



## Guidance Document On Vision Loss: Eligibility for EI and partnering with Perkins School for the Blind



The Department of Public Health has a long-standing contract with Perkins School for the Blind to provide services to infants and toddlers in the EI system with vision loss. This contractual arrangement simplifies logistical arrangements with Perkins staff – the EIP does not need to subcontract with Perkins, bill for their services, or balance their services with EI billing regulations.

- The Perkins Infant/Toddler Program has three major objectives:
  - involve infants and toddlers with visual impairments or deafblindness and their families in a coordinated program of home teaching and school-based programming
  - prepare children by age three for entry into other programs
  - provide consultation and in-service training to other professionals working with infants and toddlers with visual impairments or deafblindness through a network of inter-agency collaboration
- Co-treatments between Perkins vision specialists and EI clinicians are encouraged to meet the individualized needs of the child and family and should be documented on the IFSP. There are no limits to the number of co-visits allowed. They should be planned to meet the clinical needs of the child and family, coordinate services, and share treatment plans and strategies.
- Inclusion of Perkins staff in assessments and re-assessments of children they work with is essential for comprehensive program design. They should be invited to the assessments, and should participate in the development of any IFSP goals related to vision loss. They can also suggest appropriate modifications and accommodations suitable for the child's vision loss that will enable all staff to better assess a child's strengths and needs. Additionally, vision specialists can perform targeted assessments in specific areas impacted by the vision loss that will contribute to the development of appropriate intervention. Advance notice regarding timing of such assessments should always be given for scheduling purposes.
- Referrals to Perkins can be made via the "Referral to Perkins" form, available on the [eiplp.org](http://eiplp.org) website at [www.eiplp.org/vision-services/](http://www.eiplp.org/vision-services/) or by calling Ruth Silverstein at 617-972-7332 or Cristina Valente at 617-972-7444.
- It is essential that the EIS registration number be transmitted to Perkins at the time of referral so that the DPH system can be accurately billed for referred children.
- Children must continue to be enrolled in EI in order to receive Perkins services through the DPH contract. At a minimum, service coordination, ongoing developmental monitoring, and assistance with transition to LEAs are important roles for EI to play even if Perkins staff are meeting all other intervention needs.
- Training may be available from Perkins staff to EIPs with specific in-service requests

- Early referral for a child with vision loss to the Perkins program is essential to promote optimal development. Perkins' Vision Specialists are highly qualified teachers who have specific content knowledge in the area of visual impairment and its impact on the development of children birth to three.
- Late referrals diminish a family's opportunities to take advantage of Perkins range of services, such as parent/child groups, the Assistive Device Center, Perkins Toy Library and "Let's Move" consultations, as well as opportunities to meet other families dealing with the challenges of vision loss and deafblindness.
- Note that some LEAs have interpreted lack of vision services on an IFSP as a reason to not offer vision services in an IEP.

Attached is an update of clarifying information re: eligibility for EI of children with vision issues.

Agency staff are encouraged to contact Perkins with questions relating to services, referrals, or information about children with visual impairments.  
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Please address any other questions you may have to your Regional Specialist.

## CHILDREN WITH VISION LOSS: ELIGIBILITY UPDATE - October 2016

As defined in the Early Intervention Operational Standards, children are eligible under the established risk category for early intervention if they have “visual impairments not corrected by medical intervention or prosthesis.” The same designation confers eligibility for services from Perkins Infant/Toddler Program. In some cases, Perkins staff may not enroll a child in ongoing services but will provide periodic consultation to monitor any impact vision loss has on development and intervene only when indicated. All services are individualized and may include home-based assessment and training for infants and toddlers and their families, consultation to community-based early intervention programs, and parent groups.

Most vision-related diagnoses fit into the revised Diagnosed Conditions list effective July 2012.

<b>A child diagnosed with:</b>	<b>Is eligible based on:</b>
Albinism	Low vision, both eyes
Aniridia	Low vision, both eyes
Anophthalmia	Blindness, one or both eyes
CHARGE syndrome	Low vision, one or both eyes
Cortical Visual Impairment (CVI) ( <i>also known as Cortical Blindness or Cerebral Vision Impairment</i> )	Cortical Vision Impairment
Leber's Amaurosis	Low vision and/or blind, both eyes
Ocular prosthesis or eye enucleation	Blindness, one or both eyes
Optic nerve hypoplasia	vision loss in one or both eyes, Optic Nerve Atrophy
Retinal Detachment	Low vision and/or blind, one or both eyes
Retrolental fibroplasia	Also known as: Retinopathy of Prematurity

A physician's report that identifies these diagnoses does not need to include language specifying the degree of vision loss; the diagnosis itself confers EI eligibility.

Some vision conditions may not permanently impact visual acuity and do not confer automatic eligibility. Children with these conditions may be eligible for six months on the basis of developmental delay or on the basis of clinical judgment determined by the multidisciplinary evaluation team.

These include:

Coloboma	may cause visual field defect or low vision
Myopia/hyperopia	may be corrected via glasses
Nystagmus, congenital	this is a symptom that requires further medical evaluation. Child may be eligible based on the results of that evaluation or on visual status
Optic glioma	often a benign tumor for which treatment can be effective

There are many conditions that include a higher than expected possibility of vision loss. These include:

Amblyopia	Nearsightedness (Myopia)
Anirida	Nystagmus
Cataracts	Optic Glioma
Cerebral Palsy	Retinitis Pigmentosa
Coloboma	Retinoblastoma (with or without eye enucleation)
Cytomegalovirus (CMV)	Rett syndrome
Down syndrome	Rubella (German measles)
Farsightedness (Hyperopia)	Strabismus (eye turn)
Fetal Alcohol Syndrome	Toxoplasmosis
Glaucoma	Trisomy 13 or Trisomy 18
Marfan's syndrome	Visual Field Defect
Meningitis	

Children with these conditions should be monitored by pediatric ophthalmologists or optometrists. EI staff should consider referral to Perkins Infant/Toddler Program for a functional vision evaluation as early as possible to provide more information about the impact of the child's vision on development and the need for ongoing Perkins services.

Remember to involve Perkins staff in the re-assessment process. They can help you learn more about the child by suggesting modifications and accommodations during the assessment and can administer supplemental tools that more closely look at the child's compensatory skills and learning strategies. Provide as much advance notice of the proposed date as possible to accommodate staff schedules.