



**Alliance for the Betterment of
Citizens with Disabilities**

Empowering People: Providers Shaping Policies

An Actionable Roadmap

Over the last number of years our state's Early Intervention No Practitioner Available wait list (NPA) has increased and remains disturbingly high. Historically the NPA never exceeded 100 but since May of 2022 remains above 650 and is currently at 1098 infants and toddlers waiting over 30 days for services.¹ The reasons why are not exclusive to New Jersey.

- The lack of resources to enable early intervention (EI) providers to compete with hospitals, schools, and nursing homes for physical therapists (PT), occupational therapists (OT), and speech language pathologists (ST).
- The historical shortage of licensed professionals who are trained to work in pediatrics.
- The early retirement of many licensed professionals during and because of the pandemic.
- The increase in the need for services.

The Murphy Administration, Commissioner Persichilli, and the Department of Health have proven their leadership, support and resolve to create a sustainable EI system by reversing a decade and a half of deterioration through their proposed third increase to the rates in two years.² With this new direction, providers and the state must work together to create an actionable roadmap for reducing the NPA. Not to minimize the recently proposed 7.5% increase to the EI rate, but staffing shortages won't be resolved overnight. Hence, we turn to operations and consider the EI workflow system design. Some of our recommendations have been successfully implemented by the state during the pandemic and by various counties. We offer these and others to consider for statewide application.

Maximize Utilization of Licensed Professionals.

- Increase the number of available service options. In addition to live in-person services, telehealth should be offered as an alternative service delivery model available at any time. Permit a trial period with a specified timeline within which families would not lose their place in line for live services. This flexibility would allow agencies to access practitioners who, like many in the workforce, are demanding virtual work.
- Prevent needless workflow stoppage. Currently when a family on a county service wait list rejects an offered service the assignment process screeches to a halt until they accept a time slot. Instead, the flexibility during the pandemic afforded under form NJEIS-9 should be reestablished; specifically, the rejected time slot must be offered to the next family in the queue rather than the current scenario, practitioner unutilized and family unserved.

¹ As of March 30, 2023

² 5.0% increase effective July 1, 2021; 2.5% increase effective December 1, 2022; 7.5% increase effective July 1, 2023.

- Create business hours for EI providers. This would not only be more consistent with the philosophy of EI as a routine-based intervention service but help to maximize the use of available practitioners and, as a last resort, make after hours/weekends accessible to families who truly have few alternatives due to rigid work schedules or multiple jobs.

Prioritize Access to Services for Families who Reside in NPA Hotspots³

There are many families on the NPA because they are refusing offered services (see above), but there are also many on the NPA by virtue of where they live in New Jersey. The wait lists are high in counties where professionals are unavailable or unwilling to provide services; rural, high poverty and high crime areas. While maintaining the families place in the queue for live one-to-one services, the families should be offered the following interventions.

- Telehealth Services
- Center Based Services
- Group Services
- One-to-one in-home service by the DI under the supervision/consult of the licensed PT/OT/ST.

Getting children in quicker for some amount of service may result in improved outcomes.

Prevent Overutilization of Licensed Professionals, Waste, and Possible Fraud

- Current policy allows for make-up of missed EI during the authorization period. But if the results of the annual Battelle Developmental Inventory conclude the child is no longer in need of the missed service(s), the make-up(s) must be cancelled.
- For families that are chronic no-shows, cancel frequently, and/or fail to return calls, a system of accountability must be set in place. The system must minimize actions (and inactions) which undermine the goals of other families, the state, and the public at large.

Abbreviate Onboarding Process

Agencies are losing practitioners simply because the distribution of procedural safety training modules takes so long. After a practitioner has been successfully processed for employment, agencies are best positioned, and it is in their best interest to promptly distribute the modules to potential practitioners. The employment market for PT, OT and ST is far too competitive to unnecessarily delay a licensed professional's start of practice and income.

The needs of the family/child are always paramount, but we must not forget the public's interest in maximizing service provisions that will minimize and prevent permanent disability. The NPA carries not only a tremendous human cost to the individual not receiving timely service, but a substantial cost to the public purse.

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³ Counties and cities with high NPAs.