

**MASSACHUSETTS PART C  
TRANSITION POLICY**

**SECTION IX  
EARLY INTERVENTION OPERATIONAL  
STANDARDS**

## **Section IX: Transition and Discharge**

For the purpose of these standards, *transition* is the process by which a child and family are assisted in preparing for discharge from, or transfer within, the Massachusetts Early Intervention System. Transitions will be guided by the Policy on Early Childhood Transitions (Appendix A) for coordination and collaboration of services for young children and their families. The interagency agreement recognizes the roles and responsibilities of individual programs (Part B and C programs, Head Start, and Department of Early Education and Care licensed programs) to adhere to respective standards and/or regulations. The Interagency Agreement does not supersede these standards or regulations, but works within them, emphasizing collaborative state and community-level activities to ensure smooth transitions for young children and families.

Transition activities extend beyond each child's IFSP. Ongoing collaborative relationships between Early Intervention Programs and community providers (LEA's, Head Start programs, childcare providers, etc.) enhance the capacity of communities to offer varied and comprehensive options for families with young children.

A transition from Early Intervention to community programs will occur for every child receiving early intervention services. Therefore, planning for transition occurs jointly with families as part of the development of each IFSP and their periodic reviews. Each IFSP will have a transition plan that must include the steps to be taken to support the transition of the child and family from early intervention. For children potentially eligible for special education supports and services at age 3, the transition plan aligns with the requirements and timelines of the Individuals with Disabilities Education Act of 2004 (IDEA) for preschool services under Part B of the Act, to the extent those services are appropriate. Each plan reflects the individualized activities necessary to ensure smooth transitions for children moving on to other programs and/or being discharged because they are no longer eligible for EI services. The plan will identify timelines and the person(s) responsible for ensuring that transition activities occur.

Transition plans will include:

- Discussions with, and trainings offered to parents regarding future placements and other matters related to the child's transition
- Activities to prepare the child for changes in service delivery, including steps to support the child's adjustment and participation in a new setting
- With parental consent, the transmission of information about the child to the local educational or other receiving agency to ensure continuity of services, including evaluation and assessment information and copies of IFSPs that have been developed and implemented.

**Transition Planning for Children Within the Massachusetts EI System:**

When a family initiates a transition to another EI program, the sending program will send minimally personally identifiable information to the receiving program unless the parent has indicated their refusal to have this information released. Minimally personally identifiable information is defined as the child's name and date of birth, the parent's name, phone number and address of the child's family. Additional information, which would help support the transition, requires consent from the family.

- The date the parent refuses to allow the release of minimally personally identifiable information for ongoing EI services will be documented on the appropriate page of the transition plan (*page 7a*) of the IFSP. If a parent declines a referral for ongoing early intervention services, family interests in other community resources, supports and/or opportunities should guide transition planning.
- The date that minimally personally identifiable information is sent to the receiving program will constitute the date of referral and will be documented on the appropriate transition page (*page 7a - continued*) of the IFSP.

The transition plan reflects the activities necessary to facilitate a smooth transition for the family interested in continued EI services. This may include the transmission of pertinent records (including, but not limited to selected information related to eligibility, evaluations, assessments and IFSPs) which would avoid duplication of evaluations or

assessments and support the continuity of EI services. Parental consent for the disclosure of records must be obtained. The sending program will document when the transition plan has been carried out or the reasons why the transition plan was not completed on the transition pages of the IFSP prior to discharging the child from the program.

The receiving program will convene an IFSP meeting as soon as possible, but within 45 days from referral, at a mutually agreed upon time and location with the family. Written prior notice of the IFSP meeting will be sent with sufficient notice to allow participation of invited parties. If the family agrees, staff from the sending program are encouraged to participate in the initial IFSP meeting with the receiving program either directly or via alternative methods (such as participating by teleconference, making pertinent records available, etc). A waiver from DPH is required to allow reimbursement for the sending program's staff attendance at an IFSP meeting if the child has been discharged from the sending program.

### **Transition Planning for Children Who Do Not Continue to Meet Eligibility Criteria**

Transition plans are developed when a child no longer meets the eligibility criteria set by the Department of Public Health as determined by the informed clinical opinion of a multidisciplinary team's eligibility evaluation. The child and family will have up to 45 days from the date the family is provided with written notice (pages 3 and 4 of the IFSP form, as well as any other written narratives generated as a result of the eligibility evaluation/assessment) to transition out of early intervention. A copy of the Family Rights notice is provided and reviewed with families along with the written evaluation narrative(s).

The transition plan is guided by family interests and may include the identification of community options, parent training/informational resources, opportunities for parent networking and/or early learning experiences. A copy of, or link to *Continuing the Journey, Best Practices in Early Childhood Transitions* is offered to the family.

[http://www.mass.gov/Eeohhs2/docs/dph/com\\_health/early\\_childhood/best\\_practices.pdf](http://www.mass.gov/Eeohhs2/docs/dph/com_health/early_childhood/best_practices.pdf)

The plan will include, subject to parent approval, a transition planning conference. The purpose of the planning conference is to review the child's services, discuss potential community options guided by both child and family interest, and if applicable, establish

transition activities to support the child and family's transition to community services. With parental consent, the program will release selected relevant records to community providers/programs. The Early Intervention program will document when the transition plan has been carried out or the reasons why the transition plan was not completed on the Transition Pages of the IFSP.

### **Transition Planning for Children Potentially Eligible for Part B Services at Age 3:**

In Massachusetts, a child will be considered "potentially eligible" for Part B services if the child meets the criteria for one or more of the following disabilities or impairments<sup>1</sup>:

(a) *Autism* - A developmental disability significantly affecting verbal and nonverbal communication and social interaction. The term shall have the meaning given it in federal law at 34 CFR §300.8(c)(1).

(b) *Developmental Delay* - The learning capacity of a young child (3-9 years old) is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: receptive and/or expressive language; cognitive abilities; physical functioning; social, emotional, or adaptive functioning; and/or self-help skills.

(c) *Sensory Impairment* - The term shall include the following:

*Hearing Impairment or Deaf* - The capacity to hear, with amplification, is limited, impaired, or absent and results in one or more of the following: reduced performance in hearing acuity tasks; difficulty with oral communication; and/or difficulty in understanding auditorally-presented information in the education environment. The term includes students who are deaf and students who are hard-of-hearing.

*Vision Impairment or Blind* - The capacity to see, after correction, is limited, impaired, or absent and results in one or more of the following: reduced performance in visual acuity tasks; difficulty with written communication; and/or difficulty with understanding information presented visually in the education environment. The term includes students who are blind and students with limited vision.

*Deafblind* - Concomitant hearing and visual impairments, the combination of which causes severe communication and other developmental and educational needs.

---

<sup>1</sup> Note: There are two (2) disability categories not included in this list. Programs should consult 603 CMR 28.02 for additional information about *Intellectual Impairment* and *Specific Learning Disability*. The criteria to determine disability in these categories does not appear consistent with the age at which children are referred for special education services. For further information, please refer to: <http://www.doe.mass.edu/lawsregs/603cmr28.html?section=02#start>

(d) *Neurological Impairment* - The capacity of the nervous system is limited or impaired with difficulties exhibited in one or more of the following areas: the use of memory, the control and use of cognitive functioning, sensory and motor skills, speech, language, organizational skills, information processing, affect, social skills, or basic life functions. The term includes students who have received a traumatic brain injury.

(e) *Emotional Impairment* - As defined under federal law at 34 CFR §300.8(c)(4), the student exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. The determination of disability shall not be made solely because the student's behavior violates the school's discipline code, because the student is involved with a state court or social service agency, or because the student is socially maladjusted, unless the IEP Team determines that the student has a serious emotional disturbance.

(f) *Communication Impairment* - The capacity to use expressive and/or receptive language is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: speech, such as articulation and/or voice; conveying, understanding, or using spoken, written, or symbolic language. The term may include a student with impaired articulation, stuttering, language impairment, or voice impairment if such impairment adversely affects the student's educational performance.

(g) *Physical Impairment* - The physical capacity to move, coordinate actions, or perform physical activities is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions. The term shall include severe orthopedic impairments or impairments caused by congenital anomaly, cerebral palsy, amputations, and fractures, if such impairment adversely affects a student's educational performance.

(h) *Health Impairment* - A chronic or acute health problem such that the physiological capacity to function is significantly limited or impaired and results in one or more of the following: limited strength, vitality, or alertness including a heightened alertness to environmental stimuli resulting in limited alertness with respect to the educational environment. The term shall include health impairments due to asthma, attention deficit disorder or attention deficit with hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia, if such health impairment adversely affects a student's educational performance.

If a child is identified as a child potentially eligible for Part B Special Education and/or related services at age three, the EI program will develop jointly with parents a transition plan to include:

- An explanation to families that transition planning activities occur for all children beginning at any time but no later than when the child is 30 months.
- Parents of children who are potentially eligible for Part B services are informed that IDEA allows for the disclosure of minimally personally identifiable information without parental consent to the LEA. The purpose of the disclosure is to notify the LEA of the child's potential eligibility for special education and/or related services. Minimally personally identifiable information is defined as the child's name, date of birth, parents name, address and telephone number.
- The parent shall also be informed of their option to "opt out" of the LEA notification. Parents are informed that the transmission of this information does not obligate a parent to pursue special education and/or related services and does not constitute a referral for special education or related services. No other personally identifiable information is disclosed to the LEA without parental consent. EI staff will review the *Information about the Local Education Agency (LEA) Notification And Parent Option to "Opt Out"* form with parents. Parents are informed that they have 30 days from the date the form is given to complete the form if they choose to "opt out" of having minimally personally identifiable information sent to the LEA. EI staff will provide assistance as needed to complete the form if a parent chooses to "opt out". The date the family is given the form should be documented in the child's record. If the form is not completed and returned to the EI program within 30 days, the EI program will send minimally personally identifiable information to the LEA. The date the LEA is notified, or the date the family chooses to opt-out, is recorded on the transition pages of the IFSP. The form may be completed during the child's initial IFSP meeting, or during the IFSP meeting (or periodic review) closest to the child's second (2<sup>nd</sup>) birthday as part of transition planning. This form is kept in the child's file.
- With written parental consent, a referral to the LEA is made 6 months prior to the child's 3<sup>rd</sup> birthday. The Date of Referral to the LEA is recorded as part of the transition plan on the IFSP transition page.

- A copy of or link to *Continuing the Journey, Best Practices in Early Childhood Transitions* is offered to the family.  
[http://www.mass.gov/Eeohhs2/docs/dph/com\\_health/early\\_childhood/best\\_practices.pdf](http://www.mass.gov/Eeohhs2/docs/dph/com_health/early_childhood/best_practices.pdf)
- With written parental consent, information related to the child that may assist in the transition (evaluations/assessments, IFSP) is identified and sent to the LEA. The transmission of pertinent records (for example selected information such as evaluations, assessments or IFSPs) which would assist to avoid duplication of evaluations, support the process for determining Part B eligibility, contribute to the development of an Individualized Education Program (IEP) and facilitate the continuity of services when the child turns three is strongly encouraged.
- A transition planning conference at least 90 days, or at the discretion of the parties, up to 9 months before the child's third birthday. In accordance with the IDEA, and with approval of the family, a representative of the LEA is required to attend the transition planning conference convened by the EI program. Program staff should work toward coordinating the transition planning conference at a mutually agreeable time for both parent(s) and a representative from the LEA. The EI program is responsible to notify the LEA of the conference.

The purpose of the conference is to:

- review the child's services
  - discuss possible options
  - establish transition activities
- Upon invitation of the parent and as feasible, EI staff will attend the child's Individual Education Plan (IEP) Meeting.

### **Transition Planning for Children Exiting EI to Community Settings at Age 3**

Children who are not being referred to the LEA (either by parental choice or because the child does not present as a child potentially eligible for Part B services) must still have a transition plan developed as part of their IFSP. Transition planning will commence with the initial IFSP and will be discussed during subsequent IFSP meetings and periodic reviews. Specific activities related to transition will be recorded on the Transition Pages of the child's IFSP.

Timelines and the person(s) responsible for transition activities are identified as part of the plan.

EI staff and families will jointly identify community options the family may wish to pursue. A copy of or link to *Continuing the Journey, Best Practices in Early Childhood Transitions* is offered to the family.

[http://www.mass.gov/Eeohhs2/docs/dph/com\\_health/early\\_childhood/best\\_practices.pdf](http://www.mass.gov/Eeohhs2/docs/dph/com_health/early_childhood/best_practices.pdf)

- As part of the transition, the EI program will make reasonable efforts to convene a transition conference to include the EI program, the family, and with parental permission, potentially appropriate community service providers. The transition planning conference is convened no later than 90 days, and at the discretion of the parties, up to 9 months prior to the child's third birthday. The purpose of the conference is to:
  - review the child's services
  - discuss possible options
  - establish transition activities
- With written parental consent, pertinent records are selected in conjunction with parents, that may assist in the transition (evaluations/assessments, IFSP) identified and sent to community providers.

The program will discharge a child and family from Early Intervention services when:

1. The child reaches his or her third birthday.
2. The child and family no longer meet eligibility criteria.
3. The family withdraws consent for all services. This is documented in the child's record.
4. The child dies. The program may provide support to the family during the initial grieving process, with a waiver from the Department of Public Health.