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# COLLABORATION

AMONG FAMILIES, EARLY  
INTERVENTION PROGRAMS,  
AND SPECIALTY PROVIDERS

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**A project of the Specialty Service Committee  
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# **COLLABORATION AMONG FAMILIES, EARLY INTERVENTION PROGRAMS AND SPECIALTY SERVICE PROVIDERS**

This document is designed to improve collaboration among service providers to children with specialty service conditions, Early Intervention program staff, and families. Specialty service conditions may require care and services that may not be appropriately, adequately, or specifically provided within an early intervention program. They include:

- Blindness
- Visual Impairment
- Deafblindness
- Deafness
- Hearing Loss
- Autism Spectrum Disorder/Autism/Pervasive Developmental Disorder
- Complex care needs (may include a complex medical condition, multiple disabilities, and/or extensive medical health care needs)

Specialty service providers (SSPs) are professionals who may work in Early Intervention programs, in affiliated specialty programs, or in private practice who have been specifically trained and/or credentialed to address the needs of children with specialty service conditions.

The goal of collaboration is to use the combined knowledge and skills of all providers as well as of families in the most effective way in order to develop comprehensive and appropriate programs for children with low incidence conditions. The following are suggested guidelines for ongoing collaboration among families, Early Intervention programs and specialty service providers.

## **Entrance To/Exit From EI Services**

A child may be referred to Early Intervention services with or without a clear diagnosis. When Early Intervention staff obtain a developmental history on a child and his/her family during intake, it is important to be aware of high risk factors for low incidence conditions. Evidence of high risk factors can indicate the need for further assessment. Behavioral indicators, as reported by parents or noted from interactions with the child, also need to be considered so that a recommendation for testing can be made as early as possible. Recommendations for appropriate diagnostic centers and clinicians with expertise in specialty service conditions are available from the DPH Office of Specialty Services and from specialty providers who specialize in the area of concern. Such recommendations must be shared with the service coordinator at the Early Intervention program, who ensures that appropriate procedures are followed to involve the child's primary care physician and to secure any pre-authorizations required by health insurers.

Refer to the EI website [www.mass.gov/dph/earlyintervention](http://www.mass.gov/dph/earlyintervention) for information describing high risk and/or behavioral indicators for specialty service conditions:

- ❑ *“Is your child developing in ways that puzzle you?”*
- ❑ *“Do you think your child has a vision loss?”*
- ❑ *“If you think your child has both a vision and hearing loss”*
- ❑ *“Recommendations for ongoing hearing screening of children in the Early Intervention system”*

## **Referral**

Referrals are made either to the Early Intervention program or directly to the Specialty Provider from sources such as hospitals, pediatricians and parents. Cross referral is then critical - Early Intervention program to Specialty Service provider and Specialty Service provider to Early Intervention program - to insure timely assessment and development of the Individualized Family Service Plan (IFSP). Since there are a range of intervention techniques and Specialty Service Provider program types, parents need information that will help them make an informed choice among program options. Agencies such as the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH), the Massachusetts Commission for the Blind (MCB), Autism Resource Centers, and Regional Consultation Programs may have additional information about resources for families of children with specialty service conditions. Specialty providers and/or agencies may be helpful in working with families to define the range of service option choices.

## **Eligibility Evaluation**

The Massachusetts Early Intervention Operational Standards delineates the categories of eligibility for Early Intervention. The category of children “established risk” refers to

- ❑ a diagnosed neurological, metabolic, or genetic disorder, chromosomal anomaly, medical or other disabling condition with documented expectation of developmental delay or
- ❑ vision loss not corrected by medical intervention or prosthesis or
- ❑ permanent hearing loss of any degree

Most children with specialty service conditions will qualify for Early Intervention based on these categories. Others, who have conditions that may or may not influence development, are eligible if they exhibit a delay of **30%** or **1.5** standard deviations below the norm, as measured by an approved instrument yielding age equivalent scores, in one or more areas of development, including cognitive development, physical development, communication development, social/emotional development, or adaptive development. If the child has questionable quality of developmental skills and functioning based on the informed clinical opinion of a multi-disciplinary team the child may be eligible based on the category of “clinical judgment” and can receive services for up to six months.

The eligibility evaluation should include consideration of risk factors relative to:

- ❑ vision
- ❑ hearing
- ❑ behavioral indicators for autism/PDD

If any risk factors are identified, the need for further diagnostic testing should be discussed with the family. The service coordinator can help initiate the process for additional assessments (e.g., referral to a team specializing in evaluating children for autism) and, as appropriate, share information about specialty providers and relevant state agencies.

### **Assessment**

Assessment consists of those on-going procedures used by appropriate qualified personnel throughout the period of a child's eligibility for early intervention 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 infant or toddler.

The assessment emphasizes the collaborative process among Early Intervention personnel, the family, and other agencies and providers. Scheduling should be primarily responsive to family and child needs and preferences regarding time, place and other such factors. Families shall be given prior written notice of assessments. The notice will include the voluntary nature of the consent.

Collaboration among the family, the Early Intervention provider and the Specialty provider is important throughout the assessment process. The Specialty provider staff person can either act as a direct participant by assessing the child in his/her particular area of expertise, or as a facilitator or consultant by observing testing to point out when the specialty service condition impacts the testing or unfairly affects the scoring and requires some modifications. Being part of the assessment team is beneficial to both the Early Intervention staff and the Specialty provider staff. When team members share their respective areas of expertise, a true multidisciplinary evaluation may be achieved. Both the Early Intervention staff and the Specialty provider should contribute to the writing of the assessment report. If the Specialty provider is unable to be present during the team assessment, he/she can assess the child at a separate time.

### **Individualized Family Service Plan (IFSP)**

Early Intervention programs are encouraged to develop service options using an outcome-driven model. Service recommendations are based on a thorough analysis of child and family priorities. A child's developmental profile does not automatically translate to a particular type, level, or frequency of intervention. Accountability is measured by whether outcomes achieved beyond specific disciplinary goals effectively address the child's and family's functioning at home, in play, and while learning. An outcome-driven approach includes promoting a child's abilities, modifying the environment, providing resources and/or adapted equipment, revising schedules and routines, developing new skills and behaviors of key adults in the child's life, and reframing adult perspectives and expectations of the child.

Specialty providers are encouraged to participate in the team process of assisting family members to prioritize outcomes and address a limited number of outcomes at a time.

This model often emphasizes sequential, rather than simultaneous, services and time-limited service recommendations.

The IFSP includes services to be provided by the Early Intervention program and the Specialty provider. The Early Intervention program and Specialty provider staff, as well as other personal and/or professional services invited by the family, should be actively involved with the family in the IFSP process to determine services. Section VII of the The EI Operational Standards now reflects this emphasis. The relevant section reads: “At each initial and subsequent IFSP meeting following an eligibility evaluation, each of the following shall be provided with a reasonable opportunity to participate:

..... 6. Persons who will be providing services to the child and/or family  
If a person who wishes to be involved in the IFSP planning meeting is unable to attend, arrangements are made for the person’s involvement through other means, including:

1. Participating in a telephone conference call
2. Having a knowledgeable person attend the meeting
3. Making pertinent records available at the meeting”

The initial referral to a Specialty provider may be indicated on the Outcomes and Strategies page of the IFSP. The plan for ongoing services to be provided by a Specialty provider should be specified on the Service Delivery Plan page. Early Intervention Service Coordinators should work with the parents and the Specialty provider to determine the appropriate amount and type of low incidence services. Specialty providers need to contact EI Service Coordinators when they propose a change in the Service Delivery Plan or when they anticipate a significant change or interruption in the existing IFSP.

## **Services**

Services may be delivered in a variety of settings and styles to reach child and family outcomes. Some examples of services are home visits, center visits, child groups, and parent groups.

The intent of the Individuals with Disabilities Education Act (IDEA) is to provide family-centered, community-based services that support the inclusion of children with disabilities and their families into all aspects of community life. This means that Early Intervention program and Specialty providers need to justify on the IFSP any time a child is to be served in what is not considered a natural setting. Parent choice of a particular setting is not considered to be sufficient justification for providing services in specialized settings. This is an individualized process. A natural environment should not be thought of as a place or location, but as a process of individually planning with a family about where a child would be spending time in the community if he/she did not have special needs.

Early Intervention staffs talk with the family about the needs of the child, the outcomes they would like to see achieved, and how all service providers can help the family address those needs. A child with a specialty service condition may need to participate in a continuum of services to achieve desired outcomes. If the provision of service in specialized settings is justified based on clinical needs and outcomes, a child’s participation in such settings must be re-evaluated on an ongoing basis. A plan for the transition into a more natural setting needs to be included in the IFSP.

Regional Consultation Programs may be able to provide awareness, support, technical assistance and training to providers in the field to ensure successful inclusion of children

3 – 5 years of age in center-based child care, family child care, public school preschools and Kindergarten.

Specialty providers are expected to strive for opportunities for inclusion and to provide services to a child in a natural environment. This does not mean that families cannot network with other parents of children with like disabilities or that children can never be served in specialized settings. It does mean that any such service options be offered on an individualized basis that is developed in response to clinical need and may be time limited. One of the appropriate environments for a child with profound hearing loss who is learning ASL will be with other children and adults using that same language system. An adapted environment designed for ease of navigation for children with vision loss may be an appropriate place for a child to practice orientation and mobility skills.

Specialty providers may assume a variety of service roles to help achieve child and family outcomes: consultants to Early Intervention staff/family, direct service providers, facilitators for parent-to-parent contacts, developmental monitoring in their area of expertise, and/or assistance with transition planning. Specialty providers may offer a family the chance to meet “role models” (i.e., older children and/or adults) with specialty service conditions to offer some sense of future developmental opportunities for their child.

Collaboration and communication among the family, the Early Intervention team, and the Specialty provider are essential to assure clear assignment of roles and optimal child development. For example, in determining roles, the Specialty provider, from the start or as transition nears, may be identified as the primary direct service provider. It is critical that the Specialty provider and Early Intervention Program service coordinator be in close, regular contact to keep each other informed about progress and concerns, needs for changes in services, scheduling for assessments, transition planning meetings, etc. This contact may take place through sharing of session notes, regular telephone calls, and co-treatment.

The Specialty Service Committee of the ICC has developed a series of “Starting Points” documents as guides to assist Service Coordinators working with families of children with specialty service conditions. These guides may be found at [www.mass.gov/dph/earlyintervention](http://www.mass.gov/dph/earlyintervention) in the Specialty Services section.

- ❑ Starting Points for Service Coordinators for Children with Autism Spectrum Disorders
- ❑ Starting Points for Service Coordinators for Children with Complex Care Needs
- ❑ Starting Points for Service Coordinators for Children with Hearing Loss
- ❑ Starting Points for Service Coordinators for Children with Vision Loss
- ❑ Starting Points for Service Coordinators for Children with Vision and Hearing Loss

### **Transition**

As the child approaches age three, the family, the Early Intervention provider, the Specialty provider, and the Local Education Agency (LEA) play an important collaborative role in:

- ❑ assisting to define the special educational needs of the child
- ❑ outlining program components that will help the child succeed in a preschool program Many specialty service providers have developed compilations of

these components that address the particular challenges of certain conditions (e.g., language considerations, availability of peers, adaptive equipment, assistive technology, classroom accommodations, etc.) The Department of Early and Secondary Education has posted advisories on its website that can be helpful in Individualized Educational Plan (IEP) planning for children with specialty service conditions ([www.doe.mass.edu](http://www.doe.mass.edu))

- ❑ visiting and/or identifying potential programs For guidelines on assessing the new setting in terms of your child's special needs, visit the Division of Early Childhood website at [www.dec-sped.org](http://www.dec-sped.org) For the Department of Elementary and Secondary Education's policy allowing visits to potential programs, visit [www.doe.mass.edu/sped/advisories/09\\_2.html](http://www.doe.mass.edu/sped/advisories/09_2.html)
- ❑ determining agencies or resources which might contribute to the transition process and planning with the family.

Early Intervention program and Specialty provider staff should be available to attend meetings with school districts and parents and give input into the development of the IEP.

## **ADMINISTRATIVE CONSIDERATIONS**

### **Contractual Relationships**

The Massachusetts Department of Public Health has a direct contractual relationship with some specialty service providers. Early Intervention programs do not need to subcontract with these providers, nor do they need to apply for Provisional Certification of the staff of these specialty service providers in order to make their services available to families. An approved program bills the Department of Public Health directly. These programs include:

- ❑ Perkins School for the Blind (includes New England Consortium of Deafblind Projects)
- ❑ Family Sign Language Program at Gallaudet University Regional Center
- ❑ Providers of intensive programs to children with Autism Spectrum Disorders (list of approved providers is available from DPH Office of Specialty Services)

Early Intervention programs may contract directly with Low Incidence providers who work as private consultants or are employed by agencies. Such providers have been specifically trained in the special skills and knowledge to work with children with specialty service conditions and their families. Services to children who are deaf/hard of hearing are frequently secured this way. The list of specialty service providers varies from region to region and changes often. Information about such Specialty providers is available from the director of the Office of Specialty Services.

Early Intervention programs with staff who are appropriately credentialed to meet specialty service needs are under no obligation to subcontract with private consultants.

When an Early Intervention program contracts with a Specialty provider who does not have a contractual relationship with DPH, the EIP needs to:

- set up contracts with the Specialty provider that clarifies paperwork and billing responsibilities; and
- apply for Provisional Certification for any contracted staff who will provide direct service to the child/family

### **Staff Certification**

All individuals who provide Early Intervention services within the Commonwealth must meet one of the three levels of certification of Early Intervention Specialist, the certification for professional practitioners that requires competency in all areas of Early Intervention practice. The three levels of certification are described in the Massachusetts Early Intervention Operational Standards. At this time, Provisional Certification is sufficient for Specialty providers working twenty hours or less in Early Intervention programs. Applications for Provisional Certification as Specialty Service providers should be sent to the Director of The Office of Specialty Services at the Department of Public Health. The appropriate tracking form may be found at [www.eitrainingcenter.org/resources](http://www.eitrainingcenter.org/resources) (under DPH documents).

### **Components of Collaboration**

#### **Scheduling**

Early Intervention programs will endeavor to include Specialty providers in assessments, IFSP development, and team meetings related to transition. Reasonable advance notice and negotiation around scheduling of such events is recommended. Use of conference calls may take the place of face to face meetings.

#### **Record Keeping**

Record keeping needs to be consistent with Early Intervention Operational Standards. Progress notes, assessment reports, and billing forms must be submitted to Early Intervention programs in a timely way to ensure compliance with Early Intervention Operational Standards, DPH billing guidelines, and with Early Intervention individual agency billing requirements.

#### **Service Delivery**

Early Intervention programs are regularly monitored to ensure that services specified on the IFSP are delivered. When it is necessary for a Specialty provider to change, delay, or otherwise interrupt the provision of service specified on the IFSP (or expected by the family if the IFSP process has not been completed), it is incumbent upon the Specialty provider to notify the Early Intervention service coordinator of the change.

Specialty providers function as part of the IFSP team, not as independent consultants. Any recommendations that affect the IFSP, such as changes in the type or frequency of service or requests for additional referrals/consultations, need to be discussed with the Early Intervention service coordinator (who acts as liaison to the IFSP team). It is expected that children served by Specialty providers will remain active in their Early Intervention programs, with the extent of involvement varying depending upon child and family needs. The Early Intervention program is responsible for coordinating transition to

the Local Education Authority (LEA), which should involve the active participation of Specialty providers.

### **Co-treatment**

Co-treatment visits of Specialty providers and Early Intervention staff are encouraged to improve collaboration and for cross-training purposes. Co-treatment visits may occur as often as is clinically appropriate between Early Intervention program staff and approved specialty service providers in programs that contract directly with the Department of Public Health without any need for clinical waivers (see the list in Section I). Frequency of co-treatments for other Specialty providers must conform to the Department of Public Health standard of one co-treatment per month per child, unless a Request for Reimbursement justifying the extraordinary circumstance is granted. Such requests should be submitted to the director of the Office of Specialty Services.

### **Request for Reimbursement**

If the IFSP team agrees that some variation in clinical approach that falls outside of the boundaries of the Early Intervention Operational Standards is appropriate for a particular child, the Early Intervention program may apply to DPH for a Request for Reimbursement for this prior to the service being provided. Such requests must be individualized and based on the functional outcomes the family has identified to achieve through the child's experience within early intervention.

### **Sharing Of Documents and Appropriate Releases**

Collaboration involves sharing reports and documents as well as face-to-face clinical meetings. Early Intervention programs and Specialty providers need to arrange for the timely exchange of assessment reports, IFSPs, and progress/clinical notes. Family approval for such exchanges must be obtained in advance via release of information forms.