

# The UPDATE

## News and Information for Massachusetts EI Providers December 2016



**Happy Holidays!**

**Wishing you all a joyous holiday season on behalf of the Department of Public Health**

### ***Important Dates...Mark your Calendar!***

**December 14, 2016:** Deadline for IFSP Pilot Application

**December 27, 2016:** EI Program Director Webinar cancelled

**January 12, 2017; 9:30am—1pm:** MA ICC Meeting: Best Western Royal Plaza Hotel, 181 Boston Post Road West, Marlborough, MA



### ***DPH Staff Update***

**Jean Nigro** has worked for the Department of Public Health's Early Intervention Program for a number of years and has contributed to the overall system in her many roles as the Certification Coordinator, Regional Specialist, and most recently as the Director of the Early Intervention Training Center. Jean will be retiring effective December 29, 2016. Please reach out to Jean over the next couple of weeks to wish her well. We hope that she will be able to return to do some of our face-to-face training in the spring.

### ***DPH Updates***

#### **IFSP Pilot**

**Vision Statement:** "The MA Universal IFSP is a consistent tool that incorporates information collected into a plan that is team developed with each individual family."

The IFSP Pilot's purpose is to trial the new IFSP in the field. The goal is to gather feedback from providers and families on the document, training/guidance documents, and identify any additional support needed for a successful implementation. The IFSP will be piloted from January – March 2017 and will require some data collection/feedback on both the form and the training materials. Pilot applications are due by December 14. Please send them to [patti.fougere@state.ma.us](mailto:patti.fougere@state.ma.us).

#### **EI Program Director Session – November 30, 2016**

Thank you all for your participation in the EI Program Director Session held on November 30, 2016. It is important for us to continue coming together as an EI community to acknowledge all of the hard work, promising practices and strategies that programs and staff are engaging in to enhance the system.

The following is some feedback from the evaluations:

Did you gain any new insights throughout the day? **49 YES 7 NO**

#### **If yes, why?**

- Looks like things are moving in a direction that aligns with a practice we are already doing
- PIWI- all the changes being interconnected
- I have a better vision/understanding of DPH expectations of programs and adaptation of model/change
- Hearing about how programs are using fidelity checklist
- The bigger picture! Great to hear all process together- great discussions. Face to face is good to bring us all together as a system
- The weaving together of the 4 strands and their interrelationships

## If not, why not?

- The theme for why insights were not gained related to repetition of the information.

Overall there was a significantly higher number of positive vs. negative updates.

**Next Steps:** The Department will review the suggestions and comments from the evaluations, as well as the Parking Lot issues and questions that were raised. We will continue to communicate responses to provide clarity and guidance to the field.

## Where is YOUR ASQ:SE—2?...Tips

**Specific changes** include:

- The “What is the ASQ:SE-2” is a handout to be used with parents and caregivers to explain the importance of social-emotional development as a foundation for learning, as well as explaining the tool.
- There are directions on how to handle when questions are left blank: 1-2 has no impact on scoring; guidance for 3 blanks to adjust scoring; and recommending that no scoring is done if 4 or more questions are not answered.
- The response “most of the time” has been revised to “often or always”.
- The scoring sheet is streamlined, provides an area for recording concerns and has a section for follow-up.
- Some questions have been refined to be clearer and some include added examples.
- There are directions on adjusting for prematurity of 3 weeks or more for children under 24 months of age.
- There is a child monitoring sheet where data for each age can be recorded to look at scores and concerns over time.
- In addition to the scoring page for each of the age levels, there is a Parent Conference Sheet that can be used to do a comprehensive follow-up to discuss strengths, concerns and considerations, and action taken.
- They have also revised the Spanish version that reflects the overall changes, and both simplifies the language and reflects broader use among Spanish speakers.

You can also go to the Ages and Stages website to access online resources at [agesandstages.com/free-resources/resources](http://agesandstages.com/free-resources/resources). There you will find an age and score calculator, a video on the importance of social-emotional development for future success, tip sheets and articles, and factors to consider before making a referral. There is also information on integrating the ASQ:SE-2 into Electronic Health Records. An additional single or multi-site management subscription is available at a cost and requires the use of the individualized key code on your box. **Once this key code is entered with a user name and password, it cannot be used again.**

Based on the survey done in 2014, every program is using the ASQ:SE for the majority or all of their required social emotional screening process. The screening is an integral part of the state’s commitment to improving social emotional outcomes for children in the EI system, and incorporating a variety of functional assessment activities into the IFSP process. With this in mind, isn’t it time to take a look at where your ASQ:SE-2 box resides?

## Child and Family Eligibility Factors

DPH would again extend its appreciation to members of the ICC Standards Committee for their very thorough review of the Child and Family Eligibility factors (formerly known as Child and Family Risk Factors). As discussed on the September webinar, the implementation of the Child and Family Eligibility factors will coincide with the upgrade to the EIIS system. DPH anticipates a full implementation date of either March or April 2017. Jean Shimer and her team will walk programs through the upgrade and it is anticipated that all programs will be upgraded by April. A formal policy update with an implementation date will be provided once the EIIS upgrade requirements and timelines are more definitive.

In the interim, programs are encouraged to review the EI Child and Family Eligibility grid with staff, consider reflecting upon practices related to engaging families early in the process, discussing sensitive topics, and ensuring consistency that eligibility factors are reviewed will all parents regardless of reason for referral.

DPH has responded to the following questions from providers:

**Question #1: Would it be possible to add "talking points" to the examples/guidance section to help guide discussion with families?**

**Answer #1:** The “Child and Family Eligibility Factors” grid provides guidance related to the procedures/evidence required to determine if the eligibility criteria apply as well as some examples. “Talking points” are not provided. The Standards Committee recommends programs reflect on program practice related to interviewing skills and the ability of staff to initiate difficult conversations which include sensitive topics. If a program determines the need for additional training related to gathering sensitive information or interviewing skills, they should contact their Regional Specialist.

**Question #2. RE: Child Eligibility Factor 6. Weight for Age and Weight for Height. Please provide clarification on what is considered a major percentiles or centiles for the criteria: "A child's weight for age has dropped 2 or more major percentiles in 3 months, if under 12 months of age, or 2 or more major percentiles in 6 months if between 12 and 36 months".**

**Answer #2:** The terms 'percentile' and 'centile' tend to be used interchangeably, although percentile seems to be used more often in the United States ('percentiles' is the term used in the CDC information about growth charts and their interpretation, whereas the World Health Organization-WHO tends to use 'centiles').

The major percentiles are the 3rd, 5th, 10th, 25th, 50th, 75th, 90th, 95th, and 97th. These are typically depicted with darker lines on growth charts. Growth charts (available on the CDC website at: [www.cdc.gov/growthcharts/index.htm](http://www.cdc.gov/growthcharts/index.htm)) are provided in sets that display different major percentile lines to meet the needs of various users. There is a helpful overview of growth charts on the CDC website at: [www.cdc.gov/NCCdphp/dnpa/growthcharts/training/modules/module2/text/module2print.pdf](http://www.cdc.gov/NCCdphp/dnpa/growthcharts/training/modules/module2/text/module2print.pdf). The grid will use the term "percentiles" throughout the document.

**Question #3: Is a phone intake (referral information) provided by a pediatrician's office or DCF enough to justify a risk factor?**

**Answer#3:** The documentation requirements of each child and family eligibility factor are noted in the grid under the "Procedures for determining presence of eligibility factor/Evidence required" column.

- o A phone referral/intake or fax with information from a DCF worker or supervisor that identifies that the child/family is receiving DCF services case would be sufficient to substantiate Eligibility Factor #18 - Open or Confirmed Protective Services Investigation.
- o A phone referral/intake or fax from DCF that reports information related to other potential Child or Family Eligibility Factors (for example parental disability, substance use or domestic violence) would require the EI team to follow the "Procedures for determining the presence of eligibility factor/Evidence required" associated with those particular eligibility factors (typically, self-identification). Multidisciplinary evaluation teams may not apply these risk factors without informing a parent the information (related to a different eligibility factor) was provided by a referral source and allowing the parent to self-identify the eligibility factor exists.
- o A phone referral/intake or fax from a pediatrician or hospital that includes information related to some of the medically based eligibility criteria (those associated with prematurity, for example) would require documentation from medical records to substantiate the factor would apply.

**Question #4: Does the evidence from an outside source (for example, birth records from a hospital) of the eligibility factor need to be received by the EI program in order to apply the eligibility factor (and potentially find the child eligible for services?) We do not receive a detailed birth record or discharge form quickly enough prior to making the determination.**

**Answer #4:** This procedure and the requirements for the evidence have not changed. If the "Procedures for determining the presence of eligibility factor/Evidence required" section of the grid requires documentation as confirmation that the eligibility factor applies, the documentation must be available at the time eligibility is determined. A program may need to develop systems to obtain this information within the 45 day timeline. These may include asking parents to request the information at the time the referral is made to the program or sending a consent for the disclosure of information form to parents well in advance of when eligibility will be determined.

**Question #5: When will this be implemented and when will the EIIS be updated? When should we begin training staff?**

**Answer #5** The DPH Webinar on September 27<sup>th</sup>, 2016 and dissemination of the DPH Early Intervention Eligibility Factors, Definitions, Criteria and Procedures grid was the notification to the field of the revision to the child and family eligibility factors. The document was provided so that programs would have sufficient time to train staff. The implementation date will coincide with updating the EIIS forms and EIIS system. The anticipated implementation date is March or April 2017. DPH will continue to provide updates on the progress of the EIIS update and a policy update with a definitive implementation date when known.

Please contact your Regional Specialist with any additional questions.

## IHR Update

Some of your clients might appreciate the fairly irreverent and very informative blog by a mother of a child with special needs. In this post she writes and includes videos about her daughter using an AAC device: [niederfamily.blogspot.com/2012/05/this-is-what-4-months-of-using-aac.html](http://niederfamily.blogspot.com/2012/05/this-is-what-4-months-of-using-aac.html) The Karens at IHR again remind you to take care of yourselves as you care for others during the holidays. As always, please contact [karenwelling@healthrecovery.org](mailto:karenwelling@healthrecovery.org) or [karengould@healthrecovery.org](mailto:karengould@healthrecovery.org) for any training and technical assistance needs.

## ***Policy & Clarifications***

### **SLP Clinical Fellowship**

There have been a number of questions regarding the change in status for SLP Clinical Fellows by the state licensing board. The regulation comes from the state licensing board. This is not DPH. The candidate is still practicing their CF year, that has not changed, but in order for a program to be able to be reimbursed for their services, they would need to meet as a DS category a – d.

The following is the link to an article from ASHA that explains the variance state to state: [leader.pubs.asha.org/article.aspx?articleid=2578637](http://leader.pubs.asha.org/article.aspx?articleid=2578637)

Given the information outlined in the memo dated 12/5/2016 re: Speech-Language Pathologist Clinical Fellowship status, all EI Specialists who are currently completing their SLP Clinical Fellowship Year (CFY), must have a new Certification Tracking Form submitted to DPH in order to be re-classified as a Developmental Specialist (d). Given that these employees have already been provisionally certified to meet the criteria to meet as a Speech-Language Pathologist, under the previous definition, no new supporting documentation needs to be submitted. If you would like the CFY to be considered for a different DS category (a,b,c), you must then submit all required documentation for a Developmental Specialist candidate. Susan Breen will be reviewing all documentation that is submitted and will assign the appropriate discipline for each individual.

New CFY candidates would need a Certification Tracking Form, as for all new employees, and ALL required documentation for a Developmental Specialist candidate AND the Form 1, documenting the CFY eligibility.

Programs will have to plan accordingly to ensure that they are meeting the requirements in the EI Operational Standards and EI Billing regulations with regard to multidisciplinary teams and services.

Below is information and guidance that has been sent out regarding these requirements from some different sources to help you with your program planning:

### **Federal Part C Regulations Evaluation/Assessment/Eligibility & IFSP Development – PowerPoint Presentation – August 2012**

Multidisciplinary, with respect to evaluation and assessment, may include one person who is qualified in more than one discipline or profession (e.g. special education teacher who is also a speech pathologist). (§303.24(a))

Multidisciplinary, with respect to the IFSP meeting, must involve two or more individuals or professions and one of these must be the service coordinator. (§303.24(b))

### **Federal Part C Regulations: Webinar FAQ - 2012**

#### **Multidisciplinary IFSP Meeting**

#### **13. For the IFSP meeting, the requirement reads "OR" suggesting that you could have two professionals, but of the same discipline?**

*The federal interpretation of multidisciplinary for the purposes of an IFSP meeting must include the Service Coordinator and one other discipline. A DS (a-c) would be able to participate in an IFSP meeting with a DS (d).*

*Once a DS (d) becomes fully certified, they are no longer considered in the DS (d) 6% ratio for hiring purposes. However, the discipline does not change when an individual receives CEIS. Therefore, two DS (d) who also have CEIS (full certification) would not be considered multidisciplinary for the purposes of an IFSP meeting unless another discipline is participating.*

**14. Two staff members of different disciplines must be at every Initial, 6 month and yearly IFSP, correct?**

*Yes, that is correct. Two or more individuals representing different disciplines with one being the Service Coordinator must participate in the initial, six month review and annual IFSP meeting.*

**15. Does an IFSP meeting with an SSP provider count under this interpretation?**

*"Multidisciplinary" for the purposes of an IFSP meeting may be with a contracted Specialty Service provider identified on the infant or toddler's IFSP.*

**16. Does the multidisciplinary team have to be 2 people from the EI Program, or can it be another professional from a community partner?**

*Although best practice is to include staff from outside agencies working with the child and family to participate and provide feedback in ongoing IFSP meetings, a community provider such as the VNA therapist who is not contracted by the EI program to provide IFSP services would not meet the requirement of multidisciplinary for IFSP meetings.*

**17. For a staff person who is dually licensed (i.e. RN/SW), which discipline does the individual represent at a multidisciplinary IFSP meeting?**

*The individual may represent either discipline for participation in the multidisciplinary IFSP meeting as determined by the appropriate licensing board. However, the individual cannot represent both disciplines at the same time, and there would need to be another individual representing another discipline participating in the IFSP meeting.*

## **Data Manager Updates**

### **Next EIIS Upgrade**

The next EIIS upgrade will include the new child and family eligibility criteria and will be ready for distribution to programs prior to the implementation date of the eligibility criteria. Linda Mosesso will be in contact with you to schedule a time for this implementation to occur at your program. A webinar will take place for program directors and EIIS data managers to review the changes on the forms and within EIIS at the time of implementation.



### **Annual Family Income**

The family size and annual gross family income questions on the EIIS IFSP form **ARE REQUIRED** by DPH to be completed for all children. Poverty level information is derived from this data and provided to state legislatures regularly. In order to see how well your program collects this information you should review the Poverty Level report that was sent to you in November as part of the FY16 Program Summary Report. The Annual Gross Family Income Grid is a tool that can be used by clinicians to collect and report income in a more anonymous and less uncomfortable way for both the family and the clinician. Please contact Jean Shimer if you would like to receive the Income Grid.

## **EITC Updates**



### **CEIS Competency Indicator 8.2 ADDITIONAL CLARIFICATION**

CEIS Competency 8.2 reads, "EI Specialists will participate in opportunities for continued training and education for the purpose of ensuring personal and professional growth."

This competency is one that applicants demonstrate through continued professional development. In order to receive 8.2, staff must demonstrate evidence of successful completion of a professional development activity, beyond that which is required, that promotes personal and professional growth. The training must be one that is not a universal requirement of the MA Department of Public Health.

To document competency 8.2 in your CEIS portfolio, submit the evidence from the training or course following the certificates issued by the EI Training Center. The EITC will NOT be issuing CEC's for competency 8.2.

### **Internship Support**

Going forward the Training center will be accepting applications for internship support on a rolling basis for as long as the intern is currently completing their 300 hour practicum at the EI program.

## **Specialty Services Updates**

### **New Massachusetts Learn the Signs Act Early (MA LTSAE) Ambassador & State Team Leader**

After several years as the Massachusetts Learn the Signs Act Early Ambassador and State Team Leader, Elaine Gabovitch is stepping down to take a position at the Department of Public Health. Elaine will serve as the Division Director of Children and Youth with Special Health Care Needs (CYSHCN) in the Bureau of Family Health and Nutrition, she started at the end of November. Under Elaine's leadership, the MA LTSAE State Team had many accomplishments including the Annual Summit, development of the Considering Culture in Autism Screening Kit and most recently a grant from AMCHP to produce Cable TV and Radio programs in 6 different languages to promote early screening for all children. Check out the website for more information at [www.maactearly.org](http://www.maactearly.org).

Dr. Roula Choueiri, Associate Professor of Pediatrics and Chief of the Developmental and Behavioral Pediatrics Division at the University of Massachusetts Medical School, has graciously agreed to become the Interim Ambassador and Leader for the Massachusetts Act Early State Team. Dr. Choueiri has been involved with MA LTSAE since its inception and recently developed the RITA-T, a rapid intervention screening test for autism spectrum disorder (ASD) in toddlers, designed to improve early identification and access to treatment. As the State Team transitions to new leadership, the Steering Committee will be determining the priorities for the upcoming year and planning the annual Summit to be held in the spring. Anyone interested in becoming a member of the MA LTSAE State Leadership Team should contact Joan Rafferty at [joan.rafferty@state.ma.us](mailto:joan.rafferty@state.ma.us).

### **Autism Across the Lifespan 2017 Conference**

The conference takes place January 20-21, 2017 at the Westin Copley Place in Boston.

The two-day event features clinical and research experts from across the country. They focus on practical insights that help you assess, treat and manage patients with autism spectrum disorder and related conditions. The agenda offers innovative guidance on clinical implications of genetics, assessment of ASD in primary care, psychopharmacological interventions, neuropsychological assessment, social skills training, psychiatric comorbidities, legal issues, and more.

**Anyone who registers with code AUTISM can save 10% on conference tuition.**

This conference is sponsored by Massachusetts General Hospital Psychiatry Academy.

You can see the faculty list and agenda on the conference website [mghcme.org/courses/course-detail/autism-spectrum-disorders-across-the-life-span-2017](http://mghcme.org/courses/course-detail/autism-spectrum-disorders-across-the-life-span-2017)

## **Forms & Materials**

### **Zika Updates and Messaging**

DPH Zika-related campaign messaging specifically targets 1) women who are pregnant or considering becoming pregnant and are planning travel to Zika-affected areas and/or their male sexual partners; and 2) pregnant women from countries with active transmission who are staying temporarily in Massachusetts.

This campaign encourages all women and their partners in our target audiences to talk to their doctor before traveling to Zika-affected areas and to seek appropriate prenatal care after arrival/return from an area with active transmission.

Print materials have been developed by the State Lab and Communications Office. They include an 8.5"x 11" flyer – one for women and another for men – and a wallet-size fold-out brochure. Each is available from the Massachusetts Health Promotion Clearinghouse in English, Spanish, (Brazilian) Portuguese, and Haitian Creole at [massclearing-house.ehs.state.ma.us/](http://massclearing-house.ehs.state.ma.us/).

The campaign is supported by radio spots in Spanish and Portuguese, plus online and Facebook advertising. All such messaging directs target audiences to the central Zika virus webpage ([www.mass.gov/zika](http://www.mass.gov/zika)) and a single phone number staffed 24/7 for more information (617-983-6800).

DPH encourages you to continue to visit [www.mass.gov/zika](http://www.mass.gov/zika) for the latest updates on Zika virus. **Please share these materials with families enrolled in your programs.**

## EI Public Relations Materials

The MA DPH has updated its PR materials to reflect the MA Mission & Key Principles. The new EI brochure and flyers for referral sources and community collaborators, provides consistent language and messaging of the MA EI system.

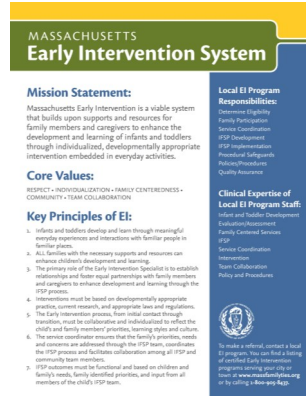
Hot off the press: New EI materials are available at the Clearinghouse and for download: [eiplp.org/ei-materials/](http://eiplp.org/ei-materials/)

**To order these free materials:** [www.mass.gov/maclearinghouse](http://www.mass.gov/maclearinghouse)

Although these materials are free, and because quantities are limited, you will need to create and register an account. Please only order what you feel you will use.



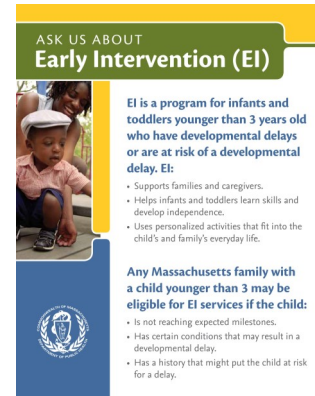
**EI Brochure is available in English, Spanish and Portuguese**  
(limit of 400 per order)



**Massachusetts Early Intervention System**

Mission Statement, Core Values and Key Principles of EI

This sheet should be shared with referral sources and community partners to help them understand more about early intervention in Massachusetts (limit of 40 per order)



**Ask Us About Early Intervention available in English & Spanish**

This sheet should be used in waiting rooms or exam rooms of a referral source or community partner. This does not include contact information; this was intended to be used in conjunction with the Mass. EI System flyer. (limit of 40 per order)

## IHR Trauma—Informed Tip Sheets

The Institute for Health and Recovery would be happy to deliver laminated Trauma-Informed Tip sheets for your home-visiting staff, along with a guide for supervisors AND a brief training on how to best use them. A trifecta of services at NO COST to your program. Please contact Karen Welling at [karenwelling@healthrecovery.org](mailto:karenwelling@healthrecovery.org) to take advantage of this opportunity!

**Comments, contributions or feedback, please contact:**

**Patti Fougere**

**[Patti.fougere@state.ma.us](mailto:Patti.fougere@state.ma.us)**

**617-624-5975**