

# *The UPDATE*

## News and Information for Massachusetts EI Providers

January 2015



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

**January 27, 10AM:** DPH Webinar: DPH Updates and "Navigating the Autism Insurance Maze—A New Tool!" presentation by Amy Weinstock, Director of the Autism Insurance Resource Center

**February 9, 10AM:** [29th Year Public Hearing](#), Public Health Council Room, Department of Public Health, 250 Washington Street, Boston, MA

**March 12:** Additional comment opportunity/listening session on the Part C application immediately following: *Interagency Coordinating Council Meeting*

**March 25, 10AM—3PM:** DPH Program Director Session; Best Western Royal Plaza Hotel, Marlborough, MA



### *Welcome New Program Directors*

Cheryl Bruk, MS/CCC/SLP is the new Director of the Professional Center for Child Development in Andover, Massachusetts. Cheryl is a SLP and a team leader that has been with her agency for 25 years. Please welcome Cheryl to her new role!

Michael Hutton-Woodland, Ph.D. MFT is the new Director of Reach Early Intervention Services at Servicenet, in Sunderland, Massachusetts. Michael has worked extensively with communities and families of at-risk youth, both as the clinical director of Youth and Family Assistance in Redwood City, CA and as Chair of the California Child, Youth and Family Coalition, representing over 400 youth-serving organizations. His clinical experience includes substance abuse and alcohol abuse populations, at-risk children, and severe mental illnesses in adults. Please welcome Michael to his new role!

### *DPH Update: Exit Evaluation Guidance, January 2015*

The Department of Public Health reports federal child outcomes data for the State Performance Plan (SPP) and Annual Performance Report (APR) on children who receive six months or more of early intervention services. This is accomplished through a comparison in the percentage of improvement in functionality between entry and final evaluations utilizing the BDI-2.

Evaluation in the MA EI system refers to the activity carried out by a multidisciplinary team of certified Early Intervention Specialists to determine an infant or toddler's initial or continuing eligibility for early intervention services. Assessment refers to the ongoing procedures used by appropriately qualified personnel throughout the period of a child's eligibility for services to identify strengths, needs, and services to meet those needs.

The current guidance to programs related to exit evaluations/assessment is provided in the BDI-2 FAQ dated December of 2010. Children eligible for early intervention based on a non-asterisked established condition require an exit evaluation/assessment as close to discharge as possible (guidance - within 3 months) for child outcomes reporting. The exit assessment used for the purpose of child outcomes reporting does not need to be completed by a multidisciplinary team because it is not determining eligibility. The parent should be informed of the intent of the assessment and provide written notice and obtain consent for assessment.

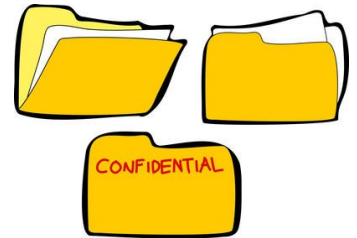
*Exit Evaluation Guidance (continued):* If a parent declines the exit evaluation/assessment they have the right to not provide consent. Because the exit evaluation/assessment is not for the purpose of eligibility determination, parents should be informed that the information is being used for child outcome reporting, as well as for overall transition planning out of the EI program, and the administration does not need to be completed by a multi-disciplinary team. An EI program may use BDI-2 scores from other sources for exit assessment data, such as the results of a recent evaluation from the LEA if the BDI-2 was utilized. Exit data must include raw scores and Developmental Quotients for all subdomains appropriate for the child's age.

If the child has had one or more BDI-2 evaluations recorded in EIIS, then programs do not need to re-enter this on the EIIS discharge form. If the BDI-2 scores have already been entered into EIIS previously then the EIIS discharge form must match exactly or a data error will occur. It is recommended to leave this blank when a parent declines an exit evaluation. If a program completes routine annual assessments for children with established conditions and the program is willing to enter this information into EIIS then this is preferred.

Please feel free to contact your Regional Specialist if you need further clarification.

## **DPH Update: Policy Clarification on the Disclosure of Records for Children Transferring within the Massachusetts EI System**

DPH would like to provide some additional guidance on the "Policy Clarification on the Disclosure of Records for Children Transferring within the Massachusetts EI System" and guidance document sent by email on 9/19/2014 and reviewed during the October webinar.



DPH amended Section IX B. of the EIOS to permit the disclosure of records from one Massachusetts EI program to another Massachusetts EI program without written consent because both programs fulfill the definition of "participating agency" under Part C.

Since then, DPH has been contacted with some concerns about requests without any direct assurance from parents that the parent(s) agree with the disclosure noting the records might include content related to risk factors or other sensitive information.

It is DPH's goal to ensure IFSP services remain as consistent as possible when an unanticipated transition occurs. While the disclosure of records without written consent is permissible under Part C, specifically, the IFSP, Written Notice of Eligibility, EIIS information and number of assessment hours used/evaluation anniversary date, DPH considers the following as best, routine program practice:

Whenever possible, obtain a written consent for the release of information from another EI program. This should be done at the initial (intake) visit. Submit the request by fax to the EI program which holds the records requesting a timely response.

The EI program who holds the record should respond without delay to the faxed request, recognizing an eligible child has moved out of their service area or is requesting a transfer (if within the same catchment area. If within the same catchment area, the holder of the record should attempt to contact the parent to ensure the parents are truly looking to transfer services. If this is the case, the program can document the parent(s)'s request for transfer and close the case within EIIS).

Anticipate some hesitation from the EI program that holds the record if the program wants some direct assurance from the family that the disclosure without written consent meets with their approval – particularly if there is sensitive content. Assist the holder of the record by providing updated contact information.

DPH's intent, as stated in the policy update is to *"balance disclosures without written consent with maintaining some degree of respect for a parent's wish for privacy. Occasionally, parents may want a 'fresh start' with a new provider and decline a program's offer to forward records,"* keeping in mind, the program that holds the record doesn't really have any idea if the parent has agreed to the disclosure. This is a change in program practice and we realize that it might take some time for the system to work through the process. Please be in touch with Mary Dennehy-Colorusso ([mary.dennehy-colorusso@state.ma.us](mailto:mary.dennehy-colorusso@state.ma.us)) or your Regional Specialist if you have any additional questions, thoughts or would like an opportunity for further discussion and clarity at an upcoming webinar.

## *EITC Updates*



### **UMASS Boston BDI-2 Fidelity Study:**

UMASS Boston is currently accepting video data submissions for their BDI-2 fidelity study. **The deadline to submit is 3/15/15.** See email dated 12/2/14 from Noah Feldman for video instructions and consent forms to participate.

DPH strongly recommends that each EI program submits at least 1 video to the study. UMASS Boston has agreed to share findings to support the on-going training needs of our MA EI system.

DPH staff will **NOT** review video submissions or receive video or program specific feedback from the researchers.

### **Supervisor Training Sessions:**

The EI Training Center would like to offer our Supervisor Training series in the Spring of 2015.

This training consists of 4 monthly face-to-face sessions targeted for team leaders/supervisors who provide supervision for front line staff.

The sessions will address:

- Incorporating key principles of Massachusetts Early Intervention into practice
- Providing a new framework for evaluating clinical success
- Supporting participants in utilizing reflective practice
- Allowing for perspective taking regarding supervisory roles and activities
- Developing strategies for embedding the global child and family outcomes in practice and supporting others in doing so
- Recognizing the interrelatedness of family centered care, routines based practice, family and child outcomes, reflective practice, and home visit

We ask you to discuss this opportunity at your Regional Director meetings to see if there is regional interest and a location where we could hold the training series.

Please contact us with your interest: Jean Nigro ([jean.nigro@state.ma.us](mailto:jean.nigro@state.ma.us)) or Noah Feldman ([noah.feldman@state.ma.us](mailto:noah.feldman@state.ma.us))

### **Safe Sleep Update:**

All programs have been assigned a Safe Sleep Training Facilitator who should have contacted Program Directors. If you have not already scheduled your Safe Sleep training, please do so ASAP. All MA EI programs must have a staff training at their program by June 30, 2015. All Safe Sleep trainings must be scheduled for a 2-hour block of time to allow time to present and process the content.

Contact Noah Feldman ([noah.feldman@state.ma.us](mailto:noah.feldman@state.ma.us)) with any questions.

### **Trauma Integration Initiative Update:**

Thank you to all of the programs who applied for the Trauma Integration Initiative offered by the Institute for Health and Recovery (IHR). The EI Training Center received over 20 applications and were able to fund 5 programs for the initiative. All applicants have been notified at this time.

## *Specialty Services Updates*



Interested in seeing a report of physical evidence that Autism starts during the prenatal period? Want to reassure parents that there is no association between vaccines and autism? Check out the Top Ten Autism Research Stories of 2014 selected by readers of Autism Speaks [www.autismspeaks.org/research](http://www.autismspeaks.org/research)

To see the tool kits Autism Speaks has posted on line that help families deal with everyday topics such as encouraging sleep, dealing with dental visits, managing constipation, etc., go to [www.autismspeaks.org/family-services/tool-kits](http://www.autismspeaks.org/family-services/tool-kits)

The website [www.WonderBaby.org](http://www.WonderBaby.org), sponsored by Perkins School for the Blind, provides resources, information and support to parents and families raising children who are blind. It offers families a forum to ask questions, share their own ideas and connect with other families.



## Let's Participate Project—Interactive Screen Use and Young Children

Young children develop through interactions with people and objects in their daily environments. Actively exploring physical objects such as toys and everyday materials with caring adults and peers is the key to ongoing development. Technology devices with interactive screens are increasingly part of a child's world. Early Intervention providers can play a vital role in helping families and other team members gain the maximum benefit of portable, accessible interactive screen technologies—such as smartphones and easy-to-use tablets—to support ongoing development. They have the opportunity to learn about, understand and use these tools in ways that embed appropriate and evidence-based practices that focus on the interaction that occurs when promoting social skills, cognitive abilities and language opportunities for children. Most importantly, EI providers have a responsibility to teach family members that it is not the technology that shapes development, but rather the practices used that stimulate and build the connections that are the foundation for learning.



### *What we know...*

Interactive screen devices require the active engagement of a child to “make something happen”. These technologies differ from passive viewing of non-interactive media such as certain television programs and entertainment media.

- Interactive screen devices are part of the common materials found in a child's natural home and community environments. 75% of children have access to some type of interactive mobile device at home.
- Interactive screens are motivating to young children who use devices as they do other toys and materials: intuitively, with all of their senses, by imitating others and by exploring them with various movements to discover what happens.
- Research on the impact of interactive screens on young children is ongoing. Device use is associated with increased language, cognition and social skill development when used in appropriate ways with children.

Accessible interactive screens provide ways for children with disabilities to benefit from expanded learning opportunities.

### *Guidelines for using interactive screens with young children....*

- Apps should be intentionally selected with care and attention to a child's interests, abilities, needs and learning preferences. An app should address a specific outcome.
- Adults and children should use apps together. Engaging adults model how apps work, and promote interactive opportunities by describing what is happening, connecting experiences, and asking questions.
- Using apps or physical materials with a child is not an either/or situation. Adults can help connect app experiences and learning opportunities to the child's real world and visa-versa, to maximize child benefits.

Families are using devices with their children and are looking for guidance from professionals interacting with their children in how to most beneficially select apps and use them.

We will continue to monitor and share evidence-based practice on the use of interactive screens by young children with EI providers in Massachusetts.

**Let's Participate! Project**

[www.letsparticipate.org](http://www.letsparticipate.org)



## **Survey Opportunity: Council for Exceptional Children's Division for Early Childhood in the State of Massachusetts (MassDEC) Subdivision**

In the Spring of 2014, a group of professionals officially launched a subdivision of the Council for Exceptional Children's Division for Early Childhood in the State of Massachusetts (MassDEC). As part of this initiative, a needs assessment was created to help determine the focus of this subdivision and how it can best support families, practitioners, and professionals working with young children with special needs, and their families in Massachusetts and the surrounding States. We need your help. Please take this 5- minute survey to help guide this exciting initiative. Thank you for your input!

[www.surveymonkey.com/s/massdecneedsassessment2014](http://www.surveymonkey.com/s/massdecneedsassessment2014)

## National Birth Defects Prevention Month!



January is National Birth Defects Prevention Month! The Massachusetts Department of Public Health is joining the National Birth Defects Prevention Network (NBDPN) to raise awareness of the prevalence of birth defects and strategies that reduce the risk of birth defects and their complications. The theme for 2015 is "Making Health Choices to Prevention Birth Defects – Make a **PACT** for Prevention." We hope that you will join us in our twitter campaign during the January. We encourage you to participate by following @MassDPH and re-tweeting. Don't forget to use the hashtag #MakeaPACTforPrevention or #1in33.

Here are some examples:

#NewYear #NewGoals #PlanAhead for having or not having #children! #MakeaPACTforPrevention #1in33

<http://www.cdc.gov/preconception/documents/reproductivelifeplan-worksheet.pdf>

No safe time. No safe amount. #NoAlcohol use before and during #pregnancy and avoid harmful substances.  
#MakeaPACTforPrevention

Everyday tips for #healthybaby - Sign up for #Text4Baby. Choose a #HealthyLifeStyle #MakeaPACTforPrevention

<https://www.text4baby.org/index.php/sign-up>

Create a Family Health Portrait and #TalktoyourDoctor #MakeaPACTforPrevention

<https://familyhistory.hhs.gov/FHH/html/index.html>

For additional resources and to learn the effect you can have on birth defects visit [www.nbdpn.org/bdpm2015.php](http://www.nbdpn.org/bdpm2015.php)

To download a complete packet visit [www.nbdpn.org/docs/2015BDPMpacket\\_FINAL.pdf](http://www.nbdpn.org/docs/2015BDPMpacket_FINAL.pdf)

## MA Resources for Promoting Maternal Mental Health During & After Pregnancy

Many of you received foundational training on postpartum depression through EEC a couple of years ago. During the same period of time, members of the Massachusetts Special Legislative Commission on Postpartum Depression (PPD) began compiling a list of resources available across the Commonwealth to support individuals experiencing PPD. Margaret Hannah from the Massachusetts School of Professional Psychology has been responsible for this project.

Here is the link to the current resource list. It can be found under the header of "For Mothers and Families."  
[www.mcpapformoms.org](http://www.mcpapformoms.org)

If you have any questions about the resources or if you would like to add information to the list, please contact Margaret at [margaret\\_hannah@mspp.edu](mailto:margaret_hannah@mspp.edu).

Comments, contributions or feedback, please contact:

Patti Fougere

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

617-624-5975

## Transition from Early Intervention to Special Education FAQs

Prepared by the Departments of Elementary and Secondary Education, Public Health, and Early Education and Care, in cooperation with participants in the Early Childhood Transition Forums, March 2014, revised and updated November 2014

### **1. May a school district decide at the Transition Planning Conference not to act on the referral of a child made by Early Intervention (EI)?**

The school district cannot refuse a referral of a child made by an EI provider. EI providers are responsible for determining if a child is *potentially eligible* for Part B services. The school district must act on the referral and conduct an evaluation (including all areas of suspected disability) of the child in order to determine if the child is eligible for special education services.

### **2. May a school district determine that there is not enough information to justify a referral, or conduct a "screening" prior to acting on the referral?**

Districts must accept and act on referrals from EI providers; screening cannot be used to delay a referral received from EI. Under Part B of the Individuals with Disabilities Education Act (IDEA), the only basis under which districts may not act on a referral for an eligibility determination is if there is no suspected disability. Because the EI criteria for identifying a child as *potentially eligible* for special education is based on a suspected disability, it follows that there is no basis for a school district to refuse to act on a child's referral from EI.

A student referred from EI must complete the evaluation process and a Team meeting must be held to determine eligibility. If the parent "Consent to Evaluate" form is received prior to the child's third birthday, the school must complete the evaluation, and, if the child is determined eligible, develop and implement the IEP on or before the child's third birthday.

### **3. May EI evaluations be used by the school district as the basis for determining a child's eligibility for special education?**

Evaluations must be comprehensive and complete in all areas of suspected disability. The school district is encouraged to consider any and all evaluation information that is already available, and conduct additional assessments that are needed, as appropriate for the child under consideration.

### **4. a. May a district require that a family submit to it proof of residency before pursuing a referral made by EI?**

Districts may have enrollment policies that require certain proofs of residency. Such enrollment policies must be applied in a nondiscriminatory manner to all students, and must not be used as a basis for delaying access to services. State and federal laws require a school district to make a determination of a young child's eligibility and to develop and implement an Individualized Education Program (IEP) by a child's third birthday when a young child is referred before his/her third birthday.

We have heard anecdotally that some districts have a practice of not providing the "Consent to Evaluate" form or proceeding with the evaluations until all proofs of residency have been received and approved. Some families, particularly those for whom English is not their primary language or those who have informal/shared living arrangements have difficulty procuring necessary documents. The process for submitting documents can sometimes significantly delay the process.

EI programs and districts are encouraged to work together to ensure transitions for children and their families are as seamless as possible. How to do so within the framework of districts' proof of residency policies may be addressed explicitly within the district/EI program's local MOU (e.g., the specific documents needed, timelines and approval processes, communication plans). EI programs should then work with parents far enough in advance to facilitate the approval process.

You will find information regarding families who are unable to or reluctant to provide residency information in the Advisory: Serving Homeless Preschool Children [http://www.doe.mass.edu/mv/haa/03\\_6.html](http://www.doe.mass.edu/mv/haa/03_6.html)

## Transition from Early Intervention to Special Education FAQs Continued

### **b. How do district registration policies affect referrals for children who are homeless?**

The federal McKinney-Vento Homeless Assistance Act provides additional rights to educational access for children who are homeless. The Act requires schools to enroll the child in school immediately, even if the child lacks records normally required for enrollment, including previous academic records, medical records, proof of residency, or other documentation. If a homeless child lacks immunization or medical records, the school district must refer the parent or guardian to its homeless assistance liaison, who will help the parent or guardian obtain the necessary records.

The Individuals with Disabilities Education Act (IDEA) requires that homeless preschoolers be included in a school district's Child Find process for early identification of special education needs. It is recommended that, when possible, the eligibility process for these children referred for evaluation should be expedited to avoid delays in providing services to eligible children who are homeless.

Please see: Advisory: Enrollment of Homeless Students and School Records, [http://www.doe.mass.edu/mv/haa/02\\_2.html](http://www.doe.mass.edu/mv/haa/02_2.html) and Advisory: Serving Homeless Preschool Children, [http://www.doe.mass.edu/mv/haa/03\\_6.html](http://www.doe.mass.edu/mv/haa/03_6.html).

### **5. May a parent opt to leave a child on an Individualized Family Service Plan (IFSP) after a child turns three? Can a school district use an IFSP to describe a child's services instead of an IEP after transition to special education?**

The IEP Team may decide, and the child's parents may consent, to use an IFSP for the first year of the child's services after age three. This is permitted under the IDEA regulations at 34 CFR § 300.323(b), and is consistent with Massachusetts regulations at 603 CMR 28.06(7)(c). The IFSP must be developed in accordance with the requirements of state and federal law. If the school district chooses to offer an IFSP instead of an IEP for the year that the student turns three, the district must provide the child's parents with a detailed explanation of the differences between an IFSP and an IEP.

### **6. Does the Department of Elementary and Secondary Education have authority to enforce the 30 day timeline for parents to review the IEP that is described in state regulations at 28 CMR 28.05(7)(a)?**

The timeline referred to in the regulations does not include an enforcement mechanism. Regarding its applicability to the IEP development for a young child referred to the district by EI, the timeframe in the regulations illustrates the importance of the need for school districts and parents to work together to identify and provide the right set of services for an eligible child in a timely manner. In the case of young children, the requirement is to ensure that eligible children are identified and have services in place by age three.

### **7. Sometimes evaluation schedules for a child can vary. For example, a child may have had a full speech/language evaluation at age 2.8, but may have had other evaluations prior to this. In this case, what is the correct date for re-evaluation?**

The appropriate schedule for assessments will vary based on the child's individual needs and the types of evaluations planned. There is no absolute correct date for re-evaluations of specific assessments; the law generally envisions full re-evaluations only every three years.

### **8. If EI discharges a child and then the parent refers the student to the school district at age 2.6 for special education evaluation, must the child be evaluated, and if so, which agency is responsible for conducting the evaluation?**

If the parent is requesting that the child receive more EI services, then the Department of Public Health (DPH) must follow policies and procedures related to EI. If the parent is requesting that the child receive an eligibility determination for Part B special education services to begin when the child turns three, the school district must act on the parent's referral unless there is no suspected disability.

### **9. Are there timelines for the school district to respond to the referral received from an EI provider?**

Part C of the IDEA includes the requirements and procedural safeguards for the provision of services for infants and toddlers birth up to, but not including the third birthday. Part B of IDEA specifies the requirements and procedural safeguards for children age 3 through 21.

## **Transition from Early Intervention to Special Education FAQs Continued**

The timelines of Part B of IDEA and the Massachusetts Special Education regulations apply to all children age three through twenty-one. Therefore, specific timelines such as the five school-day written notice the school must send to the parent upon receipt of the referral along with the consent form to evaluate the child does not apply because the child is not yet 3 years of age.

Special education law requires that districts, upon receiving a referral from EI, complete an evaluation and make a determination of eligibility and, if the child is determined eligible, implement the IEP by the child's third birthday.

The Department encourages districts and EI programs to work together to support best practices to ensure that all children who are referred and found eligible have an IEP in place by their third birthday.

### **10. Can a district begin providing a child with Part B special education services before the child's parent have signed the IEP?**

If the family has been provided with a summary of the evaluation and is in agreement with the team that special education services can start, services may be initiated prior to the signed IEP. The district should work with the parent to obtain the parent's signature indicating consent to the IEP as soon as possible.

### **11. Are there specific requirements for who is part of an IEP Team?**

The public agency must ensure that the IEP Team for each child with a disability includes:

- The parents of the child;
- Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child;
- A representative of the public agency who--
  - ◊ Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
  - ◊ Is knowledgeable about the general education curriculum; and
  - ◊ Is knowledgeable about the availability of resources of the public agency.
- An individual who can interpret the instructional implications of evaluation results, who may be a member of the team
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- Whenever appropriate, the child with a disability.

### **12. Must an IEP Team meeting be held in order to determine a child's eligibility for special education, or can Team members make decisions outside of a meeting?**

A district is required to conduct a Team meeting to which all members of the Team are invited to discuss the results of the evaluation and determine a child's eligibility for special education.

### **13. Are schools required to provide transportation?**

Districts are required to provide transportation services as agreed upon in the IEP.

### **14. A referral from EI and/or the consent to evaluate are received by the school district less than 45 days before the school year ends. When is the district required to hold the IEP meeting?**

If the district received the referral and/or the parent's consent to evaluate less than 45 school days before the end of the school year, the district may complete the evaluation process and hold an IEP meeting to determine eligibility before the end of the year in order to ensure that decisions are timely and in the child's best interests. If the Team determines that the child is eligible for special education, the district must make every effort to implement the IEP on or be-



## **Transition from Early Intervention to Special Education FAQs Continued**

Districts should have protocols in place to be able to address and act in a timely manner on referrals received late in the school year.

### **15. An EI referral is received by the school district in the summer. When is the district required to hold the IEP meeting?**

If the district receives the referral and the consent to evaluate during the summer before the child's third birthday, the district must make every effort to complete the evaluation process and hold an IEP meeting to determine eligibility as soon as possible. If the child is determined eligible, every effort must be made to implement the IEP on or before the child's third birthday.

Districts should have protocols in place to be able to address and act on summer referrals in a timely manner.

### **16. The student turns three during the summer. When is the district required to hold the IEP meeting? Must the district provide extended school year services to the child?**

If the district receives the referral and the parents provide consent to evaluate before the end of the school year, the district must make every effort to complete the evaluation process and hold an IEP meeting to determine eligibility. If the child is determined eligible, every effort must be made to implement the IEP on or before the child's third birthday.

Districts should have protocols in place to be able to address and act on referrals made for students turning three during the summer in a timely manner.

The IEP Team should always consider whether a child eligible for special education needs extended year services (EYS) as a component of a Free and Appropriate Public Education (FAPE). If so, that determination must be included in the IEP. For a child who turns three during the summer, it is important for the Team to be able to make this decision as soon as possible so that summer services, if necessary, are available to the child by his/her third birthday.

- EYS may be provided in the community through routine-based community interventions and do not have to be delivered in a school district location.
- If a child is not eligible for EYS, services will start on the first available program day following the child's third birthday.