the length of time for the children who are being skipped increased during the time Policy 9 was suspended.

Catherine Colucci asked if children owed Compensatory services are contributing to the NPA List? Suggested the system look at if outcomes and services suggested could be more efficiently provided.

Kathleen Hinnigan-Cohen added that the Committee would request clarification of Policy 9 regarding which services need to be picked up first, Compensatory or NPAs.

DOH RESPONSE: Today's discussion brought to light that Policy 9 needs some further conversation to clarify. Suggesting a plain language guide.

*APPROVED:* 7 YES; 0 No; no abstained

IV. Suggests adding an agenda item to respond to public comment.

**Personnel Preparation Committee**, Corinne Catalano, Chair

- I. Shared "NJEIS Applicant Review Form and Guiding Document" for the Child Development Specialist, Ongoing Service Coordinator, and Single Point of Entry (SPOE) Service Coordinator roles with Council Members prior to the meeting.

*MOTION:* Motion to make a formal recommendation to the DOH to accept all 3 forms as guidance for the NJEIS field;

"NJEIS Applicant Review Form and Guiding Document" for the Child Development Specialist, Ongoing Service Coordinator, and Single Point of Entry (SPOE) Service Coordinator roles.

Motion by Corinne Catalano, seconded by Kimberley Peto.

*DISCUSSION:* Clarification requested on using a different identifier than the date of birth on the form and the paid experience versus supervised experience portion of the form.

Corinne Catalano mentioned that the date of birth is the identifier used at this time.

DOH RESPONSE: These forms are guidance and the ultimate determination regarding who is qualified to work in the system comes down to the agencies.

APPROVED: 7 YES; 0 No; no abstained

- II. Corinne Catalano stated the Committee feels these 3 forms are sufficient for now and will regroup to decide on where this Committee will focus their efforts next.

DOH RESPONSE: Would like this Committee to investigate what the current landscape is from the licensing boards for providing telehealth services, etc. Also, long term understanding what the higher education landscape is for graduating people.

Nicole Edwards says that she can forward recruitment asks to the students.

Joyce Salzberg mentioned agencies can take on interns and introduce them to Early Intervention.

Catherine Colucci stated using current practitioners to recruit an also be helpful.

### **Family Support & Transition Committee, Nicole Edwards, Chair**

- I. The Committee has subgroups, one is looking at the messaging around what comes up when using Google regarding child development topics and if it's possible to more centralize the Regional Early Intervention Collaborative (REIC) and State pages.  
The other subgroup is looking at the transition out of Early Intervention. What kind of questions are Service Coordinators and Part B Representatives getting from families?

### **Regional Early Intervention Collaborative (REIC) Update**

The REIC update will be included in the Lead Agency Report.

### **Lead Agency Report, Susan Evans, Part C Coordinator**

- I. Federal Updates
- A. New Jersey Early Intervention System (NJEIS) application for Federal Part C funds will be submitted on Monday, May 23<sup>rd</sup>.
  - B. DOH received 1 written public comment on the application.
  - C. NJ Part C allocation is \$13,747,747; a 10.4% increase over last year's allocation (not including the American Rescue Plan [ARP] funds.)
  - D. State Performance Plan/ Annual Performance Report (SPP/APR)
    - i. A new draft set of SPP/APR materials has been released for a 60-day public comment period for both Part C and Part B.
    - ii. There are significant changes proposed.
    - iii. DOH is reviewing the proposed changes and will submit comments to OSEP as appropriate.
    - iv. The public can make comments separately from the DOH.
    - v. If interested in the proposed changes, email Susan Evans for the link to the public comment information.
  - vi. Determinations
    - 1. Part C determinations will be sent to states on June 21.
    - 2. County Performance Reports will be posted by May 31<sup>st</sup> on the DOH website.
    - 3. Agency Determinations will be provided in June.

## II. State Updates

- A. This week has been Early Intervention (EI) Week. The Family Support Specialists and REIC teams have been full force this week with in-person activities and virtual options for families involved with NJEIS.
  - i. Jennifer Buzby spoke about the dynamic workshops and activities provided. The evening sessions were recorded and will be sent out with corresponding materials. Some families attended multiple events. Jennifer Buzby shared a collage of pictures during the meeting.
  - ii. Jennifer Buzby is retiring. She has been the Executive Director of the Southern Region for 23 years. Thank you for your time and service.

## III. Hearing From Practitioners

- A. DOH partnered with ABCD a few weeks back to get feedback from practitioners.
- B. ABCD collected 31 “Stay Surveys.”
- C. Asked the question, “What do you look forward to when you come to work each day?” Susan Evans shared some of the positive responses.
- D. Service Coordinator Listening Session
  - i. On May 9<sup>th</sup>, approximately 100 Service Coordinators met in person with DOH and the REIC Training and Technical Assistants (TTAs) and focused on 4 areas of Service Coordination:
    1. Onboarding
    2. Communication
    3. Caseloads
    4. IFSP Development
  - ii. A survey of Service Coordinators present showed that:
    1. 41% have been a Service Coordinator for less than 3 years.
    2. 85% have over 80 caseloads; 53% have caseloads over 100.
    3. 97% of Service Coordinators hold less than 25% of IFSP meetings in person.
  - iii. Kimberley Peto added this is a verbal group and they did a lot of sharing of information. Would like more chances for the Service Coordinators to practice in the EIMS setting. Service Coordinators would like a more active role in the policy changes discussions.
  - iv. The information from the listening session will contribute to the overall improvement strategies of the DOH.
  - v. DOH is working on a plan to consolidate the work of collecting family cost participation and get that out of the purview of Service Coordination.
- F. Update on State Systemic Improvement Plan (SSIP) and American Rescue Plan (ARP) Initiatives
  - i. Reflective Supervision and Consultation for Administrators
    1. 65% of Early Intervention Providers (EIPs) have someone who completed or registered.
    2. 17% of Service Coordination Units (SCUs) have someone who completed or registered.
- G. Parents Interacting with Infants (PIWI)
  - i. May is full. June has 7 spots left. Continue to join the waitlist.
  - ii. July and August class dates will be available soon.
  - iii. “No show” data is improving, meaning that practitioners who sign up for the training sessions attend and complete them.

- H. Positive Solutions for Families - Latest session started May 3rd. 13 families attended.
  
- I. The Learning Management System (LMS)
  - i. Currently on track for late June “stand up.”
  - ii. Professional Development (PD) Champions will be agency point of contact.
  - iii. Opportunities for advanced tracking of practitioner Professional Development (PD.)
  - iv. Streamlined onboarding and access to the Procedural Safeguards Office (PSO) Modules.
  - v. Independence from EIMS so if/when the EIMS changes, the LMS will not change.
    - 1. Kathleen Hinnigan-Cohen asked if there will be an overlap from the Mercer County Community College (MCCC) LMS with the new LMS.  
DOH RESPONSE: No. It will not be necessary and our contract ends with MCCC LMS.  
Susan Evans shared screenshots of the system and the hierarchy of Users.
  - vi. Rate Table changes for EIPs
    - 1. DOH and PCG are working to ensure the change in the provider rates will be ready July 1<sup>st</sup>.
    - 2. Family Cost Table is also being updated as is done for each July 1.
    - 3. The new rate table includes a distinct “Telehealth” billing category.
    - 4. DOH will provide instructions for practitioners to ensure proper billing.
    - 5. A communication plan has been developed to ensure families, EIPs, SCUs, and the practitioners know of the updates to the rate table.
    - 6. For families at full fee, they will see at 7.5% change in their cost share.
    - 7. Kathleen Hinnigan-Cohen asked if there is a decrease in rate for Telehealth.  
DOH RESPONSE: No, the Telehealth rate is the same as in person in the July 1 rate table that is being prepared.
  - vii. BDI-3
    - 1. Targeted Evaluation Teams (TETs) will be using the BDI-3 for Initial Evaluations on June 5<sup>th</sup>.
    - 2. Teams have materials, training, and access to the Riverside Score Platform.
    - 3. Will continue to evaluate children exiting from EI using BDI-2 for the time being.
  - viii. PSO Report: Inform Complaints SFY 23 (July 1, 2022 to May 17, 2023)
    - 1. The current number of informal complaints is 2,085 include:
      - a. Informal requests for assistance by families and/or the EI System.
      - b. Compensatory requests and services authorized for missed services or disruptions in service.
      - c. Family Cost Participation and billing disputes.
      - d. EIMS issues, and
      - e. Practitioner conduct.
    - 2. PSO: Formal Complaints SFY 23
      - a. PSO received 1 new formal complaint for fiscal year 2023 as of May 18, 2023.
      - b. PSO has begun the necessary processes to ensure compliance with Federal timelines for dispute resolution.

**New Business**

- I. Future Meeting Dates:
  - September 22, 2023
  - November 17, 2023

- II. September 22, 2023 SICC Public meeting will be held virtually.  
Council Members continue to prefer the virtual meeting format which has increased the number of public members and stakeholders who attend and participate. Discussed the retreat being in-person with a possible virtual option.
- III. Brandy Acolia reminded SICC Members to complete the Ethics Training and Outside Employment Form and email it to her as soon as possible.
- IV. Catherine Colucci brought a concern regarding families having difficulties connecting with and getting good information and guidance from Neurologists and Developmental Pediatricians.  
Nicole Edwards stated there is a doctor survey across the state. Teams should encourage the families to keep their doctors in the loop and share their IFSPs and reports.  
Virginia Lynn said that a big struggle is getting Developmental Pediatricians on board.  
Corinne Catalano spoke of connecting with a Neurobiological Pediatrician and that doing clinical rounds with her was very inciteful and she is in support of following up on this.  
Kathleen Hinnigan-Cohen was wondering if there is any way to use our relationship with DOH to partner with developmental clinics across the state.  
Joyce Salzberg suggested a possible ad-hoc Committee.  
DOH RESPONSE: We need to think about what the EI role would be and are there other resources.

## Old Business

- I. Canceled June 9<sup>th</sup> Retreat.

## Public Comments

### **The following comments were made by members of the public (start time 2:35:17):**

Stefanie Paglione, Ongoing Service Coordinator (OSC) – One of the big things that we had discussed at the SC Listening Session was the overwhelm to a Service Coordinator's caseload and how that can impact retention. In the previous meeting there was discussion regarding a salary increase and a 60 to 1 ratio. A huge number of Service Coordinators are actually working at double that caseload and are apparently not being paid what the recommended minimum salary for service coordination is. We are working over that maximum 60 to 1 and then we have all of these issues that are causing more work for us within those cases and then we're also apparently not being compensated at what we should be. I just wanted to bring this to the Council's attention that there are additional things that were discussed in that meeting that we don't know when we're going to hear back regarding any sort of actions or resolution to. Thank you.

Lauren Agoratus, SPAN – NPA is not ideal, the Department of Education (DOE) is considering virtual services in Part B. They are also considering allowing Occupational Therapy (OT) and Physical Therapy (PT) Assistants under the supervision of OT and PT actual therapists. Ms. Agoratus provided a link to the New Jersey Education Department for additional information about their considerations to address personnel shortages. Link in the chat (Chat Messages 03:05:26)

Patricia Carlesimo, Executive Director of LADACIN Network– Thanked Susan and Josephine for meeting with ABCD last month to talk about our white paper that we created in reference to the NPA issue. ABCD will continue to look forward to partnering and clarifying the issue, the policies, the practices and how the system can move forward in a positive way. ABCD was pleased to partner with the Department for the stay videos

that were mentioned earlier in the meeting. That's the kind of work that we can do collaboratively with a great impact on our abilities to hire and attract and retain staff. Thank you.

Karen Olanrewaju, Program Director of Sunny Days – Expressed concerns about daycare center services. Many daycares are requiring Early Intervention Providers (EIPs) to include the daycare on their insurance riders for our practitioners to see the children in those daycares. Many of them are requiring additional background checks that go beyond what the system requires to enroll our practitioners. The question is if there are solutions at the State level that can address some of those concerns. Ms. Olanrewaju expressed concern regarding losing access to the current IFSP training on the Mercer County Community College – Learning Management System (MCCC-LMS) website. She asked if agencies can have access to that until there's something loaded on the new platform. Further, Ms. Olanrewaju proposed changing the funding mechanism for service coordination to a fee for service model instead of grant funding would and proposed this change could help alleviate a lot of the challenges with high caseloads, improve their productivity, be able to get people out back in homes to do IFSPs. Thank you.

David Kenneth Holmes, ABCD– Thanked the committee members for their time and commitment to the SICC. This is a very different SICC from previous years. Mr. Holmes reiterated concerns for the No Provider Available challenges. He appreciated the idea of the summit and offered up the membership of ABCD to participate in whatever way possible. Mr. Holmes also expressed support for increases in Medicaid rates and quick action on filling the vacancies on the Council. The responses to the Infrastructure Committee survey regarding the charts and pieces on the EIMS that people aren't using seemed extremely confusing. The results were poor and I urge the Department to think about how you can make these charts and this data more accessible for the providers. Lastly, Mr. Holmes suggested that DOH could include more frequent opportunities for public comment on procedures and policies and have those opportunities come sooner in the process. It's just not working and anything you could do would be great. Thank you.

Mary Krupp – Thanked everybody on the Committee for their time dedicated to Early Intervention. Ms. Krupp spoke about the NPA list and urged quick action as the effects are problematic for the families but also the practitioners and the workforce.

#### **Submitted Written Comments:**

Maria Emerson (by email 5/19/2023, 12:40pm) - I am the Director of Pediatric Rehab & Community Based Services at Virtua Health. I oversee a large comprehensive Early Intervention agency and work primarily in Burlington and Camden Counties. We are the TET in Burlington County and share TET responsibilities in Camden County.

Our agency is very fortunate to have a "mother ship" that is extremely supportive of our community-based service programs and is particularly fond of our Early Intervention Program as we are helping our most vulnerable assets, children, and their families. I want to thank the department again for confirming the 7.5% rate increase. When I spoke to our finance team, they were elated saying we may finally break even or near even. Our program tends to run a least \$200,000 in the red – something we budget for. I also want to thank the Committee Members for bringing up the public comment from the March meeting and addressing the true concerns that were expressed by the public.

The core of my comment, however, is to share data that will tell Virtua EIP's story...our reality.



Covid 19 was not kind. We all know this – we see this and feel this in our personal and professional lives. Although the CDC officially ended the public health emergency on May 11<sup>th</sup>, unfortunately, many after affects are here for a while or even here to stay.

In January 2020, before CV19 hit, our program was thriving – we had 89 staff- totaling 32 FTEs (*for context, an FTE at Virtua equals 40 worked hours per week which is about 28 scheduled visits per week*) and provided more than 4600 visits per month; evaluation rates were @ 80 per month with eligibility @ 72%; we had no NPA in the counties we worked in.

March 2020, Covid hit. During this year, we furloughed much of our team...others resigned – some stopped working, some moved out of state, others needed to find a more stable income. We had dipped to 60 staff, totaling 21 FTEs and provided less than 2000 visits per month; evaluation rates decreased to @ 60 per month with eligibility @69%; @ 80% of services were via telehealth; we had no NPA in the counties we worked in, but many children were “standby” and would be “owed” missed services.

In March of 2021, we began to see an uptick in volume – we were up to almost 3500 visits a month, hiring more team members. We had a staff of 73 totaling 25 FTEs. Evaluations increased to pre covid numbers and eligibility increased to high 80%. More children were coming in for referral, more children are eligible, and more children are eligible in multiple areas. Telehealth services decreased to under 20%. NPAs started popping up. Compensatory services were being awarded.

Fast forward to January 2023, we were at an all-time high volume 5500 visits in one-month, increased staffing to 120 totaling 43 FTEs; evaluation rates were more than 125 per month with eligibility staying in the high 80%. <1% of our visits were telehealth. NPAs were also at an all-time high, nearing 200 services. Hundreds of compensatory services were being awarded. All team members’ schedules were full, and we continued to recruit and hire.

Four short months later, although our volume remains high, we have dipping volume due to the sudden removal of the temporary suspension of policy 9- Provider Assignment. We are averaging 5000 visits per month and have maintained staffing level but slowed our recruitment efforts because many of our current team members have openings in their schedules due to the difficulty in accepting children off broadcast. To keep financially viable and our fantastic team working, we are “lending” some of our team members who are school certified to our school-based therapy program (because schools districts are clamoring at our doors for services). Evaluations remain steady at 125 per month with @ low 80% eligibility. NPAs have soared to 420 (more than doubled from March).

This is reality...numbers can speak volumes. We can use data to paint lots of pictures.

We have candidates ready to hire – in our pipeline but...how can I hire them, knowing that I may not be able to give them consistent work? How can I hire them when my current team is not full because the broadcast is “frozen”, and NO ONE can pick up that “first child”.

I am thrilled to hear that NJEIS is suggesting using an upstream thinking approach and would like to convene a “summit”. It is not just about where the babies are coming from, however, and it is important for all involved to understand the complexities of the system, and then act, NOT react. Act instead of looking at one issue and “band-aiding it”, we need well rounded discussions with stakeholders, from EVERY level (including family members), sitting at the table to talk about the foundational issues, that are truly layered, of our system and make suggestions for change.

#### **Submitted Chat Messages Comments:**

Lauren Agoratus, SPAN (03:05:26)– Chat comment added to her verbal comment above.

Kimberley Peto, Council Member (03:14:36) SCU's were never given a minimum salary requirement. The Listening Session was the first that Unit Coordinators heard this as well. This is also the first grant that designated a 60 to 1 SC caseload for a SC working 35 hours per week. For those of us who work 40 hours, the caseload would be more like 70/1.

Melissa Gordon (03:17:54) – Regarding NPA status, how is it fair to families who are at the top of the list to not be assigned because of where they live? Before the policy was put back in place, we had specific towns and zip codes who were not being picked up and it had nothing to do with availability.

Patricia Carlesimo (03:19:26) – I represent both LADACIN Network and ABCD EIPA as the Board Liaison. I thank Susan and Josephine for meeting with Cathy Chin (ABCD ED), David Holmes, and I last month to discuss EIPA's concerns with NPA. I am pleased to see that the issue has boiled to the top and look forward to clarifying the issue, the policy and the practices that have gotten us to this point. I also want to say ABCD EIPA was pleased to partner with the Department on the "stay on" interviews-we are willing to help in any way in the future.

Nancy Phalanukorn, FRA (03:20:43) – Thank you for the raise and the continued work on the NPA issues that exist, as stated by many others! (03:22:43) Added, I also support the idea of a summit to explore options to address the NPA regulations.

Josephine Shenouda (03:24:49) – I appreciate the SICC members' discussion on NPA and it's the top priority on my agenda.

Kimberley Peto (03:27:02) – To Melissa's point, I agree that town of residence should not be a reason to "skipped" that is part of the clarification Susan spoke about.

Edna Lee (03:27:57) – Can we look at informing parents that there is a waiting list on referral?

There were no additional public comments.

The Public can submit comments to the Department or in the Chat Box.

The next SICC public meeting is September 22, 2023, 9:30 a.m.

*MOTION* to adjourn the meeting by Kathleen Hinnigan-Cohen and seconded by Catherine Colucci.