



**Friday, November 20, 2020
ZOOM Meeting Platform**

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

A regular public meeting of the New Jersey State Interagency Coordinating Council (SICC) was held on Friday, November 20, 2020. Due to COVID-19 pandemic, the meeting was held via ZOOM meeting platform. The meeting was called to order at 11:06 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 name in the chat box. Joyce read the Welcome Statement.

Introductions – Joyce Salzberg introduced herself followed by a special welcome to the newly appointed SICC members. Introductions continued with current and new SICC members and DOH representatives. Joyce Salzberg shared the unfortunate news of the passing of Terry Godke, former SICC Board Secretary, earlier in the month.

Approval of Minutes – Motion from Joyce Salzberg to approve November 20, 2020 meeting minutes. Chanell McDevitt moved and Joe Holahan seconded it. Chanell McDevitt requested the expiration date of the State Systemic Improvement Plan change from April 2020 to April 2021. Chanell also asked for clarification that ECTA would indeed include NJEIS as part of the cohort. Susan Evans clarified that NJEIS is expected to be a part of the cohort. Kim Peto and new SICC members abstained, meeting minutes approved.

SICC Member Updates:

- Kate Colucci announced the ICDL conference ([Home of DIRFloortime® \(Floortime\) \(icdl.com\)](https://www.icdl.com)) that is going on through the month of November. She explained that it is an outstanding international conference that offers many presentations that relate directly to New Jersey Early Intervention System (NJEIS) interdisciplinary personnel as well as administrative and supervisory support. She asked for Early Intervention Providers (EIPs) to notify their practitioners about the opportunity. It costs \$75 to access an entire month and the ability to view videos at any time. Kate shared titles such as, *The Impact of Sensory Integration on Attachment, Prelinguistic Competence and Professional Formation* by Gerry Costa [Montclair State University] on how we are teaching and learning about infant mental health. Kate mentioned there is a big paradigm shift that now includes looking at the developmental, relational and neurobiological approaches especially when working with families and children with autism.

Joyce Salzberg asked Kate Colucci if the organization provided CEUs.

Kate Colucci responded that if a someone attends a live course, they would receive a CEU. For more information, visit <https://www.icdl.com>.

- Joyce Salzberg provided an update. She had been one of four women that served on a panel for women’s business collaborative which is a national organization for women CEOs and entrepreneurs. Joyce had the opportunity to highlight telehealth services in early intervention (EI) in New Jersey. The physicians in attendance did not seem to be a big fan of telehealth. Nonetheless, Joyce promoted Early Intervention (EI) at the conference.
- Susan Evans reported that the ARC of New Jersey has started a podcast series on EI. She was their first guest in November in their series. The ARC plans to do a monthly series with different representatives from EI. The link is as follows: [https://www.thearcfamilyinstitute.org/what we d-/podcasts.html](https://www.thearcfamilyinstitute.org/what_we_d-/podcasts.html)
- Corinne Catalano shared a website, [NJETA](#). It was a project that was developed with the New Jersey Department of Education (NJDOE). Due to COVID-19, they developed resources and added it to the website. Montclair State University (MSU) focuses on early childhood and developed several webinars. An important webinar discusses stress and the impact on children, families and teachers which also includes stressors that are relevant to COVID-19. They also developed Padlets (a resource that helps organize lots of resources). Both are on the website under “resources”. Corinne also announced that New Jersey is the first State that provides a new Medicaid benefit that is being referred to as *DIR benefit*. It is new and they are in the process of figuring out, i.e., what it means and how it applies to licensed practitioners and relevant disciplines. More information to follow.

SICC Standing & Ad Hoc Committees:

1. **Administrative/Policy** – Chanell McDevitt, Chair and her committee met to discuss the Administrative Assistant position. Susan Marcario was able to retain Carmela Balacco for the position. It made a slight change in the budget; the change is in the hourly rate. The budget is on the table for the 2nd, 3rd and 4th quarters of this fiscal year. Everyone should have a copy of the proposed budget. It can be voted on now or at the next SICC meeting in January. Changes to the budget can be made at any time and is important to note, that the budget is rarely used up.

Joyce Salzberg asked why the liability insurance is low and if the SICC is covered.

Susan Marcario responded that the SICC is covered and the liability insurance seems low due to it is a proportionate amount to the Family Link REIC budget and that is why it seems low.

Joyce Salzberg asked the SICC committee if they wanted to vote on the budget and wondered if the new members felt comfortable doing so at this time.

Chanell stated that her committee plans to provide an orientation to the new members before the next SICC meeting. The Administrative Committee plans to meet to discuss and review the orientation and make appropriate changes.

Joyce suggested to vote on the budget at the next SICC meeting in January to provide the new members the opportunity to become acquainted with their roles and responsibilities as SICC members.

Joe Holahan agreed with Joyce Salzberg to provide the new SICC members the opportunity to receive the orientation before voting.

Joyce Salzberg stated it would be good for the new members to get better acquainted with the SICC and learn how members advise and assist the Department of Health (DOH), how meetings are conducted and other related items.

Chanell McDevitt stated she will bring the budget to the next SICC meeting for members to vote on. Chanell also mentioned that there the SICC typically provides mentorships to the newly appointed SICC members and the Chair could assign mentors. The Administrative/Policy Committee can assume that responsibility and secure volunteer mentors if that is what the Chair prefers.

Joyce Salzberg asked that the Administrative/Policy Committee secure mentors and assign to the newly appointed SICC members. Joyce mentioned that the orientation will be important and valuable to the new members.

ACTION: VOTE ON BUDGET ON JANUARY 22, 2020 SICC MEETING.

2. **Service Delivery** – Joyce Salzberg, Chair, reviewed partial discussions from the last SICC meeting in September. There were several recommendations that the Service Delivery Committee developed for the DOH. The SICC members reviewed the recommendations and provided feedback as follows. The first one, the general rate increase of \$10 for telehealth was removed. #7 recommended that EIPs receive some reimbursement (50%) for family no-shows (including telehealth sessions). The recommendations were as follows:

- 1) Agencies continue to receive the same reimbursement rate for services provided for telehealth as in-home services;
- 2) (Formerly #7) Agencies receive reimbursement for scheduled and confirmed sessions that resulted in a “no show”; i.e., family did not provide notice and was not available for the scheduled session (virtually or in-person):
 - Because of the frequency of this, it creates a loss of revenue for the practitioner as well as the providing agency

- Suggestion is reimbursement for 30 minutes of the hour (50%)

Joyce Salzberg asked the SICC members for a vote, new members can abstain.

Susan Evans suggested people vote on the first recommendation, then on the second.

Joyce Salzberg motioned to vote on #1 as a recommendation to DOH. Michele Christopoulos motioned to accept it as a recommendation, Kim Peto second it. Sandra Howell abstained. Motion passed.

Joyce Salzberg motioned to vote on #2 recommendation to DOH. Kate Colucci motioned to accept it as a recommendation, Michele Christopoulos second it. Sandra Howell abstained. Motion passed.

Joyce Salzberg reminded that SICC members are only to advise and assist DOH; DOH considers recommendations, but does not mean they accept them.

Joyce Salzberg continued with her Service Delivery report. The committee met twice (October 15th and November 12th). She thanked the committee for their hard work and dedication. During the October 15th meeting the group discussed developing a telehealth survey. But before helping to develop policy and procedure on telehealth, more information and data was needed before moving forward. Dan Heitener, Cynthia Newman, Kaley Myer and Jen Blanchett have worked on developing a survey.

The DOH issues an annual survey to families but it does not include questions on telehealth. Joyce Salzberg stated a more comprehensive survey for both practitioners and families is needed on telehealth. Due to COVID-19, telehealth emerged as a way to provide services to families in EI. Anecdotal information indicates that both families and practitioners are apprehensive of in-home services. Information about families and practitioners' feelings about in-home services need to be added to the telehealth survey. Cynthia Newman is leading the committee on the development of the practitioner survey and added personal questions about how they feel about COVID-19. Joyce asked if the SICC committee members received a copy of the practitioner survey. The survey may seem daunting but when completed the survey is only about 10 minutes long to take.

The committee is looking at the financial aspect of telehealth; services have dropped dramatically since COVID-19. Some EIPs reported up to a 40% loss of their business. Joyce shared how she was not sure how smaller agencies are surviving. Regardless of whether the EIP is for profit or nonprofit, it has affected all businesses.

There were many unforeseen challenges due to the virus. All are trying to help families understand the Telehealth model of delivering EI services. At the same time, build on what is working with Telehealth. Families, at this time, are very stressed due to COVID-19, working from home, need to home school children, and many other stress factors. The stresses are impacting families and prevents them having the time to receive EI services; it does not seem to be a priority at this time.

Initially, there were many rules and regulations on telehealth services, however, the virus has propelled the system to implement telehealth. The system needs to figure out how to move forward without barriers for all disciplines.

Per Susan Evans, the annual survey that goes to families is required by Indicator 4 of the Annual Performance Report. It is a professionally designed survey that has a specific purpose. Any surveys to families would be over and above this regularly required data-required survey.

Kate Colucci asked Joyce Salzberg if the [family] survey was completed and sent out or if she is asking the SICC members to review it prior to it being sent out.

Joyce Salzberg responded that the Service Delivery Committee was hoping DOH would merge the survey along with what the State would be sending out in the near future.

Kate Colucci asked if the subcommittee is providing the State a recommendation for the survey on getting additional information on telehealth.

Joyce Salzberg responded yes, but also if the State would include or merge the survey the group had created with the one the State sends out.

Susan Evans reported that the Family Survey (Indicator 4) is an annual performance report and a standard survey. Survey questions address three questions, “Did Early Intervention help you help you children develop and learn, effectively communicate your child’s needs and know your rights as part of Federal requirements. The request to DOH for the survey was presented by Cynthia Newman. However, DOH already uses the required survey for Federal reporting that needs to go out. DOH wanted to be cognizant of how many surveys families are receiving at the same time and wanted to avoid confusing families.

Joyce Salzberg asked Susan Evans when the survey was sent to families.

Susan Evans responded that the survey was sent out late September, early October. The topic can be revisited by the subcommittee. However, Kate Colucci raised a good point. The question is whether or not the subcommittee intended to bring the survey to the SICC to review the questions. Susan also suggested that any questions related to COVID-19 be removed, especially if the data needed is develop long-term policies on telehealth.

Joyce Salzberg concurred with Susan Evan’s comments. The subcommittee can tease out the COVID-19 aspects in the survey. In November, the subcommittee discussed the first time a family hears about telehealth is with their service coordinator (SC). The subcommittee is hoping that the SCs receive more training on telehealth, whether it is through the State or at the REIC level. It is a good idea to providing SCs the opportunity to observe practitioners providing telehealth (with the family’s consent) so they have a better understanding of how telehealth services are provided. The SCs will then be able

to describe and share with families what to expect during a telehealth session. As of now, many families think telehealth is second best in receiving services and not a good option of receiving EI services. Telehealth services is a good methodology and the intent is to educate families about it. Families will be in a better place to make a decision once they have the information.

Kate Colucci asked for clarification; she asked Joyce Salzberg about the process. Is Joyce providing a summary on what the subcommittee is working on or is she listing recommendations. Kate is looking for a summary of what the subcommittee worked on and what the recommendations are.

Joyce Salzberg responded and stated that the subcommittee did develop a survey. There are many EIPs on the subcommittee and they have provided a good sampling of what is happening in the field. Joyce was providing background to what had been discussed that can eventually turn into a recommendation to DOH. What became clear, was that more training is needed for practitioners and SCs.

Kate Colucci commented that there are many issues discussed and she is looking for a summary of the recommendations so as SICC members can discuss and decide on.

Joyce Salzberg responded that typically she gives a synopsis but felt it was important to delve into the topic a little more due to the current pandemic and how it has impacted everyone in EI. Practitioners are fearful to provide services in the family's home, while others are ok, same with families. There are controversies surrounding telehealth and there are no easy answers.

ACTION: SERVICE DELIVERY COMMITTEE PROVIDE A LIST OF RECOMMENDATIONS AND A COPY OF THE SURVEY FOR SICC MEMBERS TO REVIEW AND DISCUSS.

Corinne Catalano stated that on one of the projects they (folks at MSU) had to jump into the moment, and seize the moment quickly because you are not sure how long you will be in it. Doing surveys and research cannot drag out because the information and data are needed now. Corinne stated that the word "methodology" was used for telehealth but she thought it may be better to refer to it as the "medium". It has been the medium of service delivery that has been changed and that more expertise is needed in using that type of platform. How services are provided as opposed to change in service. It is something to be aware of when creating surveys for families or practitioners.

Joyce Salzberg stated that the group had discussed language and the subcommittee came up with the word "method" in describing the needs of practitioners in telehealth. Joyce mentioned that currently there are no data on telehealth in EI. She believes it would be a great topic for a doctoral student.

Corinne Catalano responded that they do have a doctoral student that is collecting telehealth data. Corinne agreed with Joyce Salzberg that there is not a lot of research on telehealth. There is some data on remote services for families living in rural areas.

Nicole Edwards asked if it were possible that the family surveys that were sent out in late September/early October can capture COVID-19 related data, i.e., stressors, etc.

Susan Evans responded that the [responses] to the survey is open until the end of November. The survey does not include questions related to telehealth or COVID-19. The survey is an annual one with questions connected to Indicator 4, which is a Federal requirement. There was some discussion at the national level as to whether or not to add additional questions to the survey; however, no changes were made to the survey. There will be a position soon to dig into the data from a research perspective.

Nicole Edwards asked if there was a way to discern who completed the survey, i.e., from a demographic perspective.

Susan Evans responded that the data collected includes demographic information. The methodology that is used for that survey can be found on the Department of Health website, Indicator 4, Family Outcomes. Data is collected by region. The same survey questions are used each year and the data can be compared annually.

ACTION: TO VIEW NJEIS DATA AND SPECIFICALLY INDICATOR 4, VISIT: [Department of Health | Early Intervention | NJEIS Data](#)

Kim Peto shared that two families reported to her that they received the survey and they did not want to complete it because they did not want to be negative, because of issues related to COVID-19. For example, families were on “standby” for services. COVID-19 has impacted families and EI, and therefore the survey. Kim stated she is interested in learning what families’ responses have been.

Susan Evans stated that in January, the survey data will be reviewed and it will be noted whether there had been any slippage (compared to last year). If there was any slippage, the Department develops a hypothesis (due to the slippage) and provide that information to the Office of Special Education Programs (OSEP). In other words, if there are major changes in the results the Department needs to let OSEP know why there were changes (in the data). During the SICC meeting in January, the specifics will be provided.

Kim Peto stated that the word “methodology” is on the [NJEIS] Service Pages and probably the reason why telehealth is referred to as a methodology.

Corinne Catalano asked if the “survey” being discussed is for practitioners.

Susan Evans explained that the survey Joyce Salzberg was referencing is for practitioners which was developed by the Service Delivery subcommittee and questions did include COVID-19. The survey she [Susan Evans] was discussing was the family survey that

comes from DOH. They are also working on another practitioner survey that addresses their use of technology. It is both, the clinical and technology pieces for practitioners. The Professional Development Coordinator is researching to see what some of the technical issues practitioners have been navigating under these uncharted waters.

Joyce Salzberg related that it could also apply to families; not every family knows how to access and use technology. The subcommittee also developed a survey for families, which has not yet been sent out.

Susan Evans asked Joyce Salzberg if the subcommittee developed any recommendations.

Joyce Salzberg stated there was a recommendation that was provided to the Department in November of the many issues that EIPs and practitioners experience with in-home sessions. The committee would like to recommend that the Department have a point person for EIPs and SCUs to send information related to COVID-19. The data would include the number of staff or families that need to be quarantined and positive COVID-19 cases, provided by the EIPs. The data collected could be reported on a weekly basis. If an agency does not have any information to report, then there would be no need to send anything to the Department. Joyce believes that the Department is already addressing this data collection. [Susan Evans provided a “thumbs up” response]. Joyce stated that this data collection is the Service Committee’s recommendation and the Department is already addressing it. Carmela Balacco has the meeting minutes on file.

3. **Higher Education** – Kate Colucci, Chair reported that the Higher Education subcommittee had been working together for a couple of years. Initially, the group started out wanting to make recommendations to both EIPs and DOH about forming clinical affiliations with University partners. The subcommittee had also examined a mentorship program between students and EI practitioners. However, the State was not yet ready to move in that direction. Kristen Kugelman (DOH) and who is also on the subcommittee, asked the group to look specifically into creating an infographic that could be sent to university partners as well as materials that would accompany the infographic. The subcommittee created an infographic and Kate asked the SICC Committee to review it. Kate noted that the website it is linked to may need to be changed. The subcommittee will continue to meet monthly to discuss the materials that can be sent along to the university partners. The purpose of the infographic was to provide basic information and facts about EI and to get students interested in EI. Kate asked the SICC members for their feedback and comments on the Infographic.

Kim Peto stated that the Infographic is eye-catching and to the point. She suggested to define *Developmental Intervention* (DI); it is a term that is used within NJEIS and she was not sure if people outside of EI would understand it. The Federal definition is a bit clearer, DI is referred to as *Special Instruction*. A lay person will understand Special Instruction a bit more than DI.

Kate Colucci thanked Kim Peto for her input. The subcommittee will meet again in December and will discuss it.

Joyce Salzberg asked Kate Colucci where the infographic will be distributed.

Kate Colucci responded it will be sent to higher education partners such as colleges and universities.

Joyce Salzberg asked if they could also be sent to Temple University; she wants students to know that these are professions that impact children's and families' lives and make a real difference.

Kate Colucci stated that the infographic can be sent to Temple University. Kate asked for additional feedback.

Nichole Edwards commented that the Infographic is great. She recommended that the Infographic include *birth to three*, infants and toddlers so that it is more obvious in the poster. Her college students think that first grade is early intervention.

Sandra Howell informed Kate Colucci that NJEIS has a new logo and she may want to revise the infographic to include it. She also suggested tweaking the layout and lining up the pictures. Sandra suggested to bold "professional careers" and to put it somewhere on the top of the infographic. She believes people want to make a difference in children's lives, but if the infographic is targeting careers, it should be reflective of that.

Virginia (Ginny) Lynn, stated that where it says, "For more information, apply now...", to be more specific, i.e., what is the student applying for.

Kate Colucci agreed with the suggested comments and will review with the subcommittee. She mentioned that the infographic is meant to entice and increase the interest of college students to the EI field.

Sandra Howell suggested that if the infographic is being sent to colleges and universities to increase interest of college students to the EI field, the colleges and universities can add a personal blurb about where the student can get more information about professions in [EI] fields such as becoming a physical therapist.

Kate Colucci stated that could be a good idea for undergraduates, but there may be graduate students in their selected field, such as Physical Therapy, and that student may not know all they can do in that career, including EI.

Corinne Catalano stated that teacher preparation program at MSU is geared toward P-3 and does not include birth to three. The numbers at MSU for teacher prep is significantly down. The State puts money into preschool expansion and that is where the jobs are. But if you ask a student in the teacher preparation programs about EI, they are not aware of it. It is a good idea to let them know about the birth to 3 (EI) and there are jobs in that field.

Joyce Salzberg concurred with Corinne Catalano. She stated that it was never hard to get a job as ST, OT, PT and SE, they are in high demand. It is a great career, and she believes that is what needs to be sold. *You will get a job.*

Sandra Howell stated that many colleges and universities ask students what is their major as opposed to what might your career be and what your job title will be. She suggested looking at the nursing careers and their posters.

Joyce Salzberg stated that the EI profession is mostly women. She believes that it is a field important for men, too. They have a lot to add. It is important for gender equity.

Nicole Edwards stated that Rowan University has K-12 programs and a program called, Project Impact, to draw more males into the field. Many faculty do not have Part C background or experience. Having someone on faculty with that background, experience and passion with EI is important.

Sandra Howell suggested creating infographics geared toward a particular school, i.e., speech therapy, etc.

Kate Colucci thanked everyone for their wonderful feedback. She will work on discussing them with the subcommittee.

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

Note: The report from the Department of Health (DOH) will be provided to Carmela Balacco. The report is kept on file. The Department provides an update at each SICC meeting.

General Information

- NJEIS now has a new logo. It was developed with the help of Karen Louis, the Family Support Specialist of Midjersey Cares REIC.
- The new SICC members were welcomed! New members will receive an orientation and support. She informed the new members should they have any questions to contact her [Susan Evans], Joyce Salzberg, Acting Chair, or any other SICC member. The SICC meet every other month (January, March, May, July, September and November). July is a scheduled retreat or public meeting. Typically, meetings are held in-person, but currently during COVID, meetings have been virtual. Should meetings resume in-person, they will most likely be held at the new DOH building in Trenton; it has a large meeting room. It may be the best place to have future meetings. It will be a discussion for the council in the future.
- On November 29th, it will be the 45th anniversary of Individuals with Disabilities Education Act (IDEA).

NJEIS - DOH to SICC Report:

Part C Administration: Office on Special Education Programs (OSEP)

1. **OSEP:** States are in the process of preparing data for the February 1, 2020 Annual Performance Report (APR) submission. This is the last APR based on the current State Performance Plan (SPP). The state will need to convene stakeholders in 2021 to rewrite and submit a new SPP. This January SICC meeting will need to have the review of the APR and certification by the SICC.
2. **OSEP:** The federal office announced that they will be reviewing all public documents for Part C and B programs that indicate the State's response to COVID-19. The purpose is to ensure compliance with IDEA and to provide technical assistance and/or corrective action if States are out of compliance with the flexibilities provided by OSEP.

In the Fall, the Department received notice from OSEP that they will be reviewing public documents that had gone out on Part C (Early Intervention) and Part B (Special Education) in response to COVID-19. OSEP is looking to monitor and audit and assure that decisions States have made in response to COVID-19 did not violate tenets of I.D.E.A. OSEP will most likely be reviewing Part B and their transition process, children that did not receive services according to their IEP. For Part C, DOH has been notifying key stakeholders to ensure they obtain written consent from families. That may be an area where OSEP may find NJEIS out of compliance; should that occur, OSEP will notify NJEIS.

3. **SSIP:** The work of the State Systemic Improvement Plan (SSIP) continues to be moved forward through the area of professional development. The DOH has maintained and expanded the partnership between MSU and targeted EIPS and SCUs to focus on evidence-based practices. Goal is to continue work on improving Social-Emotional development [for children in EI]. NJEIS partnered with MSU and provider agencies such as Ladacin, St. John of God, Ladacin, and Summit Speech School to work on some evidence-based components. The SSIP was initially a six-year plan that will be expiring. OSEP has moved the submission date of the SSIP from April to February beginning in 2022. The APR and SSIP will be submitted in February.
4. **Federal Reporting:** DOH submitted 2 required federal reports on November 4, 2020. The Data Analysts at each REIC participated in federal TA sessions on exiting reporting and will have an active role in working on the data quality of the Exiting report and reason on a monthly basis.

NOTE: Susan Evans shared a graph that demonstrated the spike in Service Coordination services between March 20 and April 20th. SCs put additional 25,000 hours of work during that period of time. Susan thanked SC for going over and beyond what they typically provide.

Part C Administration: State Updates

1. **In person services:** Resumed with safety protocols on September 1. All NJEIS personnel interacting with families in-person are required to complete the safety protocols determined by DOH and as presented in the safety training. DOH maintains a list of all NJEIS personnel who have completed the training, and informs the EIPs, and

SCUs of their staff status. Approximately 43% of services weekly are being provided in-home settings. The DOH is enacting a Zero Tolerance policy for staff who have not provided their attestation to follow the prescribed safety protocols. Services [provided] Data chart showed that services provided in-home in September was at 32% and increased to 44% in November.

2. **National TA:** The DOH applied for and was accepted to participate in a 5-part webinar series offered by ECTA on expanding Medicaid and private insurance funding. The webinar series provided guidance on identifying important stakeholders that would assist in championing our cause, the importance of building relationships with our Medicaid office and stakeholders and advocates, and how to utilize data regarding Medicaid claims to support the need to expand on funding. The webinar series also focused on how building the foundational requirements for Medicaid funding would naturally pave the foundation for expanding into private insurance funding.
3. **Data Vendor:** DOH has completed and submitted new requirements gathering to develop a framework for issuing a new RFP for a data system vendor.
4. **PCG:** DOH leadership continues to meet monthly with the leadership of PCG on issues related to the operations between the State and PCG. DOH will provide training for the technical staff of PCG on December 4th in anticipation of furthering their understanding of the implications for NJEIS when issues arise. There are three individuals on the professional team to work with PCG when issues arrive.

Comments:

Joyce Salzberg stated she hoped there will be additional bidders. PCG should not be rewarded [with a renewed contract] for what they had done to the Program. She stated the transition to PCG was almost as painful as the pandemic.

Sandra Howell reminded everyone that the contract decision is made by the Office of the Treasury.

Susan Evans explained that the transition between the old vendor to the current billing vendor was long and arduous. When the contract with PCG gets close to expiring, the Department will put the bid out. Interested vendors will prepare and submit proposals and another department makes the final decision on who will be awarded the contract.

5. **Family Suspensions:** PCG and DOH are in the process of testing the procedures for returning to the suspension of family's participation in NJEIS for non-payment. The process for billing and suspension (part of system of payment), and has not been implemented, and no target date yet to implement.
6. **Explanation of Benefits (EOB):** The Department worked with the SICC workgroup to revise the EI billing statement to contain pertinent and required information for families to seek successful reimbursement. Channel McDevitt and the Administrative/Policy subcommittee got together and revised the EI billing statement to include what is

required in order for families to submit claims to their insurance companies. DOH is currently working with PCG to implement the needed changes. PCG sent it to their vendor (who does the EOB portion of the billing); from there the modifications will be tested and implemented by the first of the year.

7. **Rate Study:** A draft of the Scope of Work has been created and is under internal review. The DOH plans to engage a vendor from the state approved vendor list to carry out the rate study, eliminating the need for a competitive process for vendor selection. The Scope of Work includes among other areas: consideration of Telehealth, BCBA's, evaluation services, changes in labor laws, a focus on service provision based on evidence-based practices.
8. **Referrals:** Data on referrals through the end of October 2020 has been climbing back to the typical referral rate. The REICs have worked with DOH to streamline some of their internal referral procedures where needed. Regions have worked with the DOH to rework their internal process on referrals. Looked at their process, who was called and who was called back and to make it more automated.
9. **Procedural Safeguards Office (PSO):** There have been no formal dispute requests received during this time period and no formal dispute requests on billing complaints. For Fraud, Waste and Abuse, there have been no alleged issues received by the PSO during this time period. In terms of COVID-19 Compensatory Service Request, between September through November 7th, there was 7,778 compensatory hours for families of children who turned three and missed services due to COVID-19. This number is reducing.

Comments:

Joyce Salzberg asked if there was any information about family cost share and what was collected.

Susan Evans responded that the data for that information was not available at that time.

Joyce Salzberg requested for that information to be sent to the SICC members. Joyce stated that typically by this time, there would have been about \$3.5 million collected. Joyce also asked if there was any way to move the possibility for reimbursement [for damages] along at the Office of the Treasury.

ACTION: FAMILY COST SHARE COLLECTED TO DATE.

Sandra Howell commented there had been several memos sent to the Commissioner that included EIP damages in their February complaint. The conversations had halted due to COVID-19. There were several reminder memos sent to verify that EIP damages would be included. Once the complaint goes to the Office of the Treasury, it is in that office's hands. Sandra is still working on getting a response about the EIP damages. A memo had gone out requesting a letter to be sent out on where it is in the process.

Susan Evans stated that they had been working to get members appointed to the SICC.

Joyce Salzberg stated she had written a letter to Dr. David Adinaro but was not sure if that made a difference.

Sandra Howell commented that they had not met with Dr. Adinaro, but met with Lisa Asare, Assistant Commissioner. A weekly update is provided to Lisa so that she is apprised of EI.

Kate Colucci [who had been working on getting individuals appointed to the SICC for years] was appreciative of the work that Joyce Salzberg did to get new members appointed to the SICC.

Joyce Salzberg inquired about the budget.

Sandra Howell responded that for FY2022, she received guidance that there will not be any budget change in 2022 (from 2021). Sandra had been working on creating a document that includes what the successes and challenges have been and what the budget needs would be. She included funds for a potential rate increase. The last rate study was conducted in 2008, and Sandra is erring on the side of rates getting increased not decreased. Susan Evans is working on the plan forward for the new Letter of Agreement (LOA), but the rate study is needed first. Our current budget was decreased by \$4 million in the State appropriations, however, if more funds are needed, they can request it. The data on the number of children in EI (birth registry, case management) are reviewed on a frequent basis to look at the data including the birth rate to help anticipate the number of children in EI that will be served. COVID-19 may impact the birth rate; they are monitoring the data.

Joyce Salzberg mentioned an article in the Wall Street Journal that the birth rate dropped due to COVID-19 and the weaker job prospects point to fewer births.

Sandra stated that you will see a rise in births from March and nine months out, which happens whenever you have a sporadic event, such as Super Storm Sandy. If those issues are not resolved and you have economic issues, then it will impact the birth rate negatively.

Sandra also has a project that her team is working on between any impact between COVID-19 and pregnancy and its outcome on babies. They have a grant from CDC to have a 6-month follow-up with the families. To date, they have not seen any adverse effects due to COVID-19 at this time. It is anticipated that there will be a decrease in births [due to COVID-19]; however, a decrease in births does not always mean a decrease in number of children in EI.

New Business:

1. **REICs** – Karen Louis, MJC, thanked various stakeholders for the development and update of the Overview of Early Intervention PowerPoint. It is stored on Google Drive that all the Family Support Specialists have access to. Some of the changes include the ways EI services are currently provided (in-person, virtually and center-based).

Comment:

Kate Colucci asked if the slides can be shared.

Carmela Balacco stated that a list of acronyms can be found on the Family Matters website. In the past, the PowerPoint was not shared (emailed) to anyone. Susan Evans will need to determine if the Overview of EI slides can be shared.

Channel McDevitt asked if the list of acronyms be emailed to the new SICC members.

Carmela Balacco stated that she will provide her with the list of acronyms and anything else she needed for the orientation (to the new members).

Kate Colucci stated that the slides contained good information and it would help her subcommittee, without having to reinvent the wheel.

Susan Evans commented that they need to have a version control statewide and to have a set deck to pull particular slides when needed. Data is needed to track when, who used the PowerPoint for reporting. It is more than having it available.

Nicole Edwards stated it would be good to share to healthcare providers (child find).

Cynthia Newman stated the PowerPoint was presented to the American Academy of Pediatrics (AAP).

Old Business:

1. SICC Membership

Kate Colucci mentioned that more parent representation is needed on the SICC. She stated that there were many parent resumes forwarded and there are parents wanting to serve on the SICC.

Joyce Salzberg stated that the SICC technically should be comprised of 50% parents. She, too, had forwarded several resumes and is not sure what happened.

2. Meeting location – continue to meet virtually

Public Comment:

1. David Holmes, ABCD congratulated and welcomed the new SICC members. He looks forward to having conversations on the critical issues all have been dealing with. He thanked Joyce Salzberg, Sandra Howell and Susan Evans for working on getting the new SICC members. He also wanted to reiterate the importance of the EIPs seeking damages

due to PCG. David emphatically emphasized how important it is that the Commissioner and the Office of the Treasury understand how [PCG] impacted EIPs. It was a disaster and the EIPs suffered a great deal. David also asked if there would be additional funds for Personal Protective Equipment (PPE). David also wanted to acknowledge and was appreciative of the listening sessions Susan Evans has provided in getting input from the stakeholders and stated it was extremely important. Lastly, he wanted to reiterate that the EIPs have not had an increase in 15 years and in fact got a 5% decrease. It is the first time the DOH was interested and supportive of a rate increase and has brought it to the Governor's office. He feels hopeful and ABCD will continue to push hard for the rate increase.

Meeting adjourned at 1:36pm. On motion of Joe Holahan, second by Michele Christopoulos.