



**Friday, September 24, 2021
Meeting Minutes
ZOOM Meeting Platform**

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

A regular public meeting of the New Jersey State Interagency Coordinating Council (SICC) was held on Friday, September 24, 2021. Due to COVID-19 pandemic, the meeting was held via ZOOM meeting platform. The meeting was called to order at 9:30a.m. by Joyce Salzberg, Acting Chair. A quorum was declared.

Attendance:

- Maintained by the Department of Health

Welcome

- Joyce Salzberg welcomed attendees and read the Welcome Statement

Introductions

- SICC members and DOH representatives were introduced.
- Public members signed their attendance through the chat box.

Approval of Minutes

- The chair, Ms. Salzberg motioned to approve the May 21, 2021, meeting minutes.
- The minutes were approved without changes.

SICC Member Updates:

- No Updates.

Review and approval of State Performance Plan Indicators 2,5,6:

- Vote needed to approve proposed Targets for selected indicators.
- Steering Committee members have been working on the State Performance Plan.
 - Required from each Part C program to be submitted to OSEP in February 2022.
 - OSEP are the Federal Funders for Part C and require a 5–6-year State Performance Plan.
 - State Performance Plan consists of 11 Indicators.
 - Need to report to OSEP performance on all 11 Indicators as well as future targets.
 - Focus currently is on Indicators 2, 5, and 6.
 - NJDOH Monitoring Team in conjunction with other stakeholder members wanted to be more aggressive, but realistic in setting these targets.

- Other stakeholders were involved in the process to form a diverse group.
 - Sub-committees were created to look at each of the three indicators.
- Need the SICC to look at the work of the sub-committee and approve the targets.
- Patty Green, Robyn Bruton, and Dr. Usha Ramachandran presented the targets.
 - Patty Green and Robyn Bruton are both Monitoring Coordinators for the DOH.
 - Dr. Usha Ramachandran is the Associate Professor of Pediatrics at Rutgers Robert Wood Johnson Medical School, Associate Director of the South Asian Total Health Initiative, Medical Director for Reach Out and Read NJ, and an Early Childhood Champion for NJ Chapter for the American Academy of Pediatrics
 - Very vested stakeholder.
 - Indicator 2: Services in Natural Environments.
 - This indicator is based on the percentage of children with IFSPs who primarily receive their early intervention services in the home or community-based settings.
 - COVID-19 most greatly affected the number of children receiving services in the community for 2020.
 - Due to this the target set is slightly conservative for FFY 2020 and then steadily increased through FFY 2025.
 - Target set at 99.3% for FFY 2020, steadily increasing to 99.8% by FFY 2025.
 - Indicator 5: Child Find (Birth to One)
 - This indicator is based on the percentage of children age birth to 1 in NJ with an IFSP.
 - NJ numbers for this indicator are generally well below the national average.
 - Goal here was to be more ambitious as NJ has struggled in this area, but to also set realistic and attainable goals.
 - 0-1 age referrals would primarily come from healthcare settings.
 - There is a 9-month medical screening for children which is typically when any issues or delays might first be noticed.
 - The result is referrals to then IFSPs typically not occurring until after the child is 1.
 - COVID-19 has also affected the number of visits to the pediatrician.
 - Due to the factors stated above, the target remained the same at .67% for FFY 2020, as it was for FFY 2019.
 - The target then steadily increased to .75% for FFY 2025.
 - On the SICC there is a committee for Family Support and the child find for birth to 1 will be a priority.
 - Indicator 6: Child Find (Birth to Three)
 - This indicator is based on the percentage of children age birth to 3 in NJ who have an IFSP.

- NJ numbers for this indicator are generally above the national average.
- COVID-19 implications were taken into consideration when setting the early targets.
- The target was set at 3.4% for FFY 2020 and then steadily increased to 4.0% for FFY 2025.

State Performance Plan Indicator 2: Services in Natural Environments

Ms. Salzberg wanted to clarify that telehealth is considered a natural environment. Ms. Evans confirmed that telehealth is considered a natural environment. Natural environment is considered where the child is, so if the child is at home and receiving services via telehealth, this would be considered a natural environment.

Ms. Salzberg recommended to accept the targets for Indicator 2 as were presented by the stakeholders.

Motion

Ms. Colucci motioned to approve as presented. Ms. Hinnigan-Cohen seconded the motion.

Discussion

No discussion needed.

Action

The members in attendance voted unanimously in favor of the targets for Indicator 2 as presented by the stakeholders. Ms. Howell abstained from voting.

State Performance Plan Indicator 5: Child Find (Birth to One)

Ms. Salzberg asked if there was a motion to accept Indicator 5 as presented by the stakeholders.

Motion

Ms. Christopoulos motioned to approve as presented. Ms. Lynn seconded the motion.

Discussion

Ms. Salzberg stated that referrals into NJEIS for birth to one population has been a long standing issue. She expressed her concern with NJ being well below the national average and she was glad for a separate committee to be focused on this area.

Ms. Colucci brought up the 9-month developmental check by the Pediatrician and the possible correlation to this and children not being referred until after one.

Ms. Evans agreed with Ms. Colucci's point and further explained how the intake process in EI can take some time which can also factor in if the child is not referred until after the 9-month developmental check.

Dr. Ramachandran reiterated the stakeholder's stance on setting aggressive targets for this indicator, as NJ has consistently been below the national average. She also mentioned that if NJ were to look at the At-Risk children the numbers would be higher.

Ms. Salzberg agreed with the At-Risk point and States differing on this, as well as eligibility criteria. Due to these factors, it might be difficult to directly compare us with other states.

Ms. Evans explained how OSEP likes comparing states to other states. She discussed how there is conversation within OSEP about creating a model criteria for eligibility within Early Intervention. This is in the early stages, but discussion has taken place on potential nationwide eligibility criteria.

Ms. Howell asked if other than Medicaid which mandates how many children get their screenings, is there a sense of how well pediatricians are doing in terms of making sure the children are getting their developmental screenings?

Dr. Ramachandran stated that it is difficult to track this data. She stated that what would help would be explaining to pediatricians that they can directly refer children to EI.

Ms. Green agreed with Dr. Ramachandran and wants a major focus to be educating pediatricians on the referral process.

Ms. Evans also joined in and discussed how there is a physician feedback pilot project that is happening that will be presented later in the meeting by Mid-Jersey REIC.

Ms. Colucci added that since NJ remains a state with one of the highest rates of children with autism spectrum disorder it would be wise for pediatricians to look for these signs and be knowledgeable in some of the more subtle qualitative signs.

Action

The members in attendance voted unanimously in favor of the targets for Indicator 5 as presented by the stakeholders. Ms. Howell abstained from voting.

State Performance Plan Indicator 6: Child Find (Birth to Three)

Ms. Salzberg first acknowledged how NJ has done very well as compared to the national average for this indicator. She then asked if there was a motion to accept Indicator 6 as presented by the stakeholders.

Motion

Ms. Hinnigan-Cohen motioned to approve as presented. Ms. Colucci seconded the motion.

Discussion

No discussion needed.

Action

The members in attendance voted unanimously in favor of the targets for Indicator 6 as presented by the stakeholders. Ms. Howell abstained from voting.

- Ms. Salzberg publicly acknowledged her appreciation for all the work that was put into this and wanted to recognize all the stakeholders who were involved.
- Ms. Evans agreed and thanked everyone for the presentation.
- Ms. Green will add the names of all the stakeholders to the chat box.

SICC Standing & Ad Hoc Committees Reports

A. Administrative/Policy Chair Chanell McDevitt

Ms. McDevitt shared that SICC is still looking for an Administrative Assistant and looking for referrals.

She asked if the SICC would want to consider an alternative approach.

- 1) Potentially expanding the role of the Administrative Assistant to doing minutes for all the sub committees.
- 2) Hiring a transcriber.
- 3) Modify how the minutes are done.

- Ms. McDevitt shared that she could pass around the different options if the SICC was interested in reviewing
- Ms. Salzberg did express her opinion on wanting a more streamlined approach for the minutes.
- Ms. Evans explained that there are the minutes, but the SICC also needs an organizer who takes care of various tasks for the council.
 - The SICC does have the funds to pay for this position.
- Potential for part time staff person, already in Early Intervention, to take on the role.
- Ms. Ziegler also brought up the potential of hiring a student to fill the position.
- Ms. Evans suggested the job description be re-circulated.

Ms. McDevitt discussed more orientation/refresher for SICC members.

- 1) This could be a broader approach and include how things work in other places and states.
- Can ask the SICC members who recently joined whether they felt training was sufficient.
 - Ms. McDevitt mentioned that the DOH may have a program that could assist with this training.

- Ms. Evans explained that OSEP funds many federal technical assistance centers and information regarding this type of technical assistance was sent to Ms. McDevitt.
- Ms. Salzberg brought up the fact that committee is missing a legislature.
 - Important to have a member of our government on the SICC.
 - Need to seek out another legislature.

B. Service Delivery Committee Chair Virginia (Ginny) Lynn

Ms. Lynn sent out document to the committee members prior to the meeting which included recommendations the committee. As per Susan Evans request, the committee reviewed the proposed recommendations of the SICC Service Delivery Committee of 2017.

- Many of the challenges from these recommendations have been resolved due to EIMS.
- Committee made several recommendations that they feel will result in improved outcomes for children and families in NJ.
 - These recommendations are outlined in the document sent to committee members.
 - Ms. Lynn also sent a copy of the 2017 proposed recommendations that members of the SICC could use for comparison.
- Ms. Salzberg discussed tabling the vote on these recommendations, as it was a lot of recommendations for the committee to digest.
 - New members would also need further explanation on some of the recommendations.
 - Ms. Salzberg recommended breaking down the recommendations and presenting them in segments at future meetings.
 - Ms. Lynn agreed.
 - Ms. Evans explained that these recommendations had previously been approved in 2017, however due to a shift in focus with EIMS, she wanted the committee to revisit them and decide which were still relevant.
 - Ms. Lynn will bring the document back to her committee to rework it to further detail where the recommendations fall as compared to the 2017 recommendations.
 - Many remain the same.
 - This will then be distributed in advance of the next SICC meeting so that SICC members can be prepared to vote on them at the November meeting.

C. Fiscal Infrastructure Chair Kathy Hinnigan-Cohen

Ms. Hinnigan Cohen shared the current focus areas of the committee:

- 1) Reviewing the State EI budget.
- 2) The financial impact and implications on the system at large if a family cannot be accommodated for in home services and refuse telehealth until in person services are available.
- 3) Financial resources needed or not needed for practitioner marketing and improvement.
- 4) Financial impact and implications of no shows and last-minute cancellations.
- 5) Identifying sources of revenue to offset the potential loss in Family Cost Share revenue.
- 6) Understanding and potential contribution for the Rate Study project.
- 7) Reviewing various State EI policies.

- Question posed by the committee to the State:
 - What is the implementation status of the increase to EI in the governor’s budget?
 - Clarification to the SICC is that there was a rate increase to the EI rates, but after that the state of NJ approved additional funding in the EI budget.
 - Is this funding for additional rate increases or was it for the April increase?
 - Ms. Howell and Ms. Evans explained that at this time there is no update on additional rate increases.
- Recommendation:
 - Committee would like a family member to participate on the committee.
 - Ms. Salzberg further asked if any of the Agency representatives in attendance knew of a family member who would be interested.

D. Personnel Preparation Chair: Corinne Catalano

The committee was formerly the “Higher Education” committee.

- Dr. Catalano thanked Ms. Kugelman (DOH) for outlining the personnel standards for the committee.
- This committee will stay with the task at hand and look at the following 6 roles:
 - Special Educator, Child Development Specialist, Behavioral Specialist, Paraprofessional, Temp licensure, and Service Coordinator.
 - Working on document to entail the questions that come up about qualifications needed for these positions.
- Ms. Kugelman explained that the ask was not directed at clarification for PCG, but more so to help the Agencies how to better make use of the personnel standards.
 - PCG should still be involved.
 - Many cases where Agencies have not fully used the personnel standards to vet a candidate and come to the DOH with questions.
 - Ms. Catalano and Ms. Christopoulos both shared that there is a lot of confusion on the PCG end when it comes to qualifications needed for a potential hire.
 - Reason committee chose to focus more effort here.
 - Ms. Kugelman acknowledged the reason for the focus, but also wants Agencies to fully understand the personnel standards before involving PCG and the DOH.
- Ms. Evans joined the conversation and shared a major focus has been onboarding of practitioners.
 - Further review and clarification of the personnel standards will help.
 - Streamlining of candidates into the system is in the works.
 - Ms. Salzberg agreed on the importance of streamlining this process and getting individuals into our system to work as quickly as possible. She discussed how many other competitors we have out there and getting people to work quickly is the key.
- Dr. Catalano further expressed the committees concern from Agencies of having everything required in the process on their end, but then PCG holding up the process.
 - Definite disconnect.

- Need to rectify this by streamlining the process and having each entity involved on the same page.
- Ms. Colucci stated a final recommendation from the previous Higher Education Committee.
 - Final task on hand was to provide recommendations to NJEIS regarding educating higher education students and faculty on NJEIS and to entice interest in their specialty area of practice
 - Recommendations are as follows:
 - The SICC had approved the final draft of the Infographic that the committee was tasked with.
 - The recommendation is this be sent to Colleges and Universities.
 - Recommendation made that this Infographic with contact information to college and university partners to be shared with students and faculty.
 - Hope is this will entice colleges and universities to request a speaker from NJEIS for a class.
 - Recommendation that the NJEIS recruit and train a small cadre of speakers who have direct experience working with the system and have skills in teaching and presenting information for the colleges and universities about NJEIS.
 - Committee reviewed the NJEIS slide deck and we support using this for the foundation for each presentation.
 - The recommendation is that in addition to this presentation each speaker also discuss a case with the learners that brings home the mission and the work of EI team.
 - Recommend using the ECTA centers resources for appropriate case studies

Motion

Ms. Colucci motioned to approve the recommendations from the Higher Education Committee. Dr. Catalano seconded the motion

Discussion

Dr. Catalano discussed the recommendation to recruit and train a small cadre of speakers who have direct experience working with the system and have skills in teaching and presenting information for the colleges and universities about NJEIS. She asked if the focus should be on targeting faculty at each of these institutions to take on this task?

Ms. Colucci explained that they wanted people who were most knowledgeable about the system and that there are some people who work as faculty members, but also work within NJEIS. Ms. Colucci acknowledged that this was a great thought and faculty member could use SICC as resource if further information is needed.

Ms. Salzberg also discussed that there are various members on the SICC with a great knowledge of the NJEIS and could speak at these colleges and universities.

Discussion around there at least being a contact person at each of these universities. Ms. Edwards added to not overlook middle school as this is an important time when students start to first think of what they want to do as a career. Suggestion is to broaden this type of outreach.

Ms. Salzberg agreed with Ms. Edwards suggestion. She further explained how our program is made up of predominantly women and we should explore ways to bring more men interested in our profession. Need is there for more gender equity.

Ms. Howell added that there are some Vo Tech programs that have strong health alliance programs. This is 9th through 12th grade. This would be a good target group to speak to about these types of professions. Another target could be community college health programs.

Ms. Evans shared that recruitment is more than just NJ, but a national challenge. It is a bigger problem than just having speakers at these colleges and universities. It is a larger issue that needs to be addressed and partnerships that need to be established.

Ms. Colucci explained that there is no more Higher Education Committee, and the foundation of this recommendation is that the NJEIS have a stronger relationship with Higher Education. If the State wanted more work in this area, they would have to form a new committee.

Action

The members in attendance voted unanimously in favor of all 4 recommendations made from the Higher Education Committee.

E. Family Support Committee Co-Chairs: Nicole Edwards & Alexis Ziegler

The Family Support Committee and the Transition Committee have merged into the Family Support Committee. Ms. Edwards and Ms. Ziegler will be co-chairs of the committee.

- Committee has been working on their topic areas. Their top focal point is the area of transition, followed by child find, provider empowerment, family voice, and family to family connections.
- In addition to their current members, they will have a parent representative as well.
- Focus for the first year will be on outreach efforts and child find within the first year of life. By next fall, the committee also wants to bring in a focus around transition, so that transition will be the key focus for next year.
- Ms. Salzberg wanted to clarify what Ms. Edwards meant by end of the year when discussing the focal point being transition.
 - Ms. Edwards clarified that she meant by May/June of 2022.
- Ms. Ziegler shared that she works in Part B, so representation here will be very beneficial for the topic area of transition from Part C.

Lead Agency Report

Susan Evans, Part-C Coordinator, provided an update on the Lead Agency activities. Slide show to be emailed to SICC members after meeting.

- Federal Updates
 - Determinations- Grade from OSEP.
 - Continue to be in Needs Assistance.
 - Previously in Needs Assistance due to Indicator 3, Child Outcomes.
 - Lots of progress made, until Covid-19 struck.
 - Even with Covid-19, improvement was still made and came out of Needs Assistance.
 - This year NJEIS in Needs Assistance due to Procedural Safeguards Office.
 - Result is additional work given to the state office from OSEP.
 - Potential to be given a corrective action plan from OSEP.
 - State Performance Plan.
 - More time being spent on the 11 indicators.
 - This includes the State Systemic Improvement Plan which has and will continue to focus on social and emotional development.
 - Slight shift to be made in the language to talking about early relational help and social/emotional development for kids.
 - Proposed Federal Changes to Part C.
 - One of the proposed changes is to prohibit states from collecting fees of any kind from families for them to participate in the Part C program.
 - Recent events could push this out further, as there is the potential for a government shutdown.
 - American Rescue Plan Funds
 - Additional federal stimulus provided to all states.
 - NJEIS received 5.1 million dollars in additional funds.
 - \$500,000 to enhance the Comprehensive System of Personnel Development (SSPD) with purchase of a statewide Learning Management System (LMS).
 - \$500,000 to enhance statewide evaluation procedures through purchase of the BDI-3 licenses, materials, and scoring system for all statewide Target Evaluation Teams.
 - \$145,000 to enhance the statewide data system by adding a parent portal component to the EIMS.
 - \$270,000 for the engagement of external vendor to conduct a full study of reasonable and customary rates for the Provision of Part C in NJ.

- \$160,566 for temporary consultants to manage two major activities and goals identified as part of the supplemental fund award. One (1) BDI -3 consultant to manage the transition from BDI-2 to BDI-3 and one (1) project leader for the service delivery pilot in rural/agricultural counties.
 - \$500,000 for an enhanced, 2-year media campaign that includes expansion and re-design all Child Find printed and social media materials and resources reflect and reach diverse families and community partners and broaden the inclusivity and equity of child find activities.
 - \$2,000,000 for investment in pilot project to innovate and modernize the service delivery model in rural agricultural and low-density counties in the state beginning in Cumberland County.
 - \$200,000 to support SSIP identified activities. Includes: expansion of the family directed, evidence-based curricular program “Positive Solutions for Families” in partnership with Montclair State University, the “Keeping Babies and Children in Mind” and “Parents Interacting with Children” professional development programs to expand beyond current pilot status.
 - \$400,000 for EIS providers and service coordination units to assist with the recruitment and retention of practitioners.
 - \$150,000 for additional PPE for EIPs.
 - 400,000 for training and technical assistance activities that promote diversity in early intervention workforce including targeting pre-service and early career professionals.
 - The goal for all these projects is sustainability and to be more modern.
- State Operations
 - Data System RFP
 - PCG contract with the State expires at the end of 2021.
 - State has the option to extend this by two 1-year contracts and the process to extend has begun.
 - If new vendor is awarded the RFP, State will need an additional year.
 - Want the opportunity to run a parallel system to make transition smoother.
 - Covid Operations
 - Have been reviewing executive orders and awaiting written formal guidance from Communicable Disease Office to see where EI falls under the executive order.
 - It appears to be more about settings and where the service is taking place.
 - Rate Study
 - It is underway and the vendor awarded is PCG.
 - This is a different branch of PCG from the data management one.
 - Ms. Evans wants to ask the SICC to take a vote on holding a meeting on October 8 with the only topic being rate study presentation and Q & A.

- DOH Action/Response to previous SICC recommendations.
 - No recommendations were received by DOH since May 2021.

New Business

- Special SICC Meeting October 8, 2021.
 - Time for the meeting is open for SICC to decide.
 - Preference appears to be the morning.
 - Ms. Lynn asked for document to be provided prior to the meeting.
 - Ms. Evans agreed that something would be provided to SICC members.

Action

The members in attendance voted unanimously in favor of holding a meeting on October 8, 2021, at 10 a.m. The only topic of this meeting will be the rate study with PCG along with a Q & A.

- REIC report: Mid Jersey Physician Feedback Project
 - Presented by Dr. Jennifer Blanchette McConnell, and Ms. Karen Louis.
 - Did a pilot project and were accepted to do a poster presentation at the OSEP leadership conference.
 - Had a video presentation on the project.
 - Team developed a process to send the child's initial evaluation report, along with a physician feedback survey to the child's primary care provider.
 - They streamlined the referral process to allow for an E-signature which has resulted in a 21% increase in parental participation.
 - To date, the return rate from primary care providers is 8.4%.
 - 77% of physicians reported using screenings & discussing results to communicate developmental concerns.
 - 80% of physicians reported they are likely/very likely to refer future children to Early Intervention after receiving the evaluation report.
 - Next steps are to track the physicians who do receive the evaluation report, to see if they refer other children.
 - Opened for Questions/Comments
 - Was reiterated back to presenters the importance of getting the evaluations to physicians and the impact this can have on future referrals.
 - Ms. Howell wanted to confirm the numbers presented of 1428 surveys sent out, with an 8.4% return rate, equating to 120 surveys back.
 - Dr. McConnell confirmed these numbers but also explained that 1428 evaluations still went out to physicians, so many more physicians received reports than sent surveys back.
 - Survey was a paper survey, but also had a QR code to be able to complete electronically.
 - Ms. Edwards shared similar results from a previous survey she developed with only an 18% response rate.
 - Ms. Howell brought up the point that physicians are very busy and end up being poor responders to surveys. She suggested that when

sending to physician to also send to physician office manager or other representative there. She has found that office managers have been much more likely to respond.

- Ms. Newman brought up how fantastic the evaluations are and how well it supports our system. The hope is that when physicians see these reports and the quality of them that they will continue to refer. Mid Jersey has offered to do a Welcome to EI for any pediatric practice that would like the presentation.
- Ms. Evans wanted to add that the intake piece has been piloted in this region and what we want to continue to do is send physicians meaningful reports. This results in sustainability and a meaningful relationship between the physician and EI.
- Dr. Holahan reiterated the importance of physicians receiving the evaluation reports.
- Ms. Edwards brought up the point that younger pediatricians knew of EI but weren't as comfortable sharing their concerns with families as the more seasoned pediatricians.
 - Based on study in another State.
- Ms. Newman shared that the data received back as part of this Mid Jersey project showed that many pediatricians did not know what Early Intervention was, they did not know how to refer to Early Intervention, and they did not want to give families bad news pertaining to their child.
- Ms. Cynthia Newman presented on the relationship between NJEIS and DCPD.
 - Mid-Jersey CARES REIC houses the SPOE referral unit.
 - Through SPOE they work with biological and resource families and DCPD.
 - Mid-Jersey CARES REIC has developed an extensive outreach program that includes presentations to the 11 CP&P offices and 6 Nurse Administration Units in their region.
 - Ms. Newman discussed the ACES Study
 - Insight into the psychological effects of adverse childhood experiences (ACEs) on young minds.
 - Long term health complications from recurring exposure to ACEs.
 - Changes can be interrupted by:
 - Providing safe, stable, nurturing environments.
 - Help children build social-emotional skills and resilience.
 - Ms. Newman shared referral source data
 - Number one referral source is and has always been health care providers.
 - 4% of children over the past 6 months were referred from CP&P.

Old Business:

- Ms. Salzberg brought up that many recommendations have been made to the DOH revolving around the implications for Agencies of no shows and late cancellations.
 - She discussed the possibility for Agencies to receive partial reimbursement.
 - She understands that it is difficult to put into the system a claim for reimbursement.
 - She would like the DOH to take this into consideration.
- Ms. Howell brought up the fact that Afghanistan refugees have been coming onto Fort Dix.
 - SCHS is providing services to these families.
 - They are also providing newborn screenings.
 - They do not have a direct path to these families.
 - It involves coordination with the person responsible on the base.
 - If Agencies working to provide services to these families need assistance reaching these families, please let Ms. Howell know if you are having difficulties.
 - Working on having a point person at the base.

Public Comments:

David Holmes, ABCD

- Commented that the discussion at today's meeting was excellent.
- He was pleased to see the ARP presentation. That the DOH had integrated the recommendations that were made by ABCD, particularly recruitment and the PPE.
- He discussed the point made by the DOH of no recommendations being made since May. He wants to clarify what constitutes a recommendation.
- He brought up that he had asked at the previous SICC meeting where people can view the administrative policies.
- He also brought up that he discussed at the last SICC meeting how many EIPs are still at 65-75% revenue, as compared to pre-covid numbers. He doesn't hear of anything being done to address this issue, as the Agencies need help. He urges the DOH to think of ways to address this, including the possibility of using unexpended funds.
- He expressed his support for the issue that Ms. Salzberg brought up revolving around partial payment for no shows and late cancellations. These cancellations are affecting staff retention. This is a system issue.
- He looks forward to clarification from the DOH around covid testing, particularly for the unvaccinated. He urges the DOH to release information asap.
 - Ms. Evans clarified that as soon as there is definitive information around covid testing that can be provided to the field, she will do another meeting on this topic.
 - Mr. Holmes responded by stating that it would be helpful for the DOH to publicly state that there currently is no guidance on the issue, as many Agencies have gone ahead and spent a significant amount of money for testing.
 - Ms. Howell explained that the state office is working diligently and continuously seeking guidance to be able to get out information to the field.

Yarona Boster, ARC of Essex

- Wanted to address the personnel standards committee. She explained that when they are working to get a new practitioner into the system, one of the huge delays is being able to schedule their finger printing. It can take a week to a week and a half to even get this appointment. Once the Agency then gets these result, it needs to be uploaded so that practitioners can gain access to the Procedural Safeguards modules. Could the process be reworked to allow access to the Procedural Safeguards modules, while they await the appointment for finger printing. This could shorten the overall process from 4 weeks to closer to 2 weeks. This affects retention as many practitioners will go elsewhere due to the length of the process.
 - Ms. Evans commented that the DOH is very interested in ideas to help streamline this process and make more efficient. Asked Ms. Boster to bullet her recommendations and to send to her and Ms. Kugelman.

Patricia Carlesimo, Ladacin

- She understood it that Agencies were under the executive order as they provide homecare services, so her Agency initiated testing as of September 7. She explained this has been very time consuming and they have lost 3 staff. She asked for guidance from the DOH around this and shared that other agencies are in the same dilemma.
 - Ms. Evans explained how although it looked at first as if we would fall under the executive order, it now appears to be more about the settings for the services.
 - Ms. Carlesimo shared as part of ABCD they had met with over 25 legislators about the rates, and she feels there is some confusion about the 5% raise to the rate and another potential 5% from elsewhere.
 - Ms. Evans explained that they have not been advised to do anything additional to the 5%.
- Ms. Salzberg asked if there was going to be a Family Cost Share or Procedural Safeguards report.
 - Ms. Evans shared that the Procedural Safeguards report is that they are in an NPA crisis in the southern part of the state. Statewide there are approximately 300 children on the NPA list. She is meeting with OSEP on Tuesday to get clarification on the decline of telehealth constituting a decline of service. She feels OSEP will most likely side with the families on this.
 - Ms. Evans does not have anything to report on Family Cost Share.

The next SICCC meeting is scheduled for Friday, October 8, 2021, at 10:00 a.m.

Meeting was adjourned at 12:52 p.m.