



State of New Jersey

DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH SERVICES

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To: NJEIS EIPS, SCUs, REICs

From Susan Evans, Ed.D. Part C Coordinator

A handwritten signature in black ink, appearing to be 'SE', written over the name Susan Evans.

Date: December 27, 2021

Re: Updated Covid operational procedures

In the past few weeks, the combination of the Omicron COVID-19 variant, holiday travel and indoor gatherings has resulted in a significant increase in the number of positive COVID-19 cases within the state. The NJEIS workforce and the families in our system have been affected as well with reports of even higher levels of cancellations due to either exposure and/or illness from COVID-19. Practitioners, families and staff are reminded that vaccines and booster shots continue to significantly help prevent serious cases of COVID-19.

As has been the protocol to date, the DOH/EIS leadership continues to monitor the overall public health metrics against the needs of the NJEIS. In response to the current surge of COVID-19 cases, the following procedures will be implemented immediately and be effective until January 31, 2022.

IFSP Services:

1. Telehealth services continue to be a viable and useful option for families and practitioners during this current surge of COVID-19.
2. The NJEIS-14 Make-up/Rescheduling policy will again be suspended through the end of January. This will be retro-active to December 10, 2021
 - a. This means that services missed/cancelled between December 10, 2021 and January 31, 2022 will be allowed to be made-up regardless of practitioner or family reason.
 - b. EIPs should use the same procedures to document in EIMS as previously done earlier in the pandemic.

Meetings:

1. Telehealth meetings are an option for meetings, only if they are considered to be at a time and place convenient for the family.

2. When meetings are held in-person, the number of in-person participants can be limited, and a hybrid meeting with some participating by phone or virtually is encouraged.

Evaluations:

The main challenge for current NJEIS operations is evaluations. In consideration of the OSEP guidance documents (October 29, 2021) and since the administration of the BDI-2 in person yields stronger validity and technical adequacy, in-person BDI remains as policy.

However, in consideration of workable and temporary solutions, TETs and SCUs can use the following flexibilities to meet the evaluation and assessment needs of children.

1. Initial Evaluations:

- a. Must still be completed with the BDI-2.
- b. At least one person will need to be face-to-face and administer those items that are designed to be observed or structured.
- c. A second evaluator may be present via Telehealth to participate in observation and/or facilitate interview sections of the BDI.
- d. Initial Evaluations can take place over a few days, if this facilitates scheduling for the TETs.
- e. As before, the TETs can/should submit aggregate time and claim for any time spent in pre-and post-evaluation teaming and collaboration.

2. Annual Evaluations

- a. Administration of a face-to-face BDI-2 as outlined in NJEIS-11 is the preferred option.
- b. A telehealth evaluation/assessment using a tool conducive to telehealth and that will provide sufficient information to support continued eligibility or transition from NJEIS is allowable during this flexible time period.

3. Exit Evaluations

- a. Initial evaluations have priority over all Exit Evaluations in scheduling.
- b. Administration of the BDI-2 in face-to face is required.

As evaluations are typically scheduled in advance, TETs can offer telehealth to families for Annual evaluation beginning today.