



**FIRST EARLY INTERVENTION**

# **EARLY INTERVENTION PROGRAM GUIDELINES & OVERVIEW**

**First Early Intervention Program  
574 Main Street  
South Weymouth, MA 02190  
(781) 331-2533**

## **Welcome**

The First Early Intervention Program of The Arc of the South Shore has been providing services to families with young children since the mid-1970's. While Early Intervention has changed greatly since that time, our commitment to families has not. We have remained a family-focused and community-based program that collaborates with families and other community resources to assist all family members to reach their full potential. Our staff are specialists in various areas of development but appreciate that you know your child best and are his/her best advocate.

Please do not hesitate to let us know what has worked well for your family, as well as changes that we could make to improve our services. Your feedback is greatly appreciated, and necessary to provide the highest quality of services to families with young children. You are also welcomed to share your thoughts on program development and policies.

The staff at the First EI Program looks forward to getting to know you and your family, and to making your experience in Early Intervention as helpful and positive as possible.

**Welcome!**

## **Mission & Values: The Arc of the South Shore**

The Arc has carried out our mission and vision of helping people with intellectual and developmental disabilities, as well as their parents and siblings, for more than 70 years.

### **Mission Statement**

The Arc of the South Shore is committed to empowering families and individuals of all ages with disabilities to reach their fullest potential. We achieve this by providing high-quality individualized services and opportunities that foster independence, community inclusion, and advocacy.

### **Vision Statement**

We will continue to be a provider of choice for supports to individuals and families in need of our services by building on seven decades of leadership, experience, and advocacy.

### **Core Values**

People First | Community | Transparency | Self-Determination | Diversity | Respect

### **Our History**

In the mid-20th century, parents had few choices for their children with intellectual or developmental disabilities. A group of South Shore parents felt that their options were completely unacceptable, so in May 1951 they founded The Arc of the South Shore. Their goal was to promote the welfare of exceptional children and their parents by providing educational programs, home training, recreational facilities, and specialized teacher training. They also wanted to encourage research and help create a better understanding among the general public of their children's unique circumstances and needs.

In 1967, the town of Weymouth transferred the deed of a parcel of land on Main Street to a nonprofit named the Jaycees Memorial School, Inc. for the purpose of building a school for children with intellectual and developmental disabilities. The memorial school opened in 1970 and served over 400 children a year. The school eventually became our First Early Intervention program.

Throughout its history, The Arc has been instrumental in supporting the rights of individuals with disabilities. In 1975, the agency supported a series of lawsuits that resulted in a landmark court order declaring that patients in mental hospitals have a fundamental right to refuse treatment with mind-altering drugs. This order created a widespread movement for deinstitutionalization, and with funding from the Commonwealth, The Arc expanded and opened its first group home and day services for adults seeking care.

By the end of the 1980s, The Arc became a multi-service agency. Since then, the agency has strategically developed opportunities that foster independence, community inclusion, and advocacy. It has also continuously expanded its programs and facilities, including the creation of a new Autism Resource Center in 2016 to fill a void in the care available to South Shore families and the completion of a nearly one-million-dollar renovation of its adult day center in North Weymouth in 2019.

In addition to its comprehensive programming, The Arc is affiliated with 700 state and local grassroots Arc chapters nationwide. Working collaboratively, this collective has expanded community-based services and championed policy changes that have advanced the rights of individuals with disabilities in education, employment, housing, and health care.

## About Early Intervention

The First Early Intervention (EI) program is an integrated developmental service, offering both evaluation and therapeutic services to children from birth to three years of age who have developmental concerns due to biological, medical, or environmental factors. EI is a family centered program in which parents and caregivers actively participate.

Services are provided in everyday natural settings, including your home, childcare center, the home of a family member or childcare provider, in small integrated groups at our center, and in a range of other community settings. This team-based, collaborative model allows the child, family, caregivers, and EI professionals to work together to create increased opportunities for learning. A variety of parent support, educational services, and resource referrals are also provided.

Massachusetts Early Intervention uses research to guide our home visits. We provide our services in this way based upon three concepts:

- Infants and toddlers learn best through lots of practice during daily activities.
- Parents and caregivers have the greatest impact on their child's progress.
- The Early Intervention Specialist supports the family's relationship with the child

The Division of Early Intervention of the Massachusetts Department of Public Health has the responsibility for administering and overseeing the statewide system of Early Intervention services, for certifying programs and coordinating funding sources, and for carrying out monitoring and technical assistance activities. There are many certified community-based programs serving all cities and towns in the Commonwealth. Each Early Intervention program is certified to provide services for a specified group of cities and towns, called a catchment area. The First Program serves Braintree, Weymouth, Hingham, Hull, Norwell, Cohasset and Scituate.

The First Early Intervention Program is certified by the Massachusetts Department of Public Health, and includes in its practice the core values of DPH, which include individualization, respect, family-centeredness, community, team collaboration and lifelong learning. The First Program does not discriminate in providing services to children and families, or in hiring policies or other aspects of its administration based on race, color, gender, national origin, age, religion, creed, disability, marital status, veteran's status, sexual orientation, gender identity or gender expression.

### **The Individualized Family Service Plan “IFSP”**

Once your child is found to be eligible for Early Intervention, the family and First Program staff create the Individualized Family Service Plan. It includes all the outcomes and services that will be part of the Early Intervention experience. The IFSP is updated at least once a year and reviewed every six months. Additions and changes can be made any time you and the program agree it is necessary.

The IFSP includes:

- Who your child is – including results of a standardized assessment, as well as how your child manages throughout the day.
- Your child’s daily routines, strengths and needs.
- Family concerns, priorities and resources.
- Outcomes you have identified for your child and family
- Which services are to be provided, how often, by whom, when and where.
- Who is designated as your service coordinator; and
- What steps will be taken to assist you and your child in the transition from Early Intervention.

## Health and Safety

### Allergies

It is important to inform EI staff about all allergies your child may have. Families are required to list all allergies when enrolling your child and upon any diagnosis change. This information is included in the medical form completed by the child's physician, and is filed in the child's First Program record.

If there are smokers or pets in your home, please discuss with First Program staff visiting your home about their possible smoke or pet allergies.

### Illness in the Family

It is important for children, families, and staff to avoid exposure to illnesses of all kinds. Families are encouraged to cancel the child's appointment if the child and/or close family member is home with an illness. The following are cause to cancel:

- Fever
- Sore throat
- Initial onset of colds with sneezing, nasal discharge and cough
- Vomiting
- Diarrhea
- Rash (other than mild diaper or heat rash)
- Exposure to communicable Diseases

### Child Protection Mandate

The staff of the First Program are committed to the safety and well-being of all children. As providers of services to young children, staff are mandated to report any suspected child abuse and/or neglect to the Department of Children and Families. Families will always be informed in person or by telephone regarding any concerns about abuse and/or neglect.

### Smoke-free Policy

Smoking is strictly prohibited within all First Early Intervention buildings, property and vehicles. This also includes offices, hallways, and restrooms, kitchens, meeting rooms, community areas, vans and buses. Smoking is also prohibited on building grounds, parking lots and playgrounds.

**Please refrain from smoking just before and during a home visit.**

Our health and safety guidelines are reviewed annually by a First Early Intervention Program medical consultant.

## **APPOINTMENTS AND ATTENDANCE**

The First Early Intervention Program staff work in partnership with families and other caregivers, and their services work best when caregivers participate in all appointments with the child. Services are also most effective when they occur regularly. The Early Intervention Specialists who come to your home create time especially for you and your child. We ask that you also especially reserve this time, and not make other conflicting appointments. Although this can sometimes be difficult, your flexibility will be much appreciated. You can certainly negotiate with your Early Intervention Specialists if your schedule must change, and the Specialists will also try to be as flexible as possible, given their full schedules.

### **Cancellations**

If you must cancel an appointment, please try to do so as soon as you can, 24 hours ahead if possible. Do not hesitate to call our number **(781) 331-2533** at any time to access voicemail for the Office Manager and/or the Early Intervention Specialists. All staff will be checking their voicemail messages throughout the days they are working for messages. Early cancellations are greatly appreciated.

Cancellations and “no shows” cannot be rescheduled unless the staff members have cancellations in their schedules.

### **EI Specialist Cancellations**

If an Early Intervention Specialist member must cancel your appointment because of illness or emergency, the Specialist, or staff member, will call you as early as possible to let you know. . We will try to reschedule if possible.

All Early Intervention Specialists will make every effort to meet their appointments on time. As a home-based program, please allow a 10-minute grace period. The Specialist will alert the family directly if he/she will be later than 10 minutes.

### **Early Intervention Specialist Training/Professional Development**

The First Program may need on occasion to cancel your appointment because of Program requirements and professional training for Early Intervention Specialists. Families will be given ample notice.

## **TRANSPORTATION**

In the event that you do not have transportation to appointments at the First Program, the Massachusetts Department of Public Health will assist. DPH provides transportation through contracts with regional transit authorities and local transportation companies. Contact your Early Intervention Specialist for more information.

## **SEVERE WEATHER CONDITIONS**

In the event of severe weather, please call our program at (781) 331-2533, for an update on home visits and group services provided.

Please note, the First Program does not follow the school closing guidelines.

Please cancel your appointment with your Early Intervention Specialist if there is no access to your home due to road conditions. Please call as early as possible to report conditions.

## **TURNING 3 YEARS OF AGE**

Children may be eligible to receive Early Intervention services Intervention Program until the day before their third birthday.

Beginning with your initial development assessment, you and your team will be reviewing your child's needs and developing appropriate outcomes. A formal discussion, initiated by your team, will take place when your child reaches the age of 2 ½. This meeting will address your child's needs after the age of three (3). Your family and the team members will discuss various options including:

- Preschool services through your local school department
- Day care
- Nursery school
- Head Start
- Community groups and resources

Your team can assist you in determining which choice will be most appropriate. Team members will also visit programs with you, as well as attend planning meetings.

We want to provide as smooth a transition as possible for you and your child from the First Early Intervention Program to the next step.



## Guidelines for Services

As you and your child begin receiving services with the staff of the First EI Program, please review the guidelines that we have developed that will ensure a positive working relationship between you and the Program:

### **The staff of the First Early Intervention Program will:**

- Be on time for all appointments or call if going to be later than 10 minutes after scheduled appointment;
- Will return all calls within 48 hours when working;
- Clean hands before working with your child by using hand gel or soap and water;
- Adhere to the sick and non-smoking policies;
- Will dress appropriately and safely for working with your child;
- Will call to cancel when necessary; and
- Clean toys prior to use with your child.

### **We ask the families receiving Early Intervention services to:**

- Provide a safe environment to interact with your child;
- Participate in sessions so that you can carryover suggestions and have questions answered regarding your child's development;
- Provide a place to park and have clear access to your home;
- Adhere to sick and non-smoking policies;
- Remove your pets from the treatment area;
- Call to cancel as soon as you know you will not be able to attend session; and
- Return phone call as quickly as possible.



# First EI Program/The Arc of the South Shore

## Social Media & Gift Giving Policies

### Social Media:

- For the protection of both the staff and client confidentiality, staff are prohibited from using social media, including but not limited to Facebook to connect with families while your child is receiving services from the First EI Program.
- From time to time families have requested to video or audiotape a session so other family members who are not able to attend can be part of the services for their child. If you would like to tape a session, we ask that you:
  1. Inform the staff person prior to taping
  2. Not post tapes on any social media including but not limited to YouTube.
  3. Only use the tape for your personal use for the purpose of assisting with your child's development.

### Gift Giving:

- At times families would like to thank an individual staff person for their work with their child. Although your thoughtfulness is appreciated, it is **against agency policy to accept any personal gifts while your child is enrolled in the First EI Program**. If families would like to extend a gift, they can do so by either purchasing an item on the First EI Program wish list, provide a monetary gift to the program in the name of the staff, or purchase a gift that can be shared by all staff. A letter to the CEO or First EI Program Director is also a nice way to acknowledge staff for the work they do. These letters will be shared with The Arc of the South Shore's Board of Directors and placed in the staff person's personnel file.

## Immunization Policy

The Arc of the South Shore contracts with the Massachusetts Department of Public Health (DPH) to provide Early Intervention services to the families in seven towns on the South Shore of Boston. As a certified Early Intervention Program, the First Program must adhere to all the policies of the Mass DPH. The following is the DPH policy regarding immunizations:

**All children enrolled in Early Intervention are required to be up to date on immunizations according to the recommendation of the Massachusetts Department of Public Health, unless the child's parent has stated, in writing, that vaccination or immunization conflicts with his/her sincere religious beliefs or if the child's physician has stated, in writing, that the vaccination or immunization is medically contraindicated.**

**All children enrolled in Early Intervention should be screened for lead at least once between the ages of nine and twelve months and annually thereafter until the age of thirty-six months. For all children enrolled in Early Intervention prior to nine months of age, a statement signed by a physician that the infant has been screened for lead is obtained by the Early Intervention program by the time the infant reaches one year of age.**

Service Coordinators will request a signed release of information upon entering the First Program and every six months subsequently enrolled in order to gather the required information. Any questions or concerns can be directed to the Service Coordinator or Program Director.



## Non-Smoking Policy

Secondhand smoke affects our overall health. In order to keep our staff healthy, we are asking all families to refrain from smoking (including vaping) just before and during a home visit.

We appreciate your cooperation. Please feel free to discuss this further with your Service Coordinator and the Program Director if you have questions or concerns.

## **Sick Policy for the First EI Program**

Our staff must remain healthy in order to provide services to you and your family. Some of the children enrolled in early intervention are medically at risk and need us to help keep them safe from exposure to illness. Our sick policy was developed with the assistance of our medical consultant and with guidelines from the Department of Public Health. No one can guarantee that you or your child will be free of exposure to colds and viruses, but following our guidelines should help reduce the likelihood of passing on infections.

### **Please cancel your appointments (Home, Center and Group):**

- If you, your child, or another member of your household has an undiagnosed rash, cough, respiratory infection, diarrhea, vomiting or other symptoms of illness, not related to a medical condition or reflux.
- If your child, or other family member, has a fever or has been on antibiotics for less than 24 hours. The child/adult must be fever-free without the aid of medication for 24 hours to resume appointments.
- If you, your child, or other family member is ill with any contagious disease, or have been recently exposed to Covid, flu, measles, chicken pox, mumps, conjunctivitis (pink eye), any other virus, etc.

Please give staff as much notice as possible when cancelling an appointment in order for them to modify their schedule.

### **The First EI Program will help maintain good health standards by:**

- Using universal precautions for infection control by keeping rooms clean, washing toys, washing our hands, and using vinyl gloves when in contact with any bodily fluids (i.e. changing diapers, wiping noses, performing oral motor activities, and first aid procedures.)
- Sending children, family members, and caregivers, home when they are ill. Informing parents about accidents.
- Alerting parents by telephone to exposure to contagious diseases and other medical concerns.
- Early Intervention Specialists will reschedule if your child, or a family member, is sick when they arrive at your home.
- All Early Intervention staff have current First Aid and CPR certification and receive training on universal precautions, diaper changing, and blood borne diseases.



## First Early Intervention Program (781) 331-2533 Inclement Weather Policy

Please note that we DO NOT follow school cancellations.

The safety of our employees and the children we provide services to is our top priority at the First Early Intervention Program.

In the event of severe weather, please call our program for an update on services provided. A message will be left on our voicemail system by 7:30 a.m., regarding program closure. If the agency is closed, all services will be cancelled. If the agency remains open, it will be determined by your Early Intervention Specialist to decide if they feel safe traveling.

Additionally, our staff must have a safe place to park in order to provide home visits. Please cancel your appointment with your specialist if there is no access to your home due to road conditions. Please call as early as possible to report conditions.



## Conflict Resolution Policy

The First Early Intervention Program expects that the Team, which includes the parents and guardians, will work together to develop a service plan that meets the needs of the child and the family. If, at any time, differences arise and cannot be resolved by discussing the concerns with the Family Service Coordinator or by scheduling an IFSP review meeting, the following steps may be taken:

- Please contact Jill DeCarteret, Program Director, to discuss your concerns. She can be reached at 781-331-2533, ext. 11.
- Elizabeth Sandblom, Chief Executive Officer of the Arc of the South Shore, is also available at 781-335-3023, ext. 2211.
- The Department of Public Health has Regional Specialists who are available to provide technical assistance to Early Intervention programs and to handle conflict resolution. The Regional Early Intervention Specialist for the FIRST Program is Susan Grossman. She can be reached at 857-324-3367. Her email address is [susan.grossman@mass.gov](mailto:susan.grossman@mass.gov).
- The Department of Public Health also has a Due Process Coordinator for each of the Early Intervention programs in Massachusetts. You can reach Mary Dennehy Colorusso at 978-851-7261 x4016.



### AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Individual's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

I hereby authorize: \_\_\_\_\_  
Name of hospital/physician/program

Address: \_\_\_\_\_  
Street City State Zip

To use or disclose the following protected health information from the medical/program records of the individual listed above. I understand that information used and/or disclosed pursuant to this authorization could be subjected to redisclosure by the recipient and, if so, may not be subjected to federal or state law protecting its confidentiality.

I hereby authorize South Shore Hospital to release/receive a copy of my medical records including any reference there may be to drug/alcohol usage, psychiatric information, and/or other sensitive material(s).

\_\_\_\_\_  
Signature of Patient or Legal Representative Date

Information to be USED by First Early Intervention for treatment dates \_\_\_\_\_ to \_\_\_\_\_

- Birth Records
- Medical Records
- Developmental Information
- Immunizations
- Other \_\_\_\_\_

The above information is used for the following purposes:

- Medical Care
- Insurance
- Coordinate Services
- Legal
- Other \_\_\_\_\_

Information to be DISCLOSED by First Early Intervention for treatment dates \_\_\_\_\_ to \_\_\_\_\_

- Developmental Information
- Other \_\_\_\_\_

The above information is used for the following purposes:

- Medical Care
- Insurance
- Coordinate Services
- Legal
- Other \_\_\_\_\_

I understand I may revoke this authorization at any time by requesting such of the above-referenced hospital/physician/programs in writing, unless action has already been taken in reliance upon it, or during a contestability period under applicable law.

This authorization expires on: \_\_\_\_\_  
Insert applicable date or event

\_\_\_\_\_  
Signature of Individual/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Individual/Guardian

\_\_\_\_\_  
Relationship to Individual or Authority to Act for Individual

THIS AUTHORIZATION WILL BE INVALID UNLESS ALL ITEMS ARE COMPLETED

Please be advised that the information you send will become part of the child's Early Intervention record. Since Early Intervention is a state supervised service that operates in accordance with the regulations of Part C of the Individuals with Disabilities Education Act (34 C.F.R. Part 303) and the Family Educational Rights and Privacy Act (34 C.F.R. Part 99), the parent or legal guardian of an enrolled child has the right to review and request copies of any document in this file.



**FIRST EARLY INTERVENTION**

This is to certify that \_\_\_\_\_  
has received the current Parent Handbook, including all policies and procedures relating to the First EI Program/Arc of the South Shore. Additionally, the above named client has received the following information:

- Massachusetts Early Intervention Home Visit Handout
- First EI Guidelines for Services
- Social Media & Gift Giving Policy
- Non-Smoking Policy
- Immunization Policy
- Sick Policy
- Inclement Weather Policy
- First EI Email
- The Arc South Shore Email
- Supporting Postpartum Families
- Preventing Decay in Baby Teeth Handout
- Sleep Safe Handout
- Early Intervention Program Guidelines & Overview
- Massachusetts Early Intervention System Mission Statement
- Parent Leadership – Parent Perspective
- Second-Hand Smoke Handout
- All Babies Cry Handout
- Your Bill of Rights
- Family Rights and Early Intervention services handout & brochure
- Parent Perspective
- Welcome to EI letter
- Your child’s developmental evaluation
- Conflict Resolution policy
- Sick policy
- IFSP Guidance packet
- Welcome to the IFSP brochure
- First Early Intervention Program brochure
- An Introduction to Early Intervention services brochure
- Family Ties of Massachusetts brochure
- Early Intervention Parent Leadership Project brochure
- I understand that, if I have shared my email address, it will be added to the Early Intervention Constant Contact list to keep you informed of events, updates, notices, etc. You may unsubscribe at the bottom of any email. The Arc of the South Shore may also add you to their email list and you may opt out at [OptOut@ArcSouthShore.org](mailto:OptOut@ArcSouthShore.org).

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Staff Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



# Massachusetts Early Intervention and You

Your Notice of Family Rights and Procedural Safeguards

As a parent, you are your child's most important teacher.

From the time you are referred to Early Intervention until you leave the program, you are part of your child's team along with Early Intervention staff. As a member of the team, you offer information that helps others understand what is important to your family and what you would like to see for your child. Early Intervention staff offer their training and experience to provide activities to support your child's development.

Together, Early Intervention staff, parents, and other people you choose make up the Individualized Family Service Plan (IFSP) team. Parents are equal members of the IFSP team. The IFSP team decides on the supports, services and activities that will meet the outcomes (goals) you have for your child.

As a parent of a child referred or receiving Early Intervention (EI) services, you have rights and safeguards (called "procedural safeguards") that protect your child and family's interests. Federal law and the Massachusetts Department of Public Health (DPH) require procedural safeguards and parent rights in Early Intervention. The federal law for Early Intervention is the Individuals with Disabilities Education Act (known as "IDEA"). Procedural safeguards are important because they make certain families have complete information, have their privacy protected and are asked permission before activities or services take place. Having information that is complete and understandable helps families make decisions about how they receive services.

There are steps the Early Intervention program must take while you receive service. These include explaining your rights, giving you information in a way you understand, and respecting you as a parent by asking for your permission in writing.

This notice is about your family rights and procedural safeguards. Please take a few minutes to read it. The staff at Early Intervention is happy to answer any questions. If you have questions the Early Intervention team cannot answer, you can contact the Department of Public Health at the number listed at the end of this notice.

**Timelines, Procedures and Standards** - EI programs must follow timelines and steps while you are in the program. There are timelines to complete an evaluation to determine eligibility, develop and review an IFSP and begin services once you give consent. These timelines and steps are in the Early Intervention Operational Standards. See the link on the last page of this notice or call DPH for a copy.

**Being Informed – Prior Written Notice/Native Language** - It is important to understand what Early Intervention (EI) services are and how they work. Having information in writing is one way families can make decisions about their EI services. EI programs must give you information in writing before proposing, changing, or refusing to provide any EI service (for example, completing an evaluation, changing a service, or having an IFSP meeting). The written information must include the activity that is being proposed by the program and the reason for the activity. The program must also provide you with the rights and safeguards including filing a complaint, requesting mediation or a due process hearing. The notice must be provided in your native language unless clearly not feasible to do so.

**Giving Permission – Parent Consent** - Early Intervention services are voluntary. You decide if your child and family accept or decline the services proposed by the program. The program must ask for your written permission (consent) to make sure you agree to the activity. The EI staff will answer any questions you have and explain what will happen if you do not give consent. Parents must give consent for evaluations and assessments, any EI service, to have their health insurance (including MassHealth) pay for services and, in general, to release information from their child's record. A parent may choose to consent to some services and not consent to others. Only the services you give consent to will be provided. Parents also have the right to withdraw their consent after they have provided it.

**Paying for Services** – Most private insurance and MassHealth pay for EI services. The program must ask for your consent to have your public or private insurance pay for IFSP services. If you provide your consent, you may withdraw it at any time. Your consent allows the EI program to release personally identifiable information to the insurance company to pay for services. You are not required to provide consent or obtain insurance (including MassHealth) to receive Early Intervention services. The program must ask for your consent any time there is a change in Early Intervention IFSP service that will be billed to insurance.

DPH pays for Early Intervention services not covered by insurance. No child will be denied service if they do not have insurance to cover the cost of Early Intervention IFSP services. All of the options to address a parent's concerns about their child's service (see **When You Disagree or Have a Complaint**) also apply to the use of insurance.

### **Privacy and Your Child's Record** – *Confidentiality*

The EI program will keep a record that includes the Individualized Family Service Plan (IFSP), progress notes, and information from other providers (with your consent) that helps to develop an IFSP. Each Early Intervention program must have confidentiality policies that meet the state and federal requirements for children who are referred or eligible for Early Intervention. The information is confidential (private) with some exceptions that are allowed by state or federal law. Some of these exceptions include releasing limited information to:

- Your school district if your child could be eligible for special education services at age three. The program may release your name, your child's name, date of birth, and address. You can choose not to have this information released by opting out. The program must ask for your written permission (consent) to release any other information from your child's record (such as evaluations, assessments or IFSPs).
- Other Department of Public Health (DPH) programs if there is a public health emergency (such as an outbreak of a contagious disease) or to investigate public health related issues.
- The Department of Children and Families (DCF) to file a report of suspected abuse or neglect and during the investigation period.
- Staff from DPH or the Federal Department of Education who monitor and fund EI services.
- Comply with a lawfully issued court order. The program will attempt to contact you before the information is released.

The Department of Public Health collects information about children who receive EI services. The information shows children are eligible, arranges for payment, and provides a way for DPH to evaluate and coordinate services. Information that does not identify you or your child personally may be used in reports for monitoring and research, the state legislature and the Federal Department of Education to fund the program. You may ask to see a list of the DPH staff who works with this information.

### **Reviewing Your Child's Record** – *Examining Records*

As long as both parents have legal custody of their child, both parents have the right to see what is in their child's record. Parents who have legal custody may see their child's record unless there is a court order, or other legal document that does not allow a parent to see the record or make decisions about their child's EI services.

You or someone you choose can see your child's record and have it explained. If you ask to see your child's record, within five (5) days the program must give you a list of the records they have and where they are kept. The program must let you to see your child's record within 10 days of your request (five (5) days if the request is for an IFSP meeting or a due process hearing).

If there is information in the record you believe is not accurate, misleading or violates your child's privacy, you can ask to have it changed or removed. The program must respond to your request, in writing within 30 days of their decision. If the program does not agree with you, they must notify you in writing and explain your right to ask for a hearing. If you ask for a hearing, a hearing officer will make a written decision about the disagreement within 60 calendar days. If the hearing officer agrees that the information is inaccurate, misleading or violates the

privacy of your child, the program will change the information. If the hearing officer does not agree with you, you may include your own statement about the information and have it included in your child's record. The program will keep your statement as part of the record. The program must send out your statement with the part of the record you do not agree with if you give consent to release the information from your child's record.

Other information about your child's record:

The EI program will:

- Keep a list of staff that has access to your information.
- Keep a list of anyone outside the program who has looked at your child's record including the name of the person, the date, and the reason or purpose for the review.
- Provide confidentiality training to any staff that has access to an EI record.
- Keep a list of all records that were released and to whom they were released.
- Provide an initial copy of the child's record free of charge. Copies of each evaluation, assessment, IFSP and IFSP Review pages are also provided free of charge.
- If you want additional copies, the program may charge a fee unless the cost prevents you from having access to your child's record. The EI program may not charge you to search for or retrieve a record.
- The EI program will keep your child's record for seven (7) years after you leave the program. After seven years, the record may be destroyed.

**Surrogate Parent:** If a child is a ward of the state and there is no person to act in the role of a parent (for example, a foster parent, guardian, or step-parent) who is willing to make decisions about a child's Early Intervention services, the DPH or family court will assign a "surrogate parent". A surrogate parent does not work for the EI program, DPH or any other state agency that provides service to the child or family. The surrogate parent must have knowledge of Early Intervention services and may not have any personal or professional interests that conflict with the interests of the child. A surrogate parent has all the rights of a parent to make decisions about the child's EI services.

#### **When You Disagree or Have a Complaint – *Dispute Resolution, Mediation, Due Process Hearing***

If you have a concern or a question, please bring it to your EI program right away. Sometimes, parents and the EI staff have different ideas about a child's Early Intervention service. Talk with the other members of your IFSP team, your service coordinator, or the director of the EI program. Parents can ask to have an IFSP meeting at any time to review the IFSP; talk about what is working well or what may need to change. Talking openly can solve most disagreements.

If you have a complaint about your EI services or program, there are ways to have your concerns handled. A parent may use one or more of these options if their concern cannot be worked out with the EI program.

**Filing a Complaint:** A parent, person, or an organization may file a complaint if they believe the program has violated a child or parent's rights. For example, a parent may file a complaint if an Early Intervention program is not providing IFSP services, if changes in IFSP services were made without consent, if a program did not meet timelines or if they disagree with something in their child's record. A complaint must be in writing, signed and filed within one (1) year of when the alleged violation happened. The complaint needs to include a description of the problem and a proposal to resolve the complaint if known. A copy of the complaint must be sent to the EI program at the same time it is filed with DPH.

DPH investigates all complaints of alleged violation(s) of the IDEA. A report is sent to the person or organization who filed the complaint and the program within 60 calendar days from when it DPH receives the written complaint unless there are reasons to extend the timeline (for example, if the parent and EI program agree to mediation to try to resolve the disagreement). The report includes DPH's reasons and conclusions about each alleged violation(s).

If a parent files a complaint and asks for a due process hearing at the same time, DPH can only investigate the issue(s) that are not part of the hearing. A hearing officer will decide the issue(s) that are part of the due process hearing. The issue cannot be part of a future complaint filed by the same parent.

**Mediation:** Mediation is a voluntary, informal way to help solve disagreements between parents and an Early Intervention program. Parents or an EI program may ask for mediation when there are different opinions or views about the child's EI experience. The mediator does not work for any agency or program that provides EI services. The mediator does not take sides or make a decision about the disagreement. The mediator will work with parents and the EI program to talk about the issue(s), develop new ideas, and help both sides create their own agreements. If there is agreement on an issue, it is written in a legally binding mediation agreement. If there is no agreement, the two sides can continue to try to work together or ask for a due process hearing.

Mediation is confidential. The discussion that happens during the mediation meeting may not be used as evidence at a due process hearing or civil proceeding. DPH will provide the mediator free of charge. The mediator will schedule the mediation within 14 calendar days at a time and location convenient to both parents and the EI program.

A request for mediation needs to be made in writing to DPH. Any services for which a parent provided consent on an IFSP will be provided during this time. Mediation will not delay a parent's right to a due process hearing or the hearing timelines.

**Due Process Hearing:** A due process hearing is a formal process where an impartial person (a hearing officer) makes a decision about a disagreement. DPH provides the hearing officer free of charge. A parent may ask for a hearing within two (2) years of the action or disagreement about their child's eligibility, evaluation, type or amount of services offered or if there is something in their child's record a parent believes is inaccurate, misleading or in some way violates the privacy of the child or family. The hearing officer will make a decision based on the testimony of witnesses and evidence. Parents have the right to present evidence, call and cross examine witnesses, not allow evidence to be heard that was not given to the parent at least five (5) days before the hearing, and receive a written or electronic transcript of the hearing. Parents have the right to have an attorney, advocate, or anyone else at the hearing. DPH will provide parents with a list of free or low-cost advocates and attorneys.

Any services that were agreed to in writing will be provided during the hearing process. The hearing officer will send a written decision within 30 calendar day from when DPH receives the written request for a hearing unless an extension is granted. If you do not agree with the hearing officer's decision, you may appeal your decision in state or federal court.

If you have any questions about your rights, please talk to your Service Coordinator, Program Director or contact the Department of Public Health.

The **Massachusetts Early Intervention Operational Standards** are found at <https://www.mass.gov/doc/early-intervention-operational-standards/download> or by calling Kathleen Amaral 508-454-2007 or by e-mail at [Kathleen.a.amaral@mass.gov](mailto:Kathleen.a.amaral@mass.gov)

The Massachusetts Department of Public Health  
Early Intervention Services  
250 Washington Street  
Boston, MA 02108  
617-624-6060  
TTY: (617) 624-5992

# MASSACHUSETTS EARLY INTERVENTION (EI) Home Visits



## What will my visit look like?

During your home visit, you, your child and your Early Intervention Specialist will:

- Learn about things your family does every day, such as eating meals, baths or a trip to the grocery store. Are these things easy? Are they hard? How does your child do these things with you?
- Come up with strategies to support Individualized Family Service Plan (IFSP) outcomes.
- Help you discover ways to practice skills in your daily activities.
- Help make sure you and your child are feeling confident learning new skills while enjoying the activities you do as a family.

You are an important part of the EI visit. You play the most important role in accomplishing the IFSP outcomes for your family.

## Why do we do visits this way?

Massachusetts Early Intervention uses research to guide our home visits. We focus on three concepts in our work with families:

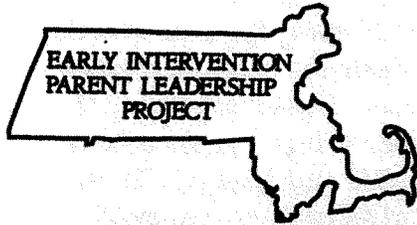
1. Infants and toddlers learn best through lots of practice during daily activities.
2. You have the greatest impact on your child's progress. You are with your child every day. Early Intervention is only with your family for a short time.
3. The EI Specialist supports your relationship with your child.

We use the principles from the Parents Interacting with Infants (PIWI)\* to guide our home visits. PIWI helps parents and caregivers as well as infants and toddlers feel good about what they are doing together and individually. Massachusetts EI wants children and families to be active and successful in all they do throughout their lives.



[www.mass.gov/dph/  
earlyintervention](http://www.mass.gov/dph/earlyintervention)

\*T. Yates, J. McCollum. Parents Interacting with Infants (PIWI). Center of the Social Emotional Foundations for Early Learning, 2015.



## The Parent Leadership Project's *Parent Perspective*

### Early Intervention Information and Resources

### *Welcome To Early Intervention*

#### Who Are We?

The Early Intervention Parent Leadership Project was started by parents and is staffed by parents whose children received Early Intervention services. Parent Leadership Project staff consists of a Project Director, a Communications Specialist, an EI Program Focused Monitoring Parent Coordinator, an Outreach and Collaboration Coordinator, and a Training Coordinator.



Created and supported through funding from the Massachusetts Department of Public Health (DPH), the lead agency for the statewide Early Intervention system, the Project seeks to support families and works

- to develop an informed parent constituency
- to promote leadership and lifelong advocacy skills for parents and family members
- to facilitate family participation to ensure that Early Intervention Services are family-centered

#### What We Do



The Parent Leadership Project works in collaboration with the DPH, lead agency for EI services, Early Intervention programs, the Massachusetts Interagency Coordinating Council and parents. The Project supports families to participate at all levels of the EI system as partners and advisors. The Project provides varied resources to help parents of children receiving Early Intervention services to learn how to be effective advocates for their children and to develop leadership skills. Some of these resources include publications, workshops, as well as individualized assistance. To learn more:



**Call us toll-free at (877) 35-EI-PLP** to talk with an experienced parent about questions, concerns or opportunities for involvement.



**Visit our website - [www.eiplp.org](http://www.eiplp.org)** for the latest information about the Early Intervention System, Family Rights, Calendar of Events, and Links to Resources.



**Read *The Parent Perspective Newsletter*** - (the "blue" newsletter) This free publication, produced six times a year, is written by parents for parents and contains articles on topics on interest, information about workshops and training opportunities. To be added to our mailing list, call us toll-free at (877) 35-EI-PLP or email [eiplp@live.com](mailto:eiplp@live.com).

#### How Can We Help You?

The staff of the Parent Leadership Project are all parents whose children have received Early Intervention services and are available to share information about opportunities for family involvement.



## Parent Leadership Project Opportunities for Family Participation

There are a variety of paths families may choose to become involved in the Early Intervention system beyond the services their child receives. Here is a small sampling of opportunities:

- ◆ **Be a Parent Contact for Your Early Intervention Program** -- share Parent Leadership Project news and information with other parents from your program. We will sponsor you to attend the annual Massachusetts Early Intervention Consortium Conference (MEIC).
- ◆ **Attend an "Essential Allies" Training** -- learn how to be a "partner" with your Early Intervention program.
- ◆ **Apply for a Hausslein Parent Leadership Award** -- Do you have a great idea for a project that will benefit families at your Early Intervention Program and in your community? Receive up to \$1,000 to implement your project.
- ◆ **Participate on the ICC** -- The Interagency Coordinating Council (ICC) is an advisory group to the Department of Public Health, lead agency for the Early Intervention system. Parents are important advisors as members of the six ICC committees and as regional representatives. Stipends are available for parent participants.

*"... Getting involved with the Early Intervention Leadership Project was one of the best things I've done for my child and family.... The staff of this parent-run project provided excellent role models for building collaborative parent/professional partnerships. The advocacy and leadership skills I learned have helped me negotiate various medical arenas, health insurance, educational supports, and community services for my own child and help many others along the way."*

For information on these or other opportunities contact the Parent Leadership Project:

- ◆ **Call: toll- free (877) 35-EI-PLP** ◆ **Email: [eiplp@live.com](mailto:eiplp@live.com)** ◆ **Visit: [www.eiplp.org](http://www.eiplp.org)** ◆



### Other Helpful Resources for Families

These organizations can serve as a starting point in a search for information about Early Intervention, disability specific organizations, family supports, and early childhood resources.

**[www.mass.gov](http://www.mass.gov)** -- the official website of the Commonwealth of Massachusetts lists government agencies alphabetically, including the Department of Public Health, Department of Education, Office of Child Care Services and others.

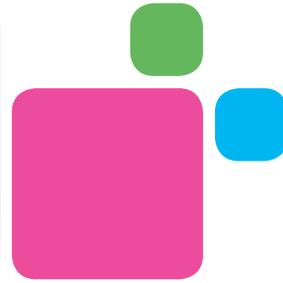
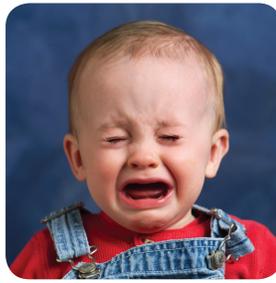
**Family TIES of Massachusetts** -- [www.massfamilyties.org](http://www.massfamilyties.org) or call (800) 905-TIES. Family TIES (Together in Enhancing Support) of Massachusetts is a state-wide information and referral source for families of children with special needs or chronic illness. The Project publishes a resource directory, and runs a parent-to-parent matching program for families with similar special needs. Family TIES is also the central directory for Early Intervention Programs throughout Massachusetts and provides information on ongoing support groups.

**The Federation for Children with Special Needs** -- [www.fcsn.org](http://www.fcsn.org) or call (800) 331-0688. The Federation is an organization that provides information, support and assistance, representing a variety of disabilities and special health needs. The Family Resource Database contains information about disability-specific organizations, agencies, and services in Massachusetts. The Federation offers free workshops on Special Education topics.

**The Early Intervention Training Center** -- [www.eitrainingcenter.org](http://www.eitrainingcenter.org). The EI Training Center presents educational workshops for Early Intervention staff and parents on the Early Intervention system, IFSP Development and more! Parents can attend workshops free of charge and stipends are available.



# ALL BABIES CRY



Some babies are easy to comfort, others cry for hours every day no matter what you do. Listening to a baby cry is very hard on parents. You may wonder what's wrong, and feel that you should be able to solve the problem.

Your baby doesn't cry because he is spoiled, angry at you, or trying to control you. Babies love the people who take care of them.

## All babies cry sometimes, but you can help your baby cry less

Pick up your baby right away whenever he cries. You cannot spoil a baby. You can teach him to trust you. If you answer his calls for help right away, he'll cry less overall.

Carry your baby in an approved sling or cloth baby carrier (check [www.cpsc.gov](http://www.cpsc.gov) for recalls). Babies who are carried many hours every day cry much less.

Some babies do better if they can eat and sleep at regular times every day.

Keep things calm and quiet for a baby who cries when he's tired. Try low lights, and just one adult with your baby.

If your baby cries for a long time every day, and cannot be comforted, check with his doctor or nurse about possible allergies, food intolerance, acid reflux, eczema, or other health conditions.

If your baby is less than six months old and has been eating solid food, try feeding only breast milk or formula until six months.

## Comforting your baby

All babies have an instinct to suck. Your baby may need to suck even when she isn't hungry. Try a pacifier, or wash your hands and let your baby suck on your finger, or help your baby find her fingers to suck on.

Babies need to be held. Just being close to you is very comforting for a baby.

A walk in a stroller may help.

Most babies under about four months old are more comfortable when they are firmly wrapped in a light blanket, or swaddled. Try wrapping your baby with her arms at her sides. Then walk with her or rock her. If she is still unhappy, offer her a pacifier or help her find her fingers to suck on.

Babies also like gentle rhythmic motion, so try holding your baby while you walk, or rock in a rocking chair. Or hold your baby against your shoulder, and sway gently back and forth.

Your baby may need to burp after a feeding or even stop in the middle of a feeding to burp.



## Distraction

If your baby is fussing but not crying desperately, try to distract him.

Play peekaboo or hold him up to a window where he can see a busy street or older children playing. Show him a toy or a mobile.

## Sounds

Most babies like sounds that remind them of what they heard before they were born. It wasn't quiet inside the womb—the sounds of the mother's heart and blood flow are quite loud. Rhythmic, monotonous, steady sounds are best.

Try a loudly ticking clock, the vacuum cleaner, fan, air-conditioner, dishwasher, washing machine, or dryer. But never put your baby on top of an appliance.

Try taking your baby in the bathroom and turning on the shower and the fan, but not the light.

Sing to your baby.

## What doesn't help

Medications including sedatives, antihistamines, drugs for motion sickness, lactase, or Simethicone do not work to reduce babies' crying, and may be dangerous. Check with your baby's doctor or nurse before giving your baby any medicine.

# NEVER SHAKE A BABY.

**Shaking or hitting a baby  
can cause permanent  
brain damage or death.**

For more information call 617-624-5450  
(assistance available in other languages)  
or go to [www.mass.gov/dph/dvip](http://www.mass.gov/dph/dvip).

## When your baby can't stop crying

Undress her and see if something in her clothes is making her uncomfortable, or if there is a strand of hair caught around a finger or toe.

Your baby may be sick. If your baby has vomiting, diarrhea, or a temperature over 100.4°, or seems to be in pain or acts sick, call his doctor or nurse.

Your baby may be teething. Check with your doctor or nurse about what to do.

Try putting your baby in an approved baby carrier or sling so your hands are free to do other things (check [www.cpsc.gov](http://www.cpsc.gov) for recalls). Your baby likes to be close to you even when he's unhappy.

Remember that the crying is not directed at you. Your baby is even more miserable than you are.

## If you are really frustrated or angry

Put the baby down on her back in a safe place, like the crib, and leave the room until you are calmer. Take a break from the sound of crying.

Put on music with headphones, or take a shower with the bathroom fan on.

Call a friend, or your mom or dad, just to talk.

The **Parental Stress Line** offers free anonymous phone support, 24/7 at **1-800-632-8188** (assistance available in other languages).

## Taking care of yourself

Not getting enough sleep makes everything harder. Try to nap when your baby does.

There may be a mother's group nearby, or a Family Resource Center in your city. **Parents Helping Parents** at **1-800-632-8188** can help you find a parents' group.

Or try [www.onetoughjob.org](http://www.onetoughjob.org) for parenting tips.



## We Can Help with Perinatal Mental Health

Having a baby is supposed to be an amazing experience—the best moment of your life. Everyone says, “You must be so happy!”

But what if you’re not? What if you’re depressed, anxious, or overwhelmed? What if your partner or friends are worried about you, but you just don’t know how to talk about it?

You’re not alone. Postpartum Support International can help you get better.

Many people face mental health challenges during the perinatal period—pregnancy, post-loss, and the 12 months postpartum. In fact, perinatal mental health (PMH) disorders are the most common complication of childbearing in the U.S.

Although most people are familiar with postpartum depression, there are several other forms of PMH disorders, including anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar disorder, and psychosis. They can affect parents of every culture, age, income, and race. Please see the back of this sheet for a complete list of PMH disorders.

Left untreated, PMH disorders can lead to premature or underweight births, impaired parent-child bonding, and learning and behavior problems later in childhood. They can even raise the risk of maternal mortality. The good news is that support and resources are available and can help prevent these complications.

## PSI Can Help

Postpartum Support International (PSI) can connect you with the support and help you need. Whether it’s simply talking with others who have been where you are or finding a professional who can provide treatment, PSI is there for you. For 35 years, we’ve provided resources and programs to help give new families the strongest and healthiest start possible.

(Turn this sheet over to learn more about our programs.)

**1 IN 5**  
women and 1 in 10  
men experience  
depression or anxiety  
during the perinatal  
period.

## Ask Yourself

- Are you feeling sad or depressed?
- Do you feel more irritable or angry with those around you?
- Are you having difficulty bonding with your baby?
- Do you feel anxious or panicky?
- Are you having problems with eating or sleeping?
- Are you having upsetting thoughts that you can’t get out of your mind?
- Do you feel as if you are “out of control” or “going crazy?”
- Do you feel like you never should have become a parent?
- Are you worried that you might hurt your baby or yourself?

Any of these symptoms, and many more, could mean that you have a perinatal mental health disorder.

The good news is that you can get treatments that will help you feel like yourself again. **There is no reason to continue to suffer. Go to [Postpartum.net](https://www.postpartum.net) for more information.**

# Perinatal Mental Health Disorders

## PMH Disorders

The perinatal period includes pregnancy, post-loss, and the 12 months postpartum.

- **Perinatal Depression**

Symptoms may include feelings of anger, sadness, irritability, guilt, lack of interest in your baby, changes in eating and sleeping habits, trouble concentrating, hopelessness, and sometimes even thoughts of harming your baby or yourself.

- **Perinatal Anxiety**

Symptoms may include extreme worries and fears, often over the health and safety of your baby. Some people have panic attacks, which can include shortness of breath, chest pain, dizziness, numbness and tingling, and a feeling of losing control.

- **Perinatal Obsessive Compulsive Disorder (OCD)**

Symptoms may include repetitive, upsetting, and unwanted thoughts or mental images (obsessions),

and/or the need to avoid triggers to certain things over and over (compulsions).

- **Postpartum Post-Traumatic Stress Disorder**

This is often caused by a traumatic or frightening childbirth or past trauma. Symptoms may include flashbacks of the trauma with feelings of anxiety and the need to avoid things related to that event.

- **Bipolar Mood Disorders**

Many people are diagnosed for the first time with bipolar depression or mania during pregnancy or afterward. A bipolar mood disorder can appear as severe depression.

- **Perinatal Psychosis**

Symptoms may include the inability to sleep, seeing images or hearing voices that others can't. You may believe things that aren't true and distrust those around you or have periods of confusion, mania, depression, or memory loss. This condition is uncommon but dangerous, so it is important to seek professional help immediately.

## PSI Programs

PSI offers a wealth of resources for a wide range of needs, situations, and audiences. Our key programs for affected individuals and families include:

- > **PSI HelpLine**, a toll-free phone number 1-800-944-4773 anyone can call for information, support, and resources. Support via text message is also available at 800-944-4773 and 971-203-7773 (Español).
- > **Peer Support**, over 30 Online Support Groups available five days a week, a Peer Mentor Program that pairs individuals in need with a trained volunteer who has also experienced and fully recovered from a PMH disorder.
- > **Chat with an Expert**, facilitated by licensed mental health professionals, these sessions provide an opportunity to seek general information about PMH disorders from a PSI expert.
- > **Online Provider Directory** (psidirectory.net) that helps individuals and families quickly and easily connect with qualified perinatal mental health providers in their area.

- > **The Climb**, an international community event that brings together survivors, providers, and supporters in the world's largest PMH awareness and fundraising event.

You can also find support, learn more about our programs, and get involved at **Postpartum.net**

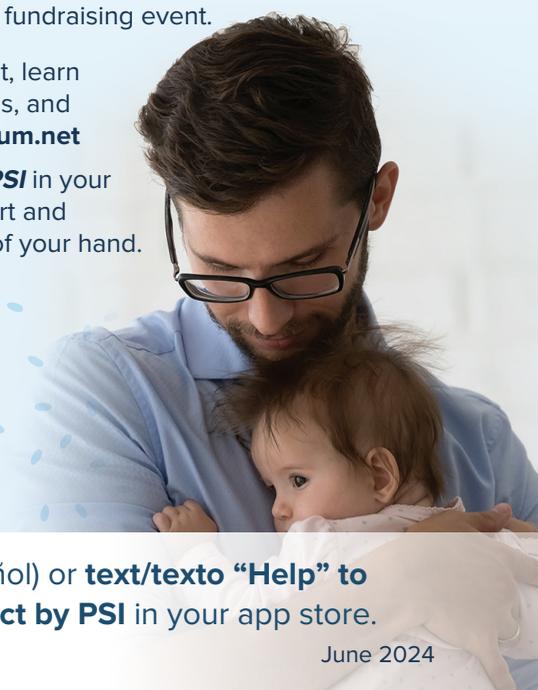
Download **Connect by PSI** in your app store to have support and information in the palm of your hand.



IT'S  
IMPORTANT  
to get the support and  
care you need.

**Contact the PSI HelpLine:** Call/Llama: **1-800-944-4773** (English & Español) or text/texto **"Help"** to **800-944-4773** (English) or **971-203-7773** (Español) or **download Connect by PSI** in your app store.

June 2024





# BEFORE YOU LIGHT UP, LOOK DOWN.

Children exposed to secondhand smoke are more likely to suffer from ear infections and asthma.

Secondhand smoke hurts.

## Protect your kids' health. Give them smoke-free lives.

### What is secondhand smoke?

- It is smoke that comes from a burning cigarette, cigar, or pipe.
- It can make children and adults sick.



### Secondhand smoke hurts kids.

- It has over 7,000 chemicals and poisons.
- It causes ear infections. Kids who breathe it have more ear operations.
- It is bad for the lungs. Kids who breathe it get coughs, bronchitis, and pneumonia more often.
- It gives kids with asthma worse attacks. They also have attacks more often.
- It can hurt pregnant women and their babies.



### Secondhand smoke is never safe.

- When you breathe it, you get the same bad air that smokers do.
- Smoke stays in your clothes, hair, and home—even after a cigarette is put out.
- You can not get rid of it by opening a window, sitting away from a smoker, or using air filters or a fan.

### Give your children smoke-free lives.

- Do not let anyone smoke around your kids.
- Do not smoke in your home or car.
- Ask friends and family not to smoke in your home or car.



Get **FREE** help to quit smoking at  
**1-800-QUIT NOW (1-800-784-8669).**  
[makesmokinghistory.org](http://makesmokinghistory.org)



Massachusetts Department of Public Health

#TC2442 - 6/19

[makesmokinghistory.org](http://makesmokinghistory.org)



## PREVENTING DECAY IN BABY TEETH

The First Early Intervention Program recommends following the American Dental Association's guidelines for healthy teeth for your child, including...

- ✓ Once your child's first tooth comes in, be sure to brush their teeth 2 times per day, 2 minutes each time. Children under 3 years old, should use a smear or grain-of-rice sized amount of fluoride toothpaste.
- ✓ Plan a dental visit by their first birthday.
- ✓ Never dip a pacifier or nipple of a bottle in anything sweet.
- ✓ Don't give your baby fruit juice until after they turn 1 year old.
- ✓ Limit sugary liquids (including juice drinks).
- ✓ Never put your child to bed with a bottle or training cup.
- ✓ Provide healthy snacks for your toddler.

For more information about taking care of your child's mouth and teeth, visit [MouthHealthy.org](https://www.mouthhealthy.org), the ADA's website just for patients.

# Shhhhhh.....



Photo: HALO Innovations, First Candle

**You can  
keep me  
safe while  
I sleep.**

**ALWAYS** put me on my **BACK** to sleep for naps and at night.

Keep me **NEAR** you, but in **MY OWN** crib, with a firm mattress and a tight-fitting sheet.

**DON'T PUT** toys, blankets, pillows, or bumper pads in my crib.

**NO SMOKING**, please!

**BREASTFEED** me.

Keep me cool – **DON'T OVERHEAT** me or the room.

**1-800-311-BABY (2229)**

For more information, visit  
[www.nichd.nih.gov/sids](http://www.nichd.nih.gov/sids)



[mass.gov/safesleep](http://mass.gov/safesleep)



# Continuing

# The

# Journey



# Best Practices in Early Childhood Transition

A Guide for Families



MASSACHUSETTS  
Department of  
Early Education and Care



## **Acknowledgements**

This guide is the result of a collaborative effort between the Departments of Early Education and Care, Public Health, and Elementary and Secondary Education.

Revised 2014

# A Guide for Families

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# Alphabet Soup

Like any system made up of a variety of agencies, laws and programs, the early childhood service system uses abbreviations or acronyms which are simply letters referring to the full names or titles. The following list includes abbreviations used in this guide as well as those generally used in the Massachusetts system of early education and care.

<b>ACF:</b>	Administration for Children and Families
<b>ADA:</b>	Americans with Disabilities Act
<b>CCR&amp;R:</b>	Child Care Resource & Referral Agency
<b>CFCE:</b>	Coordinated Family & Community Engagement Grantees
<b>DDS:</b>	Department of Developmental Services
<b>DEEC:</b>	Department of Early Education & Care
<b>DESE:</b>	Department of Elementary and Secondary Education
<b>DMH:</b>	Department of Mental Health
<b>DPH:</b>	Department of Public Health
<b>DCF:</b>	Department of Children and Families
<b>EI:</b>	Early Intervention
<b>EOHHS:</b>	Executive Office of Health and Human Services
<b>EHS/HS:</b>	Early Head Start/Head Start
<b>FAPE:</b>	Free Appropriate Public Education
<b>FCSN</b>	Federation for Children with Special Needs
<b>ICC:</b>	Interagency Coordinating Council
<b>IDEA:</b>	Individuals with Disabilities Education Improvement Act
<b>IEP:</b>	Individualized Educational Program (plan for the child in special education)
<b>IFSP:</b>	Individualized Family Service Plan (plan for families in early intervention)
<b>LEA:</b>	Local Education Agency (local school)
<b>LRE:</b>	Least Restrictive Environment (special education services should be provided in the most natural/least restrictive setting)
<b>RCP:</b>	Regional Consultation Program
<b>SEA:</b>	State Education Agency

# Two Years old

## Looking Ahead

**1-Referral:** Check with your EI service coordinator and child care program (or Early Head Start) to be sure the local public school has been notified that your child is receiving services. This should be done even if you are not sure whether your child will be receiving special education in the public schools. School referrals are typically completed at 2.6 years.

**2-Playgroup:** If you have been thinking about a playgroup or other group activity, this would be a good time to look for one in your community, so that your child has a chance to know what it is like to be in a group with other children.

**3-Resources:** Ask your service coordinator, child care program (Early Head Start) about resources for young children in your community. Connect with the Child Care Resource & Referral Agency that serves your community to get information about early education and care programs, preschool options and other family education opportunities. Check with your local Coordinated Family and Community Engagement Grantee to learn about activities and resources in your community.

**4-Time to review:** Meet with your EI service coordinator and early childhood service provider (Early Head Start) to review your child's service plan. Now is the time to identify areas that will need to be updated when your child is 2 1/2. If evaluations are up to date at 2 1/2, you may be able to use them as part of the special education assessment process.

**5-Begin planning the transition:** Include your EI service coordinator and other early childhood providers involved with your child, so you are all talking about the transition plan, and getting it in place.

**6-Transition Packet:** Start putting your transition packet together (see checklist on page 6).

**7-Create a story about your child:** With your service coordinator, identify areas of your child's development that can support a smooth transition. For example, if your child is very outgoing, those skills will support moving on to a new setting and meeting new people. If your child is shy, but loves to sing, think about including some musical activities as a bridge to the next setting or program. Focus on what your child likes and does well as you plan the next steps.

## Eligibility for Preschool Special Education

To be determined eligible for special education services, at least 1 out of the 10 disabilities identified in the Massachusetts Special Education Regulations must be present. The disability must be the cause for the child's lack of participation in developmentally appropriate, typical preschool activities and it must be evident that the child will require Specially Designed Instruction and/or related services. Specially Designed Instruction is instruction that is not normally available in general education or in typical preschool programs and/or related services.

A child is determined eligible for special education services using assessments that are appropriate for that child. The parent or

guardian will be asked to sign a consent form to complete the assessments. When the assessment is complete, a "Team Meeting" is scheduled. The Team, including the family, meets to work together to discuss evaluation results, determine eligibility and to develop a plan for the child's education. This plan is the "Individualized Educational Program" or IEP.

When a child has been determined to be eligible for special education services and the IEP has been developed and signed by the parent or guardian, the child is ready to receive services. The IEP must be implemented by the child's third birthday or a date to which the parents/guardian agree.

# Two and a Half!

## Things to DO

**1-Now is the time for a transition meeting.** This is a required meeting that will be arranged by your EI program. If your child is potentially eligible for special education services, a representative from the LEA must be invited to the meeting. Even if your child will not be eligible for special education services, this meeting will help to identify all possible transition options and prepare you to leave EI. Be sure that everyone you wish to be invited, such as child care providers, service providers, or your relatives or friends, is included. Anyone who is involved in providing services for your child, or who may be involved after you leave EI, should be aware of the meeting and involved.

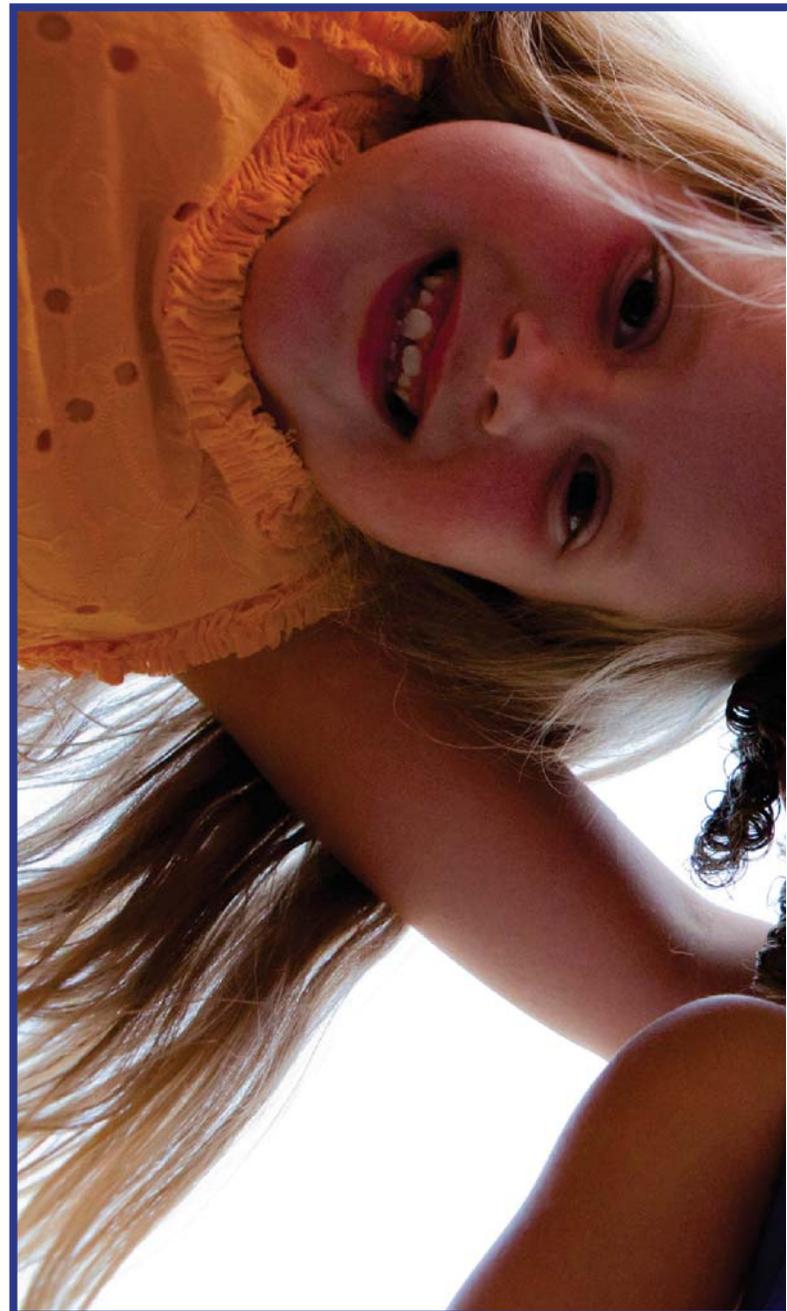
**2-Review your plan for supporting your child's transition skills.** The transition meeting is a good time to do this, since there will be professionals currently working with your child and those who may be in the near future. Develop a plan to support your child's transition skills, and a specific plan for preparing your child for new experiences. Focus on ways to help your child experience success.

**3-Ask as many questions as you have, or can think of.** Request information about all the programs in your community that are available for young children. Whether or not your child needs special education services, you may want to attend a parent group, a playgroup or recreation program in your community. Be sure you receive contact information so that you can call with any questions you have after the meeting.

**4-Plan visits to programs & activities that are of interest to you and you think may be appropriate for your child.**

These may include recreation programs, library groups, early education and care programs and public preschools. They may or may not be something you want to include in an IEP, or they may be in addition to an IEP.

**5-Keep your transition packet up to date. See the checklist on page 6.**



# What's NEXT

## After EI

**F**or many families, this is the age when they look for more organized and formal opportunities for their children. Some children are already included in infant and toddler settings, and are now ready to transition to preschool.

There are many local community programs that may be appropriate for children and families leaving Early Intervention. Many are community-based and provided at no cost to families, such as library groups, parent-child playgroups, family support and home visiting programs. Others, including nursery schools, Head Start and high quality licensed early education and care programs, and public school preschools may have associated costs and eligibility criteria. The Department of Early Education and Care (EEC) offers financial assistance to many families based on income and activity guidelines.

A variety of programs that address the needs and desires of individual families are available across the Commonwealth. Information about assessing high quality early education and care programs can be found on page 8. Help to identify these options is available from your EI Service Coordinator, Child Care Resource and Referral Agencies, EEC website, local Parent Information Centers, and local public school Early Childhood Coordinators. Contact information for these resources is available on page 12.

### Remember Community Programs and Resources:

- **Playgroups**
- **Libraries**
- **Head Start**
- **Coordinated Family and Community Engagement Grantees**
- **Early Education and Care Programs**
- **Child Care Resource and Referral Agencies**



# Transition PACKET

**A** transition packet is a record-keeper for all documents and information about your child. It is a good idea to keep medical, developmental and evaluation records in one place, along with names and phone numbers of service providers, and records of your contact with them. This may seem difficult, but once you begin to develop the habit, you will save time in trying to find documents or needed information. It is a good idea to use a three-ring binder, with plastic sheet protectors, or a plastic file folder that has a clasp or elastic closure. On the next page is a form that you may copy as often as needed and use for keeping track of names and phone numbers. Keep that information, along with the following items in your transition packet:

- Copies of your child's latest IFSP or IEP
- Immunization records
- A copy of identification such as a social security card, passport or birth certificate
- Medical evaluation summaries

## Checklist

- Developmental evaluations
- Information about programs and resources in your community
- Photograph of your child
- Additional records that provide information on your child
- A summary of information about your child, such as words or signs your child uses, activities your child enjoys, likes and dislikes, and ways to soothe and calm your child. Think about including information about your hopes and vision for your child—think about the future as well as today's needs.
- If your child has any allergies, make copies of the documentation to give to service providers
- List of medications, dosage and frequency for your child

In addition, if you find you are often asked for a particular piece of information, include that in your packet to have handy.



# Contacts

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Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ EMail: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Nature of this provider's involvement with child:**

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**Contacts:** (Note dates of visits: phone calls):

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**Follow Up:** (Note responses you expect to get, when you expect to get them, and when you actually receive them):

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# Assessing

## A New Program

**V**isit any program you are thinking of for your child. Providers should welcome your visits and your questions. Arrange a visit for you and your child at a time when you can observe the normal routine, and perhaps your child can “try out” activities. Since all programs have different schedules and routines, always call ahead to find the best time for visitors. Once your child is enrolled in a program, you should be welcome to visit at any time.

### Here are a few items to think about when visiting:

- Is the program licensed (for child care and Head Start) or approved by the Department of Early Education and Care (for public school programs and private special education programs)?
- What is the staff to child ratio (how many adults for how many children of what ages and needs)?
- Check for safety and cleanliness, both inside and outside - don't forget to check outside play areas.
- Are toileting and washing areas clean and safe?
- Look at the toys and materials – are there enough for all the children with a range of items, with different sizes, textures, colors and uses. Can your child use and practice all of his or her skills and learn new ones?
- Ask if you can meet or talk with parents of other children.
- Spend time at the new setting. Watch how snacks and transitions are handled and imagine your child as part of the action.



- Observe staff and child interactions – see if they match your values and goals.
- Arrange for your child to spend some time at the new setting with you.
- Take photographs, or, with your child, make a picture of the new setting, which you can refer to when talking about out changes. (Always ask before you photograph!)
- Will any changes need to be made to the physical layout and environment in order for your child to be safe and comfortable? If so, start action on those now.
- Find out what the daily routine is. If you can, incorporate some of that routine at home to give your child practice.

For additional guidelines on assessing the new setting in view of your child's special needs, visit the DEC (Division of Early Childhood) web-site at [www.dec-sped.org](http://www.dec-sped.org).

# Changes

## From Your Child's Point of View

In moving from a toddler program or home setting to a setting for preschoolers, many things will change in your child's routine and environment. You can help your child move with ease through these changes by thinking about them ahead of time. When you know what will change, you can identify areas where your child's skills need support and areas where your child's skills will promote success. You can develop strategies with your service providers to make the new setting and routine familiar and support your child's adjustment.



### Here are a few things to think about:

- There may now be both “big” and “little” children in the playground or school building, where before your child may have only been around other young children.
- Transportation may be very different—some children may be picked up by a big yellow school bus, or a van, others may still be brought to school by a parent.
- The route to the new setting may be different from the route to the old setting. Try it out and help your child become familiar with the changes.
- There will be new teachers and other adults, and perhaps more children in the classroom or group.
- There will be new toys, songs, tables, rooms, smells, sights and sounds.
- There may be “school” every day instead of one or two times a week.
- The day may be longer, or shorter, with group activities and transitions embedded in the routine.
- Children may be expected to try to do more tasks for themselves, such as putting on coats, zipping, pouring juice at snack time and following more adult directions about things on which three year olds can be working.



# Changes

## From Your Family's Point of View

**W**hen your child moves from Early Intervention to another community setting (early education and care or Head Start program), there will also be many changes for you and your family. You may have been receiving Early Intervention services for a short time, or for several years and are used to services being delivered in a particular way. The transition period is the perfect opportunity to ask questions and get information about how the new program will be different. Remember, you are leaving Early Intervention because your child has achieved a milestone. Although, the paperwork and mandates may change, there will be people who want to help your child succeed.

### Here are a few things for you to think about:

- You can expect that you and your child will have feelings—excitement, confusion, anxiety, sadness, accomplishment—as you transition from Early Childhood Programs. Families may experience some, none or all of these emotions. Whatever you and your child are feeling, it is important to acknowledge these feelings and find ways to support each other.
- Children cannot always express their feelings verbally or in ways that adults understand. Be alert to changes in sleeping, eating or play that may be your child's way of expressing feelings about the changes he or she is experiencing so that you can provide comfort and support.
- Early Intervention supports and services are family centered. Services are designed to meet families' priorities and are provided in families' natural environments. Programs for preschoolers and older children are often referred to as child-centered. Parents are involved, but supports and services are designed to meet the individual needs of the child.

- It is a typical and important stage of development for children to begin to have social experiences with other children their own age. Three year old children benefit from having safe and nurturing opportunities to learn and grow outside of the family home.
- There are many opportunities for you to be involved in the activities or program your child is joining. Family involvement is a key aspect of early childhood education. You can plan ahead of time how you will be involved and help your child make adjustments.
- It is important to become adjusted to the new program and people, but it is equally important to say "good bye" to the staff and program your child is leaving. Help your child to have a concrete way of saying good bye to the Early Intervention staff he or she had been working with (It is also important for adults to say good bye to each other).

**Some suggestions for activities to help say "good bye" are included on the following page.**



# Moving On...

**Some suggested activities for helping your child say “good bye” include:**

- **Make a good bye book or chart.** Include photos or drawings of the people and experiences you have had in EI. Write down your child’s thoughts or feelings about what they will miss and how they are feeling. Include a “moving on” page that has pictures or drawings of the new setting or program.
- **Try a “count down” calendar to the start of the new program.** You can make a paper chain representing the days until the new program or activity begins. Taking off a link each day can make the passage of time real to your child, or simply use a regular calendar and mark off each day.
- **Consider any logistical changes the transition will create.** Will your child need to leave earlier or later in the morning? Will there be a bus? Will you need to prepare clothing, diapers and nap time blankets to leave at the new program? How will these changes fit into your family’s existing schedules? Any information you can gather about the logistics, before the transition actually happens, allows more time for you to prepare.
- **Practice new routines.** These routines could include getting up earlier or traveling a new route to the new program, before the change happens. Look out for new landmarks to point out to your child. The new route will soon feel familiar.
- **Learn as much as you can about the new program before your child begins.**  
Talk with the staff. Ask for information from the teachers as well as giving them all the necessary information to help them care for your child. Ask for and read the parents’ manual. If possible, get to know the parents of other children in the program. Networking with other parents can be helpful in finding resources.
- **Request opportunities to visit the program with your child.** You may want to visit the classroom when it is not in session, or your child may benefit from seeing the program with children there. If possible, try to visit more than one time. Even though many programs are closed over the summer, staff take a few days before the official opening to prepare the room. Ask if you can stop in for a brief visit during that time.
- **Once your child begins, get involved in the new program.** Ask about family involvement opportunities in the new program. Volunteer to help out in the classroom. Attend workshops or family nights. Join the parent association, if there is one. If not, ask if you can start one.
- **Ask about opportunities for ongoing communication.** How will the new program receive communication from you (phone, email, notebook that goes back and forth, etc.)? Who will you be communicating with, your child’s teacher, director, staff, etc.?
- **Plan a check-in after a few weeks to see how the transition is going for your child in the new setting and at home.** Are there things that could be helpful that either you or the new adults might try?

# Where to find out More

## **MA Department of Early Education and Care**

51 Sleeper St. 4th Floor  
Boston, MA 02210  
617.988.6600  
[www.eec.state.ma.us](http://www.eec.state.ma.us)

## **MA Department of Public Health**

250 Washington St.  
Boston, MA 02108  
Early Intervention: 617.624.5070  
[www.mass.gov/dph/early intervention](http://www.mass.gov/dph/early%20intervention)

- Resources for Children with Vision Loss:  
<http://1usa.gov/18sqehx>
- Resources for Children with Hearing Loss  
<http://bit.ly/148glwM>

## **MA Department of Elementary and Secondary Education**

75 Pleasant Street  
Malden, MA 02148  
[www.doe.mass.edu/](http://www.doe.mass.edu/)  
<http://profiles.doe.mass.edu>

## **Head Start**

Administration for Children and Families  
Referrals to Head Start programs for  
Children 3 – 5 years old &  
Early Head Start for Children 0 – 3  
617.565.2482  
[www.massheadstart.org](http://www.massheadstart.org)

## **Early Intervention Training Center**

(EITC)  
(978) 851-7261  
[www.eitrainingcenter.org](http://www.eitrainingcenter.org)

## **Federation for Children with Special Needs**

529 Main Street, Suite 1102  
Boston, MA 02129  
Phone: (617) 236-7210  
[www.fcsn.org](http://www.fcsn.org)

## **Massachusetts Child Care Resource & Referral Network**

[www.masschildcare.org](http://www.masschildcare.org)  
Family TIES of Massachusetts  
Massachusetts Department of Public Health  
800.905.8437  
[www.massfamilyties.org](http://www.massfamilyties.org)

## **Massachusetts Association of Special Education Parent Advisory Councils (MASSPAC)**

P.O. Box 167  
Sharon, MA 02067  
[www.masspac.org](http://www.masspac.org)





**National Head Start Association**

[www.nhsa.org](http://www.nhsa.org)

**Early Head Start National Resource Center**

[www.ehsnrc.org](http://www.ehsnrc.org)

**Early Intervention Parent Leadership Project  
Massachusetts Department of Public Health**

877.353.4757

[www.eiplp.org](http://www.eiplp.org)

**Massachusetts 211**

[www.mass211.org](http://www.mass211.org)



MASSACHUSETTS  
**Department of  
Early Education and Care**



# Autism Insurance Resource Center

[massairc.org](http://massairc.org)

774-455-4056

[info@disabilityinfo.org](mailto:info@disabilityinfo.org)

## Insurance Coverage for Autism Treatments in Massachusetts: Overview and FAQs

### Overview

The passage of two laws in Massachusetts over the last decade has expanded access to insurance coverage for autism treatment. ARICA (An Act Relative to Insurance Coverage for Autism), a law passed in 2010, requires private health insurers in Massachusetts to provide coverage for the diagnosis and treatment of Autism Spectrum Disorder. The Autism Omnibus Bill, passed in 2014, expanded coverage for autism treatment under MassHealth.

People have many different types of health insurance. The autism treatment coverage under your plan depends on the type of insurance you have. It is important to understand the type of insurance you have, what autism treatment coverage your insurance is required to have under Massachusetts (or federal) law, and what options you may have for expanding your current coverage.

Below is an overview of the various types of health insurance you may have:

- **Public** – This is insurance coverage through MassHealth (Massachusetts Medicaid Program), or Medicare. There are many different types of MassHealth coverage. Eligibility for MassHealth, and the type of MassHealth, is determined by several factors, including income, age, and special circumstances (including having a disability). A person must be a Massachusetts resident to be eligible for MassHealth. U.S. citizenship is not required, but immigration status is a factor in determining what type of MassHealth a person is assigned. People with disabilities are usually eligible for MassHealth regardless of income, but they may be charged a premium if the household income is above a certain level. A person can be

eligible for MassHealth, even if they have other insurance.

- **Private** – Most private employers offer health insurance to their employees, but there are important differences between the 2 most common types of employer-sponsored plans:
  - An employer may purchase health insurance from an insurance company on behalf of its employees. Under this arrangement, the insurance company is directly responsible for covering the health care costs of the employee (and the employee's family, in the case of family coverage). This is referred to as a **“fully funded” plan** (sometimes called a “fully insured” plan). Fully funded plans from Massachusetts insurers are regulated under Massachusetts law and are subject to ARICA.
  - An employer (usually a large employer) may pay directly for its employees' health care costs, rather than buying policies from an insurance company. This is referred a **“self-funded” plan**. Self-funded plans are subject to federal laws, but not to state laws like ARICA. Although these plans are not required to follow the mandates in ARICA, a majority of them do include some coverage for autism treatments. Employers that set up self-funded plans often hire an insurance company to handle administrative functions (such as claims processing).

Which type of plan you have may not be immediately obvious. For example, employees with fully funded and self-funded plans can have identical looking insurance cards (i.e., a United Healthcare card, with the same co-pays, deductibles, etc.).

- Other types of private plans:
  - Massachusetts state employees, and some municipal employees, receive their private insurance through the Group Insurance Commission (GIC). All GIC plans are subject to ARICA.
  - The Massachusetts Health Connector sells many types of plans. Only some of these plans, *Unsubsidized Qualified Health Plans (QHP's)*, are subject to ARICA.

## Autism Treatment coverage, (including ABA therapy) under different plans

Type of Plan	Coverage	Notes:
MassHealth	YES	ABA is covered under MassHealth Standard, CommonHealth, and Family Assistance. Age limits apply.
Private Fully funded	YES	Out of State plans may have different coverage.
Private Self-funded	Maybe	Contact your plan, or your HR Department
State employees (GIC)	YES	
Connector QHP	YES	

### Where do I start?

1. Determine what type of coverage you have. The Autism Insurance Resource Center's ["Am I Covered"](https://amicovered.disabilityinfo.org/) (<https://amicovered.disabilityinfo.org/>) is an online tool that can help.
2. Make a list of the autism treatments you need. Insurance only covers treatments considered to be "medically necessary." A person with autism may need additional services and supports that are not covered by insurance.
3. Figure out if your insurance covers the treatment you need.
4. If the treatment is covered, determine what your out-of-pocket costs are (deductibles, co-pays, etc.). These can vary a great deal, from zero out-of-pocket cost, to thousands of dollars. Note that most policies also have an "out of pocket maximum" cost. (Usually about 2x the deductible). Once this cost is met, there are no additional co-pays, etc. for the rest of the year.
5. If you have private insurance, and it either doesn't cover the treatments you need or you want assistance with the out-of-pocket costs, you may want to consider applying for MassHealth CommonHealth as secondary insurance.

## **Frequently Asked Questions**

### **Can a person have both private insurance and MassHealth? If so, which plan will be primary?**

Yes, people can have private insurance and MassHealth. Private insurance will always be primary.

### **My child has private insurance through my employer and MassHealth as a secondary insurance. But my providers have difficulty dealing with the private insurance company. Can I drop this and just keep my child on MassHealth?**

No. MassHealth is always the “payer of last resort.” A family CANNOT choose to drop their child from private insurance and rely solely on MassHealth.

### **Can I purchase a policy from the Health Connector that will provide access to ARICA benefits?**

Yes, but it has to be an UNSUBSIDIZED plan (referred to as a “Qualified Health Plan” or “QHP”). Note: Such plans can usually be purchased only during an open enrollment period.

### **Is MassHealth free for all people with disabilities?**

No. Until the person turns 19, the premium is determined by family income. For those 19 and older, the premium is based on the applicant’s income.

### **Does MassHealth cover ABA the same way ARICA does?**

Yes, except that MassHealth only covers ABA until age 21, whereas ARICA has no age limit.

### **Is a person required to have MassHealth to get ABA co-pays covered under ARICA?**

Yes.

### **Does MassHealth coverage expire?**

No, but MassHealth periodically reviews the eligibility of covered persons. When MassHealth contacts you asking for updated information, it is critical that you respond in order to avoid the termination of MassHealth coverage.

## Additional Information and Fact Sheets

- [ARICA Fact Sheet](#)
- [Accessing ABA through Insurance](#)
- [MassHealth ABA Coverage](#)
- [Getting help covering Co-Pays, Deductibles and other Co-Insurance](#)
- [MassHealth CommonHealth](#)
- [Finding an ABA Provider](#)
- [Health Insurance Information for Adult Disabled Dependents](#)
- [Insurance Denials and Appeals](#)

For further information, contact an information specialist at 774-455-4056 or e-mail us at [info@disabilityinfo.org](mailto:info@disabilityinfo.org).

The current version of each fact sheet is available on our website, [massairc.org](http://massairc.org).



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The Autism Insurance Resource Center is a division of UMass Medical School Shriver Center. Partial funding for the Center is provided through grants from the Massachusetts Developmental Disabilities Council (MDDC), Massachusetts Department of Developmental Services (DDS), Massachusetts Department of Public Health (DPH), and the Massachusetts Department of Elementary and Secondary Education (DESE). The Nancy Lurie Marks Family Foundation, and the Doug Flutie Jr. Foundation for Autism. This fact sheet was last updated 10/2018.

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# Autism Insurance Resource Center

[www.massairc.org](http://www.massairc.org)

774-455-4056

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## ARICA Fact Sheet

### **What is ARICA and what does it do?**

ARICA (An Act Relative to Insurance Coverage for Autism) is a law requiring private health insurers in Massachusetts to provide coverage for the diagnosis and treatment of Autism Spectrum Disorder (ASD).

### **What types of policies does ARICA cover?**

This law applies only to certain types of health care policies, so it is important to know the type of policy you have. Private insurers (including fully funded plans obtained through an employer), the state plan that covers state employees and retirees, hospital service plans, and HMOs are all required to comply with the ARICA mandate. Some employers have “self-funded” plans, which are not subject to ARICA, but instead are regulated under federal law. However, a majority of “self-funded” plans in Massachusetts have elected to cover autism treatments. For more information, refer to our Fact Sheet “[Accessing ABA through Insurance.](#)”

### **How can I find out if I have coverage for autism therapies?**

If you have insurance through your employer, ask Human Resources whether your policy is self-funded. If you have a self-funded plan, ask who you should contact to get specific information about the coverage for autism therapies.

### **What if my employer’s self-funded plan won’t cover the autism therapies I need?**

You can advocate for expanding coverage of autism therapies under the employer’s self-funded plan. If the employer’s self-funded plan will not provide coverage for therapies, there are options for obtaining coverage through insurance available from MassHealth and/or the Health Connector. Our Center can help you to advocate with your employer to expand its coverage for autism therapies and, if necessary, advise you on alternative ways to access coverage. **Important:** If a child is transitioning out of Early Intervention and will need coverage for services, such as ABA, under insurance, it’s important to plan for this change well before the child turns 3, as some of insurance options can only be accessed during specific enrollment periods.

## **Is MassHealth subject to ARICA?**

ARICA applies only to state-regulated private insurance, but MassHealth covers many of the same treatments:

- MassHealth Standard and MassHealth CommonHealth cover Applied Behavior Analysis (ABA) therapy for children under age 21, while MassHealth Family Assistance provides coverage until the child turns 19. Prior authorization is required.
- MassHealth may cover co-pays and deductibles for ARICA-mandated treatments covered by private insurance.
- The Premium Assistance Program can help subsidize the purchase of private insurance policies and policies through the Connector that will cover ARICA.
- Families covered by MassHealth with children under age 9 can also apply for the Massachusetts Children's Autism Medicaid Waiver through the Massachusetts Department of Developmental Services (DDS). Note: this is a limited program, with specific application windows; check with DDS for more information.
- Consumers can access other services for emotional and behavioral issues through the [Children's Behavioral Health Initiative \(CBHI\)](#).

## **Are there age, service, or dollar limitations to the amount of the coverage under ARICA?**

No. There are no age limits. Per ARICA *“The diagnosis and treatment of Autism Spectrum Disorders is not subject to any annual or lifetime dollar or unit of service limitation on coverage which is less than any annual or lifetime dollar or unit of service limitation imposed on coverage for the diagnosis and treatment of physical conditions.”*

## **What treatments are covered under ARICA?**

The law covers the following care prescribed, provided, or ordered for an individual diagnosed with one of the Autism Spectrum Disorders by a licensed physician or a licensed psychologist who determines the care to be medically necessary:

- *Habilitative or Rehabilitative Care* – this includes professional, counseling and guidance services and treatment programs, including but not limited to applied behavior analysis supervised by a board-certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of an individual.
- *Pharmacy care* – medications prescribed by a licensed physician and health-related services deemed medically necessary to determine the need or effectiveness of the medications, to the same extent that pharmacy care is provided by the insurance policy for other medical conditions.
- *Psychiatric care* – direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.
- *Psychological care* – direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.
- *Therapeutic care* – services provided by licensed or certified speech therapists, occupational therapists, physical therapists, or social workers.

**Are Social Skills Groups covered?**

Yes, so long as they are deemed to be “medically necessary.”

**How are educational services affected?**

ARICA does not affect educational services provided under an IFSP, IEP or ISP. Insurers are not required to pay for in-school services. Conversely, schools may not require parents to access private insurance for services that a child is entitled to receive through school. Additional information can be found on the [Administrative Advisory SPED 2012-1-The Autism Insurance Law \(pdf\)](#).

For further information, contact an information specialist at 774-455-4056 or email us at [info@disabilityinfo.org](mailto:info@disabilityinfo.org).

This fact sheet and other important information is available at our website, <http://massairc.org/>.



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