



Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

Elimination of Designations Service Vendor and Comprehensive Early Intervention Provider

The October 25, 2023, community meeting held by the NJDOH outlined the intent of the Department of Health (DOH) to have all existing provider agencies sign a new Letter of Agreement, complete a Provider Self-Assessment, and develop a Supervision Plan by December 31, 2023. In addition, the DOH presented their intent to eliminate the designations—Service Vendor and Comprehensive Early Intervention Providers (EIPs), resulting in a new “Home Model” for the delivery of services and citing the recommendation of the SICC in 2017.

ABCD maintains that instead, the current delivery system should remain until further dialogue can be exchanged and infrastructure developed. We recommend for consideration by the Department of Health a continuation of Rider C as is and spending time to address the infrastructure needs that will provide a fair, equitable and responsible system of service delivery with the possibility that this be referred to the State Interagency Coordination Council for assignment to an appropriate sub-committee for further deliberation.

Attachment #1 regards correspondence from Terry Harrison, NJEIS Part C Coordinator dated August 16, 2017, inviting the Early Intervention Collaboratives, Service Coordination Units and Early Intervention Programs to a discussion forum on the proposed recommendations to redesign the Early Intervention Program (EIP) service delivery system. Attachment #2 includes the “Proposed Recommendations of the SICC Service Delivery Committee dated August 23, 2017. Lastly, Attachment #3 is the Meeting Summary dated September 29, 2017, of the regular public meeting of the New Jersey State Interagency Coordinating Council (SICC) approving the recommendations.

Our interpretations, observations and conclusions of the above documents are as follows:

- The work of the SICC Service Delivery Committee started back in 2013 and concluded their findings in 2017. Although this proved to be a very public and inclusive process at that time, much has changed in the past 10 years. It was a surprise to the community that the Department in 2023 would resurrect and attempt to implement this plan without public comment and/or the proper analysis to determine relevancy to the practices and needs of today.

- The intent of the recommendations made by the SICC Service Delivery Committee was to use the new criteria, in conjunction with the Provider Competency Standards, to address an impending RFA of the provider network (note: The RFA has never materialized). Organizations would compete for market share given a set of comprehensive criteria vs. the present suggestion of allowing Vendors to have Comprehensive status and integrating into the rotation and diluting the revenue potential of the existing Comprehensive organizations. As a point of fact, the existing Comprehensive agencies have been carrying the bulk of the service delivery responsibility for years, even though the pandemic, without provocation. A change of this magnitude, and implemented so quickly, yields zero benefit and will be to the detriment of the existing Comprehensive organizations.

- Although many of the eligibility criteria in the Home Model to apply as a provider are recommended in the August 23, 2017, document, it excludes the role of the Department in evaluating the new provider system. A Quality Assurance Unit should be established prior to the allowance of Vendors to migrate to Comprehensive status to ensure the following:
 - Vendors have the financial infrastructure to support the provision of services in an entire county.
 - The numbers of staff in each discipline to support their intended capacity.
 - Different or new staff that are not shared by the other Comprehensive agencies within the county so that poaching isn't viewed as a permissible practice.
 - Enough infrastructure to support the supervision and training requirements required by the Department.
 - Adequate data capabilities and systems of quality assurance to properly plan for and support the families in their care.
 - Acceptable organizational capacity that is proven prior to the assignment of a county and matched by the numbers of families and services anticipated and not already covered by the existing Comprehensive agencies.

In addition, the Quality Assurance Unit should also monitor the back end of the broadcast/assignment process by insuring the following:

- All provider agencies accept cases on a rotational basis and limit the number of families returned to the Broadcast due to the lack of a particular discipline.
- All provider agencies remain in "good standing" with PSO and work collaboratively with the Service Coordination Units
- All providers agencies are held to a specific set of standards that are measured on a routine basis and adjustments made to provider status if necessary and based on clear data.
- An established appeals process to allow for further review if sanctions are imposed.

- The capacity of a provider organization to maintain the ability to “sub-contract” with other companies is critical to the proposed model and should remain an option in the Letter of Agreement. The “Home Model” requires provider organizations to provide all the required services of the IFSP for each assigned family. It is imprudent to assume that any provider organization will always have a discipline specific match to the needs of the family every given time. This flexibility maintains this “single point of contact” for a family and provides the tools for agencies to support their staffing needs.
- The workforce challenges continue to plague our industry even post pandemic. The discipline specific labor shortages have led to an inability to fill all IFSP service needs resulting in a waiting list of 750+ services (NPA-Access to Timely Services). Although there has been a sharp decrease in this service list across the State in the past 4 months, the dramatic competition for practitioners may create significant variability and instability in the system. As practitioners jump from one organization to the next, the Supervision Plan and ultimately, delivery of quality services, remains in question.

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