

## II. DEFINITIONS

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

**Child Find/Public Awareness** Child Find is a series of activities in the community that provide public awareness regarding Early Intervention services.

**Child-Focused Group Settings** Child-focused groups may be provided in any of three types of settings: lead, shared or participatory, as defined in these standards. Each type of setting is subject to DPH approval, as defined in Section XI., E of these standards. Adult/child ratios for child-focused groups are as follows:

1) **Lead site**, where the Early Intervention program is responsible for enrolling children, planning curriculum, and ensuring that the physical facility meets the current Early Intervention Operational Standards criteria. Space can be owned, leased, rented, or borrowed.

a. Children under 18 months of age must be accompanied by a parent or caregiver (as defined in these standards) for any center-based activity at a lead site. Parents/caregivers must remain on site but are not required to remain in the group with the children. When parents/caregivers are not in the group, the adult/child ratio must be at least one EI staff person (can include interns, volunteers, EI assistants, or EI associates) for every two children under 18 months. If only one EI staff person is present, it must be the EI Specialist who facilitates or co-facilitates the group.

b. Children 18 months of age and over: When parents/caregivers are not present in the group or on site, the adult/child ratio must be at least one EI staff person for every three children over 18 months.

c. The expectation of adult participation is consistent across groups. For example, if parents/caregivers of community children are expected to attend the

group then parents/caregivers of EI-enrolled children are also expected to attend. Attendance sheets must be maintained for all participants.

2) **Shared site**, where the Early Intervention program and a community program (MFN, YMCA, for example) both are responsible for enrolling children, planning curriculum, and ensuring that the physical facility meets the current EIOS criteria. Program policy and procedures may be written by the EIP or the community program.

a. EI-enrolled children under 18 months of age must be accompanied by a parent/caregiver for any center-based activity at a shared site. Parents/caregivers must remain on site but are not required to remain in the group with children. When parents/caregivers are not in the group, the adult/child ratio must be at least one EI staff person for every two EI-enrolled children under 18 months.

b. EI-enrolled children 18 months of age and over: When parents/caregivers are not present in the group or on site, the adult/child ratio must be at least one EI staff person for every three EI enrolled children over 18 months.

c. The expectation of adult participation is consistent across groups. For example, if parents/caregivers of community children are expected to attend the group then parents/caregivers of EI-enrolled children are also expected to attend. Attendance sheets must be maintained for all participants.

3) **Participatory site**, where the Early Intervention program joins an already existing activity in the community (library story hour, art center activity hour, for example). The Early Intervention program is not responsible for planning curriculum or ensuring the physical facility meets the current EIOS criteria.

a. EI-enrolled children under 18 months of age must be accompanied by a parent/caregiver for any activity at a participatory site. Parents/caregivers must remain on site but are not required to remain in the group with children. When parents/caregivers are not in the group, the adult/child ratio must be at least one EI staff person for every two EI-enrolled children under 18 months.

b. EI-enrolled children 18 months of age and over: When parents/caregivers are not present in the group or on site, the adult/child ratio must be at least one EI staff person for every three EI-enrolled children over 18 months.

c. The expectation of adult participation is consistent across groups. For example, if parents of community children are expected to attend the group then parents of EI-enrolled children are also expected to attend. Documentation of attendance may be requested of the site staff, and filed in the children's files with progress notes.

**Co-treatment visit** A co-treatment visit is either a home visit or a center-based individual visit with two or more Early Intervention Specialists. Co-treatment visits are usually for the purpose of consultation and coordination regarding treatment planning and implementation. One co-treatment visit is allowed per month for an enrolled child. Consultative visits with DPH-contracted specialty service providers for children with low incidence conditions are not considered co-treatments.

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

**Due Process** Due Process refers to the policies and procedures established by the Massachusetts Department of Public Health to ensure the rights of families with children eligible for early intervention through procedural safeguards and options for the timely, impartial resolution of disputes.

**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 and is in compliance with these standards and with IDEA, 2004.

### **Early Intervention Services**

**General** Early Intervention services are

- (1) designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development;
- (2) determined in collaboration with the family in accordance with the Individualized Family Service Plan; and
- (3) provided by qualified personnel as defined by these standards.

### **Types of Services**

<p><b>Service limitations, i.e., frequency, duration, staffing, etc. are defined by the Department of Public Health.</b></p>
--

**(A) Home Visit** A face-to-face meeting at the enrolled child's home or a setting outside of the Early Intervention program's primary (lead) site with at least the enrolled child, the enrolled child's parent, or both, and an Early Intervention Specialist for the purpose of furthering the child's developmental progress.

**(B) Center Individual Visit** A face-to-face meeting of the child, the child's primary caregiver or both, with qualified professional(s) in a segregated setting other than the child's home for the purpose of furthering the child's developmental progress.

**(B-1) Center Individual Visit** A one-to-one (professional to child and/or caregiver) visit provided at the EI site or at another service site or private clinic with whom the EIP has contracted to provide Early Intervention services. This service **requires** appropriate clinical justification on the IFSP as to why outcomes cannot be achieved in a natural setting.

**(B-2) Center Individual Visit** A one-to-one (professional to child and/or caregiver) visit provided in conjunction with an **EI-only Child Group**, identified on the IFSP as a Center Individual Visit provided as part of an EI-only Child Group. This

service **requires** appropriate clinical justification on the IFSP as to why outcomes cannot be achieved in a natural setting.

**(B-3) Center Individual Visit** A one-to-one (professional to child and/or caregiver) visit provided in conjunction with a community-based child group service **held at any DPH-approved site** and identified on the IFSP as a Center Individual Visit occurring within a Community Group setting. This service does not require clinical justification as it does not occur in a segregated setting.

**(C) Child Focused Group** A face-to-face meeting at a community-based site of a group of enrolled children (2 or more), facilitated or co-facilitated by at least one certified Early Intervention Specialist (as defined in these standards) for the purpose of furthering the enrolled child’s developmental progress.

There are two types of Child Focused Groups: **(1) Community Child Group** and **(2) EI-Only Child Group**. Each type of group must follow the ratios outlined in the definition of Child Focused Group Settings.

**Community Child Group** A group of two or more children designed to provide developmental opportunities for children ages birth to three, including children who are participating in group services as part of an Individualized Family Service Plan, and children who are not enrolled in Early Intervention. The purpose of the group is to enhance each child’s development, and to provide opportunities for young children to come together. The Community Child Group supports the concept that Early Intervention services are most effective when provided in families’ everyday routines and activities.

Community Child Groups are provided in locations where young children are welcome and typically spend time. Everyday places may include childcare settings, playgrounds, libraries, community centers, Early Intervention programs, or other neighborhood and community programs. This Child Group should be specified on the IFSP as a “Community Child Group.”

**EI-Only Child Group** A developmental group of two or more children where the only participants are children and families enrolled in EI. When a child participates in an EI-Only Child Group, the child’s IFSP must include appropriate clinical justification as to why outcomes cannot be achieved in a natural setting, as well as a plan to move toward group services in a community setting. The justification and the plan need to be reviewed a minimum of every six months through the IFSP process. This Child Group should be specified on the IFSP as “EI-Only Child Group.”

**(D) Parent-Focused Group** A face-to-face meeting of a group of enrolled children’s **parents** with an Early Intervention Specialist for the purpose of support and guidance. A Parent-Focused Group(s) is provided for a regularly scheduled period of time. If more than one parent of a child attends a group, the reimbursement for one of the parents (or both if no other insurance coverage) may be from the Department of Public Health. Time-limited (one or more sessions), topic-specific parent educational groups may be provided as Parent-Focused Groups. These sessions are based on a specific curriculum and have an evaluation component, kept on file at the program. A group for other members of the enrolled child’s family, including siblings, may be offered for not more than twelve sessions in a twelve-month period. These sessions will be based on a specific curriculum that addresses the impact of the developmental needs of the enrolled child on family members.

**(E) Intake** The initial face-to-face contact with the family by the EI program to provide an opportunity for discussion with family members regarding potential participation in Early Intervention, leading to written informed consent for the eligibility evaluation and IFSP development as appropriate.

**(E) Assessment** The ongoing procedures used by appropriately qualified personnel throughout the child’s eligibility to identify (1) the child’s unique strengths and 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 the child.

Eligibility evaluations (See definition below) may take place as part of an assessment. When evaluation and assessment take place simultaneously, both eligibility and the strengths and needs of the child are determined by a multidisciplinary team. This event is referred to as an eligibility evaluation and assessment.

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

**Eligible Children** Children, 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. Eligible children may receive EI services up to but not on their third birthday.

**Eligibility evaluation** A face-to-face meeting with the child and the parent(s) for the purpose of determining a child's initial or continuing eligibility for Early Intervention services.

**Functional Outcomes** Functional Outcomes, identified on the IFSP, are based on the family's strengths, concerns and priorities, are developed to provide flexible services to enhance a child's performance in daily activities and relationships, and are determined by families based on what they would like to accomplish for their child and family while participating in Early Intervention. Outcomes are specific, can be measured and achieved. New outcomes can be generated at any time throughout the IFSP process.

**Individualized Family Service Plan (IFSP)** The written plan for providing Early Intervention services to an eligible child and the child's family in accordance with federal regulations and with 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, autism spectrum disorder (Autism, Pervasive Developmental Disorder, Asperger Syndrome, Child Disintegrative Disorder, and Rett Syndrome).

A child who has any one of these conditions is eligible for Speciality Services from a professional or a team of professionals with appropriate training to address the particular needs of each of these conditions.

**Multidisciplinary team** A team consisting of two or more Early Intervention Specialists of different disciplines, as defined in Section V. of these standards.

**Natural Settings** Settings that are typical for children similar in age of all abilities.

**Parent** As used in these standards, parent means the birth or adoptive parent of the child, foster parent, guardian, other person with whom the child lives who is legally responsible for the child's welfare or a surrogate parent, but does not include any parent whose authority to make educational decisions has been terminated under state law.

**Parent Contact** A parent whose child is currently enrolled in an early intervention program. This parent volunteers to work with the Parent Leadership Project to receive information and share it with other families and staff in their early intervention program. The Parent Contact also shares program news and information regarding family involvement with the Parent Leadership Project. Parent Contacts are vital links in the information chain as the information is then shared with other families through the statewide newsletter, the *Parent Perspective*.

**Parent Liaison** A family member of a child who is currently receiving or who has received EI services and is employed by the EI program to foster family involvement in program activities and share the *Parent Perspective* newsletter with fellow staff members.

**Parental Consent** This term means that (1) the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent’s primary language or other mode of communication; (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; and (3) the parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

**Primary Language** The language or mode of communication typically used by the parent of a child seeking or using services. If the parent has a vision or hearing loss, the mode of communication shall be that typically used by the parent, such as sign language, Braille, oral communication or other appropriate mode of communication.

**Procedural Safeguards** The policies and procedures established to ensure providers inform families of their rights to written notice, use of native language, informed consent, records, confidentiality, and options for the impartial timely resolution of disputes associated with the provision of early intervention services.

**Service Coordination** As used in these standards, service coordination means the activities carried out by a service coordinator to assist and enable an eligible child and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state’s Early Intervention system.

**Specialty Provider** A professional who is specifically trained and/or credentialed in working with children with low incidence conditions and their families.

**Specialty Services** Children with low incidence conditions may require specialized care and services that may not be appropriately, adequately, or specifically provided within the existing early intervention system. These Specialty Services are provided by a clinician with special skills or knowledge, who might be a teacher of the deaf, a teacher

of the visually impaired, a professional with expertise in autism, an assistive technology specialist, or a clinician with other skills appropriate to a particular child's needs.

**Staff Liaison** The Staff Liaison is the designated EI staff member who facilitates the involvement of a diverse and representative number of families and serves as a link between staff and families.

**Strategies** The specific activities that support the family's capacity to meet the desired outcomes throughout the child's typical daily routine.

**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) when the child is in the legal custody of a State agency 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 he or she indicates or demonstrates an unwillingness or inability to serve as surrogate.

**Timely Services** Those services that begin within, and do not exceed, 30 days of the IFSP signature date. Early Intervention Programs are encouraged to make good faith efforts to begin services immediately following the day of the IFSP signature. Services designated by the IFSP team as "weekly" should begin within one week, and services designated as "monthly" should begin within one month.

**Transition Planning Conference** The required meeting that is held with a child and/or his/her family, and documented on the "Transition Page" of the IFSP, at least 90 days and up to 9 months prior to the child's third birthday. The purpose of the conference is to inform the family about all possible transition options and to prepare the family for the termination of EI services.

For children potentially eligible for service through their Local Education Agency (LEA), the LEA must be invited to the conference. The transition planning conference must

include a discussion of concrete next steps, and must be documented as a transition planning conference on a contact note.

**Written informed consent** 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.