



**Federal Part C Regulations :
EITC Update;
Eligibility/Evaluation/Assessment**

Webinar - FAQ

EITC Update

- 1. If the four online trainings are required, and content reviewed prior to attending the training, are the two face-to-face days of BAC still necessary?**

Certification of Early Intervention Specialists has been revised as of July 1, 2012. In order to meet the training needs of providers compiling their CEIS portfolios, the Early Intervention Training Center has revised its orientation offerings. The revision of the CEIS in July 2012 has allowed the EITC to update the orientation offerings to better meet the needs of the field while meeting the 2012 knowledge source competencies.

Although the title BAC will still be used the content and format will be different. The orientation will consist of a series of online prerequisites followed by the face to face Building a Community (BAC). The online modules will provide an overview of the foundations of early intervention theory and practice. The subsequent face to face sessions will offer an opportunity for participants to apply the knowledge gained through the online training. The focus of the face to face sessions will be for participants to share ideas with facilitators and other participants and actively practice using and applying their knowledge via video observation, role play, case study and small and large group discussion. Twelve of the sixteen required competencies for Entry I of the CEIS portfolio will be awarded for participants who complete the online trainings and the face to face BAC sessions.

For additional information regarding training requirements for new staff please refer to the August 9, 2012 memo from Jean Nigro, Director of Early Intervention Training Center.

Eligibility

- 1. What if the Battelle does NOT support the medical record/other evaluations?**

A child's medical record or other records may be used to establish eligibility (without conducting an evaluation of the child) if the records indicate that a child has an established condition as listed on the Massachusetts Early Intervention Diagnosed Conditions List. A child may be deemed eligible if an evaluation constitutes a delay as defined by the Lead Agency, which in Massachusetts is at least 1.5 standard deviations below the mean, as measured by the BDI-2 in one or more areas of development.

- 2. So, if in medical records the MD says a child has a gross motor delay --Not seen on Battelle but no dx, are they eligible based on the Pediatrician's medical record?**

No, in order to be eligible in the category of established delay a child must show 1.5 standard deviations below the mean utilizing the DPH approved tool.



Clinical Judgment

- 3. When determining a child eligible based on Clinical Judgment (CJ) would you need to have had a professional of that discipline at the evaluation to make that CJ determination - example team has concerns about gross motor but there was no PT or OT at the evaluation. In that case, is it ok to determine eligibility based on CJ?**

The multidisciplinary team utilizing their informed clinical opinion determines the infant or toddler's eligibility based on the result of the administration of the approved eligibility tool. It is strongly encouraged and considered best practice to have the appropriate disciplines represented on the multidisciplinary team based on the information gathered during the referral/intake process regarding the infant or toddler's areas of concern. However, clinical judgment can be determined even if the most appropriate staff are not present.

The revisions in the EIOS state that programs are required to adhere to the following criteria when utilizing the eligibility category of CJ:

- Document the qualitative concerns*
- complete a supplemental tool in the area of concern*
- provide the family with written notice of the evaluation/assessment results*

The supplemental tool should be administered by the discipline representing the area of concern for program planning, IFSP development and intervention strategies.

- 4. So, a motor therapist is not needed to determine eligibility on motor concerns?**

The motor therapist does not need to be a member of the initial multidisciplinary eligibility team, but should complete the supplemental tool for ongoing program planning, IFSP development and intervention strategies.

- 5. When you do the supplemental assessment, is there an established score to qualify like 30%?**

No, the Department has not set/established scores for supplemental tools in determining eligibility based on the category of Clinical Judgment. The supplemental tool is used to support ongoing program planning, IFSP development and intervention. The multidisciplinary team utilizing their "informed clinical opinion" has determined the eligibility based on qualitative development and functioning skills of the child through the eligibility determination process.

- 6. What if the child has a history of trauma or behavioral concerns and a social worker is present at the evaluation - Can the child be brought in under CJ by the social worker and then use ASQ/SE as the Supplemental tool?**

Yes, the child may be eligible based on the informed clinical opinion of the multi-disciplinary team if the behavioral concerns were evidenced during the eligibility determination process. However, the history of trauma alone cannot inform eligibility. There must be qualitative concerns regarding the child's development or behavior in order for the child to be eligible. In this situation, the ASQ-SE may be used as a supplemental tool to gather more information about the child and inform ongoing program planning, IFSP development and intervention which would be documented in the IFSP.



7. When can the family be told that the child is eligible - before or after the therapist goes back to do the supplemental assessment?

The family should be informed of the child's eligibility as soon as it has been determined by the multidisciplinary team. For infants and toddler's determined eligible in the category of clinical judgment, the eligibility determination can be made prior to the administration of the supplemental tool by the multidisciplinary team.

8. If the Family Directed Assessment is part of the eligibility determination process, why can't we bill Assessment hours when we complete that part of the assessment?

Please refer to the memo dated August 9, 2012, regarding the INITIAL VISIT/INTAKE/PRE - ASSESSMENT PLANNING VISIT. Programs may bill for assessment activities completed on the initial visit. According to the memo dated August 9, 2012 all non -assessment activity that occurs as part of the intake process should be billed as an Intake Visit (information sharing). If a program is administering part of the Battelle Developmental Inventory – 2 (i.e. social emotional interview questions), a formal or informal family assessment tool, or gathering information related to risk factors for eligibility the program should bill this activity as "evaluation/assessment" at that initial visit. If both activities (sharing of information, establishing a relationship, etc.) and assessment are occurring at the first visit they should breakout the activities for billing purposes.

Written Notice

9. What constitutes Written Prior Notice for the IFSP meeting to be held on the same day as the eligibility evaluation?

The program must provide the family written notice (IFSP Meeting Notice form) that the evaluation/assessment (including the family assessment) and IFSP meeting are occurring on the same day. If the family is amenable to having the two activities occur on the same day then this would be acceptable.

11. What constitutes notification of eligibility?

Written notification of the eligibility determination consists of all of the information that is contained in the child's Developmental Profile (pages 3 & 4) of the IFSP.

12. What is the requirement for written notice if the child is not eligible?

If an infant or toddler is found ineligible based on the state's eligibility criteria, written notification of their child's ineligibility status including the child's Developmental Profile (pages 3 & 4) of the IFSP is required. The Department will be providing written guidance regarding information to be shared with the family when determined ineligible.



Multidisciplinary IFSP Meeting

13. For the IFSP meeting, the requirement reads "OR" suggesting that you could have two professionals, but of the same discipline?

The federal interpretation of multidisciplinary for the purposes of an IFSP meeting must include the Service Coordinator and one other discipline. A DS (a-c) would be able to participate in an IFSP meeting with a DS (d).

Once a DS (d) becomes fully certified, they are no longer considered in the DS (d) 6% ratio for hiring purposes. However, the discipline does not change when an individual receives CEIS. Therefore, two DS (d) who also have CEIS (full certification) would not be considered multidisciplined for the purposes of an IFSP meeting unless another discipline is participating.

14. Two staff members of different disciplines must be at every Initial, 6 month and yearly IFSP, correct?

Yes, that is correct. Two or more individuals representing different disciplines with one being the Service Coordinator must participate in the initial, six month review and annual IFSP meeting.

15. Does an IFSP meeting with an SSP provider count under this interpretation?

"Multidisciplinary" for the purposes of an IFSP meeting may be with a contracted Specialty Service provider identified on the infant or toddler's IFSP.

16. Does the multidisciplinary team have to be 2 people from the EI Program, or can it be another professional from a community partner

Although best practice is to include staff from outside agencies working with the child and family to participate and provide feedback in ongoing IFSP meetings a community provider such as the VNA therapist who is not contracted by the EI program to provide IFSP services would not meet the requirement of multidisciplined for IFSP meetings.

17. For a staff person who is dually licensed (i.e. RN/SW), which discipline does the individual represent at a multidisciplined IFSP meeting?

The individual may represent either discipline for participation in the multidisciplined IFSP meeting as determined by the appropriate licensing board. However, the individual can not represent both disciplines at the same time, and there would need to be another individual representing another discipline participating in the IFSP meeting.



Federal Part C Regulations: IFSP Development

Webinar - FAQ

- 1. If a family does not identify anything they need help with are we required to have a "family outcome"?**

The child and family outcomes are developed in partnership with the family based on the concerns identified through the evaluation/assessment process and family priorities. There is no requirement that there be a family outcome on the IFSP. The service coordinator should discuss with the family what they hope to achieve through their Early Intervention experience during the discussion regarding outcomes.

- 2. Will each outcome require a separate form?**

Programs may choose to have one outcome per page or multiple outcomes on one page as long as all of the questions and information on the Child & Family Outcomes and Strategies page are complete.

- 3. Is it acceptable to describe the degree as a percentage of when the child has reached their progress, i.e? Child is crawling to explore their environment 75 % of the time.**

Outcomes should be functional and achievement of outcomes measured based on what is acceptable to the family.

- 4. SSP example uses language "until end of IFSP" for duration, is this appropriate to use?**

Some services on the IFSP may be until the end of the IFSP or the duration of the IFSP. However the program is still required to review the IFSP every six months, annually and more often if the IFSP team feels it is warranted and/or necessary.

- 5. How are we supposed to know the duration in advance?**

At a minimum IFSP outcomes and services should be reviewed at least every six months.

- 6. For the provider's discipline, is D.S. an acceptable designation for Developmental Specialists or do we have to write it out?**

The family should be fully informed of the services being provided and by whom. Best practice would indicate that the discipline be spelled out.

- 7. With regard to Developmental Specialist's (DS) and IFSP, how will that be coded for billing and will the DPH give us what the DS category is when the information for the personnel data base is sent out to programs?**

Developmental Specialists (a – c) are coded as "AA" and a Developmental Specialist (d) is coded as "BB" for billing purposes. The personnel data base breaks out the Developmental



Specialist category under the State Code as "AA" or "BB". A Developmental Specialist (a-c) is considered a different discipline as the individual brings a different expertise and knowledge base.

8. If we are putting the location in the grid for each service, do we need to repeat this in the box at the bottom?

Yes, the natural environment (where and with whom) should be clearly specified for each service and how collaboration in these environments would occur. For example, there should be a separate statement for collaboration with the family and another for collaboration with the child care staff as the plan for each may be different.

9. I don't understand the exact distinction between a 6-month review and a complete review. Can you clarify that?

A six month review is a complete review. A complete review occurs when the family has received "all" of the information generated from the Evaluation/Assessment process in writing, and has been fully informed of the review in which they are participating. It also consists of a complete review of the child's progress related to outcomes and strategies, and service delivery. This occurs at the six month review and annually or any other time the family or another member of the IFSP team requests a complete IFSP meeting. This may occur at any time, at 3 months, 9 months, etc. so may not occur only at six months or annually. If the IFSP meeting is a complete review of the entire document then the meeting must be multidisciplined.

If the family requests a change in the IFSP on a home visit this may be completed through the use of the IFSP Review Page and does not need to be multidisciplined.

10. Could we have a check box for an IFSP review that was requested by the parent but is not a complete review of the IFSP?

If the family requests a change in the IFSP on a home visit this may be completed through the use of the IFSP Review Page and the program would not check off six month or complete review.

11. Just looking for approximate date of finalized IFSP so that we can go ahead and order new materials with updated changes?

The revised Universal IFSP, July 2012 has been emailed to all programs and is available on the PLP website. Programs may start utilizing the July 2012 IFSP now. Full implementation is October 1, 2012.

12. Will the Department be translating the IFSP in Spanish and when will it be available?

The Department will translate the revised IFSP in Spanish as soon as possible.



Federal Part C Regulations: Transition

Webinar - FAQ

LEA Referral

- 1. We are defining "potentially eligible services" as children referred to Part B, although by the time they leave EI they may not receive services.**

"Potentially eligible" means that the child is considered to have a perceived delay/concern/issue that impacts educational and functional performance and it is believed that the child would benefit from services through the school system at the age of 3 years. Section IX of the EIOS defines "potentially eligible" as a child that meets the criteria for one or more of the disability categories specified by the Massachusetts Department of Elementary and Secondary Education (see: <http://www.doe.mass.edu/lawsregs/603cmr28.html?section=02#start>)

- 2. If a child was referred to EI three days before their 3rd birthday for an initial visit and transition activities were completed in that visit, but an IFSP was not completed should this child be entered into the FY13 TSS?**

No, this child would not be entered into the FY13 TSS as the population for the FY13 TSS is IFSP children referred to the LEA after July 1, 2012.

- 3. If a child was referred to the LEA before 2.6 (in June) is it okay that they do not show up in the TSS FY13?**

Yes, the Department is aware that there will be a population of children that will not be included in either the FY12 or FY13 TSS. Based on feedback from OSEP, the population for the FY13 TSS is IFSP children referred to the LEA on or after July 1, 2012.

- 4. Is there a report that our Data Manager will be able to run to alert us if a TSS Referral form is entered and no TSS TPC form completed?**

Yes, the TSS has a "Missing LEA Referral Date" report under the TSS Report section.

- 5. Is there any place on the TSS or EIS discharge form that we should enter information for families where a referral is not being made to the LEA but we are recommending annual preschool screenings by the LEA?**

Yes, this information is entered on the EIS discharge form under "Recommended Referrals" at discharge. Select "Other" and then enter a description under the text area.



Opt-Outs

6. **If the family Opt-Outs and then changes their mind and requests an LEA referral after 90 days, are programs responsible for making this referral or should we inform the family to self-refer?**

The program should assist and support the family throughout the transition process and the LEA Referral.

7. **The Opt-Out can continue to be documented on the IFSP and does not necessarily require an Opt-Out form, correct?**

Programs have the option to utilize the Universal IFSP, the Department's Information about the LEA/SEA Notification form or a DPH approved program Opt-Out form.

8. **For the TSS, if a child is eligible based solely on risk factors, we would not be talking about a referral to the LEA, do we regard that as an Opt-Out child?**

Only families of children potentially eligible for Part B services would be required to "Opt-Out" of the LEA/SEA notification.

9. **When will the Department's LEA Opt-Out template be available?**

The "Information about the LEA/SEA Notification and Opt-Out form" will be updated by the Department and made available to providers as soon as possible.

Transition Planning Conference

10. **Is there a standard manner in which we should invite the LEA and should this always be the Early Childhood Liaison?**

No, programs have developed many different protocols and practices for inviting the LEA to the TPC. Some programs include this information in the LEA Notification/Referral, others send a separate invitation and others have a designated transition coordinator at the program that invites the LEA.

11. **Can a family decline the attendance of the LEA at the TPC?**

Yes, the family may choose to identify the participants in the TPC. However, the EI program should have a discussion with the family encouraging them to include appropriate community partners among those invited to the meeting.

12. **Can the TPC meeting information be entered into the FY13 TSS at discharge?**

Yes, programs have the option to enter the TPC data into the FY TSS survey application as the activities occur, which is recommended, or at discharge or another time depending on the programs data entering protocol.



13. If the entire IFSP is not reviewed at the TPC, is the requirement for a multi-disciplinary team still in effect, e.g., if they are only reviewing transition?

No, if the IFSP team is only reviewing and developing the Transition Plan of the IFSP and not the entire document the IFSP meeting would not need to be multidisciplinary.

14. The LEA is always invited to the TPC, but does not always come. How can we document their participation if they don't participate that day, but maybe have a conversation with the family on another date?

If the family is satisfied with the LEA participation in the TPC, regardless of how they participate, i.e. via conference call, face to face at another time, etc. the program should document on the IFSP Transition Plan that the LEA participated in the TPC. If the LEA participates at another time it can be considered a part of the TPC if later participation was agreed to by the team and the discussion involved the TPC agenda.

15. How is a Transition Plan "Discussion" different from TPC? For us the LEA never attends, so these are the same?

The transition plan discussion date is the date that the program has reviewed all the components of the transition plan as documented on pages 7 & 8 of the Transition Plan in the IFSP. This may occur prior to the TPC or at the TPC but no later than 90 days prior to the child's third birthday. If the LEA does not attend the TPC then the TPC date may be considered the TP Discussion Date if all transition components were completed at this meeting.

SEA Notification

16. If a family has a non-negotiable problem with SEA notification, and only wants to have referral information sent to their town but not the State, do they have any remedy? For example, could they request that they be discharged from Early Intervention and then go on their own to the school system and conduct the intake with the schools privately without EI involvement?

A family may "Opt-Out" of the LEA referral and chooses to refer to the LEA on their own. No information will be sent to the SEA if the family "Opts-Out" of the LEA notification by the EIP.

17. Doesn't the LEA automatically inform the SEA anyway when they come into their system?

The LEA notifies the SEA at the time the child is determined eligible for Part B services.



18. Have we identified an actual person at the SEA who is going to be responsible for the acceptance and safekeeping of this personal information from families? Some parents might appreciate the chance to call that person and ask some questions about the privacy protections that will be in place (which are a concern of mine as well)?

Data transmission through the ESE web portal is secured. ESE will assign login credentials to authorized staff at DPH, as determined by DPH, for purposes of accessing ESE's secure web portal. ESE staff will only utilize the information for ongoing quality assurance and no child specific data will be shared outside of the agency. EI programs and families can contact the ESE to get a list of staff who have access to confidential data.