



State of New Jersey

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JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

To: All NJEIS Practitioners, EIPs, SCUs and REICs
From: Susan Evans Ed.D. Interim Part C Coordinator
Re: UPDATED COVID-2019 and NJEIS Operations
Date: March 17, 2020

On March 17, 2020 the Commissioner of the Department of Health determined it necessary for the New Jersey Early Intervention System (NJEIS) to close the Part C services in response COVID-19 for a period of two (2) weeks beginning at noon. The DOH anticipates a return to operations March 31, 2020.

The purpose and goals of the 2-week closure are:

1. To contribute to the public health efforts of social distancing by suspending all in-person meetings, evaluations and direct intervention services;
2. To prepare, plan and communicate to families a revised NJEIS delivery system that is responsive to COVID-19 by using telehealth and teleconferencing;
3. To ensure equitable and shared repercussions for all families, practitioners and providers;
4. To issue temporary policies for families who wish to postpone NJEIS services or use alternative methods for service delivery; and
5. To allow for certain timelines and requirements to be accommodated under IDEA.

What services are “closed?”

1. Part C services to families including all evaluations, all scheduled meetings and authorized IFSP services for a period of 2-weeks.
2. As DOH has determined that the safety of families and practitioners is the reason for closure, families will not be provided with make-up or compensatory services that result from missed services during the official closure period.
3. Upon return to the operations on or about March 31, DOH will amend the provisions of NJEIS-14, Missed Services Policy to provide additional flexibility for families and practitioners.

Business Continuity Essential Designations

1. As grantees of the DOH, all REIC personnel and service coordinators identified on their respective grants are considered “Business Continuity Essential” during the temporary closure of the NJEIS Part C system in response to COVID-19.
2. This designation requires that personnel are required to work during the closure to prepare and plan for the return to NJEIS operations.

3. Service Coordination Units and individual service coordinators may choose to work from their offices or arrange to work from a remote location based on any operational designation or guidance of the parent organization.
4. REIC staff, including SPOE service coordinators, may choose to work from their offices or arrange to work from a remote location based on the operational designation or guidance of the parent organization.
5. EIP administrators will need to make themselves available to the DOH, SCUs, REICs and their practitioners to facilitate the return to operational processes.
6. All DOH state staff supporting NJEIS operations will be working during the closure. The State office will have a mixture of remote work and in-office staff as directed by Governor Murphy and the DOH's contingency plan for its employees.

Move to telehealth and teleconferencing Part C services

OSEP provided the following information regarding service during times of disaster and public health crisis, including COVID-19, *“the lead agency must ensure the continuity of services by, for example, providing services in an alternate location, by using different EIS provider or through alternate means, such as consultative services to the parent.”* (OSEP, 3/12/2020)

The DOH is defining “alternate means” to include telecommunications and tele-health services. Implementation of tele-health services will be with the consent of the family and service provider and the temporary policy is not intended to allow entire organizations to stop providing in-home services altogether for an extended period of time. These temporary policies will be in effect until May 31, 2020 or when NJ's public health emergency is lifted, whichever date is soonest.

For delivery of IFSP services (excluding evaluations & assessment)

1. Available technology platforms such as WhatsApp, Skype, Zoom, Go to Meeting, Face Time, teleconference calls and regular phone calls for the delivery of the authorized IFSP services will be allowable and billable when consented to by the family and the service time is consistent with the IFSP.
2. Email and text messaging will not be considered as billable service time for IFSP services by practitioner. The use of email and text messaging can be used to communicate with families.

For IFSP, FIM and TPC meetings

1. Available technology platforms such as WhatsApp, Skype, Zoom, Go to Meeting, Face Time, teleconference calls and regular phone calls is permissible for conducting all required meetings and for all participants.
2. The use of email and text messaging can be used to communicate with families.

Initial Evaluations

1. As of March 17, 2020, the DOH has not determined the best course of action for evaluation for eligibility, as virtual evaluations present unique challenges for clinical purposes.

2. Between March 17, 2020 and March 31, 2020, the REIC SPOE service coordinators will continue to receive and enter new referrals into EIMS.
3. The 45-day timeline for initial evaluation includes “two (2) allowable exceptions”. *“These exceptions apply if the child or parent is unavailable due to exceptional family circumstances or a natural disaster; or if the parent has not provided consent despite documented attempts... Both of these exceptional circumstances may apply in the situations where a family has been displaced as a result of the disaster” (OSEP, 2018)*
4. In these situations, when families and providers are displaced and when offices are closed, delays can be expected.
5. The documentation for the delay must be noted in the child’s record. It will be entered as “COVID-19 Pandemic”.
6. NJEIS must complete the initial evaluation, assessment and IFSP meeting as soon as the exceptional family circumstance or disaster no longer exists, and parental consent is obtained.
7. Over the 2-week closure, DOH will assess the options for conducting evaluations for eligibility and advise as procedures are determined. This may include considerations for specified neutral locations, continued delay of evaluations based on family decisions, limited return to in-home evaluations, alternative evaluation tools and/or a combination of these processes.

Annual and Exit Evaluations

1. The NJEIS will suspend NJEIS Policy-11 related to the requirement of an Annual BDI and re-determination of eligibility prior to an Annual IFSP meeting. Children’s continued eligibility will be considered at the annual IFSP meeting based upon the clinical information available through progress notes, outside information and other applicable data in support of continued eligibility or transition from NJEIS if the child is no longer eligible.
2. The NJEIS will suspend NJEIS Policy-11 related to the requirement of conducting Exit Evaluations.

The plan above is the first outline of our contingent operations. During the next 2 weeks DOH, in conjunction with service coordination and EIP administrators, will determine the additional specifics related to EIMS coding, billing procedures, technology provision, best practices and procedures for obtaining consent and communication with families.

Thank you for your patience as the DOH gathered and processed the required documentation and data to develop this contingency plan during this time of uncharted territory for both the State and Country.