



*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 

Date: February 1, 2022

Re: Updated Covid operational procedures

New Jersey has been fortunate to see the cases of Covid-19 decrease dramatically in the past month (down 76%) and the seven day average number of cases is at the lowest average since December 18. Given the improved public health metrics, the DOH is updating the operations of the NJEIS to include the following:

**IFSP Services:**

Telehealth services remain an option for families as agreed to in the IFSP.

**NJEIS-14 Make-up/Rescheduling**

- a. NJEIS-14 will again be in effect on February 7, 2022
- b. Families who missed services between December 10 and February 7, 2022, may have those services made-up within the current active IFSP. This means that services missed/canceled in that period will be allowed to be made-up regardless of practitioner or family reason.
- c. EIPs should use the same procedures to document in EIMS as previously done earlier in the pandemic.

**Meetings:**

- a. Telehealth meetings are an option for meetings, only if they are at a time and place convenient for the family.
- b. 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:**

### 1. Initial Evaluations:

- a. Should return to in-person as soon as possible, but no later than February 14, 2022.
- b. Must still be completed with the BDI-2.
- c. At least one person will need to be face-to-face and administer those items that are designed to be observed or structured.
- d. A second evaluator may be present via Telehealth to participate in observation and/or facilitate interview sections of the BDI.
- e. Initial Evaluations can take place over a few days if this facilitates scheduling for the TETs.
- f. 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 and good IFSP planning will be allowed to continue through April 30, 2022 at which time the DOH will re-assess the workforce capabilities to return to all in-person BDI-2 annual evaluations.

### 3. Exit Evaluations

- a. In-person Exit Evaluations should resume as soon as possible as outlined in NJEIS-11.
- b. Administration of the BDI-2 in face-to face is required.

As has been the protocol to date, the DOH/EIS leadership will continue to monitor the overall public health metrics against the needs of the NJEIS and adjust as needed.