

**Friday, September 21, 2018**

**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, September 21, 2018, at Sunny Days Early Childhood Development Services in Manalapan, New Jersey. The meeting was called to order at 11:10am by Catherine (Kate) Colucci, Acting Chair and declared a quorum was present.

**Attendance** – Maintained by the Department of Health

**Welcome** – Kate Colucci welcomed attendees. Kate conveyed and read a new statement explaining the role and function of the SICC to be used beginning of each SICC meeting pursuant to the New Jersey Open Public Meetings Act N.J.S.A. 10:4-6 et seq.

**Introductions** – SICC members introduced themselves followed by the public then by Sandra Howell, Ph.D. Sandra Howell joined the New Jersey Early Intervention System (NJEIS) in June 2018. Prior to joining NJEIS, Sandra Howell was the Autism Registry - Coordinator and Early Identification and Monitoring Program administrator. She currently is the Executive Director for Special Child Health and Early Intervention Services.

**Announcements** – Kate Colucci asked for updates from the Council Members. Council members reported no reports at this time.

**Approval of Minutes** – The minutes of March 16, 2018 were unanimously approved as previously distributed upon motion. Four Council members that did not attend the meeting abstained.

**Lead Agency Report** – Terry Harrison, Part C Coordinator for the New Jersey Early Intervention System (NJEIS) was not available. Beth Lohne, Parent Liaison, Procedural Safeguards Office (PSO) presented information on behalf of PSO.

1. **Procedural Safeguards Office (PSO)** – PSO received six (6) formal complaints since the last SICC meeting. Three (3) dispute resolution requests were administrative complaints related to Family Cost Participation (FCP). One (1) dispute resolution request is for a due process hearing related to FCP. One (1) dispute resolution request was for mediation and an administrative complaint related to FCP and one (1) for dispute resolution request for mediation and a due process hearing based on the Individualized Family Service Plan (IFSP).

The PSO substantiated two (2) allegations of fraud, waste and abuse based on evidence collected on two (2) practitioners. These practitioners are banned from NJEIS.

During SFY2018, there were 4,066 informal complaints related to No Practitioner Available (NPA), Missed Services, Family Cost Participation (FCP) and issues related to the Early Intervention Management System (EIMS).

The Procedural Safeguards Coordinator position remains vacant.

#### SICC Member Question:

Joyce Salzberg asked if there has been an increase in the number of complaints. Beth responded there has been an increase by 200 more complaints, however, down by 900 from the previous year.

2. **State Systemic Improvement Plan (SSIP)** – Susan Evans was unavailable for today’s meeting.
3. **Professional Development** - Kristen Kugleman announced that NJEIS has received word from the National Center Pyramid Model Innovations (NCPMI) that New Jersey (one of five states) is a recipient of a grant to integrate the Pyramid Model approach in early intervention. The Pyramid Model approach addresses social/emotional development. Kristen will begin to review this in October 2018. Kate offered congratulations to Kristen and her team on behalf of the SICC.
4. **Cost Share** – to be revisited at another date.

Kaitlyn Woolford announced that Jackie Cornell, DOH Principal Deputy Commissioner, could not be in attendance. Kaitlyn read the following statement prepared by the Deputy Health Commissioner regarding the progress on EIMS:

The progress of EIMS is in a better place today than in the past. PCG is working diligently on issues that have hampered the system, such as the backlogs. They continue to work with EIPS to triage the situation. Complaints do not apply just to the issues of a new system, however, but the system is experiencing growing pains in the implementation of a new system. Currently the Help Desk calls are going down and agencies are requesting less money. It is important, though, EIPs continue to contact PCG; without sharing problems with PCG about issues their having with the system, then it will be understood that there are fewer problems. DOH continues to work with PCG and values the EI system.

**Sandra Howell was asked by Kate to introduce herself and respond to public member questions regarding the EIMS. The following is a summary of Sandra's comments, questions from the SICC, and public comment:**

Sandra Howell, Ph.D. introduced herself and explained that prior to joining NJEIS in June, she led the Autism Registry - Coordinator and Early Identification and Monitoring Program.

Sandra Howell wanted to ensure the SICC members and public that DOH is working hand-in-hand with PCG. She reported that the latest and biggest issues have been the service backlogs since December 2017. The DOH has received service backlogs from all but one agency. EIPS have been providing the backlogs on an Excel spreadsheet or on paper. Those submitted on paper are sent directly to Ardem. Ardem transfers the information received on paper onto an Excel Spreadsheet. Each entry is reviewed before being sent to PCG to avoid rejections.

The information is uploaded every day and numbers change daily. Once the service logs are sent to DOH (in an Excel spreadsheet format), they are uploaded, then sent to PCG, PCG then enters the data into the system. EIPs should begin to see this reflected in the system.

Should a service log be rejected by PCG, a report is sent to DOH for review. If it is something DOH can correct (for example issues pertaining to format, misspellings, dates, or service locations), they will do it and then resend to PCG. Items that DOH cannot change will be returned to the EIP.

PCG and the EI team are working in the trenches side-by-side and are committed to make EIMS work. Everyone is working diligently. The DOH is holding PCG's feet to the fire; every change is monitored and logged as well as maintaining crystal clear timelines and requirements. As issues come up they are tweaked as soon as they can be.

As the DOH oversees PCG, they determine a new set of deliverables and a new plan – that's what keeps PCG's feet to the fire. What are they going to do to remediate the issues? Things are moving forward, such as the entering of evaluations and IFSPs.

Should an issue arise, it is important that they (EIPs) report it to the Help Desk. If the issue is not reported to the Help Desk, then PCG states no one is calling, therefore there is no issue. Each caller needs to get a ticket number. If they do not receive a ticket number from the Help Desk, get that person's name. If no name, report the day/time that contact was made to the Help Desk. DOH needs particulars to compare it to the responses provided by the Help Desk. Each call is investigated. The DOH wants to keep PCG's feet to the fire and it is the expectation that the Help Desk is clear and consistent with the information provided to their callers. For example, the DOH is interested in knowing what calls the Help Desk routes to the State and what calls the Help Desk resolve. The DOH wants to understand who does this and why. If the Help Desk is not helpful, DOH identifies this by the ticket numbers. The DOH is trying to ascertain

whether there is a clog in the system or a code issue. Program developers address and fix code issues. If the problem is in a different area such as IFSPs not yet entered, then it's another issue and not a system issue. DOH needs to find out what the clogs are in the system. One of the questions that arose was in regard to the process of the sequencing of the IFSPs. Users need to deactivate a current IFSP to enter an old IFSP. The DOH is looking to understand and streamline the process while incorporating the Federal requirements, i.e., who has the permissions to activate and deactivate an IFSP. The DOH wants to ensure that the “bumpers” are lifted.

Sandra Howell acknowledged Terry Harrison's upcoming retirement and expressed appreciation for her service. Terry has served DOH-NJEIS for 25 years. The system will experience a “culture shock” with Terry's departure. The DOH recognizes the needed changes in leadership. In Terry's absence, the DOH is in the process of interviewing interim Part C Coordinators. There will be no gap to lead EI. Terry's official last day will be the end of November.

Kate Colucci asked Sandra Howell how the DOH will be holding PCG's feet to the fire and if there is a deadline for PCG to get the job completed, for example, to get evaluations entered.

Sandra Howell responded that PCG has a December 1<sup>st</sup> deadline, however, there are also daily deadlines in the plan as well. The plan is detailed with targets in place.

Kate Colucci asked what will happen if PCG does not meet the deadlines, and asked if it is expected that by June 30<sup>th</sup> for all to be fine.

Sandra Howell stated that “fine” needed to be clarified. The goal is to meet the functionality of the system and there are other objectives. The DOH is reviewing issues such as the ability to log-in and get paid. The DOH is also reviewing time periods (looking at claims submitted by agencies during the same period of last year). For some agencies, claims seemed to have gone down and the DOH is reviewing those. Some agencies have a claim rate of 83% (means some agencies are at 100%, while others are not). The question is why is an EIP at 100%? Is it because the volume is up or is that the EIP was able to get the claims in. To DOH that data looks good, looks like claims are being entered, however, there are concerns with those that are not entering claims.

Kate Colucci commented that it appears the State has taken a detailed, analytic process in examining EIMS.

Kaitlyn Woolford indicated that the plan is detailed to ensure success. The DOH has the contract with PCG for five years with a roll out within 1 year that began December 2017. The contract will be reviewed in 2021, however, there is always the problem of having to procure another agency.

Sandra Howell expressed being involved with a number of systemic changes, however, EIMS is a complex system due to different users and moving parts. Sometimes the issues are not bugs in the system, but the design of it was not appropriate. The DOH is reviewing each aspect.

Kate Colucci affirmed that the role of the SICC is to assist NJEIS.

Joyce Salzberg indicated she had the opportunity to meet with individuals from DOH and heard what was said and believed there were a few contradictions. Joyce suggested that the business model discussion should be addressed separately. She stated that she was struck when she heard that some agencies are at 100% claims and some are at 29% with a reimbursement rate of 50% - if claims are at 100%, but reimbursement rate is at 50% - there seems to be a contradiction. Joyce acknowledged the suggestion that EI personnel should request a ticket number when contacting the Help Desk, however, Joyce also indicated that many EI personnel have already requested tickets. She stated that requesting a ticket number is not helpful and that the Help Desk is not helpful. She reported the system is very complicated; all are dependent on each other to make the wheel turn. Getting another ticket is not helpful and getting people fired is not helpful. EIMS is not running properly. EIPS have to devote attention to EIMS and feel out-of-control. Quality has gone out the window and too much time has been dedicated to trying to make EIMS work.

Sandra Howell responded stating the system is functioning the way the system has been designed to function. IFSPs are logged, claims are logged. The back service logs are the problem and is a separate issue. The DOH looks at EIMS and the circumstances that arise in terms of whether concerns are a design issue or a function issue. The DOH does not want the Help Desk to give EI personnel the wrong information or not be helpful. The DOH is trying to determine if the individual at the Help Desk is doing their job.

Joyce Salzberg indicated that it is PCG's responsibility and the company needs to train their staff.

Sandra Howell agreed that PCG-Help Desk needs to be helpful to the callers. However, DOH needs to be able to track what is going on. The tickets help to track the issues (for training, and system issue purposes). Sandra acknowledged that morale is at an all-time low and everyone in EI is experiencing it. The DOH wants to help and wants the system to be functional. The DOH does not want to provide a temporary fix while at the same time end the work-arounds.

Kate Colucci addressed the SICC members and asked if anyone had any comments or questions.

Joyce Salzberg asserted she had a question in regard to the Federal bumper-guards. She had a concern that practitioners enter information into EIMS from their personal phones, IPAD's and other personal devices, and wondered if using personal devices for EIMS is something the DOH will explore.

Kate Colucci also asked if the State provided a general announcement in regard to the change in the business model the EIPs have experienced with PCG. She stated that EIPs did not know they would no longer be able to oversee billing. She wondered if this information (change in business rules) was announced to individuals.

Sandra Howell explained that it was her understanding that the decision to change the model was done through the Department of the Treasury and she was not sure if anyone received a heads-up, i.e., public hearing about it or not.

Kaitlyn Woolford further explained that she was not sure if there was a process to review PCG contract. She did not believe the stakeholders had a chance to review the changes, however, the Treasury did review the RFP.

Rosemary Browne asked if EIMS was tested before implementation.

Sandra Howell stated that there were only two (2) vendors that submitted the RFP. One vendor rescinded, while another came forward. She stated that when the system had to go live, it had to go live and that there are always bugs in rolling out a new system.

Rosemary Browne stated the rolling out of EIMS has been an implementation nightmare.

Sandra Howell assured that DOH is always working through the bugs. DOH has contracted with an outside agency and with consultants (for a six-month plus time period) to examine and look at the function of the system. The team inspects to see what part of the system has failed, what is working and report the information back to DOH. The teams are also exploring different scenarios to test the system for crashing. EIMS is tested using many scenarios and situations; inevitably, not all scenarios can be tested for, so live users also find problems or bugs. Thus, users in a sense become testers as well.

### **Public Comment**

**Danielle Cuskey** from Catholic Charities stated that there seems to be questions on deliverables (function of the EIMS) and it seemed to her that some of the frustrations come from an unintentional lack of transparency. She specified that not enough information has been provided to the stakeholders regarding those deliverables and the timelines. She inquired if the information can be shared.

**Sandra Howell** responded to Danielle's question by stating there is a communication plan in place, it is the dashboard. The dashboard comes out weekly as well as targeted emails.

**Kaitlin Woolford** indicated that DOH member(s) can attend stakeholders meetings when requested to as a way to demonstrate that level of communication and to provide more detailed information, if that is what the community wants.

Kate Colucci asked the public if anyone has any additional questions.

**Nancy Phalanukorn** from Family Resource Associates (FRA) stated that more clarity is needed from DOH. She reported that DOH stated this was a change. The previous system in place, CSC, was a billing system and the new system (EIMS) has taken out of the loop the role of the EIP and the oversight. Practitioners are now entering all of the work into EIMS with no oversight. EIP administrators question whether the logged services were services provided. Additionally, EIPs are between 45% -53% in billing. The change from CSC to EIMS has been more than a shift in billing.

Sandra Howell explained that the change was a shift in the business model. Providers now enter data in real-time. EIPs are required to monitor activity from the backend. She suggested that perhaps there should be a conversation about how EIPs can address billing as an “audit” as opposed from the front-end.

Chris Nogami-Engime, NJEIS, stated that New Jersey is the only state that was using the old system for billing, however, the State needs to bill electronically. She has offered support to administrators over the phone. Chris explained that EIPs can run reports on EIMS. There is a way for EIPs to view claims the practitioners have entered; this is a backend approach as opposed to a frontend process. Chris stated she is aware that some EIPs work with billing companies, although not sure how, but suggested to EIPs that instead of EIPs hiring a billing company to enter claims have their practitioners directly enter their claims in EIMS.

**Barbara Bowers** from Latacin reported on the issues her agency faces using EIMS. She described how her agency cannot view children the EIP had been assigned to, some children “disappear,” yet others did not migrate. She explained that her agency had experienced many losses; loss of practitioners, financial losses (by purchasing tablets for all practitioners); loss of time (the countless hours needed and used to address billing). She conveyed not receiving any solid guidance from DOH. She related how trying to get assistance from the Help Desk is also frustrating. The EIP is exhausted.

**David Holmes** from ABCD thanked Sandra Howell for being at the SICC and expressed how he had wished she had been there 12 months ago. He observed and stated that Sandra seems to have lots of experiences. He shared with Sandra that the EIPs feel that the system has failed them. He stated that EIPs are receiving between 40%-50% of claims for months – which has not changed. He urged DOH to listen and stated he was aware that they would be meeting in October. David stated there is a divide and that Sandra and others from DOH need to hear how

EIPs are making payroll, not making payroll. He looks forward to having conversations to discuss the issues. He suggested to DOH to cut bait or move forward with another system.

**Aileen McCullough** from Southern NJ Perinatal Cooperative shared that she is the Unit Coordinator and reported that her Service Coordination Unit (SCU) are trying to move the system along. Children are still being referred and the SCU continue to work with families to make sure families get what they need. She stated that there is a tremendous amount of backlogging and described how long it can take (one hour or more) to enter an IFSP. Some Service Coordinators have 60 to 70 families. She recounted her concerns with the current EI database system (EIMS). In the old system, CSC, it never lost functionality, however, in the current system, things get lost with no explanation. It can take hours to enter each backlog. Additionally, there are no known forecasts for entering BDI-2 scores, LEA notices and Annual/Exit Evaluation notices and SCUs are responsible for these tasks every day. DOH needs to match SC functionality and how it will all flow together.

Sandra Howell replied to and stated that Susan Evans will be going to the Southern NJ Perinatal Cooperative to get a better understanding of the glitches SCUs encounter. There are plans to speak with PCG about the glitches and how to backlog easily. DOH is working on things to get each SCU up and rolling. DOH has been very direct with PCG in that they need the system fixed, and fixed now. DOH is holding PCG's feet to the fire. Sandra gave words of encouragement and apologized for what EI personnel have been through. She wants to move forward. PCG is on notice. Sandra also noted the level of intensity and the volume of the people working on this and how PCG has risen to the level. She reported being data driven and looks at the data to help determine the status of events.

**Maria Emerson** from Virtua Pediatric Early Intervention testified that the bulk of the issues involved with EIMS has been due to the lack of efficient communication between all vested parties. There is also the lack of timely communication. Inefficient communication causes work to be done incorrectly, repeatedly and often no one notices the errors until it is too late. People are overworked, overwhelmed and suffer from low morale. People are leaving the system. Maria stated she appreciates the weekly dashboard however it is after the fact. Announcing a new change without the description of the change is not helpful. There was mention of training, but none happens. There is distrust. Maria stated that if there is effective communication, it can be successful. Maria submitted her testimony.

Sandra Howell thanked Maria for bringing to her attention the need for better communication.

**Roni Scheuring** from Innovative Interventions expressed that many knew there would be glitches in the new system (EIMS), but not to this level. She stated that an IFSP works for six months only. Any change to the IFSP, causes a problem. When practitioners are able to enter notes, enter logs, all is good. But there are real problems at the other end. She recommended that perhaps PCG serve solely SCUs as a support. She also asked how many times should the



same issues be reported to the PCG Help Desk. She suggested that the Help Desk individuals get trained just to handle the SCUs and work with them directly. TET and the EIMS are doing pretty well. At the core, SCUs are having the worst experience. She highly recommends the system to support the SCUs especially when they are in the family's home trying to facilitate IFSPs.

Sandra Howell responded by stating she will send an email to Pam, EIMS developer, to discuss support solely for the SCUs. Volunteer stakeholders are on the agenda to make this happen. She thanked Roni for the suggestion.

**Corolla d'Emery**, TET Clinical Educator, Sunny Days suggested that what was not considered in the new system is the moving part – the SCUs. From the evaluation team perspective, TETs first must close the evaluation in the correct order or all entered information will be lost. She claims the system has taken their skill away. It should not matter how you close a record without the fear of losing what was entered. It impacts the family. The SC should also have the ability to open any IFSP without fear of losing anything. We, in the field, need good electronics. Practitioners are having to use their own data. Delivery of service is suffering and families are not getting what is expected. Assessments cannot be entered. Physical Therapists (PTs) cannot be impersonated. PTs cannot impersonate anyone else, too. These are additional glitches. Evaluation scores need to be transferred by hand because the two applications do not communicate. Connections (WIFI) are not available in some communities and this is not a good experience when you are in the family's home.

**Karen Olunrewajo**, Sunny Days commented about calls to the Help Desk. She has heard from program administrators that when a practitioner calls the Help Desk about an issue, they are told not to call again for the same issues and callers do not always get a resolution to the problem they contacted the Help Desk about.

Sandra Howell responded to Karen's comments stating that was the type of information/feedback needed in order to go back to PCG to address. Getting a person's name, date/time of the call that was made is needed in order for DOH to review the tapes.

**Karen Olunrewajo** also stated she did not want DOH to think there were no problems due to the lack of calls to the Help Desk; people are giving up, throwing up their hands.

Kate Colucci responded that it is so hard to use the EIMS in the home with families. There are multiple issues. At some point you give up. The State has to understand what folks are experiencing. The quality of EI is going down. How can anyone ask practitioners to do all this?

**David Ackerman**, Information Technology Director for Sunny Days stated that one can troubleshoot and make observations, and EIPs can collect ticket numbers are all well intended objectives, however one needs to understand the scope of this. Sunny Days has 1,000

practitioners. The EIP may need to collect, monitor 500 tickets per month. It would be good information, but the onus is put on the agency (even well intended), garbage in, garbage out. No way to maintain it. He recommended that DOH implement their own ticket logging system. In that way, DOH can generate reports and ask PCG questions. If a record cannot close, ask why. Put the onus on PCG as to what tickets are open, why they are not closed and why not.

Michele Safrin commented that screeners (Help Desk) are often given time limits to gather the caller's question and respond.

**David Ackerman** suggested not to have a time limit, but rather ask why a ticket is not closed. Responses should not be open-ended. Tickets have been opened since December. It is impossible for EIPs to monitor. Real time is a problem in the new system. CSC, the old system used, worked. EIPs need to know what they send (claims) in order to be in control of the data. EIPs have lost all control. There are weeks that EIPs cannot download a file. There is no way to tie children from their system to the State, children do not have identification numbers. In his understanding, no other state has been going through what New Jersey is experiencing. He asked if there were other states that are experiencing what NJ is experiencing and in the same capacity?

Sandra informed the Public that Connecticut also uses PCG. Connecticut users stated that the first six months were rocky, however, the system settled and it is fine. There may be another state that utilizes PCG, maybe New Mexico, but not sure. Sandra also informed the SICC community about PCG's internal quality assurance mechanism. It reviews reports and random tapes as a way to monitor the progress of EIMS. Ticket numbers are obtained by callers to PCG, Help Desk.

**David Ackerman**, Sunny Days reported additional issues with EIMS. For example start and end times often disappear.

**Roni Scheuring**, Innovative Intervention spoke to Susan Evans about the same issue and was instructed to call PCG and get a ticket number. Duration of time, no clock, what is the duration of time? Duration versus to and from; 60 minutes seems to be a new glitch, to accommodate the backlogging.

Sandra Howell confirmed EIMS had to drop start and end times to allow the entering of backlogs.

**Roni Scheuring**, Innovative Intervention, understood the change, but wanted to make a point that one change is made to fix an area, but it makes an error in another area.

**Corolla d'Emery**, Sunny Days, stated that EIPs need to be able to match the time service was provided with the SEVs.

**David Ackerman**, Sunny Days, suggested the system keep paper logs as a way to compare to logs for possible data entry errors. Signed paper? Or entered data?

Sandra Howell reported there were errors and/or lack of information on the logs that were submitted on the Excel spreadsheets. But there are opportunities that the data at all levels are entered correctly.

**David Ackerman**, Sunny Days asked if the time 1:00am to 2:00am was entered, would it be a time that DOH would accept? The system needs to do paper logs. David stated the EIP is married to the system and are behind six (6) months. He asked if there was a way for PCG to make the necessary modifications without blowing up another part of the system. He asked if it were possible to have a system like CSC.

**Danielle Cusky**, Catholic Charities, stated that at first many people were excited about the new system. However, she wanted to highlight the experience of the SCUs. She stated they are at the bottom of the barrel. EIPs are at the top so that practitioners get paid. SCs began with an 80-90 caseload but are now operating with up to 130-140 per service coordinator. SCUs are melting down because they cannot keep up the caseload. Passaic SCU is down between six to seven service coordinators and no one seems to want that job. SCs need all the IFSP s to be entered without having to be on the phone with PCG for 40 minutes or when they are at a family's home, already there for an hour and half, trying to conduct an IFSP meeting. It is a bad situation and the SCUs need attention.

**Joyce Salzberg**, Sunny Days, stated that years ago there was a resolution that Service Coordinators would have at most 70 cases. It needs to be looked at by the SICC and advise DOH. In New York, the State is adamant that SCs have no more than 40 caseloads, if they do, they get sited for it. We need to address this as the SICC.

**Pat Lorenzi**, Newark Public Schools, spoke on behalf of the children. She described that the children that are coming to the public preschool program seemed to have more delays and she feels it is because children are not getting the services they need in Early Intervention. She wanted to know if this was connected to EIMS.

**Mary Krupp**, Progressive Steps reported that the verification logs used do not have all the information needed on them. EIPs were told to use verification logs, but not told what type of verification logs to use, however, then later told to use Excel spreadsheets. Then and only then, EIPs were instructed what information was needed on the spreadsheets. The agency took pictures of old verification sheets, but moving forward the EIP will enter log sheets as instructed.

Mary also reported that PCG has not worked in many respects. Children did not migrate from the old system (CSC) to the current one (EIMS); there was trouble entering IFSPs, practitioners

could not log in. Mary stated the State has a five year contract with PCG but asked about PCG's accountability. Previous deadlines came and went, but major crises still occur. She asked how PCG can get paid when the system is still not yet functional. She also inquired if the State can negate the contract with PCG. PCG did not provide what it promised. Mary asked if any other company put in a RFP.

Mary reported that over the past 15 years, EIPs asked for increases but instead received a 5% reduction. Mary stated that the EIPs need the money to function. She asked if DOH will continue to provide advanced funds, because without it, EIPs would need to shut down. Mary thanked DOH for the advancements and asked if they would continue.

Chris Nogami-Engime stated that DOH is prepared for advanced payment number ten (10) scheduled for release next Monday. DOH is monitoring it and plans to continue to provide advances to agencies.

**Mary Krupp**, Progressive Steps replied that she appreciated DOH's efforts and communication on the topic.

Kaitlyn Woolford stated that PCG was given the contract due in part that they were the only responsive bidder. At first, there were two bidders, one of which was unresponsive. PCG did not receive funds until the company became responsive.

**Phil Antman**, comptroller for Sunny Days thanked DOH personnel for meeting with him the week before. Phil asked if the advances were a definitive commitment from DOH for advance payments on a short and long-term basis. He asserted that the EIPs are operating from a deficit. He also asked if at some point (sooner rather than later) for a true reconciliation perspective. In other words, compare the advances DOH provided, what PCG provided to what practitioners entered. Phil stated that there are lots of moving parts happening. EIPs need cash to make commitments to practitioners, employees and vendors. He asked if a definitive date can be established to determine reconciliation of funds received to what practitioners claim.

Sandra Howell stated that she is data driven and did not believe it was time to establish a date at the moment. She wants to first explore and look at claims, advances and all other relevant data. She also wants to monitor and look at reconciliation and also to see where DOH needs to be. Backlogs are such a significant part of the payments and DOH needs to look at this first to ensure that they are entered. Once this is settled, DOH will begin to look at additional data.

**David Ackerman**, Sunny Days asked if the logs sent to DOH on Excel would be imported the following week.

Sandra Howell concurred that it would occur the following week and stated that the cleaner the data comes in the faster it would be imported.

**Carolyn Russo-Azer**, CPNJ, reported that her agency is at 50% for claims and hundreds of thousands of claims cannot be rectified. Logs still cannot all be entered. If IFSPs, Reviews, etc. cannot be or has not yet been entered, practitioners and EIPs cannot enter claims.

Sandra Howell explained that EIMS is a complex system in that one item leads to another, i.e., IFSPs need to be entered so that service logs can be entered.

**Carolyn Russo**, CPNJ, shared that her agency retains a billing company, Sunguard, to track all of the agency's service logs because it provides a more accurate data of all services provided. At this point EIMS does not provide accurate data nor can it be in real-time all the time. CPNJ did not provide tablets for their practitioner, however, the agency pays for the data their practitioners use when utilizing their tablets for EIMS. The EIP's billing specialist continually needs to return to December 1 to see if anything has come in to reconcile. In terms of the EIMS training, Carolyn reported it to be terrible. She suggested that DOH consider training for practitioners especially since there is no training. Carolyn stated that the majority of her time is spent on monitoring the system. She has contacted PCG and was provided a ticket number for the issue her EIP had.

**Maureen Archibald**, Hudson SCHS, stated her unit experienced many challenges utilizing EIMS. She asked if other states have had the same experience. She also inquired on when SCUs can expect annual, exit and LEA reports.

**Alvin Caballero** accountant for TheraNorth asked about Form 99 and if the advancement payments EIPs received would be included. He stated that the SICC Members have heard about EIMS and all the issues they have all encountered by using the new billing system and asked if the SICC Members had taken a vote on EIMS.

**Kate Colucci** responded by stating the SICC has been very involved for advocating for children, providers, SCUs and support the EIPs. SICC Members have met with Jackie Cornell to discuss EIMS.

**Alvin Caballero**, TheraNorth, asked if the SICC has taken an official stand and inquired if the system was worth resuscitating at the expense of the children, EIPs all others involved.

Kate Colucci stated that the SICC has not taken an official vote but can take it into consideration. She asked the Public if there was any other comment (no response). Kate shared that the discussion on Cost Share will be left to another date.

## **SICC Committee Reports**

1. **Administrative/Policy:** Susan Marcario and Channel McDevitt, Co-Chairs, proposed a draft Policy-03, SICC Orientation presentation. Discussions and suggestions were taken into consideration in the development of the training. It will be a two-step orientation comprising of a PowerPoint and handouts that include common Early Intervention (EI) acronyms. Information will be in a binder for each new SICC Member. Information will also be available on the web.

Channel McDevitt requested a vote on the two policies, Policy-06 Parent Stipend and Policy-07, Public Comment. Both were sent out to the SICC Members in advance for review.

Kate Colucci motioned to vote on Policy-06, Parent Stipend and asked if there were any questions. First motion initiated by Michelle Safrin seconded by Joyce Salzberg. Kate Colucci asked again for any questions or discussion and called for a vote in favor of: All

Susan Marcario asked Kate Colucci for clarification on the given time allotted for public comment. In Kate's opening remarks, public comment was allocated for two minutes, however, the Policy has public comments for three minutes. Kate Colucci stated that Public Comments can reflect what is in the Policy (three minutes).

Susan Marcario requested a vote on the policy as written. Kate Colucci motioned to vote on the Policy-07, Public Comment Protocol. Joyce Salzberg had questions related to Policy-07. Kate Colucci asked for discussion. Joyce Salzberg stated that if someone asks a question, the SICC has a responsibility to respond or given comment; SICC is an advisory board. Kate Colucci thanked Joyce for the comment and suggested looking at the document again and deliberate on all the comments under consideration. She stated it may not be likely to have the manpower to respond to all the many things the Public asks, but comments will be reflected in the minutes. The SICC Meeting is a time to discuss the proposal, but changes can be made in November.

Joyce Salzberg stated that the public should receive a response; it is not unusual to do. She is aware of SICC's in other states that allow the public to speak for more than three minutes.

Kate Colucci stated that the SICC appreciates public comment. The SICC Members listen and record all public comments to use to assist DOH. A group of SICC Members are planning to meet with DOH representatives but there is also the question on what authority or power SICC Members have to provide responses.

Joyce Salzberg shared that there already has been a precedent for responses to public comment, however, ABCD Members have stated they have not received a response.

Kate Colucci suggested it could be something to review in November and this will be added to the agenda.

Joseph Holahan stated he remembered this issue. If there was a concern reported by the Public, the SICC responded. If the SICC did not respond, Public Members thought the concern was forgotten. It is something to discuss as to whether the SICC is to take action or not, respond or not.

Kate Colucci asked if it should be reviewed and put on the November agenda.

Susan Marcario asked if the Policy-07, Public Comment (Draft) should be revised.

Kate Colucci stated that the Policy-07 should be revised, however, consideration should also be made to what Joyce Salzberg and Joseph Holahan brought up.

Channel McDevitt shared that there had been a lot of discussion for the parent's stipend in the budget. The unallocated funds were included in the "education" line to allow flexibility of use. Kate Colucci asked for a Motion, Joe Halohan first, Danielle Anderson Thomas seconded the motion.

Joyce Salzberg made a comment that the previous note-taker for the SICC Meeting Minutes, Terry Goeke, was paid for taking the minutes. Susan Marcario stated Carmela Balacco would not get paid for taking and keeping the minutes.

Kate Colucci asked, "All in favor?", "Oppose?" Kaitlyn abstained from the vote, all in favor. Kate Colucci, SICC budget has passed. She thanked Susan Marcario and Channel McDevitt for all their work.

2. **State Systemic Improvement Plan:** Rosemary Brown, Chair reported no update; suspended due to EIMS
3. **Service Delivery:** Joyce Salzberg, Chair reported no update due to EIMS; but will send dates to meet to discuss the directions of EIPs and how to control that and make recommendations
4. **Higher Education:** Kate Colucci, Chair and Kristen Kugelman, NJEIS Personnel Development Coordinator reported their next meeting is scheduled in November. Kristen Kugelman reported on an update. They have a team comprising of an EI practitioner who is affiliated with Kean University, a bilingual Speech Language

Pathologist. They are working on a bilingual guidance document and a draft should be ready in October.

The Higher Education partnership has temporarily been suspended due to EIMS, however, there have been individuals identified to do EI outreach with higher education.

Joyce Salzberg asked what the bilingualism was about.

Kristen Kugelman stated the identified Speech Language Pathologist (SLP) is looking for ways to help practitioners to work more efficiently with families that are monolingual. The SLP has had experience working with populations to address language barriers. Kristen stated she has not yet seen the document.

Kate Colucci asked if there has been an issue related to very young children coming from a monolingual home but hearing another language.

Kristen Kugelman stated more information to follow.

5. **REIC Update:** No Update. The Lead Family Support Coordinators will present on EI Week 2018 at the next SICC Meeting in November and will be the first on the agenda.

**Old Business:** None

**New Business:**

1. The SICC is looking for a new location to hold SICC Meetings. They are looking for a location that is “state” represented as opposed to an “EIP” representation.

Rosemary Browne asked if the change in location was discussed at the retreat, and, if so, what sites were discussed.

Kaitlyn responded that a few locations were discussed and explored including a site in Ewing and the DCF Professional Center in New Brunswick.

Rosemary Browne was concerned about parking at the DCF building in New Brunswick. Asked about parking at the Ewing location.

Kate Colucci stated that one SICC Member could no longer serve if the location was in Ewing due to the distance.



Joyce Salzberg felt that location is important, do not recommend a location that would act as a deterrent for the public to attend and asked about the Middlesex Firehouse or Courthouse as a possible location.

Carmela Balacco stated she would look into the Middlesex Courthouse as a possible venue for the SICC Meetings. Finalizing the location for 2019 meetings will be on the agenda for the November meeting.

Joseph Holahan requested the list of possible locations be sent to the SICC Member.

## 2. SICC Membership

Kate Colucci read a statement from Jackie Cornell, Deputy Health Commissioner in regard to recruitment of new members for the SICC. There are several vacancies that need to be filled including parent members. Both Rachel Badalamenti and Steve Weiss will be resigning as their children are now 13 years of age. The SICC also needs legislative, EIP and DOE member(s). Any interested person who would like to become an SICC Member needs to submit a cover letter and resume to [Maria.De.Cid-Kosso@doh.nj.gov](mailto:Maria.De.Cid-Kosso@doh.nj.gov) who will facilitate the process. Anyone who had submitted a request in the past will need to resubmit their intention.

3. Kaitlyn Woolford announced she will no longer be serving on the SICC Committee, however, Sandra Howell, will be attending future meetings.

**Adjournment:** 1:59pm upon motion by Kate Colucci, seconded by Joyce Salzberg and unanimously carried.