

NJEIS DASHBOARD:

SPECIAL EDITION FOR NEW JERSEY EARLY INTERVENTION PRACTITIONERS

AUGUST 6, 2020

The leadership of the Early Intervention System is extremely proud of the quick and many adaptations that practitioners and service coordinators have made to support families during these past several months in response to COVID-19. The use of Telehealth to conduct evaluations and provide direct services, conduct meetings and provide supports to families has challenged us all in some way, but also helped us to grow professionally as an organization. While no “date” has been approved, the system must prepare for the eventual return to providing services in-home. Some frequent concerns and questions about that process are addressed in this Dashboard.



We thank you for your continued commitment to the children and families in our care.

WHY IS THE DEPARTMENT OF HEALTH ASKING US TO GO BACK IN HOME TO PROVIDE SERVICES?

The NJEIS is responsible under the Individuals with Disabilities Education Act (IDEA) to provide services to children and families in their natural environment. In regular times, this typically means family homes and or childcare settings and when justified, in a center-based program. In all operating decisions during this pandemic, the DOH has followed the instructions from the Federal Office of Special Education (OSEP) in determining what flexibilities could and could not be allowed while maintaining compliance with federal regulations. Overall, OSEP provided very little flexibility and provided no waivers to statutory requirements. Congress did not authorize any flexibility that amended the IDEA or State’s responsibilities.

Therefore, the NJEIS **must** have services available in the natural environment as an option for families as soon as the public health officials allow it. Otherwise New Jersey risks non-compliance with the federal law.

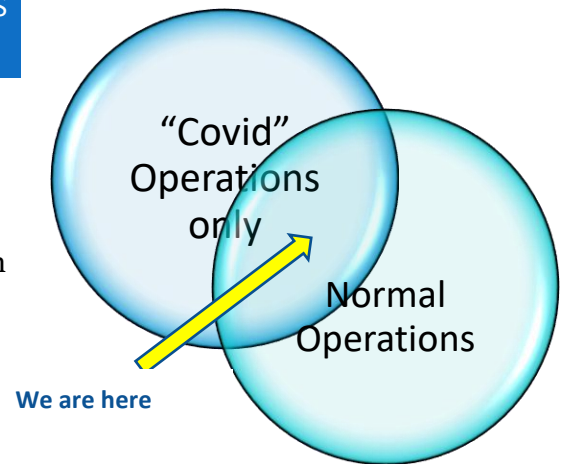
More importantly, there are families and children that have been unable to meet their outcomes through virtual-only services. Those families are patiently waiting for in-person services and to see and work with their trusted therapists.



Practitioners should not interpret the allowance of the return to in-home services to mean *all* services and updates and IFSPs etc. need to be updated or in place by the “in-home date.” As with all processes related to Covid-19 and NJEIS, the primary focus is to assess family’s concerns and priorities and routines. This is not a “return to true normal”, we are adding back services that take place in the home back into the options for families.

WHAT EXPECTATIONS ARE THERE FOR NJEIS PRACTITIONERS THIS FALL?

The NJEIS will continue to provide Telehealth services, evaluations and meetings for the foreseeable future. There is no expiration date on the use of Telehealth that can be determined at this time. In some places, service provider locations are available for center-based services as justified on their IFSPs. The expectation is the system will operate somewhere between “normal” and “all COVID”



COMMUNICATION WITH FAMILIES BEFORE DURING AND AFTER

Families who are interested in having their IFSP services provided in-home will be advised by their IFSP team of the NJEIS protocols and expectations of the family prior to providing any in-home services. The NJEIS has the right to refuse services to families who do not comply with the public health requirements set by the Commissioner of Health.

Practitioners are encouraged to communicate with a family *prior* to arriving at their home, to make sure the answers to the screening questions are all “no” and that they are willing to follow the established protocols. This will prevent unnecessary practitioner travel and provide for the arrangement of Telehealth for that visit if a member of the family or the practitioner is unwell.



WHAT IF I DON'T WANT TO PROVIDE SERVICES IN-HOME?

As an employee of an agency, regardless of full-time, part-time or Independent Contractor status, your right to accept or deny to be assigned to a child’s IFSP that requires in-home visits is between you and your employer. In this time of un-charted territory for employment, it is advised that individuals understand their rights under NJ’s labor laws and any specific accommodations or consequences that may result from individual situations. The NJ Department of Labor website has multiple resources that may be helpful in making your personal decisions. <https://nj.gov/labor>

SHOULD PRACTITIONERS ALSO IMPLEMENT A CONSENT FOR PARENTS THAT WAIVES POSSIBLE LAWSUITS TOWARDS INDEPENDENT CONTRACTORS AND PROVIDERS?

No. The Department of Health is not requiring families to sign or agree to any “hold harmless” waiver. Individual agencies or independent contractors can not require a standard that is greater than that of the lead agency (DOH). Furthermore, requiring such a waiver may violate a family’s right to Part C early intervention services under IDEA.

Operations/NJEIS policy

The DOH is in frequent communication with the administration of the EIPs and SCUs on policies, procedures and decisions regarding NJEIS operations. Your employer/administrator is responsible to communicate to each practitioner the most up to date information through email, virtual meetings, websites or other methods of communication. Your questions should always be posed to your administrator at the EIP/SCU for resolution and understanding and decisions.

Service provision strategies

Practitioners who are interested in strategies to provide services to children while wearing a mask, or while being socially distant, or via continued telehealth, are encouraged to take advantage of resources from the professional organizations that support your specific discipline. The Training and Technical Assistance Coordinators at your REIC can provide specific Communities of Practice opportunities about Evidence-Based practice by request. They can be reached by following the links on the www.NJEIS.org website.