The UPDATE
News and Information for MA EI providers!
March 2014

Important Dates:

Thursday, March 13, 2014 1:30-3:30pm Public Hearing for MA Part C application at the Best Western in Marlboro (after ICC meeting)

Tuesday, March 25, 2014 10am DPH Monthly Webinar: EIIS

June 18, 2014 EI Program Directors Session

DPH Initiative Updates:

CEID Stakeholder Group

The CEID Stakeholder Group has completed the first phase of the revision process, by developing 26 competency indicators in 5 areas, and making preliminary decisions about whether competencies will be met by formal knowledge sources or work samples. The group has focused its work so that applicants will feel that the certification process is part of their day-to-day work and professional development.

Moving forward, the Stakeholders will meet in two subgroups: one to further define what knowledge sources need to be developed (primarily online modules and face-to-face training), and one to define written work and evidence (e.g., answering prompt questions and providing work samples/activities).

The group has been extremely productive, accomplishing these tasks since first meeting in May 2013.

Announcements:

PUBLIC HEARING: The Department of Public will be holding a Public Hearing on the Part C Application on Thursday, March 13, 2014. There were **no substantive** changes to the 28th Year Grant Application. Attached please see a summary of changes that were included in the Early Intervention Operational Standards to meet the regulatory requirements that were accepted and approved in last year's application.

Copies of the complete application and a budget summary will be available at the hearing. Please feel free to contact me if you have any questions or need further information.

EIIS Updates
The next EIIS Client application upgrade will occur in April 2014 and will entail a version upgrade to Office 2010 to be run on a Windows7 operating system. EI providers should identify a Windows7 machine that will accommodate the EIIS application. Additionally, providers should communicate with their IT Department that the transmission file to be sent to DPH after this upgrade will be a zipped file (it is currently a zipped pgp file). Please make sure that this transmission will not be hindered by your IT

security policies. If there are any issues, questions or concerns regarding this upgrade please contact Jean Shimer at (617) 624-5526 or jean.shimer@state.ma.us

New EIIS Forms
The nest EIIS Client application upgrade will NOT include any functional changes to this system. However, the EIIS paper forms will be updated (for example: removal of service fee section). New EIIS forms will be distributed to EI programs by April 1st.

REMINDER for Submission of TRANSITION SURVEY export file

Timeliness of TSS Data Entry
· LEA Referral information should be entered into the TSS as close to the LEA referral as possible but no later than two weeks from the LEA Referral Date
· TPC data should be entered within one month after the child is discharged from your EI program
· Children who are close to being late referrals to EI *(EI referral occurs when the child is 30 to 32 months of age)* should be referred to an LEA in a timely manner, their LEA referral data entered into the TSS within 2 weeks from the LEA Date and the TSS transmitted as soon as possible

Submission of TSS Data
· If you have not entered anything new into the TSS since the last time you submitted this file then you do NOT need to re-send it to DPH
· Make sure that you email the .csv file, not the .mdb file *(the .csv file is created when you exit the TSS and is located in the same folder where your TSS is located)*
· Submit the TSS once a day if entering any new information
· Submit your TSS export file to **eiis@eohhs-sfed.state.ma.us** via SecureMail with a Subject of "TSS"

Any questions regarding the Transition Survey System should be directed to Jean Shimer at (617) 624-5526 or jean.shimer@state.ma.us.

EITC UPDATE

OPPORTUNITY: IN-TIME Training in Infant Mental Health

The Early Intervention Training Center would like to invite you to attend an exciting and comprehensive training in Infant Mental Health practice!

The IN-TIME Training in Infant Mental Health is designed for experienced Early Intervention practitioners and early childhood educators from a wide range of educational backgrounds and disciplines. The training is designed to support practitioners in integrating a mental health perspective into assessments and interventions with infants, toddlers, and their families. IN-TIME is based on current research about the central role of relationships and their influence on early brain development. The course content integrates interdisciplinary research and field practice and promotion of reflective, relationship-based, case consultation practices.

IN-TIME includes two online, narrated, self-directed trainings and six "live" training modules. The total course is 17 hours and includes small group mentoring and reflective, relationship-based, case consultation. Course focus includes awareness of cultural similarities and differences as well as integration of social-emotional screening and assessment tools.

WHERE: Criterion Valley Early Intervention Program
375 Fortune Blvd, Milford, MA 01757

WHEN: Session 1: **online (approximately 90 minutes)**
Session 2.1: **3/20/2014 12:30-2:30pm**
Session 2.2: **3/26/2014 12:30-2:30pm**
Session 2.3: **online (approximately 90 minutes)**
Session 3.1: **4/09/2014 12:15-2:45pm**
Session 3.2: **4/14/2014 12:15-2:45pm**
Session 4.1: **4/30/2014 12:15-2:45pm**
Session 4.2: **5/14/2014 12:15-2:45pm**

Please click the following link to register: http://connectedbeginnings.org/register/f8fc4c323.
Registration will close March 11, 2014.

Please feel free to forward this information to other potential participants.

If you have any questions regarding registration, please contact Catherine Wakely at cwakely@wheelock.edu

Any questions regarding the training content, please contact Emily Callejas at ecallejas@wheelock.edu

Specialty Services Update:

DSM-5 Changes to Autism Spectrum Disorder Criteria

The Diagnostic and Statistical Manual of Mental Disorders (DSM), is a key diagnostic tool used by health care professionals as an authoritative guide for making diagnoses. The latest version, the DSM-5, was issued in late May, 2013. It modifies previously separate DSM sub-categories of diagnoses in the area of autism including Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), Asperger's Disorder, and Autistic Disorder, reflecting the scientific consensus that the four previously separate disorders are actually a single condition with different levels of symptom severity in two core domains. All these categories are now subsumed under the broad classification of <u>Autism Spectrum Disorder</u>, which is characterized as "persistent deficits in social communication and social interaction across multiple contexts" as well as "restricted, repetitive patterns of behavior, interests, or activities (RRBs)" which cause significant impairments in daily functioning.   Individuals meeting the criteria for ASD may be assigned a level of severity based on the degree of support needed.

By January 1, 2014, diagnosticians are to use DSM-5 criteria. The DSM-5 Committee stated that all individuals who currently have a DSM-IV diagnosis of Asperger's Disorder, PDD-NOS, or Autistic Disorder should be given the diagnosis of Autism Spectrum Disorder. The American Academy of Pediatrics advises pediatricians to counsel parents whose children had a diagnosis of an autism spectrum disorder made using DSM-IV criteria that they do not need to be reevaluated for diagnosis with the publication of the DSM-5. The AAP summary of the new criteria for ASD diagnosis is available at www.aapnews.aappublications.org/content/early/2013/06/04/aapnews.20130604-1 and is attached for your information.

Note that Rett syndrome and Childhood Disintegrative Disorder are not included in this reclassification. Rett syndrome is a discrete neurologic disorder and is not a subdiagnois under ASD, although some children with Rett syndrome may have ASD. In order to be eligible for Specialty Services, the diagnostic report must specify that the child has Rett syndrome <u>and</u> ASD. The validity of the diagnosis of Childhood Disintegrative Disorder was uncertain and it will no longer be used.

The DSM-5 added a new diagnostic category, Social Communication Disorder (SCD). This is a social (pragmatic) communication issue characterized by persistent difficulties in the social uses of verbal and nonverbal communication. It cannot be diagnosed in the presence of restricted repetitive behaviors, interests, and activities (a principle component of the ASD diagnosis). This diagnosis does not confer eligibility for Specialty Services for ASD as it is a communication disorder, not an Autism Spectrum Disorder.

28th YEAR PART C GRANT APPLICATION
SUMARY OF CHANGES:

There are no substantive changes to the 28th Year Part C Application.

The following is a listing of areas where changes were made last year in the Early Intervention Operational Standards to meet the regulatory requirements that were accepted and approved in the 27th Year grant application.

Public Awareness/Child Find:
As part of a comprehensive system of child find, each Early Intervention program will be responsible for engaging in public awareness activities that focus on the early identification of potentially eligible infants and toddlers, including Indian infants and toddlers, infants and toddlers who are homeless, in foster care or are wards of the state and infants and toddlers under the age of three who are directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. Please see Appendix B – DPH/DCF Referral Policy. Programs are encouraged to broadly distribute information about the availability of Early Intervention services, about the central directory available through Family TIES and about the process for referral.

Early Intervention Services - MDPH

- assistive technology devices and services, but does not include medical device that is surgically implanted, including cochlear implants or the optimization (e.g. mapping), maintenance, or replacement of the device. Eye glasses, hearing aids and/or prosthetic limbs are generally considered personal or daily use items.
- audiology services,
- family training, counseling and home visits, to assist the family with understanding the special needs of the child and enhancing the child's development.
- health services
- medical services for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention only
- nursing services,
- nutrition services
- occupational therapy,
- physical therapy,
- psychological services,
- service coordination,
- sign language and cued speech
- social work services
- special instruction
- speech and language therapy services
- transportation services
- vision services

Eligibility Evaluation

1. Eligibility evaluations are performed by staff certified as Early Intervention Specialists by the Department of Public Health **and meet the requirements of section 303.321 of the Federal Regulations**. An evaluation to determine eligibility for early intervention services is available to all infants and toddlers birth until 45 days before a toddler's third birthday consistent with Section IX, Transition and Discharge, of these standards. The Early Intervention program will retain the option to complete an evaluation to determine eligibility (with parental consent) or refer the child directly for Part B services if the toddler is referred within 45 days of his/her third birthday. .

Assessment

1. Assessment consists of the ongoing procedures used by appropriately qualified personnel throughout the period of a child's eligibility for services to identify (1) the child's unique strengths and needs and the services appropriate to meet those needs; and (2) the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. For purposes of ongoing assessment only, "multidisciplinary" may be defined as one certified Early Intervention Specialist who is qualified or licensed in more than one discipline. **303.24**
If eligibility is established based on an established condition, risk factors review of medical and/or other records, an assessment must be competed to determine the child's unique strengths and needs to determine the early intervention services appropriate to meet those needs. **303.321(a)(1)(ii)** Such an assessment will include a review of the results of any evaluation(s) or records, observation of the child and the identification of needs with respect to physical development; cognitive development; communication development; social or emotional development; or adaptive development. **303.321 (c)(1)**

Service Coordination

Section VIII, C. of EIOS

C. Service Coordination

The service coordinator is determined during the IFSP process. Service coordination activities (services) provided by the service coordinator include:

1. Explaining the IFSP process, including due process and procedural safeguards;

2. Facilitating and participating in the development, review, and evaluation of the IFSP;

3. Conducting activities which ensure the timely and consistent delivery of IFSP (Part C) services;

4. Making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;

5. Conducting referrals and other activities to assist families in identifying available Early Intervention service providers;

6. Coordinating and monitoring eligibility evaluations, ongoing assessments by qualified personnel, and service delivery;

7. Coordinating funding sources for services required under Part C ;

8. Providing information on available resources and supporting families, as needed, to access resources;

9. Educating and/or supporting the family in advocating for their rights and needs;

10. Informing the family of the availability of advocacy services;

11. Coordinating services with medical and health providers, with written parental consent;

12. Facilitating the development of a transition plan; and

13. Making recommendations and referrals to meet the individual needs of the child and family as appropriate and with written parental consent.

Transition:
See Section IX. TRANSITION and DISCHARGE of EIOS