The Arc
South Shore
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 kids. 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.

The Arc
South Shore
FIRST EARLY INTERVENTION

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.

- 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.

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First Early Intervention
The Arc of the South Shore
574 Main Street, S. Weymouth, MA 02190
Phone: (781) 331-2533/Fax: (781) 340-1337
Email: firstei@arcsouthshore.org
www.arcsouthshore.org

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.

The Arc
South Shore
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.

_____ _____
Parent Signature Staff Person

_____ _____
Date Title

Massachusetts Early Intervention Procedural Safeguards Notice

Early intervention (EI) services in Massachusetts are provided under Part C of the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §§1431 et seq., and its implementing regulations at 34 CFR Part 303. The Department of Health (DPH) Early Intervention Division (Early Intervention Division) is the Lead Agency designated under 34 CFR §303.120 responsible for administering Part C Early Intervention in Massachusetts and ensuring compliance with IDEA Part C.

This notice explains the procedural safeguards and rights available to parents of eligible infants and toddlers. These protections ensure that parents are informed participants in decision-making regarding their children and that their children's rights are protected the point in time when the child is referred for early intervention services under IDEA Part C until the later of when the participating agency is no longer required to maintain or no longer maintains that information under applicable Federal and State laws (§303.401(c)(2))

General Responsibility of Lead Agency for Procedural Safeguards (§303.400)

The Early Intervention Division adopts the procedural safeguards within 34 CFR Part 303 Subpart E, and requires effective implementation of these safeguards by each participating agency (including the Early Intervention Division, and EIS providers) within the Massachusetts Early Intervention system, including an initial copy of the child's early intervention record, at no cost and in the native language of the parents. These Procedural Safeguards including the provisions on confidentiality (§§ 303.401-303.417), parental consent and notice (§§ 303.420-303.421), surrogate parents (§ 303.422), and dispute resolution procedures (§ 303.430).

Confidentiality and Opportunity to Examine Records (§303.401)

Parents of a child referred to early intervention are afforded the right to confidentiality of personally identifiable information, including the right to written notice of, and written consent to, the exchange of that information among agencies, consistent with Federal and State laws.

Confidentiality Procedures

As required under sections 617(c) and 642 of the IDEA Part C, the regulations in §§ 303.401 through 303.417 ensure the protection of the confidentiality of any personally identifiable data, information, and records collected or maintained pursuant to this part by the Secretary (ED) and by participating agencies, including the Early Intervention Division, and EIS providers, in accordance with the protections under the Family Educational Rights and Privacy Act (FERPA) in 20 U.S.C. 1232g and 34 CFR part 99.

Procedures are in effect to ensure that participating agencies (including the Early Intervention Division and EIS providers) comply with the IDEA Part C confidentiality procedures in §§ 303.401 through 303.417 and that parents of infants or toddlers who are referred to, or receive early intervention services, are afforded the opportunity to inspect and review all early intervention records about the child and the child's family that are collected, maintained, or used under IDEA Part C. This includes records related to evaluations and assessments, screening, eligibility determinations, development and implementation of IFSPs, provision of early intervention services, individual complaints involving the child, or any part of the child's early intervention record

Applicability and Timeframe of Procedures

Confidentiality procedures described in the confidentiality procedures section apply to the personally identifiable information (PII) of a child and the child's family that is contained in early intervention records collected, used, or maintained under IDEA Part C by the Early Intervention Division or an EIS provider. Confidentiality procedures apply from the point in time when the child is referred for early intervention services under IDEA Part C until the later of when the participating agency is no longer required to maintain or no longer maintains that information under applicable Federal and State laws.

Disclosure of Information

Subject to the option to inform a parent about intended disclosure The Early Intervention Division must disclose to the state educational authority (SEA) and the local education authority (LEA) where the child resides, in accordance with § 303.209(b)(1)(i) and (b)(1)(ii), the following personally identifiable information (PII) under IDEA Part C needed to enable the Early Intervention Division, as well as LEAs and SEA's to identify all children potentially eligible for services under § 303.211 and IDEA Part B. The PII disclosed is the child's name, date of birth, and parent contact information (including parents' names, addresses, and telephone numbers).

Option to Inform a Parent about Intended Disclosure

The Early Intervention Division's policies require EIS providers, prior to making the limited disclosure described in disclosure of section, to inform parents of a toddler with a disability of the intended disclosure and allow the parents 30 days from the date they are informed of this option to indicate to object to (opt out) the disclosure in writing. If a parent objects during the 30 day time period the Early Intervention Division and EIS provider are not permitted to make such a disclosure under paragraph (d) of this section and § 303.209(b)(1)(i) and (b)(1)(ii).

Confidentiality (§303.402)

The Secretary (ED) takes appropriate action, in accordance with section 444 of GEPA, to ensure the protection of the confidentiality of any personally identifiable data, information, and records collected, maintained, or used by the Secretary and by the Early Intervention Division, as the Lead Agency, and EIS providers pursuant to part C of the Act, and consistent with §§ 303.401 through 303.417. The regulations in §§ 303.401 through 303.417 ensure the protection of the confidentiality of any personally identifiable data, information, and records collected or maintained pursuant to this part by the Secretary (ED) and by participating agencies, including the Early Intervention Division, as the Lead Agency, and EIS providers, in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, and 34 CFR part 99.

Definitions (§303.403)

For purposes of confidentiality requirements (§§303.402 through 303.417), the following definitions apply

1. **Destruction:** Physical destruction of a record or ensuring that personal identifiers are removed from a record so that the record is no longer personally identifiable, consistent with §303.29.
2. **Early intervention records:** All records regarding a child that are required to be collected, maintained, or used under Part C of the IDEA and the regulations in 34 CFR Part 303.
3. **Participating agency:** Any individual, agency, entity, or institution that collects, maintains, or uses, personally identifiable information to implement the requirements of Part C of IDEA and the regulations in this part with respect to a particular child. A participating agency includes the Lead Agency, EIS providers, and any individual or entity that provides Part C services, including service coordination, evaluations and assessments, and other early intervention services. A participating agency does not include primary referral sources or public agencies (such as the State Medicaid or Children's Health Insurance Program) or private entities (such as private insurance companies) that act solely as funding sources for Part C services

Notice to Parents (§303.404)

The Early Intervention Division must ensure parents are given notice when a child is referred to IDEA Part C that is adequate to fully inform parents about the confidentiality requirements, including

- a description of the children on whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information
- a summary of the policies and procedures that participating agencies must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information

- a description of all the rights of parents and children regarding this information, including their rights under the part C confidentiality provisions in §§ 303.401 through 303.417
- a description of the extent that the notice is provided in the native languages of the various population groups in the State.

Access Rights (§303.405)

Parents have the right to inspect and review any early intervention records relating to their child that are collected, maintained, or used by the Early Intervention Division under Part C of IDEA. Parents must be afforded the opportunity to inspect and review early intervention records without unnecessary delay before any IFSP meeting or due process hearing relating to the child and in no case more than 10 days after the request has been made.

Parents' right to inspect and review early intervention records under this section includes the right

- to a response from the participating agency to reasonable requests for explanations and interpretations of the early intervention record
- to request that the participating agency provide copies of the early intervention records containing the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records
- to have a representative of the parent inspect and review the early intervention records.

An agency may presume that the parent has authority to inspect and review records relating to his or her child unless the agency has been provided documentation that the parent does not have the authority under applicable State laws governing such matters as custody, foster care, guardianship, separation, and divorce.

Record of Access (§303.406)

Each participating agency must keep a record of parties obtaining access to early intervention records collected, maintained, or used under IDEA Part C (except access by parents and authorized representatives and employees of the participating agency), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the early intervention records.

Records on More Than One Child (§303.407)

If an early intervention record contains information pertaining to multiple children, parents may inspect and review only the portion of the record that relates to their child or be informed of the specific information that pertains to their child.

List of Types and Locations of Information (§303.408)

Parents have the right to request a list of the types and locations of early intervention records collected, maintained, or used by participating agencies under Part C.

Massachusetts requires participating agencies to provide this information within five (5) days of the parent's request, consistent with Massachusetts Early Intervention Operational Standards.

Fees for Records (§303.409)

Parents have a right to the initial copy of each evaluation, assessment, and Individualized Family Service Plan (IFSP) provided following an IFSP meeting at no cost. A fee may not be charged to parents to search for or retrieve early intervention records. However, each participating agency may charge a fee for copies of records that are made for parents under this part if the fee does not effectively prevent the parents from exercising their right to inspect and review those records. If a fee is charged for additional copies of records, the fee must be consistent with applicable Massachusetts policies governing record copying fees and may not exceed the actual cost of reproduction.

When records are requested in connection with an IFSP meeting or a due process hearing, the Early Intervention Division or provider must ensure that the records are made available in sufficient time to allow the parent to review them before the meeting or hearing, consistent with the timelines specified in this section.

Amendment of Records at Parent's Request (§303.410)

Parents who believe that information in the early intervention records collected, maintained, or used under Part C of IDEA is inaccurate, misleading, or violates the privacy or other rights of the child or parent, may request that the participating agency that maintains the information amend the record. The participating agency will review the request and determine whether to amend the record within a reasonable period of time. If the participating agency determines that the information should be amended, they will do so and inform the parent in writing. If the participating agency determines that the information should not be amended, they will inform the parent in writing of the refusal and of the parent's right to a hearing in accordance with §303.411.

Opportunity for a Hearing (§303.411)

If a participating agency refuses to amend a record requested by a parent under §303.410, the parent has the right to request a hearing to challenge the content of the child's record. A parent may request a due process hearing under the procedures in § 303.430(d)(1) provided that such hearing procedures meet the requirements of the hearing procedures in § 303.413 or may request a hearing directly under the State's procedures in § 303.413 (*i.e.,* procedures that are consistent with the FERPA hearing requirements in 34 CFR 99.22).

Result of Hearing (§303.412)

Following a hearing conducted under §303.411, if the hearing officer determines that the information contained in the record is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child or parent, the participating agency must amend the record accordingly and inform the parent in writing. If the hearing officer determines that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child or parent, the participating agency must inform the parent of the right to place a written statement in the record, commenting on the contested information or stating the parent's disagreement with the decision.

Any explanation placed in the early intervention record by the parent must be maintained by the agency as part of the early intervention records of the child as long as the record or contested portion is maintained by the agency, and disclosed by the agency to any party, the explanation must also be disclosed to the party, if the early intervention records of the child or the contested portion are disclosed.

Hearing Procedures (§303.413)

A hearing held under § 303.411 must be conducted according to the procedures under 34 CFR 99.22 which require

- the hearing be held within a reasonable time after it has received the request for the hearing from the parent or eligible student.
- the parents be given reasonable advance notice of the date, time, and location of the hearing
- the hearing is conducted by any individual, including an official of the educational agency or institution, who does not have a direct interest in the outcome of the hearing
- the parent be given fair opportunity to present evidence relevant to the issues raised
- the parent, at their own expense, be assisted or represented by one or more individuals of his or her own choice, including an attorney
- the decision be in writing within a reasonable period of time after the hearing
- the decision must be based solely on the evidence presented at the hearing, and must include a summary of the evidence and the reasons for the decision

. At the hearing, parents have the opportunity to

- present evidence and testimony relevant to the disputed information
- be assisted or represented by individuals of the parent's choosing, including an attorney or advocate
- request that the hearing officer consider whether the information in the record should be amended

If the hearing officer determines that the information is in violation of the privacy or other rights of the child or parent, the participating agency must amend the record accordingly and inform the parent in writing, consistent with §303.412.

If the hearing officer determines that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child or parent, the participating agency must inform the parent of the right to place a statement in the record commenting on the contested information or stating the parent's disagreement with the decision, in accordance with §303.412. This section applies only to hearings regarding requests to amend early intervention records and does not replace or limit a parent's right to pursue mediation, formal administrative complaint (State complaint) procedures, or a due process hearing under the dispute resolution procedures established under 34 CFR §§303.430–303.438.

Consent Prior to Disclosure or Use (§303.414)

Parental consent must be obtained before personally identifiable information (PII) is disclosed to anyone other than authorized representatives, officials, or employees of participating agencies collecting, maintaining, or using the information under IDEA Part C or for any purpose other than meeting the requirement of IDEA Part C. However, disclosure may be authorized without parental consent under the confidentiality provisions of IDEA Part C and the Family Educational Rights and Privacy Act (FERPA).

Personally identifiable information contained in the child's early intervention records will not be disclosed without the written informed consent of the parent, except as permitted under Federal or State law (e.g., health or safety emergencies, oversight and monitoring activities conducted by authorized state or federal agencies), and compliance with lawful subpoena or court order.

Consistent with the requirements of 34 CFR §303.209(b), the Early Intervention Division must notify the local educational agency (LEA) and the State educational agency (SEA) when a toddler receiving early intervention services is potentially eligible for preschool services under Part B of the IDEA unless a parent opts out of the disclosure, the information provided to the LEA must be limited to

- the child's name
- the child's date of birth
- the parent's name and contact information

The Lead Agency must provide policies and procedures to be used when a parent refuses to provide consent under this section (such as a meeting to explain to parents how their failure to consent affects the ability of their child to receive services under this part), provided that those procedures do not override a parent's right to refuse consent under § 303.420.

Safeguards (§303.415)

Each participating agency must

- protect the confidentiality of personally identifiable information at the collection, maintenance, use, storage, disclosure, and destruction stages.
- assign staff responsibility for ensuring the confidentiality of any personally identifiable information.
- ensure the staff training or instruction regarding the State's policies and procedures under IDEA part C Subpart E §§ 303.401 - 303.417 and Family Educational Rights and Privacy Act (FERPA) (34 CFR part 99).
- maintain a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information

Destruction of Information (§303.416)

The participating agency must inform parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide services to the child under Part C of the Act, the GEPA provisions in 20 U.S.C. 1232f, EDGAR, 34 CFR part 76, and 2 CFR part 200, as adopted in 2 CFR part 3474.

The information must be destroyed at the request of the parents. However, a permanent record of a child's name, date of birth, parent contact information (including address and phone number), names of service coordinator(s) and EIS provider(s), and exit data (including year and age upon exit, and any programs entered into upon exiting) may be maintained without time limitation.

In Massachusetts, early intervention services providers may retain records for a period of up to seven years following a child's discharge from early intervention services, unless the parent requests earlier destruction of the personally identifiable information when it is no longer needed.

Enforcement (§303.417)

The Early Intervention Division, as the Lead Agency designated under 34 CFR §303.120 ensures that all participating agencies and early intervention services providers policies and procedures, including sanctions and the right to file a complaint under §§ 303.432 through 303.434, that the State uses to ensure that its policies and procedures, consistent with §§ 303.401 through 303.417, are followed and that the requirements of IDEA Part C and the regulations in this part are met.

Parental Consent (§303.420)

The Early Intervention Division ensures parental consent is obtained before

- all evaluations and assessments of a child are conducted under § 303.321
- early intervention services are provided to the child under IDEA Part C
- public benefits or insurance or private insurance (including MassHealth) is used § 303.520
- disclosure of personally identifiable information consistent with § 303.414

If a parent does not give consent, the Early Intervention Division makes reasonable efforts to ensure that the parent

- is fully aware of the nature of the evaluation and assessment of the child or early intervention services that would be available
- understands that the child will not be able to receive the evaluation, assessment, or early intervention service unless consent is given

The Early Intervention Division ensures IDEA Part C due process hearing procedures are not used to challenge a parent's refusal to provide any consent that is required. Parents of an infant or toddler with a disability

- determine whether they, their infant or toddler with a disability, or other family members will accept or decline any early intervention service under this part at any time
- may decline a service after first accepting it, without jeopardizing other early intervention services under this part.

Prior Written Notice and Procedural Safeguard Notice (§303.421)

Prior written notice must be provided to parents a reasonable time before the Lead Agency or an EIS provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and that infant's or toddler's family (§303.421(a)).

Content of Notice

The notice must be in sufficient detail to inform parents about

1. the action that is being proposed or refused;
2. the reasons for taking the action; and
3. all procedural safeguards that are available under IDEA Part C Subpart E, including a description of mediation in § 303.431, how to file a formal administrative (State) complaint in §§ 303.432 through 303.434 and the Part C due process hearing complaint adopted under § 303.430(d), and any timelines under those procedures.

Native Language

The notice must be written in language understandable to the general public; and provided in the native language, as defined in § 303.25, of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the public agency or designated EIS provider must take steps to ensure that the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication; the parent understands the notice; and there is written evidence that the requirements of this paragraph have been met.

Surrogate Parents (§303.422)

Each Lead Agency or other public agency must ensure that the rights of a child are protected when no parent (as defined in § 303.27) can be identified, the Lead Agency or other public agency, after reasonable efforts, cannot locate a parent, or the child is a ward of the State under the laws of that State.

The duty of the Lead Agency, or other public agency includes the assignment of an individual to act as a surrogate for the parent. This assignment process must include a method for determining whether a child needs a surrogate parent and assigning a surrogate parent to the child.

For children who are wards of the State or placed in foster care, the Lead Agency must consult with the public agency that has been assigned care of the child. In the case of a child who is a ward of the State, the surrogate parent, instead of being appointed by the Lead Agency, may be appointed by the judge overseeing the infant or toddler's case provided that the surrogate parent

- is not an employee of the Lead Agency or any other public agency or EIS provider that provides early intervention services, education, care, or other services to the child or any family member of the child
- has no personal or professional interest that conflicts with the interest of the child he or she represents
- has knowledge and skills that ensure adequate representation of the child

A person who is otherwise qualified to be a surrogate parent is not an employee of the agency solely because he or she is paid by the agency to serve as a surrogate parent. The surrogate parent has the same rights as a parent for all purposes under IDEA Part C. The Lead Agency must make reasonable efforts to ensure the assignment of a surrogate parent not more than 30 days after a public agency determines that the child needs a surrogate parent.

Massachusetts Dispute Resolution Options (§303.430)

The Early Intervention Division makes dispute resolution options available and includes written procedures for the timely administrative resolution of complaints through mediation, State complaint, and due process hearing procedures.

- Mediation is available to parties to disputes involving any matter under IDEA Part C the opportunity for mediation that meets the requirements in § 303.431.
- Formal Administrative Complaint (State complaint) procedures resolve complaints filed by any party regarding any violation of IDEA Part C or state operational standards that meet the requirements in §§ 303.432 through 303.434.
- Due process hearing to resolve complaints with respect to a particular child regarding any matter identified in § 303.421(a), by adopting IDEA Part C hearing procedures in §§ 303.435 through 303.438; and a means of filing a due process complaint regarding any matter listed in § 303.421(a)

During the pendency of any proceeding involving a due process complaint, unless the Early Intervention Division and parents of an infant or toddler with a disability otherwise agree, the child must continue to receive the appropriate early intervention services in the setting identified in the IFSP that is consented to by the parents. If the due process complaint involves an application for initial services under IDEA Part C, the child must receive those services that are not in dispute. These options are available at no cost to families.

Mediation (§303.431)

The Early Intervention Division, as the Lead Agency for Massachusetts Part C, adopts the Mediation procedures under 34 CFR 303.431 to allow the parties to resolve disputes involving any matter under Part C of the Individuals with Disabilities Education Act (IDEA) at any time, including prior to the filing a due process complaint.

The Early Intervention Division arranges for the conduct of mediations through an interagency agreement with the Division of Administrative Law Appeals (DALA), Bureau of Special Education (BSEA). The Early Intervention Division retains responsibility for ensuring mediations are conducted in accordance with Part C of IDEA and 34 CFR 303.431. The use of an interagency agreement does not transfer the DPH's legal authority, procedural safeguards responsibility, or timelines under Part C.

The procedures ensure that the mediation process is

- voluntary on the part of the parties;
- not used to deny or delay a parent's right to a due process hearing, or to deny any other rights afforded under IDEA Part C
- conducted by a qualified and impartial mediator who is trained in effective mediation techniques

The Early Intervention Division

- maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of early intervention
- ensures mediators are seleced on a random, rotational, or other impartial basis
- bears the cost of the mediation
- ensures each session in the mediation process must be scheduled in a timely manner and must be held in a location that is convenient to the parties to the dispute

If the parties resolve a dispute through the mediation process, the parties must execute a legally binding agreement that sets forth that resolution and that states that all discussions that occurred during the mediation process will remain confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding. The agreement is signed by both the parent and a representative of the Lead Agency who has the authority to bind such agency.

A written, signed mediation agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States. Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding of any Federal court or State court of a State receiving assistance under this part. An individual who serves as a mediator under this part must be impartial. This means they must not

- be an employee of the Early Intervention Division or an EIS provider that is involved in the provision of early intervention services or other services to the child
- have a personal or professional interest that conflicts with the person's objectivity.
- be considered an employee of a Lead Agency or an early intervention provider solely because he or she is paid by the agency or provider to serve as a mediator

Adoption of State Complaint Procedures (§ 303.432)

The Early Intervenion Division, as the Lead Agency for Massachusetts Part C adopts written procedures for

- resolving any complaint, including a complaint filed by an organization or individual from another State, that meets the requirements in § 303.434 by providing for the filing of a complaint with the Early Intervention Division
- widely disseminating to parents and other interested individuals, including parent training and information centers, Protection and Advocacy (P&A) agencies, and other appropriate entities, procedures under §§ 303.432 through 303.434.

In resolving a complaint in which the Early Intervention Division has found a failure to provide appropriate services, the Early Intervention Division, pursuant to its general supervisory authority under IDEA Part C, must address the failure to provide appropriate services, including corrective actions appropriate to address the needs of the infant or toddler with a disability who is the subject of the complaint and the infant's or toddler's family (such as compensatory services or monetary reimbursement) and appropriate future provision of services for all infants and toddlers with disabilities and their families.

Minimum State Complaint Procedures (§ 303.433)

Each Lead Agency must include in its complaint procedures a time limit of 60 days after a complaint is filed under § 303.434 to

- carry out an independent on-site investigation, if the Lead Agency determines that an investigation is necessary
- give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint

- provide the Early Intervention Division, public agency, or EIS provider with an opportunity to respond to the complaint, including a proposal to resolve the complaint
- an opportunity for a parent who has filed a complaint and the Early Intervention Division, public agency, or EIS provider to voluntarily engage in mediation, consistent with §§ 303.430(b) and 303.431
- review all relevant information and make an independent determination as to whether the Early Intervention Division, public agency, or EIS provider is violating a requirement of IDEA Part C or Massachusetts Operational Standards
- issue a written decision to the complainant that addresses each allegation in the complaint and contains findings of fact and conclusions; and the reasons for the Early Intervention Division's final decision.

The Early Intervention Division's procedures also must permit an extension of the time limit only if exceptional circumstances exist with respect to a particular complaint and the parent (or individual or organization) and the Early Intervention Division, public agency or EIS provider involved agree to extend the time to engage in mediation

The Early Intervention Division must ensure procedures for effective implementation of the Lead Agency's final decision, if needed, including

- technical assistance activities
- negotiations
- corrective actions to achieve compliance

If a written complaint is received that is also the subject of a due process hearing or contains multiple issues of which one or more are part of that hearing, the Early Intervention Division must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process hearing must be resolved using the time limit and procedures previously described. If an issue raised in a complaint filed under this section has previously been decided in a due process hearing involving the same parties the due process hearing decision is binding on that issue, and the Early Intervention Division must inform the complainant to that effect

A complaint alleging a Lead Agency, public agency, or EIS provider's failure to implement a due process hearing decision must be resolved by the Lead Agency.

Filing a Complaint (§ 303.434)

An organization or individual may file a signed written complaint under the procedures described in §§ 303.432 and 303.433.
The complaint must include

- a statement that the Lead Agency, public agency, or EIS provider has violated a requirement of part C of the Act
- the facts on which the statement is based

- the signature and contact information for the complainant
- if alleging violations with respect to a specific child
    - the name and address of the residence of the child
    - the name of the EIS provider serving the child
- a description of the nature of the problem of the child, including facts relating to the problem
- a proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed

The complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received. The party filing the complaint must forward a copy of the complaint to the public agency or EIS provider serving the child at the same time the party files the complaint with the Early Intervention Division.

Due Process Hearing (§§303.435-303.438)

The Early Intervention Division adopts the Part C Due Process Hearing procedures under 34 CFR 303.435-303.438 (section 639 of the Individuals with Disabilities Education Act (IDEA) to resolve a disagreement regarding a specific child over any matter identified in 34 CFR § 303.421 (a).

The Early Intervention Division arranges for the conduct of due process hearings through an interagency agreement with the Division of Administrative Law Appeals (DALA) and the Bureau of Special Education (BSEA). The Early Intervention Division retains responsibility for ensuring due process hearings are conducted in accordance with Part C of IDEA and 34 CFR 303.435-303.438.

Appointment of an Impartial Due Process Hearing Officer (§303.435)

Whenever a due process complaint is received under § 303.430(d), a due process hearing officer must be appointed to implement the complaint resolution process in this subpart. The person must

- have knowledge about the provisions of this part and the needs of, and early intervention services available for infants and toddlers with disabilities and their families
- listen to the presentation of relevant viewpoints about the due process complaint
- examine all information relevant to the issues
- seek to reach a timely resolution of the due process complaint
- provide a record of the proceedings, including a written decision

Definition of Impartial

Impartial means that the due process hearing officer appointed to implement the due process hearing under IDEA Part C

- is not an employee of the Early Intervention Division (Lead Agency) or an EIS provider involved in the provision of early intervention services or care of the child
- does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process
- is not an employee of an agency solely because the person is paid by the agency to implement the due process hearing procedures or mediation procedures under this part

Parental Rights in Due Process Hearing Proceedings (§ 303.436)

The Early Intervention Division ensures that the parents of a child referred to Part C are afforded the rights in the due process hearing carried out under § 303.430(d). Any parent involved in a due process hearing has the right to

- be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for infants and toddlers with disabilities
- present evidence and confront, cross-examine, and compel the attendance of witnesses
- prohibit the introduction of any evidence at the hearing that has not been disclosed to the parent at least five days before the hearing
- obtain a written or electronic verbatim transcription of the hearing at no cost to the parent
- receive a written copy of the findings of facts and decisions at no cost to the parent

Convenience of Hearings and Timelines (§ 303.437)

IDEA Part C due process hearings must be carried out at a time and place that is reasonably convenient to the parents. The Early Intervention Division ensures that, not later than 30 days after the receipt of a parent's due process complaint, the due process hearing is completed and a written decision mailed to each of the parties. A hearing officer may grant specific extensions of time at the request of either party.

Civil Action (§ 303.438)

Any party aggrieved by the findings and decision issued pursuant to a due process complaint has the right to bring a civil action in State or Federal court under section 639(a)(1) of the Act.

Contact Information

If there are questions about family rights, early intervention operational standards or about how to file a complaint, request mediation, or due process hearing contact your Service Coordinator, Program Director, the Early Intervenion Division, or find information on our website (https://www.mass.gov/orgs/early-intervention-division).

Early Intervention Division
c/o Dispute Resolution
250 Washington Street, 5th Floor,
Boston, MA 02108
Email: EIDisputeResolution@mass.gov
Fax: (857)-323-8350
Phone: (508) 454-2007

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.

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

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

www.mass.gov/dph/earlyintervention

AUGUST 2017

EARLY INTERVENTION PARENT LEADERSHIP PROJECT

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

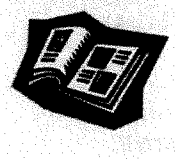
- to develop an informed parent constituency
- to promote leadership and lifelong advocacy skills for parents and family members
- to facilitate family participation to ensure that Early Intervention Services are family-centered

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 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.**

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.

Updated 2/15

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 ♦ Visit: 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.

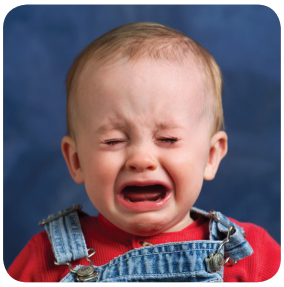
www.mass.gov– the official website of the Commonwealth of Massachusetts lists government agencies alphabetically, including the Department of Public Health, Department of Education, Office of Child Care Services and others.

Family TIES of Massachusetts– www.massfamilyties.org 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 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. 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** 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.

Massachusetts Department of Public Health • Division of Violence and Injury Prevention
Shaken Baby Syndrome Prevention Initiative
617-624-5450 • www.mass.gov/safesleep • www.dontshake.org

SB3101 • 2015

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.

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** 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** 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.

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

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.)

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 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.

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

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.

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

Massachusetts Department of Public Health

#TC2442 - 6/19

makesmokinghistory.org

The Arc South Shore
FIRST EARLY INTERVENTION

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, the ADA's website just for patients.

Shhhhh.....

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.

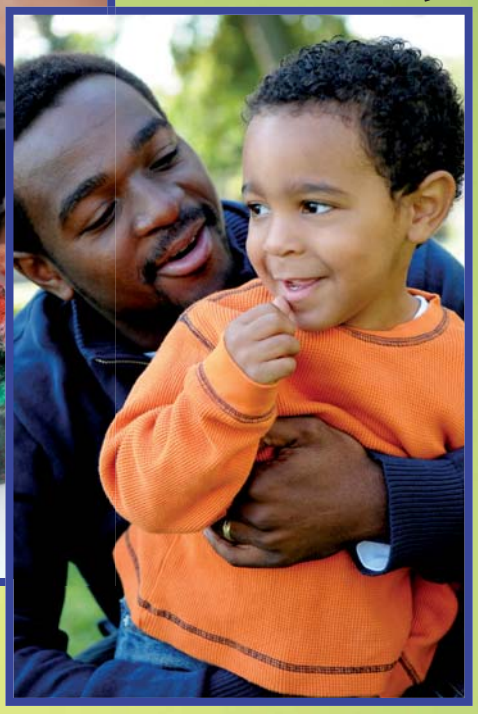
1-800-311-BABY (2229)

For more information, visit www.nichd.nih.gov/sids

mass.gov/safesleep

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

Continuing The Journey



Best Practices in Early Childhood Transition

A Guide for Families

BRAIN BUILDING IN PROGRESS

MASSACHUSTTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

MASSACHUSETTS Department of Early Education and Care

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Acknowledgements

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Revised 2014

A Guide for Families

Table of Contents

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.

ACF: Administration for Children and Families

ADA: Americans with Disabilities Act

CCR& R: Child Care Resource & Referral Agency

CFCE: Coordinated Family & Community Engagement Grantees

DDS: Department of Developmental Services

DEEC: Department of Early Education & Care

DESE: Department of Elementary and Secondary Education

DMH: Department of Mental Health

DPH: Department of Public Health

DCF: Department of Children and Families

EI: Early Intervention

EOHHS: Executive Office of Health and Human Services

EHS/HS Early Head Start/Head Start

FAPE: Free Appropriate Public Education

FCSN Federation for Children with Special Needs

ICC: Interagency Coordinating Council

IDEA: Individuals with Disabilities Education Improvement Act

IEP: Individualized Educational Program (plan for the child in special education)

IFSP: Individualized Family Service Plan (plan for families in early intervention)

LEA: Local Education Agency (local school)

LRE: Least Restrictive Environment (special education services should be provided in the most natural/least restrictive setting)

RCP: Regional Consultation Program

SEA: 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. Specifically 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**

For 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

Check**list**

- 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

Name: _____ **Phone #:** _____

Agency: _____

Address: _____

Cell/Pager: _____ **EMail:** _____ **Fax#:** _____

Nature of this provider's involvement with child:

_____

_____

_____

_____

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

_____

_____

_____

_____

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

_____

_____

_____

_____

Assessing

A New **Program**

Visit 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.**

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**

When 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

MA Department of Public Health
250 Washington St.
Boston, MA 02108
Early Intervention: 617.624.5070
www.mass.gov/dph/early intervention

- 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://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

Early Intervention Training Center
(EITC)
(978) 851-7261
www.eitrainingcenter.org

Federation for Children with Special Needs
529 Main Street, Suite 1102
Boston, MA 02129
Phone: (617) 236-7210
www.fcsn.org

Massachusetts Child Care Resource
& Referral Network
www.masschildcare.org
Family TIES of Massachusetts
Massachusetts Department of Public Health
800.905.8437
www.massfamilyties.org

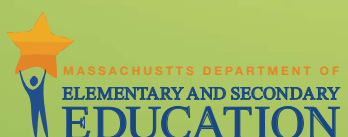
Massachusetts Association of Special Education Parent Advisory Councils
(MASSPAC)
P.O. Box 167
Sharon, MA 02067
www.masspac.org

National Head Start Association
www.nhsa.org

Early Head Start National Resource Center
www.ehsnrc.org

Early Intervention Parent Leadership Project
Massachusetts Department of Public Health
877.353.4757
www.eiplp.org

Massachusetts 211
www.mass211.org



MASSACHUSETTS
Department of
Early Education and Care

Autism Insurance Resource Center

massairc.org 774-455-4056 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/) 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.

The current version of each fact sheet is available on our website, massairc.org.

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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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.

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

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