

Friday, January 22, 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 11:00 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 introduced herself followed by a roll call of the SICC members, Susan Evans, Acting Part-C Coordinator, and Christine Nogami-Engine from Early Intervention - Department of Health and the REIC Executive Directors. The SICC Members welcomed a special guest, Dr. David Adinaro, Deputy Commissioner for Public Health Services.

Dr. Adinaro, thanked the SICC for the invitation to the meeting. He recognizes there are still needs out there outside the pandemic. He acknowledged and appreciated that most people in attendance have been doing double-duty, on matters related directly or indirectly to the pandemic, those that are working from home and moving things along.

Dr. Adinaro provided an overview of the response to COVID-19 in New Jersey and the path forward. The State began from a reactive posturing to responding to the disease in the beginning. His initial involvement was working with a field hospital to get it up and running to locate and store Personal Protective Equipment (PPEs) to what it is now, i.e., a continuum of care and response to COVID. It was based on a lot of collaborative work, ensuring the right policies were in place, the right information disseminated by way of executive directives and orders.

In June, the goal was to administer 25,000 tests daily; currently there are about 60,000/testing per day. It does not appear to be enough compared to the need. Testing is key. Initially there were only laboratory tests available, but now there are other types of testing available. Those will increase and be used to manage the outbreak. Contact tracing is also important; there are about 3,500 out there in the field and are available to work with local health departments.

Another important aspect for people to have is the ability to quarantine or isolate if they have been exposed to COVID-19. The next is the critical capacity to care for those in need. Luckily, in New Jersey, there was not a need to open beds in convention centers or anything along those lines. The second surge is being monitored and efforts in making sure stockpiling of medication, PPEs, ventilators, etc. are available to support hospitals. They are also making sure New Jersey has the ability to respond and support the need.

A vaccine task force has been created in July and it grew to about 100 people and 11 different working groups, which includes the Office of Emergency Management (OMC), local and county health departments. In December, New Jersey received the first doses of the vaccines. Currently, 490,000 individuals received a vaccine to date, of those 60,000 have received their second dosage from either Pfizer or Moderna. The State is running about 35,000 doses a day being administered in New Jersey. The State has a way to go; it only received 100,000 to 110,000 doses a week to allocate and there are about four million eligible individuals on the priority list.

The State is allocating 100% of the vaccines to the people of New Jersey. They receive the vaccines on Mondays and Tuesdays and the vaccinators are notified about a week before on what [supply] they will receive. The megasites include county sites including the Federally Qualified Health Centers (FQHCs) and identified retail pharmacies. However, there are not enough vaccines at this time. The aim is to try to get the vaccines into each community where people live and work. The State is also committed to the long-term care facilities. 250,000 have been allocated to CVS and Walgreens to immunize those that work and live in long-term facilities. Today over 70,000 people have received the first dose vaccine that work or live in the long-term facilities.

Many engagement activities are going on that include talking to groups outside of government on engaging stakeholders to discuss the vaccines. There is some vaccine curiosity, uncertainty or hesitancy and they are trying to get as much information out the public to encourage those that are eligible to get the vaccine.

The work will continue through 2021. Providing the continuum is important including testing. The need for social distancing and wearing a mask does not change even with the vaccines out. However, as more people get vaccinated and a 3rd, 4th and 5th vaccine becomes available, the State should start to see some normality. Dr. Adinaro asked if anyone had questions.

Sandra Howell, asked if caregivers and their young children (under 16) with medical needs would have the ability to get vaccinated.

Dr. Adinaro responded that one of the manufacturers might have enough data to amend their authorization or do a new one that would involve vaccinating children under 16. However, what is not known about the two current available vaccines (Pfizer and Moderna) which are the MRNA vaccines. There is evidence that the vaccines does help someone not get sick from COVID, but it is not clear that they cannot prevent transmission from a person that has been immunized to someone who is not. Usually, vaccines work by preventing transmissions and uptake but it is not clear that it would necessarily improve them less vulnerable. Anyone who provides healthcare, paid or unpaid is eligible to receive the vaccine, but it is important to note that a vaccinated person would not be protecting a child from getting COVID-19. There is no guarantee it cannot be spread it to others.

Kate Colucci, asked about the roll out and the executive order from the Governor's office that expanded the eligibility to people over age 18 with chronic illnesses. There seemed to be much confusion with the registry. She asked if there was a clear message on how people should go about registering [to receive the vaccine].

Dr. Adinaro stated that his office continues to work with the New Jersey Immunization Information System (NJISS), which is the State's seamless platform for vaccinators to contact. The call center was established with the anticipation of going online later in January. At this time, there is no one-stop to find a vaccine center. The biggest difficulty is that there are 4M eligible people and only ½ million doses available.

Joyce Salberg asked if vaccines would be available and required for early intervention practitioners.

Dr. Adinaro stated that New Jersey is not taking a position on required vaccines at this time also, the supply cannot accommodate the demand. So far, the focus has been the voluntary nature of people getting the vaccine. It is far more important to get people to understand the value of the vaccine and his office has been focusing on that part.

Joyce Salzberg asked if anyone else had any questions. She thanked Dr. Adinaro for attending the meeting, for the information he provided and his involvement in getting new SICC members appointed.

Dr. Adinaro did not take credit [for the new SICC appointees] but thanked her for the acknowledgement.

Approval of Minutes – Motion from Joyce Salzberg to approved November 20, 2020 meeting minutes. Michele Christopoulos moved and Kate Colucci seconded it. No abstaining.

SICC Member Updates:

- No updates

SICC Standing & Ad Hoc Committees:

1. Administrative/Policy – Channel McDevitt, Chair and her committee coordinated the SICC Orientation for new members. The Overview of EI as well as a brief SICC Orientation was presented to new members on 1/14/21 by the Family Support Specialists. Sharon Walsh has been invited to the March 26th SICC meeting for a broader review and refresher of the function of the SICC. The current SICC budget that was reviewed during the November 20th meeting needs to be voted on. The budget included the administrative position and parent's stipend.

Joyce Salzberg motioned to approve. Kim Peto moved to accept the budget, Michele Christopoulos seconded the motion. Approval via roll call from all present SICC members.

Channel McDevitt informed the SICC members that updated SICC policies will be presented over the next few meetings.

2. **Service Delivery Committee** – Joyce Salzberg shared that the committee developed surveys for families and practitioners and they are currently being reviewed by DOH. The committee is looking forward to receiving feedback from the surveys.

The committee also discussed the dual roles that some practitioners have in EI. For example, there are practitioners that provide Developmental Intervention for some families and they may also provide interpretation for another. The recommendation to the SICC members is to allow practitioners to have dual roles in EI. However, interpretation services would be paid at a fixed rate (currently \$61.52) rather than the rate of the person providing the service. i.e., if a teacher is providing DI the agency is paid \$90.24 per hour. If the Teacher were to provide interpretation services, at a different time, the agency would be paid \$61.52 for that hour instead of the teacher rate.

Kate Colucci asked for clarification.

Virginia Lynn (on the Service Delivery Committee) explained that there may be a practitioner that is bilingual. That individual may provide Developmental Intervention (DI) and receive one rate, but if that individual provides the service of interpretation, the rate for that service is lower.

Kate Colucci asked if it was an EIMS issue.

Sandra Howell stated that it was more than an EIMS issue. The difference is that there is no policy or procedure on the issue. When the data/billing system was developed, for practicality purposes, the practitioners had one role in EIMS. However, individuals in EI may have additional skills.

Kate Colucci asked how a specialist can work as a Developmental Interventionist (DI).

Susan Evans responded that DI is not a discipline; it is a service. For example, as a special educator, a person can provide DI or Family Training (FT). A speech therapist can also provide DI. Not all states do it this way. DI is not a professional title.

Kate Colucci wondered if then practitioners can have two roles, one of an occupational therapist and one as DI.

Susan Evans explained that the rate tables in NJEIS pays the discipline not the service so it does not matter if you work providing DI or OT, if the practitioner is an Occupational Therapist (OT) and provides DI, that person would be paid as an OT.

Corinne Catalano stated that it seemed that the interpreter would have less, or no contextual knowledge of the content area compared to a teacher, OT or speech therapist for example.

Susan Evans commented on the recommendation provided by the Service Delivery Committee in that it should be reworded.

Joyce Salzberg made a motion on the recommendation and opened it up for discussion. The recommendation is to allow providers the ability to have dual roles. Michele Christopoulos moved to accept and Joe Holahan second it.

Kate Colucci asked if this issue [practitioner dual role] comes up often.

Susan Evans stated that the issue has come up.

Kim Peto shared that it is sometimes beneficial when a practitioner, such as an OT, had already been in the home, providing the OT service and has developed a relationship with the family and then can provide an additional service, such as interpretation.

Virginia Lynn stated that it is often difficult to find qualified and knowledgeable interpreters with an understanding of the early intervention system.

Corinne Catalano inquired about the competencies and what they are.

Susan Evans responded that the DOH will address the question, but from the Service Delivery committee's perspective, they are saying what is needed is allow bi lingual practitioners to have dual roles and interpretation services will be paid at the interpretation service rate.

Joyce Salzberg agreed with Susan Evan's explanation.

Susan Evans suggested that the recommendation be brought to a vote and then sent to DOH for consideration.

Joyce Salzberg moved the recommendation to allow bi lingual practitioners to have dual roles and interpretation service will only be paid at the translation service rate not the rate of the practitioner. Michele Christopoulos moved and second it, Sandra Howell abstained all others agreed.

- Higher Education Committee** – Kate Colucci, Chair, reported that the committee has been meeting regularly. Dr. Corinne Catalano will also join the committee. The infographic the committee designed was sent to Kristen Kugelman (DOH). The next step is to coordinate a process with colleges and universities including having a guest speaker. The colleges and universities would contact the State for a speaker. The presenter would use slides from the slide deck [Overview of EI] that has been created to provide a

consistent message. Efforts will also be made to appeal to student career centers in reference to jobs in EI. The group will meet again early February.

Lead Agency Report – Susan Evans, Interim Part-C Coordinator

General Information

- There has been a lull due to the Federal changes. Currently, there is an acting OSEP director. On March 7th, there will be public comment.
- Due to the increase in COVID-19, there were eight EIPs that chose to provide services through telehealth only. Of those eight, three returned to offer in-person and a combination of both (hybrid).
- The data indicates that 44% of families received in-home services before Thanksgiving (11/ 2020) and 42% as of 1/15/21.
- DOH has hired a research scientist.
- Telehealth and other stressors lead to policy and procedure changes as well as professional development in order to sustain telehealth services.
- The contract with Public Consulting Group (PCG) will be expiring. The system has become more manageable. It now has a strong personnel behind the scenes that have specialty in system design software life cycles, which is a huge advantage since inception. The creation and implementation of electronic signatures is almost complete.
- The selection for a vendor to conduct the Rate Study is underway. Stakeholder engagement has been included, laws in employment and all information that has been provided to DOH has been entered into the scope.

Joyce Salzberg asked about the status of the Cost-Share.

Susan Evans responded that the report was not available, but she will put something together.

Joyce Salzberg suggested that the SICCC meeting time begin earlier, such as 9:30 or 10:00am since the meetings have been virtual.

NJEIS-DOH to SICCC Report:

1. **Annual Performance Report (APR)** – (report on file) Christine Nogami-Engine reviewed the APR (FFY 2019) to the Council members. Christine described the history of the annual report. It was developed by OSEP 15 years ago that outlined the expectations for the States. It contains 11 indicators. For each indicator, OSEP requests the status for each and the method used. OSEP sets the Compliance Indicators at 100%, the Performance Indicators are set by the State.

There are two timelines. The Federal Fiscal Year (submission due in February) and the State's Fiscal Year (July 1 to June 30th).

Indicator 1 – Provision of Services – is a compliance indicator that shows the percentage of infant and toddlers with IFSPs who receive early intervention services outlined in their IFSPs in a timely manner. Because this is a compliance indicator, it must be at 100% in order to be in compliance. It follows a set of business rules (i.e., must have a valid IFSP date, billing authorizations, etc.). A simple random sample is pulled for review. Records from 4,481 children were reviewed and NJ Compliance was at 96.08%. OSEP will need to know about slippage.

Indicator 2 – Services in Natural Environments –demonstrates the percentage of infant and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. This is a performance indicator. NJEIS exceeded the target; 14,123 of 15,132 infants and toddlers with IFSPs primarily received EI services in their home or community-based settings.

Indicator 3 – Early Childhood Outcomes is a performance indicator. There are three parts. 3A-Children have positive social-emotional skills (including social relationships), Indicator 3B – Children acquire knowledge and skills (including early language/communication) and 3C – Children use appropriate behavior to meet their needs.

The Battelle-Inventory 2 (BDI-2) is the tool that is used to evaluate children as they enter and exit the system. Not all children that exit NJEIS receive an evaluation; children need to be in the program for at least six months. Due to COVID-19, exit evaluations temporarily halted between April through June which inevitably impacts the data.

3A – Social Emotional Skills, particularly, the percentage of infants and toddlers who maintained functioning at a level comparable to same-age peers, experienced a slippage. The DOH will focus on this. The REICs have developed a Community Impression Plan (CIP) that includes undertaking 3A and will use evidence-based practices to address it.

Indicator 4A – Family Involvement – a survey is used to collect data to measure the percentage of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children’s needs; and
- C. Help their children develop and learn

Data is collected by the use of an annual survey, NCSEAM. It has 22 questions. The survey is sent to families that have been in the system for more than nine months, has had an active IFSP or exited NJEIS three months or less. COVID-19 may have impacted survey results.

Indicator 5 – Child Find (Birth to One) – is the percentage of infants aged birth to one with an IFSP compared to National data. According to the US Census for 2019, there was a 0.90% decrease compared to FFY18. NJEIS birth to one percentage is 0.74%, the

target was 0.67% and the National percentage is 1.37%. The percentage decrease could be attributed to lower birth rate.

Indicator 6 – Child Find (Birth to Age Three) – is the percentage of infants and toddlers birth to three with IFSPs compared to National data. There was a 6.44% increase in the number of children compared to FFY18.

Indicator 7 – 45-Day Initial IFSP Timeline – is a compliance indicator. It reflects the percentage of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and initial IFSP meeting were conducted within Part C’s 45-day timeline.

Indicator 8 – Transition has three parts. It provides data for the percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than 9 month, prior to the toddler’s 3rd birthday.
- B. Notified (consistent with any opt-out policy adopted by the State), the SEA and the LEA where the toddler resides at least 90 days prior to the toddlers’ 3rd birthday and that are potentially eligible for Part B preschool services and;
- C. Conducted the transition conference held with the approval of the family at least 90 days and at the discretion of all parties, not more than 9 months prior to the toddler’s 3rd birthday for toddlers potentially eligible for Part B preschool services.

Next steps include OSEP setting new targets, the reconvening the Steering Committee to develop the new State Performance Plan (SPP) and the setting of a new 6-year targets for the new Annual Performance Report (APR).

Joyce Salzberg thanked the DOH for the comprehensive report. Joyce asked for a motion to approve the report. Joe Holahan made a motion and Kim Peto seconded it. No SICC member abstained; all approved.

New Business – none

Old Business:

1. Joyce Salzberg shared how “no shows” (families are not showing up at their scheduled appointment) has become a big issue for many of the EIPs. She asked DOH what the status was on the request for reimbursement for damages and the rounding down during for a few months.

Susan Evans believes there will be a response perhaps by the next meeting.

Virginia Lynn inquired about the electronic signatures and what it might mean for families.

Susan Evans stated that the electronic signatures are an updated feature in EIMS for paperwork but not for Service Encounter Verifications (SEVs).

Kate Colucci asked about the status of Form-25 as well as any plans for team members to view each other's session notes.

Susan Evans reported that Form-13 will replace Form-25 and it is with PCG in the testing phase. Policies and procedures will be developed.

Kate Colucci asked about practitioners' ability to read one another's notes in EIMS.

Susan Evans stated that it is not a priority at this time.

Kate Colucci asked if this was something that the Service Delivery Committee can review.

Joyce Salzberg responded that the committee can review it.

Public Comments:

Karen Olanrewaju, Sunny Days had two comments:

- 1) She asked when damages due to EIMS would be resolved and
- 2) Allowing practitioner enrollment the use of electronic signature for the Code of Conduct. As of now, the Code of Conduct requires an original signature and it slows the enrollment process down. She asked if the DOH has any plans for the electronic signature for Code of Conduct.

Patty Carlisimo, Ladacin and ABCD liaison, first wanted to comment on how amazing and comprehensive the DOH report had been.

Patty stated there were two elements needed in the system. The first one is the need for competent practitioners and the second is the need for a 5% restoration and a 2% increase for a Cost of Living Allowance (COLA). She mentioned how difficult it is to hire and retain quality practitioners if they cannot be competitive. There has not been an increase in 16 years and the EIPs cannot wait for a rate study.

David Holmes, ABCD commented that EIPs had not been invited to discuss the scope of work needed for the EIMS system and he was surprised that providers have not yet been invited to comment for the scope of work for the Rate Study. He stated he believed was the reason [not including stakeholders into the scope of what is needed] how everyone got into trouble.

Susan Evans stated there was a meeting last January and they had gathered all the input and feedback for the scope of work in addition to EIMS field persons (DOH, SCs, etc.). There had been a stakeholder's group for Form-25.

David Holmes asked Susan Evans once someone has been identified to do the Rate Study will she get someone to look at it.

Susan Evans responded that the vendor will include information for the scope of work.

David Holmes asked about the status of referrals to EI.

Susan Evans reported that referrals have bounced back, not 100% but it has improved.

David Holmes stated that due to EIMS last year, monies from the DOH was swept to other places. He asked if there any funds available to cover the cancellations [family sessions]. EIPs are down substantially.

Susan Evans responded should the State budget allocations for funding be spent, they go back and make a request, should it be needed.

Joyce Salzberg wondered if funds that is not being used for one thing maybe it can be used for something else, like for no- shows; which has been causing problems for EIPs.

Susan Evans stated that "no-shows" will be a part of the Rate Study.

Sandra Howell stated that the program can only spend the money as it is allocated for. There is no flexibility; it is not like a corporation.

David Holmes shared that at one point in time, money was provided for fuel because it was temporary. The EIPs are requesting the same thing; a temporary solution.

Sandra Howell responded that DOH has to project out for multiple years, if there are any savings, then the recommendations had been to provide back the difference.

David Holmes appreciates the efforts and hopes that DOH looks favorably to the EIPS for an increase. They are a fee-for-service and continue to receive 20-40% less. EIPs cannot continue at this rate.

Kathleen Hinnigan-Cohen, ARC of Essex, stated that rate studies take a long time and it seems that an increase is an immediate need because of EIPS losses due to COVID-19; she asked if the SICC committee can do anything.

Joyce Salzberg responded that the Committee can take an electronic vote on the issue and send it to DOH since it is an emergency. She stated that telehealth is going to be a way NJEIS provides services. What has been found is that families are not opting for telehealth services.

Maria Emerson, Virtua, wanted to share that there are a few megasites to provide the COVID-19 vaccine. Virtua will be one of those sites in Morristown. They are looking to identify an area to provide the vaccines to special needs adults. One area might be the old Lord and Taylor store in the Morristown mall; they can provide sensory rooms for children and adults that may need it.

Joyce Salzberg asked if there were any more comments. Motioned the meeting for adjournment approximately at 1:55pm; Kim Peto first and Michelle Christopoulos second it.