



The Update:

News and Information for MA Early Intervention Providers

April /May 2010

Welcome to Spring Edition of "The Update." This is a periodic newsletter focusing specifically on issues and information in MA Early Intervention. This issue will highlight important information about DPH proposed actions, trainings and FAQ's.

DPH Proposed Actions



The Department has spent many hours on budget projections and analysis to determine how best to meet the fiscal deficits for FY10 and FY11. Fortunately due to the \$2M supplemental funding there will be no changes made in FY10. The department continues to work with the Massachusetts Early Intervention Consortium and EI community to determine the best ways to address the \$10 million deficit facing the program next fiscal year.

Integration of High Intensity Early Intervention Services

The Department of Public Health is moving forward with a proposal to change the contracting methodology for intensive services by integrating these services more fully into the Early Intervention (EI) system. This is one of the measures needed to maintain the fiscal viability of the Early Intervention system by shifting costs to all early intervention payers, not solely on DPH. At this time, the Department has postponed the implementation of this proposal subject to ongoing discussions and collaborative negotiations with MassHealth.

The Department staff have been meeting with a representative group of SSP and EI staff to address a variety of questions and concerns that have been raised regarding this change. Most critical is the Department's commitment to ensuring that the new system delivers the same high quality services by staff that have the extensive experience and knowledge base to meet the needs of children and their families consistent with the present system. In that regard, the Department will be providing explicit guidance to providers that clearly define its requirements for meeting this standard, including sub-contracting with SSP vendors.

The Department recognizes that the program models it has developed for children with intensive service needs cannot continue unless the contracting system changes and we are commit-

ted to providing the structure and oversight to ensure that high quality services can continue.

The Massachusetts Department of Public Health has issued an RFR to continue to fund existing specialty services providers to provide intensive services to children with Autism Spectrum Disorders until such time that the new contracting methodology has been implemented. Specialty Service Providers will continue to work in conjunction with community Early Intervention programs to deliver comprehensive, family focused services to meet the developmental needs of each child and of the family related to enhancing the child's development

Changes to the Fee System

The Department of Public Health is moving forward with changes in the Annual Fee System. At this time the DPH does not know the final fee amounts pending budget negotiations and is reviewing several possibilities regarding documentation of verification of income. The DPH will provide additional information regarding verification of income, exemption/inability to pay and suspension of services for nonpayment. A teleconference will be schedule as soon as possible to further discuss these changes.

Changes to Program Eligibility

The Federal Part C application will be submitted in early May with the proposed changes that were presented at the Public Hearings held on February 25th and March 1st, 2010 of a 40% level of delay or 1.5 standard deviations in one or more areas of development. For children with an expressive language delay only, the child would need to exhibit at least a 50% level of delay in expressive language. Any changes to eligibility would be implemented as a last resort and after all other options have been exhausted.

Regional Consultation Programs

Vision Statement: *All children are born with possibilities and should have access to inclusive settings to learn, to play and to interact. Inclusion is an attitude that nurtures everyone.*

The Regional Consultation Program (RCP) continues to be available to provide enhanced services to children enrolled in Early Intervention programs who have complex medical needs and multiple disabilities. The Department of Public Health and the Department of Early Education and Care have engaged in a joint collaboration to expand upon the role of the RCP to support inclusion in child care and preschool for children 3 to 5 years of

age with special needs. The RCP can provide the following to childcare and preschool providers:

- Transition and inclusion support for providers and families
- Resource and referral information
- Child or Program Consultations
- Training on inclusion and other special needs topics

In addition, the RCPs will continue to participate in the EEC Communities of Practice to promote smooth transitions from early intervention to public preschool.

Certification for Early Intervention Specialists (CEIS) Stakeholders Update



In February 2009, the EI community completed a yearlong process to review the CEIS competency indicators. The revised competency indicators include 53 newly worded competency indicators in 8 areas; previously, there had been 69 competency indicators in 9 areas. The DPH has established a process which includes

broad representation from the early intervention community to review and revise the current CEIS process and determine which competencies will be documented in each of the portfolio entries.

The CEIS Stakeholders have been meeting monthly since September 2009 to develop the framework for how the competencies will be demonstrated in the portfolio submission for EI Specialist certification. The following highlights some of the

Stakeholder's recommendations thus far:

Entry 1 – Formal Knowledge Source – recommending **16** competency indicators which will require a formal knowledge source (current process requires a formal knowledge source for **35** competency indicators).

Entry 2 – Professionalism – revised the Self Evaluation to be a more useful tool for the applicant and placed a stronger emphasis on the supervisors role and involvement in documenting professionalism.

Upcoming meetings will focus on reviewing Entries 3 & 4: Documentation of Depth and Breadth of Practice.

Certification Facts: *The DPH receives approximately 100 portfolios per year, and since July 2003 approximately 620 individuals have been certified. Of the individuals certified, 77% have remained in the EI system.*

Early Childhood Outcomes



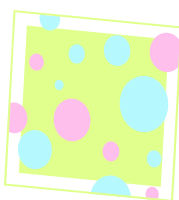
The DPH has collected data from the 12 EIPs that are currently piloting the Battelle Developmental Inventory – 2 (BDI-2). The information gathered will be used to identify EI system infrastructure needs with regard to data reporting, financial resources and training and support necessary for moving toward universal use of the Battelle in determining eligibility and measuring child

outcomes. In addition, the EITC is offering program mentorships and additional training and support on the Battelle.

The DPH is investigating alternative funding sources to support the training needs and cost of purchasing evaluation kits. The DPH has submitted a proposal to the Department of Early Edu-

cation and Care to train EI and LEA staff on the administration, scoring, and interpretation of the BDI-2. The purpose of the collaboration is to provide both staff and families with consistent, meaningful, and relevant data that will support seamless transitions. In addition, child performance on the tool can provide data to meet the federal reporting requirements for Part C Indicator 3, Child Outcomes and Part B Indicator 7, Preschool Skills. The DPH would like to move forward with a Phase-In Implementation of the BDI-2 over the next two years.

Connecting the Dots – Online Transition Training



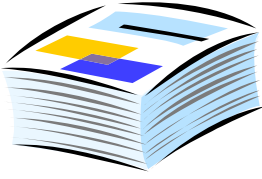
The DPH Early Intervention Training Center launched the *Connecting the Dots: Early Childhood Transition Training* in November 2009. The training reflects a joint collaboration between the Departments of Public Health and Early Education and Care and highlights three main areas of information 1) Federal and State Requirements, 2) Recommended Transition Practices, and 3) State-Specific Transition Policies and Procedures.

The training awards competency indicator 5.4: “Implement plans to promote smooth transitions for children from EI to Early Childhood Special Education or other community programs”. Please note that as of January 1, 2009, 5.4 is no longer awarded through Building a Community.

The training is recommended for all new staff, but we also encourage supervisors and team leaders to take the training. The training takes about 1 -1 ½ hours to complete and EI staff can register at www.eitrainingcenter.org.

To date over 130 staff have successfully participated in the online training and have provided very positive feedback to the DPH. The EITC is anticipating that the online training will be closed for a short period of time in July for modifications and revisions to the content.

NCSEAM Family Survey



Effective January 2010, a change occurred in the dissemination of the NCSEAM Family Survey. EI programs will be distributing this survey to all families whose children have been enrolled in EI for at least six months during the months of March and October. The March dissemination has been completed and the department appreciates the effort that programs have taken in transitioning to this new timeframe and approach. Also, thank you for your ongoing participation and support in gathering information to be used to inform

our State Performance Plan (SPP). Indicator 4 of the SPP: Family Outcomes, falls under Monitoring Priority: Early Intervention Services in Natural Environments and measures "percent of families participating in Part C who report that Early Intervention services have helped the family":

Know their rights

Effectively communicate their children's needs

Help their children develop and learn

the months of March and October. The March dissemination has been completed and the department appreciates the effort that programs have taken in transitioning to this new timeframe and approach. Also, thank you for your ongoing participation and support in gathering information to be used to inform

Transition FAQ's



Are there any plans to change the IFSP Review Page in the near future because the most recent page says that EI services remain in place for one year unless a child is being seen based on "clinical judgment."?

The DPH has no immediate plans at this time to revise the IFSP Review Page. The DPH's recommendation is for the ICC to reconvene the IFSP subcommittee to review the entire document.

The following questions refer to a child referred to the LEA then found ineligible at the next eligibility evaluation: If the LEA indicated they will pick up the child is it still ok to keep the child under clinical judgment? If they were previously in under clinical judgment should the child be discharged? If the LEA has not determined eligibility, should the child be discharged from EI?

There is no "yes" or "no" response to the questions referred to above. The multidisciplinary team should utilize informed clinical opinion throughout the evaluation/assessment process in determining initial and/or ongoing eligibility for EI. Many factors and information sources may be considered when determining eligibility based on clinical judgment. Therefore in the two situations noted above it should be the multidisciplinary team's

decision based on the child's qualitative functioning and additional information sources as to whether the child meets the eligibility criteria of "clinical judgment". In addition, the team should be able to sufficiently document the procedures utilized and the information used to determine ongoing eligibility.

Related to EIIS/Transition Survey - Child referred to the LEA then found ineligible at next eligibility evaluation and discharged from EI. If staff enters on EIIS discharge and/or transition survey that LEA referral was done it comes up as an incomplete transition plan if all the LEA activities have not been completed. Do you have a suggestion?

The question on the Transition Survey for LEA referred children is "Did the child have a complete Transition Plan?" All children exiting EI should have a complete Transition Plan, however it may not include page 7b of the Transition Plan if the child was determined ineligible for EI. If you check that the child did not have a complete transition plan then you should provide an explanation under "other" on the Transition Survey that the child was determined ineligible for EI (however this would not be considered a compliant reason as the child should have a complete transition). I would suggest that staff always include an explanation under "other" to provide as much information as possible so that DPH Regional Specialists are able to determine whether the reason is compliant or not.

Comments and questions to:

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