

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
EARLY INTERVENTION SPECIALTY SERVICES
FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS**

OPERATIONAL PROCEDURES

February 2014



**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OPERATIONAL PROCEDURES FOR SPECIALTY SERVICES FOR
CHILDREN WITH ASD**

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Health and Safety Resources

available at www.mass.gov/dph/earlyintervention click on Family Rights and Due Process, Early Intervention Operational Standards

Due Process Procedures for Early Intervention Programs

available at www.mass.gov/dph/earlyintervention click on Family Rights and Due Process

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

SPECIALTY SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS IN THE EARLY INTERVENTION SYSTEM

OPERATIONAL PROCEDURES

I. INTRODUCTION

The Massachusetts Department of Public Health (MDPH) is the designated lead agency for Part C of the Individuals with Disabilities Education Act of 2004. Operational Standards are developed based on Part C of Public Law 108 -446, 24 CFR Part 303 Early Intervention Program for Infants and Toddlers with Disabilities, and on Massachusetts General Law, Chapter 111G. Massachusetts Early Intervention services are provided within the Commonwealth. The Massachusetts DPH works collaboratively with families, Early Intervention providers and other community partners to measure and report on Federal Child and Family Outcomes. The Massachusetts Early Intervention system comprises community-based programs certified as Early Intervention Programs by the MDPH. These programs provide comprehensive, integrated services, utilizing a family centered approach, to facilitate the developmental progress of eligible children between the ages of birth to three years old.

Specialty Service Programs (SSPs) are designed to offer intensive intervention to children with a diagnosis on the autism spectrum. SSPs work in conjunction with Early Intervention Programs to address the needs of the family related to enhancing the child's development. They use a range of techniques (applied behavioral analysis, discrete trial training, Early Start Denver Model, floor time, incidental teaching) to address the core characteristics of autism spectrum

disorders in highly individualized treatment programs. Intervention sessions frequently last several hours and may be provided a number of times per week as children on the autism spectrum may require a number of hours of engagement to promote learning and minimize the development of challenging behaviors.

Services are selected in collaboration with families, using an Individualized Family Service Plan. Services and staff reflect the cultural, linguistic, and ethnic composition of the state and of the families served. Programs must demonstrate a commitment to respond to the diversity of families in their communities. Early Intervention and Specialty Services focus on the family unit, recognizing the crucial influence of the child's daily environment on his or her growth and development. Therefore, Early Intervention and Specialty Staff deliver services in the context of family daily routines, working in partnership with individuals present in the child's natural environment. Early Intervention staff support and encourage the families' use of and access to community-based resources that will continue to support and enhance the child's development.

These Operational Procedures were developed to describe requirements of Specialty Service Programs, and are used as criteria by the Massachusetts Department of Public Health for Specialty Service Provider approval. All Massachusetts DPH-certified Early Intervention programs and Specialty Service Programs incorporate into their practice the following core values:

1. RESPECT

Recognizing that each group of people has its own unique culture, and honoring the values and ways of each family's neighborhood, community, extended family, and individual unit.

2. INDIVIDUALIZATION

Tailoring supports and services with each family to its own unique needs and circumstances.

3. FAMILY-CENTEREDNESS

Basing decisions with each family on its own values, priorities, and routines.

4. COMMUNITY

Realizing that each family exists in the context of a greater community, and fostering those communities as resources for supports and services.

5. TEAM COLLABORATION

Working as equal partners with each family and with the people and service systems in a family's life.

6. LIFE-LONG LEARNING

Viewing early intervention supports and services as a first step on a journey for each child, family, and provider.

The Specialty Service Contracting System

A demonstration waiver approved by the Centers for Medicare and Medicaid allows for billing of intensive behavioral services for children with ASD to MassHealth. Since only certified Early Intervention Programs are approved MassHealth providers for EI children, intensive specialty services will be contracted through Early Intervention Programs (EIPs), rather than through the Department of Public Health effective July 1, 2012. The goal is to provide the appropriate level of quality services to children through a revised contracting system in which SSPs contract directly with EIPs. This will afford an opportunity for closer clinical collaboration between Early Intervention and Specialty Services programs as well as expanding funding streams. It does require that contracting/affiliations for specialty services be run through Early Intervention Programs, rather than with the Department of Public Health, to conform to the legislative requirement that only certified EI programs can be reimbursed for EI services. Private health plans have followed MassHealth's lead and also accept

claims from EIPs for intensive behavioral services in accordance with their prior authorization requirements.

Specialty Service Providers for ASD who contract /affiliate with EI Programs must first be approved through an RFI process by the Department of Public Health.

II. DEFINITIONS

Caregiver As used in these operational procedures, a caregiver is a person in whose care a child may be temporarily placed, including, but not limited to, non-custodial relatives, baby-sitters, childcare providers, and nannies.

Consent - as used in these procedures, means the following:

1. The parent has been fully informed of all information relevant to the activity for which consent is sought, is in the parent's native language unless clearly not feasible to do so, and shall otherwise be done in the manner best understood by the parent;
2. The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom;
3. The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time; and
4. If a parent does revoke consent, that revocation is not retroactive and will not negate the action that occurred before consent was revoked.

Consultative visit A consultative visit is either a home visit or a center-based individual visit with one or more Specialty Service Providers and Early Intervention Specialists present. Such visits are usually for the purpose of

consultation and coordination regarding treatment planning and approaches to treatment. Consultative visits with specialty providers for children with autism spectrum disorders are not considered co-treatments within the EI billing system, are not limited to one session per month for an enrolled child, and are based on the individual needs of the child and family.

Day As used in these standards, day means calendar days.

Due Process Due process refers to the Standards established by the Massachusetts Department of Public Health for community Early Intervention programs certified by the Department of Public Health with respect to notice of rights, informed consent, records and confidentiality, appeals and complaints.

Early Intervention Program An Early Intervention program is one that is certified by the Massachusetts Department of Public Health as a community Early Intervention Program.

Early Intervention Record An Early Intervention Record is any record directly related to the infant or toddler and parents inclusive of all records created by the Early Intervention program as well as those records directly related to the infant or toddler and parents collected, maintained or stored as part of the early Intervention record. Early Intervention records are subject to the confidentiality provisions specified in Part C of the IDEA and applicable regulations of the Family Educational Rights and Privacy Act (FERPA).

Early Intervention Specialist An Early Intervention Specialist is a professional who meets the criteria specified in Section V., B of the Early Intervention Operational Standards and is certified by the Massachusetts Department of Public Health prior to working in a professional capacity within the Early Intervention system. The certification may be provisional, provisional with advanced standing, or full.

Eligible Infants and Toddlers Infants and toddlers, birth to age three, living in Massachusetts, who through a multidisciplinary team evaluation by a certified Early Intervention program are deemed eligible to receive Early Intervention services and have received a diagnosis on the autism spectrum from a DPH recognized source. Eligible children may receive EI and Specialty Services up to but not on their third birthday.

Eligibility evaluation An activity carried out by a multidisciplinary team of certified Early Intervention Specialists to determine an infant's or toddler's initial or continuing eligibility for Early Intervention Services.

Individualized Family Service Plan (IFSP) The written plan for providing Early Intervention services to an eligible infant or toddler and the infant or toddler's family in accordance with federal regulations and the Massachusetts Department of Public Health Early Intervention Operational Standards.

Low-incidence condition Low incidence refers to a diagnosis of blindness, vision loss (not corrected by medical intervention), deafness, hearing loss, deafblindness, or Autism Spectrum Disorder (ASD). An infant or toddler who has any one of these conditions is eligible for Specialty Services from a professional or team of professionals with appropriate training that address the particular needs of each of these conditions.

Measureable Outcomes/Results

A measureable outcome or result is a benefit experienced as a result of services and supports provided for an infant or toddler and family

Functional Outcomes/Results Refers to the behaviors, knowledge and skills that are meaningful to infants or toddlers in their everyday lives. The outcomes refer to actions that infants or toddlers need to have in order to function successfully across a variety of settings.

Child Outcomes/Results Child outcomes measure the three areas of child functioning (positive emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors) necessary for each child to be an active and successful participant at home, in the community and in other settings, such as a child care program or preschool.

Family Outcomes/Results Family outcomes measure the impact of Early Intervention services that have helped the family know their rights, effectively communicate their child's needs and help their child develop and grow.

Native Language

(a) Native language, when used with respect to an individual with limited English proficiency, means-

(1) the language normally used by the infant or toddler or the parents of the infant or toddler,

(2) for evaluations and assessments, the language normally used by the infant or toddler, if determined developmentally appropriate for the infant or toddler by qualified personnel conducting the evaluation or assessment

(b) Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written

language, native language means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).

Natural Settings Settings that are natural or typical for a same -age infant or toddler without a disability. Natural settings may include home or community settings.

Parent As used in these Operational Procedures, parent means

1. A biological or adoptive parent of the infant or toddler;
2. A foster parent;
3. A guardian generally authorized to act as the infant's or toddler's parent to make early intervention, educational, health or developmental decisions for the infant or toddler ;
4. another person acting in the place of a biological or adoptive parent (including a grandparent, step-parent or relative with whom the infant or toddler lives who is legally responsible for the infant or toddler' s welfare); or
5. a surrogate parent, but does not include any parent whose authority to make educational decisions had been terminated under state law

An Early Intervention service provider or a service provider from a public child welfare agency (DCF) may not act as a parent for the purposes of Part C services

Parental Consent replaced by Consent section

Prior written notice is a written explanation provided to parents a reasonable time before an Early Intervention provider proposes or refuses to initiate or change the identification, evaluation, or placement of the infant or toddler. Prior written notice contains sufficient information to inform parents about the action being proposed or refused, the reason for the action and all procedural safeguards available to parents

Service Coordination The activities carried out by an Early Intervention service coordinator assigned as a service coordinator to:

1. assist and enable an eligible infant or toddler and the infant or toddler's family to receive IFSP services in a timely manner;
2. coordinate all early Intervention services including evaluations and assessments;
3. facilitate and participate in the development, reviews, and evaluation of the IFSP
4. facilitate the development of a transition plan'
5. ensure families are aware of all rights and procedural safeguards available within the Early Intervention system;
6. provide information of available resources; and
7. support families as need to access resources.

Specialty Service Provider A provider who is specifically trained and/or certified by the Massachusetts Department of Public Health to work with infants and toddlers with low incidence conditions and their families.

Specialty Services Specialty Services are provided to infants and toddlers with low-incidence conditions by a DPH certified Specialty Service Provider with special skills or knowledge

Surrogate Parent A surrogate parent is an individual assigned by the Massachusetts Department of Public Health to represent the rights of an eligible child in the following circumstances: (1) when the Department, after reasonable efforts, is unable to identify or locate the parent, guardian or person acting as parent of the child; or (2) the infant or toddler is in the legal custody of the Department of Children and Families and the natural parent's rights to participate in educational decision making have been terminated. In this case, a foster parent will be designated as surrogate unless this person indicates he/she is unwilling or unable to serve as surrogate.

Timely Services IFSP services that begin within 30 days from written parental consent.

Written informed consent This term means a form or other written record which serves as evidence that the explanation required for informed consent has been provided. The parent's signature shall serve as documentation that the parent understands and agrees to the proposed terms and activities.

III. Eligibility for Specialty Services

A. Determination of Eligibility

Children enrolled in Early Intervention programs who receive a diagnosis of Autism Spectrum Disorder are eligible for Specialty Service Programs (SSPs) for children with Autism Spectrum Disorders.

The diagnosis may be obtained from the following professionals, who frequently conduct such evaluations with an interdisciplinary clinical team that specializes in assessing young children at risk for ASD:

- A physician
- A licensed psychologist

Written evidence of the diagnosis shall be maintained in the clinical record by the community EIP and should be shared with the SSP. The EI Program should share the diagnostic report with the SSP because it may contain information relevant to program planning and medical monitoring of the child. Intensive intervention may not begin before the written diagnosis is received and the IFSP is developed, but home visits by the SSP to assess the child and develop treatment plans may occur in advance of the IFSP meeting.

If a child is referred to an SSP before he/she is enrolled in EI, the SSP should not start ongoing services before the family has an intake with the EIP. The EIP may develop an "interim IFSP" with a family's consent which could include initiation of services with an SSP while the EI evaluation process is underway. The EI service coordinator must provide a list of all DPH approved SSP providers in their catchment area prior to the start of any SSP services. The interim IFSP can be used when there is a

determination of EI eligibility (a diagnosis on the autism spectrum in this case) and there is an immediate need for service.

An interim IFSP may be developed for an eligible infant or toddler prior to the completion of evaluation and assessment if it is determined by the team that the immediate implementation of services is necessary to meet IFSP results or outcomes. See Section VII, I for more information.

IV. Service Areas

A. Local Catchment Area

A Specialty Service Provider serves all cities and towns within its service area as approved by the Department of Public Health. SSPs must provide services within currently established catchment areas that align with EI program service areas. If more than one SSP shares a catchment area, parents are provided with the names and contact information of the other SSPs serving that service area in writing by the EI Service Coordinator. Parents have the opportunity to schedule an intake visit with any SSP in their service area before selecting the SSP they wish to enroll in.

B. Out of Catchment Services

Specialty Service Provider agencies may elect to enroll a family living outside of their catchment area if they have the capacity to meet the individual needs of the child and family.

V. Service Providers and Roles

A. Professional Certification

Specialty Provider: Early Intervention services may also be provided by qualified personnel who bring specific expertise necessary for working with populations including, but not limited to, children with low incidence conditions and their families. A Specialty Provider may be granted limited provisional certification as a Specialty Provider that does not include the capacity to function as a Service Coordinator and does not require moving on to full certification. Qualification is based on applicable state requirements for the profession or discipline in which the person is providing early intervention services.

The two levels of Specialty Providers serving children with Autism Spectrum Disorders are:

Level I: Specialty Associate

Provide intensive programming hours to children in natural settings, address challenging behaviors, record and graph data, assist in child assessment and evaluation and documentation of child progress, assist parents in application of techniques and carryover

- a) BA in related field

Level II: Supervising Clinician

Conduct child assessments, develop treatment plans, evaluate and document child progress, assist parents in the development of

behavior management programs and the application of carryover techniques, train and supervise specialty associates

- a) Ph.D. or Master's degree in psychology, education, or related discipline or BA plus at least two years of supervised experience
- OR
- b) Any required state licensure for discipline/BCBA credential within their scope of practice

SSPs will provide upon request a plan for training and supervision based on the individual's experience. Supervision received by each staff member must be individualized and appropriate to the person's skills and level of professional development. Measures of clinical competency in the educational approach used by the agency should be based on direct observation of clinician's work with a corresponding competency-based checklist signed by a qualified trainer or written test. Plans for orientation, staff development, and supervision shall be included in the agency's policy/procedure/operations manual and be available for review by DPH staff. Training for all levels of SSP staff should be competency based.

VI. Entry Into Program

A. Child Find

Child Find is a series of activities in the community that are organized to locate children and families who are potentially eligible for Early Intervention services and may be part of the EI program's community education activities. Specialty Service Providers will support EI program efforts to identify children who may be on the autism spectrum.

B. Referral

1. SSPs can respond to inquiries from families, but direct referrals must come from the EI program. The EIP shall provide the Early Intervention Information System (EIS) registration number to the SSP for tracking and billing purposes.
2. EIPs shall provide a list of all of the SSPs that cover the town the family lives in to families of newly diagnosed children. EI Specialists will offer a neutral presentation about program options that does not reflect individual biases as the choice of intervention approaches is up to the family.
3. Early Intervention Programs may use the “Standardized Referral Form” or may call the SSP directly to make a referral once the parent provides written consent. The EIP shall provide the Early Intervention Information System (EIS) registration number to the SSP for tracking and billing purposes.

If the SSP(s) the parent selects for intake is under contract or has a working agreement with the EIP, the SSP is considered a “participating agency” and the consent for the release/exchange of information is not required. If the SSP the parent selects for intake is not under contract or does not have a working agreement with the EI to provide services, consent for the release/exchange of information is required prior to disclosing any personally identifiable information.

C. Intake

1. A face-to-face or telephone response to the family from the SSP program is made within 10 working days following the initial referral. Attempts to contact families are documented in the child’s record.

2. The SSP completes the intake within 10 business days of receipt of referral.
3. Families may conduct intakes with any of the SSPs serving their geographic area.

D. Assessment

1. Assessment consists of those on-going procedures used by appropriately qualified personnel throughout the period of a child's eligibility for services to identify (1) the child's unique strengths and needs and the services appropriate to meet those needs; and (2) the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler.
2. The assessment emphasizes the collaborative process among Specialty Service personnel, the family, the Early Intervention Program, and other agencies and providers. Logistics should be primarily responsive to family and child needs and preferences regarding time, place and other such factors.
3. An assessment of family resources, priorities, and concerns is family - directed and designed to determine ways to enhance the development of the child. Any assessment of a family's need for support or services is voluntary in nature, and based on information provided by the family through personal interviews conducted by personnel trained in appropriate methods and procedures.
4. Use of supplemental assessment tools that address the core components of Autism Spectrum Disorders is encouraged to ensure that progress is monitored and that programming addresses the principle challenges of ASD. Such tools include, but are not limited to,

the VB- MAPP, ABLLS, ESDM Curriculum Checklist , MacArthur-Bates Communication Development Inventory, Vineland II.

VII. Individualized Family Service Plan Development

The EI Program is responsible for meeting the requirements of the IFSP. As SSPs participate in the IFSP process, it is important that the SSP understand the components of the IFSP.

- A. An Individualized Family Service Plan (IFSP) is a working document produced collaboratively by program staff and family members that contains the agreed-upon Early Intervention services for an eligible child and family. The Early Intervention Program is responsible for the development and implementation of the IFSP. Based on a multidisciplinary eligibility evaluation and assessment, the plan includes services necessary to enhance the development of an eligible child, and the capacity of the family to meet the child's needs. All certified Early Intervention programs use the IFSP form approved by the Massachusetts Department of Public Health.

- B. **IFSP Meeting**
An initial IFSP meeting is held with eligible families within forty-five days of referral to an EI Program for the purpose of developing the plan. An IFSP meeting is convened in settings and at times that are convenient for the family and within the Early Intervention program's hours of operation. IFSP meetings will be conducted in the native language of the family unless clearly not feasible to do so.

Prior written notice of the IFSP meeting is provided early enough to all participants to allow attendance. At each initial and subsequent IFSP meeting, following an eligibility evaluation using the DPH approved tool, each of the following shall be provided with a reasonable opportunity to participate:

1. The parent or parents of the child (or person legally designated in this function),
2. the individual designated to be the service coordinator ,
3. another person or persons directly involved in conducting the eligibility evaluation and assessment , and
4. other family or team members as requested by the parent if feasible to do so
5. An advocate or other non-family member, if the parent requests that the person participate *
6. Persons who will be or have been providing services to the child and/or family *

* If a person who wishes to be involved in the IFSP planning meeting is unable to attend, arrangements are made for the person's involvement through other means, including:

- a. participating in a telephone conference call
- b. having a knowledgeable designee attend the meeting, or
- c. making pertinent records available at the meeting

C. **Contents of the IFSP**

The contents of the IFSP are fully explained to the child's family and informed written consent from the parents is obtained prior to the provision of Early Intervention services described in the plan. If the parents do not provide consent with respect to a particular EI service or withdraw consent after first providing it, that service may not be provided. ***This action will***

not jeopardize the provision of other Early Intervention services . The EI services to which parental consent is obtained must be provided.

D. The IFSP Language

The IFSP is written in the family's native or chosen language, unless it is clearly not feasible to do so. An English translation of the child's developmental profile and the service delivery plan is available at the program site for coordination and program - monitoring purposes.

E. The IFSP Components

The plan is based on the results of multidisciplinary team assessment, and includes the following:

1. A statement of the child's present level of cognitive development, physical development (gross and fine motor, including vision, hearing, and health status), communication development (including expressive and receptive language development) , social and emotional development, and adaptive development.
2. A statement of the child's strengths and needs, including documentation of the techniques used to determine the strengths and needs
3. To the extent appropriate, identification of medical and other community services and resources that the child needs but that are not required or funded under Part C of IDEA or M.G.L. 111G. The IFSP should also identify the steps that the service coordinator or family may take to secure those services.
4. A statement of the family's strengths, concerns, priorities and resources related to enhancing the development of the child, if the family desires to have such a statement included

5. A statement of the measurable results or measureable functional outcomes identified by the family that are expected to be achieved for the child and family. The team, which includes the family, identifies the strategies supporting those results or outcomes incorporating them into the child's and family's daily routine/activities. The results or outcomes include the criteria, procedures and timelines used to determine (1) the degree to which progress toward achieving the results or outcomes is being made; and (2) whether modifications or revisions of the outcomes or services are necessary
6. A statement of the Early Intervention services based on peer reviewed research (to the extent practicable) necessary to meet the unique needs of the child and family to achieve the measureable results or measureable functional outcomes, including start date and service type/method (individual or group services), transportation, locations (where occurring), service frequency (how often), length (how long per session), and service provider (name and discipline).
7. A statement of the natural settings in which Early Intervention will be provided, including justification of the extent to which the services will not be provided in a natural environment
8. The start date of the IFSP, which is the date of parental written consent. IFSP services for which consent has been provided must occur as soon as possible but no later than 30 days after consent has been granted.
9. The service coordinator is the individual responsible for ensuring the coordination and implementation of the IFSP, including transition services and coordination with other agencies and services. This individual should be from the profession most relevant to the child or family's needs.

10. Ongoing documentation of transition activities consistent with the policies and procedures outlined in Section IX of the EI Operational Standards. EIPs are encouraged to invite SSP representatives to participate in the Transition Planning Conference.

F. Modifications to the IFSP

Modifications in writing of the IFSP may occur at any time with written parental consent. Modifications may include changes in:

- measureable functional outcomes,
- specific IFSP services
- service frequency, intensity or location, or
- information the parent chooses to have amended for any reason.

Any IFSP reviews that include revisions or changes to the SSP service delivery plans must include the SSP representative. No changes to an IFSP that relate to SSP's service delivery plans are made without SSP representation, EI Service Coordinator participation, and parent consent.

The IFSP team includes the family, Early Intervention providers, Specialty Service providers, and other individuals as specified by the family. Although information and recommendations from diagnosticians and other providers may be helpful to the development of the IFSP, it is the IFSP team who develops the Service Delivery Plan. SSP staff shall contact the EI service coordinator to discuss initial recommendations for service delivery once SSP staff have met and evaluated a child and discussed services with the family. That initial plan should be reflected in the IFSP with a review date for revisiting the plan in an agreed upon number of

weeks if the SSP intends to incrementally increase the number of hours of intervention. In concurrence with the family, the SSP staff will develop a list of functional outcomes specific to the SSP curriculum. Following discussion with the family, SSP staff shall contact the service coordinator to propose any changes in the service delivery plan or when an interruption in service of more than three weeks is anticipated in the existing plan. Such changes shall be reflected in the IFSP.

G. Annual Evaluation/Assessment

At least annually, a developmental evaluation/assessment, inclusive of the five developmental domains, is performed, and a meeting is held to revise the IFSP as appropriate. Results of the developmental evaluation/assessment are provided to parents in writing.

Note: this is an assessment used for program monitoring and planning, not to re-determine eligibility. An annual evaluation to determine eligibility is not required for children with established diagnoses.

H. IFSP Provided to Parents

Parents must be provided with a copy of their family's IFSP, including each revision, as soon as possible.

SSPs should be provided with copies of the IFSP and the outcomes/strategies updates of the IFSP.

I. Interim IFSPs

An interim IFSP may be developed for an eligible infant or toddler prior to the completion of evaluation and assessment if it is determined by the team that the immediate implementation of services is necessary to meet

IFSP results or outcomes. Evaluation and assessments that are required components of an IFSP must be completed within 45 days of the referral.

The interim IFSP must include:

1. the identification of the service coordinator responsible for the implementation of the interim IFSP and the coordination of services or supports from other community agencies, and
2. the IFSP services necessary to meet the identified measurable results or outcomes.

J. Accountability

Early Intervention Specialists providing direct services are responsible for making good faith efforts to assist an infant or toddler toward achieving the outcomes identified in his/her IFSP. However, Part C of the IDEA does not require that an Early Intervention Specialist be held accountable if an infant or toddler does not achieve the projected gains toward meeting IFSP results or outcomes.

VIII. Specialty Services

- A. Children and families receive individualized services, in accordance with the outcomes identified in the IFSP. Intervention is designed to include the child, staff member(s) and parent or designated caregiver. The parent is strongly encouraged to participate in intensive services, as outcome studies indicate that significantly more progress can be achieved with active parent involvement. If family circumstances preclude such participation, this is documented in the child's record and alternative communication strategies are developed. Determinations of the number of hours per week of service are individualized, based on particular child

and family circumstances. Such factors as the child's age, prevalence of the core characteristics of autism, behavioral characteristics, rate of progress, schedule of ancillary services, and family availability are taken into consideration. The amount of service can be adjusted at any time as child and family needs change and is documented through the IFSP review process.

- B. Services are available on a twelve-month basis. Any scheduled interruptions of any service for more than three (3) consecutive weeks are discussed and approved by the family, and documented on the Individualized Family Service Plan. Varying family needs and cultural differences are respected in the provision of Specialty Services, and programs are responsive to family schedules if at all feasible.
- C. Services are provided in the natural settings for the child, as determined through the IFSP process. Natural settings may include the child's home, childcare centers, childcare homes, and other community settings.
- D. The Early Intervention Specialist who will act as service coordinator is determined during the IFSP process. SSPs shall designate a liaison to maintain at least monthly contact with service coordinators for all children enrolled in the SSP. Contact may take place through regular telephone calls, co-treatment visits, transition planning meetings, etc. Because collaboration and communication among the family, the Early Intervention team, and the Specialty Service provider are essential to assure clear assignment of roles and optimal child development, it is recommended that the team meet monthly.
- E. Specialty Service Programs will:

- have demonstrated expertise in addressing the needs of children with ASD
- base intervention on a developmental curriculum designed to address the core components of ASD, with a focus on promoting communication, social interaction, and play skills.
- provide planned, systematic instruction based on the ongoing assessment of the child's strengths and needs
- apply functional analysis of behavior and/or positive behavioral support strategies to address challenging behaviors
- work in collaboration with EI providers to address parent needs for technical assistance around behavioral challenges and educational approaches to instructing children with ASD
- facilitate parent-to-parent networking opportunities

Types of Services

(A) Home Visit A face-to-face meeting at the enrolled child's home or in a community setting with the enrolled child, the child's parent, or both, and a Specialty Provider for the purpose of furthering the child's developmental progress.

(B) Parent-focused Group A face-to-face meeting of a group of enrolled children's parents with a Specialty Provider for the purpose of support and guidance. A parent-focused group is provided for a regularly scheduled period of time not to exceed the timeframe delineated in the current billing specifications. Time-limited (one or more sessions), topic-specific parent educational groups may be provided as Parent-focused groups. These educational groups will have an evaluation component, collated and available for reporting purposes.

(C) Intake An initial face-to-face meeting of a referred child and

parent with a Specialty Provider provides a family with an opportunity to meet SSPs in their service area and learn about their approaches

IX. Health and Safety

SSPs will comply with Early Intervention Health and Safety Standards B through D, as found in the Early Intervention Operational Standards , p, 46 – 50. The EIOS are available at www.mass.gov/dph/earlyintervention
Click on Family Rights and Due Process

X. Program Administration

- A. Specialty Service programs must have a full-time primary program administrator. If the administrative responsibilities are shared within an agency, a written administrative plan is developed, designating specific roles and responsibilities to named individuals.

- B. Each Specialty Service program has an organizational plan and written policies addressing processes and procedures that are readily available.
 - 1. A written administrative organizational plan that designates the person/persons responsible for:
 - a. Administrative oversight
 - b. Program development
 - c. Budget development and oversight
 - d. Program evaluation
 - e. Staff development
 - f. Hiring, review and termination of staff

- g. Clinical program supervision
 - h. Linkage to vendor agency
 - i. Linkage to Early Intervention agencies
 - j. Designation of administrative coverage during hours of operation
 - k. Facilitation of family involvement and linkage between staff and parents
 - l. Approval and assistance in developing health care policies for the program (either a physician or registered nurse)
2. Policies addressing staff rights and responsibilities including:
- a. Compensation
 - b. Basis for evaluating performance

XI. Procedural Safeguards and Due Process Procedures

The DPH ensures procedural safeguards to all families that are in effect from the time a child is referred to the program. Procedural safeguards are designed to protect the interests of infants and toddlers receiving Early Intervention services and ensure parents are the key decision-makers for their child. As service providers in the EI system, SSPs must affirm that they will comply with Procedural Safeguards and Due Process Procedures (available within EI Operational Standards, beginning on page 63 <http://www.mass.gov/eohhs/docs/dph/com-health/early-childhood/ei-operational-standards.pdf>)

XII. Request for Programmatic Waiver, and Request for Reimbursement for Services

A request for a programmatic waiver from these Operational Policies may be made by submitting a written request to the Massachusetts Department of Public Health. The Massachusetts Department of Public Health retains authority to allow or deny the request.