



The UPDATE

**News and Information for MA EI providers!
October 2013**

Reminders from Patti:



Thursday October 10, 2013: EI Program Directors Meeting

The Department will be holding an EI Program Director Training on Thursday, October 10 from 10am – 3pm at the Wachusett Inn in Westminister, MA.

Thursday November 14, 2013: ICC Meeting, presentation on Let's Participate!

An Assistive Technology Pilot Program that is underway through the Boston Regional Consultation Program.

Tuesday, October 22, 2013: DPH Webinar:

TOPIC: Continued highlighting of changes in the EI Operational Standards due to Federal Regulation (IDEA Part C) requirements. This webinar will continue to discuss important changes in the new EIOS, in addition to offer an opportunity to respond to any questions about the information in this newsletter. Please feel free to send questions ahead of time to your Regional Specialist.

Highlighted Changes in the EI Operational Standards:

The changes highlighted in this month's Update are focused on some of the changes made to meet the **Federal Regulations** released in October 2011.

Massachusetts Department of Public Health

Early Intervention Operational Standards

July 2013

DEFINITIONS

Previous Definition:

Current Definition:

<p>Assistive Technology</p>	<p>N/A</p>	<p>Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (<i>e.g.</i>, mapping), maintenance, or replacement of that device.</p>
<p>Early intervention services</p>	<p>Early Intervention services are:</p> <ol style="list-style-type: none"> 1. designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child’s development. 2. determined in collaboration with the family in accordance with the Individualized Family Service Plan (IFSP); 3. provided by qualified personnel as defined by these standards; 	<p>Early Intervention services are:</p> <ol style="list-style-type: none"> 1. developmental services designed to meet the needs of each eligible infant or toddler and the needs of the family related to enhancing the infant or toddler’s development in the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; 2. subject to the Early Intervention Operational Standards, DPH contracting, and Part C requirements; and 3. available to all eligible infants and toddlers including Indian infants and toddlers, homeless infants and toddlers, and infants and toddlers who are wards of the state.
<p>Native language</p>	<p>Formerly: PRIMARY LANGUAGE: The language or mode of communication typically used by the parent of a child seeking or using services. If the parent has a vision or hearing loss, such as sign language, Braille, oral communication or other appropriate mode of communication.</p>	<ol style="list-style-type: none"> 1. <i>Native language</i>, when used with respect to an individual with limited English proficiency, means: <ol style="list-style-type: none"> a. the language normally used by the infant or toddler or the parents of the infant or toddler; b. for evaluations and assessments, the language normally used by the infant or toddler, if determined developmentally appropriate for the infant or toddler by qualified personnel conducting the evaluation or assessment. 2. <i>Native language</i>, when used with respect to an individual who is deaf or hard of

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	Previous Definition:	Current Definition:
		<p>hearing, blind or visually impaired, or an individual with no written language, <i>native language</i> means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).</p>
<p>Parent</p>	<p>As used in these standards, parent means the birth or adoptive parent of the child, foster parent, guardian, other person with whom the child lives who is legally responsible for the child’s welfare or a surrogate parent, but does not include any parent whose authority to make educational decision has been terminated under state law.</p>	<p>As used in these standards, <i>parent</i> means</p> <ol style="list-style-type: none"> 1. a biological or adoptive parent of the infant or toddler; 2. a foster parent; 3. a guardian generally authorized to act as the infant or toddler’s parent or make early intervention, educational, health, or developmental decisions for the infant or toddler; 4. another person acting in the place of a biological or adoptive parent (including a grandparent, step-parent, or relative with whom the infant or toddler lives who is legally responsible for the infant or toddler’s welfare); or 5. a surrogate parent, but does not include any parent whose authority to make educational decisions has been terminated under state law. <p>An Early Intervention service provider or a service provider from a public child welfare agency (DCF) may not act as a parent for the purposes of Part C services.</p>
<p>Service Coordination</p>	<p>As used in these standards, service coordination means the activities carried out by a service coordinator to assist and enable an eligible child and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state’s Early intervention system.</p>	<p>The activities carried out by a certified Early Intervention Specialist assigned as a service coordinator to:</p> <ol style="list-style-type: none"> 1. assist and enable an eligible infant or toddler and the infant or toddler’s family to receive IFSP services in a timely manner; 2. coordinate all Early Intervention services including evaluations and assessments; 3. facilitate and participate in the development, reviews, and evaluation of the IFSP

DEFINITIONS

	Previous Definition:	Current Definition:
		<ul style="list-style-type: none"> 4. facilitate the development of a transition plan; 5. ensure families are aware of all rights and procedural safeguards available within the Early Intervention system; 6. provide information on available resources; and 7. support families as needed to access resources.
Ward of the state	N/A	An infant or toddler in foster care, a ward of the state, or an infant or toddler in the custody of the Department of Children and Families (DCF). The exception to this definition would be an infant or toddler in the custody of DCF who has a foster parent approved to act as a parent under these definitions.

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Section: Entry into the Program

New Language: Referrals should be made by referral sources as soon as possible, but no later than seven (7) days after a child has been identified as potentially eligible for Early Intervention services.

A face-to-face or telephone response to the parent from the Early Intervention program is made within 14 calendar days following the initial referral.

Unless clearly not feasible to do so, child evaluations and assessments must be conducted in the native language of the infant or toddler.

Section: IFSP Development

New Language: All components of the IFSP will be available to parents in writing prior to obtaining consent for services.

Section: Transition

The child has moved out of the program's catchment area.

The family chooses to receive services from another Early Intervention program within the catchment area

Section: Procedural Safeguards and Due Process Procedures

All safeguards related to records, including access, amendments, and confidentiality are applicable from the time the infant or toddler is referred, regardless whether or not the infant or toddler is eligible for Early Intervention services. These safeguards apply to all providers of Early Intervention services including subcontractors of certified Early Intervention providers.

The provider should notify all parties asked to submit records for a child's file that they are open to the parent.

An initial copy of the record is provided at no cost to the parent.

An agency or service provider shall comply without unnecessary delay and no later than 10 days of receiving the request.

Section: Health and Safety

New section: a plan for addressing second hand smoke.

New section: 'the EI provider complies with all state and federal requirements regarding employee background checks'

'Coordinating funding sources for services required under part C'

EITC UPDATE



Important Reminder: As of December 31, 2013, The EITC will only accept CEIS portfolios in the 2012 format. If you are preparing your portfolio in the CEIS 2002 format, please be sure you are able to submit it to the EITC by the end of 2013. If you are unable to submit by then, you must revise it and submit under the CEIS 2012 format.

Specialty Services Updates from Tracy Osbahr

Resource for Spanish speaking families with children with ASD

The Autism Society, a leading grassroots autism organization, exists to improve the lives of all affected by autism by increasing public awareness about the day-to-day issues faced by people on the spectrum, advocating for appropriate services for individuals across the lifespan, and providing the latest information regarding treatment, education, research and advocacy.

Through its strong national network of affiliates, the Autism Society has spearheaded numerous pieces of state and local legislation, including the 2006 Combating Autism Act, the first federal autism-specific law. The Autism Society's website is one of the most visited websites on autism in the world and its quarterly journal, [*Autism Advocate*](#), has a broad national readership.

AutismSource™ the Autism Society's Contact Center

Live Spanish speaking Information & Referral support is available everyday of the week. Spanish speaking families and individuals on the Autism Spectrum can call the Autism Society's contact center, Autism Source, and live bi-lingual Spanish/English specialists are available from 9 am - 1 pm, Monday through Friday, and in the afternoons on Saturday and Sunday from 1pm- 5pm to respond to their questions. Our regular hours of operation are 9am-9pm. Callers, including those who speak Spanish, should use our toll-free number: (800) 3 AUTISM (800-328-8476) or they may email questions to info@autism-society.org.

AutismSource™ El Centro del Contacto de Autism Society

Servicios de Información y Referencia en vivo en español están disponibles todos los días de la semana. Familias hispanas y los individuos con autismo pueden llamar al centro de contacto del Autism Society, AutismSource™, y nuestros especialistas bilingües están disponibles en vivo de 9 a.m.-1 p.m. de lunes a viernes y por la tarde los sábados y domingos de 1pm-5pm para responder sus preguntas. Personas que llaman, incluyendo los que hablan español, deberán usar nuestro número de teléfono gratuito: (800) 3 AUTISM (800-328-8476) o pueden enviar preguntas a info@autism-society.org.

Services for Children with Hearing Loss

The Supplement to the Joint Committee on Infant Hearing (JCIH) 2007 Position Statement: *Principles and Guidelines for Early Intervention After Confirmation That a Child is Deaf or Hard of Hearing* is available on the JCIH website at <http://jcih.org/posstatemts.htm>. This comprehensive document provides specific recommendations for the specialized skills and knowledge that service coordinators and other service providers should have to ensure the best possible outcomes for children with hearing loss. Specific content knowledge in the communication option(s) chosen by the family are essential.

It is another reminder that children with hearing loss need immediate, consistent access to language, whether that be through auditory or visual modalities. The old premise that "we don't need to work on language until he starts to talk" does not reflect what the field has learned about brain development in the past two decades and does a disservice to children and families.

NCSEAM FAMILY SURVEY REMINDERS...

October is NCSEAM Family Survey distribution month.



Quick Reminders:

- Service Coordinators should hand deliver Surveys to eligible families, explain the purpose and importance of the Survey in measuring Family Outcomes and encourage families to complete their Survey, in **pencil** and return it in the self-addressed, stamped envelope provided.
- There are enough Surveys for **two** distributions, in **October 2013** and **March 2014**. The number of Surveys received by each program is based on the most current EIS data through July. We respectfully ask that each program find a safe place to store your Surveys so that you will have them for **both** distributions. We will have some extra Surveys available here at DPH for programs that run short.
- You may use left over Surveys from last year's distribution. Remember to check and make sure that you only use the new version which has **28** questions.
- Your record of how many Surveys you distributed in October is due to DPH by **November 15, 2013**.
- Tools to assist Service Coordinators to explain the Survey are available on the Early Intervention Parent Leadership Project website at: www.eiplp.org
- Families looking for a visual support can view a You Tube video that walks them through the process of receiving, completing and returning their surveys. The video is available at: <http://youtu.be/Gd5nnKOrkI0>

Questions or concerns, contact Suzanne Gottlieb at: 617-624-5979 or suzanne.gottlieb@state.ma.us.