



Friday, May 18, 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, May 18, 2018, at Sunny Days Early Childhood Development Services in Manalapan, New Jersey. The meeting was called to order at 11:02 a.m. by Catherine (Kate) Colucci, Acting Chair and declared a quorum was present.

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

**Welcome** – Kate Colucci welcomed attendees.

**Announcements** – Kate Colucci asked for updates from Council members. Kate attended the Todd Ouida Conference at Montclair State University (MSU) on May 10, 2018. At the conference she attended a presentation on the importance of practitioners' use of self-reflective practices as part of supervision and recommended the method. Kate also made a recommendation for EIPs to consider registering for upcoming workshops offered by MSU.

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

**Lead Agency** – New Jersey Department of Health (DOH)

**Terry Harrison, Part C Coordinator for the New Jersey Early Intervention System (NJEIS) presented information on behalf of the Lead Agency**

1. **Procedural Safeguard Report (PSO)** – The PSO received one (1) formal complaint since the last SICC meeting which is currently under investigation. There have been 3,648 contacts to date during this fiscal year starting July 1, 2017. Atlantic and Cumberland Counties continue to have children where no practitioner are located to provide services (NPA). Most informal complaints are related to compensatory services (missed services, services not being provided timely or services that were disrupted), cost-share and informal requests for assistance by families and/or the early intervention system. The Procedural Safeguards Coordinator position remains vacant.
2. **State Systemic Improvement Plan (SSIP)** – Susan Evans reported no update and that the state is waiting for feedback on the April 1, 2018 SSIP submission from OSEP.
3. **Professional Development** – Susan Evans provided information on the different aspects the office is working on in terms of professional development. The Pyramid Model, under the grant of Montclair State University (MSU), is under consideration. The application and determination

will be made in August 2018. Plans also under review are ways to support Service Coordination Units (SCUs), Targeted Evaluation Teams (TETs) and SCUs on the social/emotional development of children in early intervention and TET fidelity training. The department continues to work with the SICC Committee addressing Higher Education. The Technical Training Assistance (TTA) team has developed five (5) evidence-based practice webinars that will be released at a later time. The Individualized Family Service Plan (IFSP) training has been revised to be a hybrid of in-person and online training.

4. **Establishment of Department of Early Childhood – S698** – Susan Evans reported that this proposed legislation is currently under review by the Interdepartmental Planning Group and represented Departments providing early childhood services. This regulation proposes to bring early childhood programs (birth to age eight) including NJEIS, , preschool services, health, childcare , home visitation and Help-Me-Grow initiatives.
5. **Part C FFY18 Application** was submitted on May 4, 2018 following the close of the Public Comment period on April 30, 2018. The Part C Application for FFY18 has been posted on the DOH website. The Part C FFY 2018 funding received an increase which resulted an additional \$57,501 increase New Jersey the Part C funding. The budget was modified before submission to increase the funding budgeted for service coordination.
6. **Federal December 1 Count Data.** The Federal December 1 Child Count, cumulative SFY 2017 count and service settings (locations) were submitted by April 1, 2018. The December 1 point in time child count data documents a .48% (13,579 to 13,644) growth between December 2016 and December 2017. It should be noted that the individual county child counts are also reported and shows differences within counties such as a decrease in Ocean county and an increase in Hudson County. The statewide cumulative count (number of active IFSPs increased 5.4% (26,025 to 27,431). Child Count data is used to drive Child Find efforts statewide. DOH is currently preparing the County Performance reports based on the FFY 16 (SFY 2017) Annual Performance Report submitted February 1, 2018.
7. **CDC ASD report April 2018** – Susan Evans shared information on a recently released Centers for Disease Control and Prevention (CDC) report on the number of children diagnosed with Autism. In NJ, one (1) out of 34 children received a diagnosis of Autism. The report indicates that there were no racial disparities (in identification and/or services).
8. **NJ Lead Legislation – S2305** – Susan Evans reviewed proposed legislation that the Department of Health, EIS identify infants and toddlers with certain blood levels, evaluate these children for developmental delays and refer eligible families for EI services.
9. **Family Cost Participation – FCP Portal Update** – the EIMS FCP portal will be available beginning Monday, May 21, 2018 and families will be mailed their first FCP Statement the week of 5/21/18. The statement will include services claimed for December 2017 and January 2018. Families have already been billed through November 2017 by CSC.
10. **State 2019 Fiscal Budget** – Governor’s proposed budget includes approximately \$110 million appropriation. Medicaid reimbursement is projected at \$45,000,000 in reimbursement.

#### **SICC Committees Reports:**

1. **Administrative/Policy:** Channel McDevitt, Committee chair reported the proposed SFY 2019 SICC budget. FLREIC is responsible for the SICC budget through the REIC grant with the

DOH. Only \$9,000 of the \$36,000 SICC SFY 2018 budget has been expensed to date. Approximately \$18,000 is left in the SICC budget; future uses of funds to be discussed at the SICC retreat in July 2018. Policy 7 – SICC Protocol Regarding Public Comment and Policy 6 – Parent-Member Stipend have been drafted; will be reviewed and discussed at the SICC retreat in July 2018.

2. **State Systemic Improvement Plan:** Rosemary Browne, Chair – no update
3. **Service Delivery:** Joyce Salzberg, Chair reported that the original meeting scheduled was cancelled due to weather and has been rescheduled for June.
4. **Higher Education:** Kate Colucci, Chair reported that Kristen Kugelman, NJEIS Personnel Development Coordinator, met with each of the REICs to see what type of relationship, if any, EIPs have with Higher Ed. programs. They are still exploring different types of collaboration models. A relationship has been developed with Stockton (for physical therapy), Seton Hall (speech therapy) and Kean Universities (occupational therapy). An EIP has offered to help with bilingualism through Kean University. SFY2019, EI Week activities will be shared with students so that they may attend.

### **SICC Member Comments**

Michele Christopoulos requested the SICC increase EI Week funds from \$1,500 to \$2,000 per each REIC. Joyce Salzberg and Joe Holahan stated they needed more information, i.e., what funds do REICs already use for EI Week, how have the monies been spent in the past, what would an increase do. Terry Harrison suggested reviewing how the money has been spent for past years before increasing.

Chanell McDevitt stated that the only line item removed from the SICC budget, is the “consultant”; everything else remained the same. Funds have been allocated to be used for EI Awareness (public awareness). Joyce Salzberg asked how EI Awareness interfaces with Child Find. Michele Safrin stated that Child Find is not Public Awareness. The discussion will continue at the retreat and the budget vote will occur at the next SICC meeting in September.

**REIC Update:** None

### **Old Business:**

1. Boards and council members and their current status of appointments; information shared with Kate Colucci and the DOH appointments liaison.

### **New Business:**

1. SICC retreat – Danielle Anderson Thomas is working on the retreat agenda. Preliminary ideas include, an orientation to new members, activities to bring council members together, ways in which to integrate backgrounds to benefit stakeholders. Danielle asked for input from other council members. Kate suggested all SICC members read all documents and be prepared to discuss at the retreat in July. Terry Harrison also suggested that the Annual Ethics presentation also be provided at the retreat.

**Special Guest Speaker:** DOH Principal Deputy Commissioner, Jackie Cornell and other members of the DOH staff (Kaitlyn Woolford and Prateek Srivastava) were present at the SICC meeting. Principal Deputy Commissioner Cornell recognized the severity of difficulties experienced with the Early Intervention Management System (EIMS) and understood the frustrations and hurdles NJEIS agencies and personnel are experiencing. She expressed that the Commissioner's office has taken the matter seriously and recognizes how important this time is in the life of children ages birth to three.

DOH has taken steps to remediate EIMS. They have realigned staff to address EIMS, modified leadership into teams, both internally and externally. The teams comprise of Communication, Information Technology (IT), Fiscal, and Training.. Each team has IT support and is requested to include provider and family perspectives.

The EIMS broadcasts weekly dashboard information is under review to make it more streamlined and relevant to the provider agencies. The DOH is interested in understanding the issues users have with EIMS and plans to have staff visit EIPs and SCUs. A roll out of talking points related to the Family Cost Participation Portal is in process. SCUs and those working with families need to understand the EIMS Family Cost Participation Portal.

The next, and sixth advance payment (\$5.2 million) to EIPs will be ready for disbursement the week of June 4, 2018. The discussion for recoupment will not occur until normal billing occurs. Normal claiming must be functional before reclaiming can occur. Practitioners now have 360 days in which to enter a claim.

The Principal Deputy Commissioner Cornell thanked everyone for sharing the details of what is not helpful; it is appreciated. Input from EIP IT teams to DOH IT teams have been helpful. More IT teams might be added. Suggested that training on EIMS as it develops when related to policies and procedures be constructed for each user (EIPs, SCUs), including families. Online training modules and manuals will be updated as progress is made. The DOH wants to ensure that SCUs are equipped to speak with families about the EIMS (Family Cost Participation Portal). Before trainings go live, a demo/pilot will occur prior to going into the field.

Deputy Health Commissioner Cornell thanked all for families not being negatively impacted by EIMS. She thanked everyone for their dedication in serving families and not informing them of EIMS difficulties. It is a testament to how wonderful all have been that families have not been burdened with EIMS.

Deputy Health Commissioner Cornell is working on trying to remedy EIMS. She has met with SICC members a few weeks ago and is also networking with other states that utilize PCG. Deputy Health Commissioner Cornell stated that nothing is off the table. This is not "lip service" – nothing is off the table about how to improve the situation. At this time, the Deputy Health Commissioner Cornell asked to speak to the audience members.

#### **Public Comment**

**David Holmes, ABCD** – thanked Kate Colucci and the other SICC members for their continued support. He reported that he has been meeting with EIP members every two weeks since December to resolve the EIMS issues. Some EIPs have stopped providing services, some are only receiving 40 cents

to the dollar. EIPs need to see progress sooner rather than later. EIMS is a problem to businesses, it is less sustainable. David has suggestions to "right the ship". He also thanked DOH for the advanced payments; EIPs need the money. David reported that EIPs are usually late by two weeks and often need to dip into their own line of credit to keep their business going. He reported that these agencies did not bring on this software damage but inherited it. David hopes DOH will be open to listen. David asked if advances will continue. He offered an idea to the EIMS dilemma; he suggested that the system incorporate a parallel system – the current system is not working – even with all the changes. Agencies have requirements but are unable to follow through. Accountants cannot reconcile their books. How do EIPs meet audit requirements? In some instances, EIPs often have different funding sources and grants cannot be issued due to matters with EIMS. Billing needs to be rectified, new fiscal year is coming up. David also requested DOH to issue a formal letter to EIPs stating EIMS issues, so agencies may provide it to their auditors and/or funding sources.

**David Ackerman**, Information Technology Director for Sunny Days stated that DOH needs to understand – this is a marathon – not a sprint. EIMS imported service records into the system but it's a subset of a subset. It has a long way to go to have practitioners assigned and provide the services. In practice, it is incredibly burdensome on agencies. EIMS is a moving target. We don't know what we don't know. Missing services dovetails into billing. Practitioners need to be appropriately assigned and have the ability to enter claims. EIMS is burdensome on agencies. A paper-file is needed to cross-reference a spreadsheet, then to upload into the system. Billing is backlogged by 60,000 claims per month and there are 360,000 service logs that need to be entered into the system. He asked how will this be done and who will do it? There needs to be a plan on how to enter backlogs. Parent billing portals will be opened soon. How do you bill a parent when only a fraction of services has been entered? The data is lacking – how can parents be billed when only half the claims are in the system? Recoupment plan cannot be in place until a plan to get all 500,000 claims get entered – that comes first. David asked what comes first, recoupment or reconciliation. Another concern is that the agency employs 900 independent consultants and it needs to rely on them to do the EIP's billing. David shared concerns over that practice and stated that the agency does not do business like that. David stated that the agency tries to match a service that has been delivered compared to what has been entered. Hundreds of thousands of claims need to be entered – this is a top priority.

**Nancy Phalanukorn** of Family Resource Associates (FRA) stated that auditors examined the agency's records (over 3 hours) and spent time trying to understand EIMS. The agency has shouldered 50-60% to support the system. The EIP can only claim between 30-60% of services rendered; it is a moving target. Agency is behind. They owe a month's worth of services. It's taking 120 hours a week for office staff to reconcile records. How do you know how many services have been provided? Nothing correlates. Auditors stated that staff cannot reconcile records. EIMS is not user-friendly for businesses. There's no way to reconcile unbilled services. The agency no longer has the capacity to manage errors, fraud. The staff has become "billing agents". Agency administrator needs to assume that the staff entered things in correctly but is not always sure – there are always errors. All pieces of data need to be audited to avoid fraudulent errors. Auditor feels reports do not provide accurate information. It is also a concern as a liability to the state – no way to reconcile what advances the state provides to what is used; how did the state come up with the number that was advanced? FRA's Board recommended the EIP not provide services after June 1 to allow time for the agency to reconcile what was given (state funds), what was reimbursed, what was billed. Nancy recommended the State use an alternative system. Catching up for 6 months is difficult, the more time that goes by, the harder it becomes to keep up. Another recommendation is to use paper invoices at this time as opposed to

entering claims. Nancy also requested DOH to provide a letter detailing EIMS issues for the EIP's record for their auditors.

**Chris McCarthy** from LADACIN thanked for the Principle Deputy Commissioner for her remarks – sounds hopeful. Chris asked if everything is on the table to correct the system, then what is on the table? There are feelings of hopelessness. Unsure of what the options are, i.e., a paper system, different system, Covansys? Chris requested to know what are the options. According to Chris, the system is broken. 68% of families are not yet in the system, practitioners cannot use their tablets that were provided to them. Agency does not feel they are better off today than they were on December 1st. A service coordinator (through no fault of her own) did not schedule an annual review and the provider could not continue the services without the annual review. Chris asked, "Why should families be penalized?" Chris stated that the agency had always had a great relationship with the SCUs. Now they need to contact the PCG helpdesk who refer the caller back to the SCU – who do not have the answers.

Jackie Cornell, Deputy Health Commissioner asked what questions do the SCUs receive and are unable to respond to.

**Kim Peto** explained, from a SCU's perspective, that there are many glitches that SCUs run into related to EIMS in entering the Family Information Meeting (FIM), Family Cost Participation (FCP) and the IFSP. For example, the SCU can conduct an initial IFSP, but with less reliability enter an annual IFSP, there are difficulties with finalizing an annual IFSP. EIMS does not work for changes made to the IFSP. Children that have migrated and now need a 6 month or annual review, those IFSPs cannot be entered into the system. If the IFSP cannot be entered into the system, EIPs cannot enter their services. This causes misunderstandings, i.e., SCs are changing a service or removing a practitioner. Helpdesk refers EIPs back to the SCU.

**Kate Colucci** stated that the EIMS Help Desk informs the caller to call the SCUs.

**Kim Peto** explained, that yes, that's why it looks like the SCUs are not helping.

**Catherine Wagner** from Catholic Family & Community Services - Passaic County SCU reported that SCUs are unable to finalize IFSPs and pieces of the files are missing. Moreover, it can take a long time to address an issue; one instance it took the EIMS Help Desk 45 minutes to repair an issue with one error. SCUs are receiving an intense number of calls. Practitioners are complaining to families.

**Roni Scheuering** from Innovative Interventions reported that it can take a decade to learn all the moving parts of EI. She recommended that until EIMS is fixed, the system use paper as suggested by Nancy, fix the grant-funding for SCUs – since that is where the problems begin. The TET component also needs to be fixed. IFSP reviews are the biggest problems. She suggested using a paper system until EIMS is functional online. TET needs to be fixed before SCUs can be fixed

**Ginny Lynn** from Children Specialized Hospital reported that EIMS is inadequate. She stated that there is no one place to find a complete record for a child. For example, it is difficult to know what EIP and/or practitioner(s) is assigned to a family, or what the frequency of services might be or if a practitioner provided a service(s). A user cannot download information or reports. The system is telling the EIPS

how to do their business and it does not work for agencies. The system also makes an administrator have to "impersonate" a practitioner to enter data.

**Armond Arana** from TheraNorth reported the difficulties his agency has been having with EIMS. For example, Armond stated that if an extension is entered, the old IFSP is deleted. A new IFSP deletes the old IFSP. Older IFSPs should always be visible. Need to pressure practitioners to enter logs. Agency has concerns with training and enrollment.

**Alvin Caballero** from TheraNorth, the EIP's accountant asked DOH several questions. He asked how an agency can produce reliable financial reports when information is not accurate. Alvin found the following statement on DOH website: Efforts are ongoing to optimize user function – is this representative? Will the DOH still roll out the RFAs during the 2018 calendar year and what is DOH's redline or due date to "pull that trigger? Alvin described EIMS as a "symptom of an infection" that needed to be cured. He asked when DOH will get to the source of the infection? In regard to the change management system, he asked if there is a backup plan.

**Jackie Cornell responded** by stating that the department is evaluating all options (ex. use paper billing, utilize a billing-only vendor, allow time for EIMS to be fixed, leaving the contract); she stated, "I cannot sell a house without a new house." She stated that there were several layers that need to be explored. It is not as easy as turning back to Covansys; the department cannot go back; the contract is over. At the same time, the department cannot release the contract with PCG until an alternative is in place.

**Patti Carlesimo** from LADACIN asked if DOH will include an EIP representative to the table. Jackie Cornell responded that they would have an EIP representative to confer with.

**David Ackerman**, IT Director for Sunny Days reported that EIMS is a long-term fix. The agency has 900 individual therapists doing the billing for the EIP; he suggested that the billing process be reverted back to the EIPS so that they have control over the billing.

**Mary Krupp** from Progressive Steps stated that she attended the State budget hearing and heard the Commissioner make mention of taking legal action against PCG. Jackie Cornell corrected the statement and stated the department is waiting to see if PCG will be fixed before any other action takes place. Mary stated that PCG should be sued; what they promised and what they delivered are two different things. PCG is the company that designed the software program and should have asked all the right questions to build the right system. They did not speak to IT people. Mary asked, "If DOH has not paid PCG, why are we continuing to give them a second chance?" The company fixes something, then something else is broken. When do we finally make a decision and cut our losses? This is not anyone in the State's fault, it is PCG's fault. They should have been the experts and be made accountable.

**Celine Fortin** from ARC of NJ agreed with everyone's concerns. She is concerned that reconciliation will spill over to the new fiscal year. Will the budget include assurances that agencies will be paid and include language for the new fiscal year from last year's fiscal year? Celine stated that it is taking thousands of extra hours to back enter data and is extra work for everyone. These hours are not being reimbursed. She asked how will the EIPs be able to compensate their providers for the extra hours they put in entering backlogged data?

**Phil Antman**, comptroller for Sunny Days stated he understands the cash inflow will be on short and long-period term basis. He is grateful for the advances, but it is difficult to manage when not aware of timing of advances. EIPs are accountable to vendors and bankers and it is hard to manage your budgets when you do not know the timing of when funds are coming in and how much is needed to go out. Need long-term planning when EIPs get advances from DOH to manage payroll and other third-party vendors. DOH should recognize that the monies allocated as “advances” are not advances but monies toward services already been provided. EIPs need reconciliation of financial records – simplistic format. The longer the problem continues, the more difficulty the reconciliation will be and the analysis of what was done in the past (set time) against what is current. Can advances be considered as payments so they can be offset receivables to even out an advance as opposed to what is owed?

**Alyson Sloan-Anderson** of Archway Step by Step EIP showed a visual of the billing that needs to be followed up on and the amount of money that is out there. The reconciliation between the services provided, the services claimed and what was received is tedious and overwhelming. EIMS is nothing of what they said it would be.

**Aileen McCullough** from the Southern NJ Perinatal Cooperative expressed that she has worked for EI for over 10 years and it has been a privilege. However, the reality is that they are struggling to stay positive. She fears losing her staff, some new and veterans. Families PSO rights have been violated due to limitations in EIMS. Aileen welcomes the opportunity to be part of a work group – for hire to see the system from a SCU’s viewpoint.

**Maria Emerson** of Virtua stated the number of children that her agency serves (650) and the number of services the agency provides (35,000). After 24 weeks in EIMS, cannot complete periodic reviews. Maria stated that IFSP reviews cannot be completed in EIMS and families have not received their cost share invoices. Zero practitioners have left. The EIP has made multiple calls to PCG helpdesk. The agency needs to hire personnel to manage the billing; there is a backlog of entering data. Practitioners cannot enter most of the services rendered into EIMS. There is already \$486,000 of uncollected funds for services that have been rendered and accounts receivable keep going up, while escrow keep going down. Reports are inaccurate. Concerns that the parent billing portal will not be functional; only a portion of services provided will be in the billing portal. NPA is still a huge problem. The EIP also has concerns that families are signing a “draft” IFSP. Maria has offered to assist the department.

**Lisa Connolly** – from Classic Rehabilitation stated that she is “drowning” and is not sure why practitioners stay. They are all overwhelmed and are using their own personal time. Not happy with PCG; they are fixing the system in front of us.

**Sima Reisner** from Big Apple Therapy Associates (BATA) thanked DOH for being human and understanding; she recognizes it is not their fault. Sima reported that she feels that EIMS is an extraordinary mess. The help desk needs help; they cannot even alphabetize lists. They do not understand the make-up policy, they do not understand NJEIS. She believes that the Help Desk personnel need training; you can ask three different people the same question and get three different answers. Sima stated that if you call the Help Desk and leave a message, you will get a response eventually. She stated that she is acting as a “social worker” for providers. Providers are expressing their distress to one another online. EIPs are hiring providers from other agencies for more money. EIPs feel they need to bill very fast because another agency is in the home. Sima recommended that DOH



change EIMS to another billing company, one that knows and understands EI and who can train. She recommended folks Google PCG; they will discover that PCG does not have a good record.

**Carola Emery** from Sunny Days mentioned a group tested an evaluation and it took up to 6 ½ hours. EIMS still has glitches; if something is not saved in a particular order, then it's lost. Practitioners need a phone with a hotspot. Sometimes it does not work. Practitioners close records at home because of the fear of losing a record. Issues are of biblical proportion.

**Danielle Cuskey** from Catholic Family & Community Services also reported the amount of personal time that is needed to enter information. EIMS helpdesk should be made available on weekends and at later times in the evenings.

**Jackie Cornell** stated she has been taking notes and will try to figure out the path forward, however, there some things that can be done in the interim (expand help desk hours). The department is reviewing their options. Some decisions are legal and fiscal – that all must be considered by different offices at the State level, including the OMB. There may be some intermediate steps that can be made. She liked the analogy of looking at EIMS as “a symptom of a disease” and the need to get at the root of the “disease.” She stated that feedback can be sent to her by email, [EIMS@doh.nj.gov](mailto:EIMS@doh.nj.gov). Staff will read and respond to the emails. The reports will enable her to see trends and try to address the issues. She thanked everyone and assured that this is one of her top priorities and working with all to resolve.

**Kate Colucci** mentioned to the Jackie Cornell that the old fiscal year ends on June 30<sup>th</sup> and the new one begins on July 1<sup>st</sup> and asked her if the EIPS will receive communication before that time. Jackie Cornell stated that it will be reviewed over the next few weeks (auditing and grants) and she also acknowledged that the EIMS was not something the EIPs created. She expects to release a statement through email.

**Joyce Salzberg** from Sunny Days asked to make a comment. She requested that EIPs and families be placed on the DOH leadership team. She also recommended that Covansys be brought back until EIMS is fixed. Joyce stated that families are being affected. EIPs are losing “star” practitioners and there is a No Practitioner Available (NPA) situation.

Comments ended at: 12:39pm

Kate Colucci announced a short break and reconvened at 12:47 p.m.

**Additional Public Comment:**

**David Holmes** from ABCD thanked the SICC for the opportunity for EIPS to be heard.

**Adjournment:** 1:48 p.m. upon motion by Joe Holahan, seconded by Kim Peto and unanimously carried.