First Connections’ Application to Provide Early Intervention Services / Limited Open Enrollment -- 2019

First Connections, Arkansas’ Early Intervention Program under IDEA, Part C, partners with parents and other caregivers to promote their capacity to support their child’s early learning and development.

Paper / Non-Fillable Form
Application deadline is May 10, 2019
First Connections, Arkansas’ Early Intervention Program under IDEA, Part C, partners with parents and other caregivers to promote their capacity to support their child’s early learning and development.
Key principles:

Parents and family members are a child’s first teachers; with supports and resources all families can enhance their child’s learning and development.

Infants and toddlers learn best in their natural environment through every day experiences and interactions with familiar people in familiar contexts with typically developing peers.

All children, no matter what their physical, cognitive, or emotional level of development, need meaningful opportunities to develop skills, establish a sense of self, and lay a foundation for life-long learning.

All children learning together fosters the potential of every child; children with disabilities have the right to play and learn alongside children without disabilities.

The family and IFSP team collaboratively plans and writes strategies/activities, services, and supports to enhance the child’s participation and learning in natural environments and every day activities, using the child’s and family’s strengths to overcome challenges and to accomplish goals that reflect family priorities for their child’s development.

Active family/caregiver participation in the early intervention process is critical to a child’s development with support and training from qualified early intervention service providers.

Early intervention is designed to meet the needs of infants and toddlers who have a developmental delay or disability while offering supportive services to the family, like parent education/training to help parents understand their child’s developmental abilities in order to promote their child’s development.
Limited Open Enrollment:

Federal regulations that govern States’ Part C programs require the lead agency to ensure that early intervention services appropriate to meet the functional child outcomes on the IFSP are provided to the family and other caregivers of every eligible infant and toddler in the State.

The Office of Special Education Programs (OSEP) requires States’ Part C programs to report annually on the results of early intervention to help eligible infants and toddlers:

- have positive relationships
- acquire and use knowledge and skills
- use appropriate behavior to meet their needs

To ensure that families of children with developmental delay and/or disability have access to appropriate early intervention services, First Connections (Arkansas’ Part C Program) under the lead agency of the Department of Human Services, Division of Developmental Disabilities Services has identified areas of “high need.” Limited Open Enrollment defines “high need areas” in which enrollment is limited to areas in which families have limited choice of providers. To better serve families and children in high need areas, First Connections is allowing individuals, organizations, or agencies that meet state licensing/credentialing and program requirements that are able to serve families in high need areas the opportunity to become a First Connections (or “Part C”) Provider during Limited Open Enrollment.

Providers applying under the Limited Open Enrollment agree to:

✓ Carry an active caseload of families receiving early intervention (Part C service or services) in at least two counties identified as “high need” on this application
✓ Carry an active caseload in at least two counties for which they have enrolled as long as they are a provider for First Connections and receive Part C funding (whether or not Part C funding is accessed/utilized)
✓ Meet First Connections program requirements including use of the program’s approved database (CDS) to document all activities with families, caregivers, and children served
✓ Participate in the Child Outcome Summary process as part of the family’s IFSP team
✓ Attend IFSP meetings and participate in the development, update, and review of the family’s Individualized Family Service Plan (IFSP), including Transition Planning
✓ Provide early intervention services in the child’s home, daycare, or other community location typical for that family to visit to meet natural environment (where the child would be if he/she did not have a disability) requirements under the Individuals with Disabilities Education Act (IDEA) and First Connections’ program guidelines. (Part C services through First Connections cannot be provided in an EIDT or other non-inclusive or clinic-based setting)
✓ Provide intervention services in such a way that parents and other caregivers are not only involved in early intervention but also trained, coached, or otherwise supported in implementing IFSP strategies within their typical interactions with their child (their routine activities) to support their child’s early learning and development
**Becoming a First Connections’ Provider:**
The process for applying to become a First Connections’ provider includes:

- **Pre-Application:**
  1. Program administrator and all direct service providers (therapists and service coordinators) complete EI Orientation (Web-based training) in the “Provider Training” section of the First Connections Web page: [https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-eis-provider-training](https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-eis-provider-training)
  2. Program administrator and all direct service providers (therapists and service coordinators) complete EI Orientation online end of course exam with at least 70% accuracy. [Certificate will be e-mailed and can be submitted either with this application or separately].
  3. Program administrator completes the online Natural Environment Readiness Self-Assessment course (Web-based training) in in the “EIS Provider” section of the First Connections Web page under “How to Become a Service Provider:” [https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-eis-providers](https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-eis-providers)
  4. Program administrator completes the Natural Environment Readiness Self-Assessment Checklist and submit with the online end of course assessment. End of course assessment must be completed with at least 70% accuracy. [Certificate will be e-mailed and can be submitted either with this application or separately].

- **Application:**
  5. Use either the LOE Provider Application 2019 paper form or the fillable application form (pp. 6-8) to select high need services in at least **two designated counties** in which to enroll.
  6. Submit completed, signed, and dated LOE application form (pp.6-8) with:
     (a) Certificate(s) of completed EI Orientation Web training [one certificate for each staff member who will be providing Part C services in the program that is applying]
     (b) Natural Environment Readiness Self-Assessment Course Certificate(s) [one certificate for provider program administrator(s) applying/signing the application and/or overseeing the Part C direct service providers]
     (c) Certification checklist(s) for each service applicant seeks to provide (see Certification Checklists, pp 7-11) and all required documentation (from the certification checklist or checklists)
  7. In order to be reimbursed for early intervention services provided, programs/providers must have a current contract through Contract Support Services and be enrolled with Medicaid, as applicable, prior to service delivery. First Connections will need the following items to assign a DDS Non Medicaid provider type 86:
     1. EFT form and voided check or bank letter
     2. W9
     3. Secretary of State registration, if using a dba name.
     4. IRS SS4 approval letter, (501C3 if the facility is non-profit)
     5. Page 4 of the First Connections Provider Application Form.
     6. fiscal year end date (if not provided, it will default to December)
     7. Ownership and Conviction Disclosure form DMS 675
     8. Disclosure of Significant Business Transactions form DMS 689

  8. There is an application fee assessed for providers applying for Medicaid’s developmental rehabilitation services (DRS) in order to bill Medicaid for developmental therapy services.
  9. Intervention Specialist (therapists) Applicants serving in the role of **therapy assistant** are not required to meet the licensing/certification requirements of their supervising professional but must meet therapy assistant requirements outlined in the First Connections Certification Standards and must submit a copy of their supervision agreement with their completed application.

Send the LOE application and all documentation that must accompany the application electronically or via traditional mail to:

<table>
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<tr>
<th>April Nichols, Provider Enrollment</th>
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<tbody>
<tr>
<td>PO Box 1437 – Slot N504</td>
</tr>
<tr>
<td>Little Rock, AR 72203-1437</td>
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<tr>
<th>e-mail: <a href="mailto:april.nichols@dhs.arkansas.gov">april.nichols@dhs.arkansas.gov</a></th>
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<tbody>
<tr>
<td>For information, call: 501-682-8158</td>
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To print items 7 and 8, visit: [https://www.medicaid.state.ar.us/provider/enroll/enroll.asp#forms](https://www.medicaid.state.ar.us/provider/enroll/enroll.asp#forms)
The Credentialing Process

The credentialing process begins when a completed application is received. The application will be screened to ensure all necessary components are present. If the application is complete, it will be sent to Licensing/Certification for review. Incomplete applications will not be processed. Applicants submitting an incomplete application will be notified. The notification will include information about what is missing and what the applicant can do to complete the application.

Once the application has been processed, the applicant will receive notification of provider status. New providers for First Connections may provide services to families of eligible infants and toddlers according to the family’s IFSP once they have received written notification with the following requirements:

(a) New providers and service coordinators must complete CDS Training (use of the data system) within thirty (30) days of written notification of provider approved status. CDS Training may be completed by attending a scheduled CDS training workshop or the provider may be trained by another provider who has completed CDS Train the Trainer training (and the trainer on site creates a certificate to include date and hours completed). Certificate is loaded into the provider’s account in CDS.

(b) New direct service providers must complete the 2-day Core Competencies Training workshop within ninety (90) days from their approval date and upload the certificates of completion into the provider’s account in CDS. The pre-requisite for the Core Competencies Training is the online EI Orientation online module.

The Renewal Process

New providers who joined during Limited Open Enrollment receive a provisional certification. At the end of the provisional certification, new providers who meet program guidelines will be issued a standard certification. Renewal of standard certification is required every three years from date of approval.

Providers cannot provide First Connections certification courses as part of staff training for their own program or for another Part C provider/program other than CDS training when they have a site trainer who has completed the CDS Train the Trainer Workshop.

Quality Assurance performs random reviews/audits of certification credentials in the data system to ensure program/provider compliance with maintaining records. Provider program administration must notify QA or their monitoring specialist of any changes or additions to services and/or staff. Provider program administration cannot certify their own program and/or staff members. Providers maintain their credentials (including uploading certificates/documentation annually of ongoing professional development hours) in their provider profile in CDS (the approved data system).

A portion of all annual professional development hours for all staff must be directly related to early intervention under IDEA, Part C. All direct service providers (therapists) and service coordinators must document ten (10) hours of ongoing professional development annually on topics related to IDEA, Part C, the DEC Recommended Practices, family engagement or other topics on serving infants/toddlers and their families using a routines-based approach (contact the Training Unit for information, if needed).
First Connections Provider Application Form

Certification is for an: [ ] Individual or an [ ] Organization (or Provider Program)

Name of Provider Program, Agency, or Organization: __________________________________________________________

Program Director’s/Administrator’s Name: ________________________________________________________________

(Note: each direct service provider at the provider program/agency must be certified to provide First Connections services)

Phone Number: (______)____________________ E-mail address: ________________________________

Mailing Address: _____________________________________________________________

Street address

City, State, Zip code

Individuals applying to provide early intervention must meet state licensing/credentialing requirements in addition to First Connections certification requirements.

Intervention Specialist (Therapist) Applicants:

Applicant seeks to provide the following Part C (early intervention) direct service (or services) for First Connections:

☐ Developmental Therapy/Special Instruction

State license or certification (see certification checklist) attached reflecting the credentials required to work in the field selected? [ ] Yes [ ] No

Applicant’s Medicaid Provider Number: ________________________

☐ Occupational Therapy  ☐ Physical Therapy  ☐ Speech Therapy

State license attached reflecting the credentials required to work in the field selected? [ ] Yes [ ] No

Applicant’s Medicaid Provider Number: ______________________________

☐ Therapy Assistant*:  (enter discipline: OTA, PTA, etc) _______________________

* therapy assistant (only) – is a copy of the supervision agreement attached? [ ] Yes [ ] No

Family Support Specialist Applicants:

Individual is seeking to provide the following Part C (early intervention) service or services for First Connections:

☐ Service Coordination in _____________________________________________________________

County/counties

Applicant holds a [ ] Bachelors or [ ] Masters Degree received in:

☐ Early Intervention  ☐ Child Development  ☐ Special Education

☐ Child/Family Studies  ☐ Social Work  ☐ “Related field:” _______________

Transcript attached that reflects the degree listed above? [ ] Yes [ ] No

Applicant has completed 40 hours of SC Certification training and attached certificates? [ ] Yes [ ] No

All applicants – all three pages of this application (pages 6, 7, 8) form must be completed and submitted to be considered – go to next page of this application form:
Applicant must agree to provide early intervention in at least two high need counties from the options below in order to become a First Connections Provider during Limited Open Enrollment:

(1) Mark at least two counties in which early intervention services will provided to caregivers of eligible infants/toddlers in the child’s natural environment (home, childcare program, or community locations).

NOTE: Part C services through First Connections cannot be provided in an EIDT center or other non-inclusive or clinical setting.

(2) Select the high need service or services listed for each county (at least two must be selected) the applicant has applied to serve.

### Southeast Region:
- Arkansas County: DT OT PT Sp
- Ashley County: DT OT PT Sp
- Bradley County: OT PT Sp
- Calhoun County: OT PT Sp
- Chicot County: DT OT PT Sp
- Cleveland County: DT OT PT Sp
- Crittenden County: OT PT Sp
- Cross County: OT PT Sp
- Dallas County: OT PT Sp
- Desha County: DT OT PT Sp
- Drew County: DT OT PT Sp
- Grant County: DT OT PT Sp
- Jefferson County: OT PT Sp
- Lincoln County: DT OT PT Sp
- Phillips County: DT OT PT Sp

### Southwest Region:
- Columbia County: OT PT Sp
- Hempstead County: DT OT PT Sp
- Hot Spring County: OT PT Sp
- Howard County: DT OT PT Sp
- Lafayette County: DT OT PT Sp
- Little River County: DT OT PT Sp
- Miller County: DT OT PT Sp
- Nevada County: DT OT PT Sp
- Ouachita County: OT PT Sp
- Pike County: OT PT Sp
- Polk County: OT PT Sp
- Sevier County: DT OT PT Sp
- Union County: OT PT Sp

### Northeast Region:
- Baxter County: DT OT PT Sp
- Cleburne County: DT OT PT Sp
- Crittenden County: OT PT Sp
- Cross County: DT OT PT Sp
- Jackson County: DT OT PT Sp
- Lee County: OT PT Sp
- Lonoke County: OT PT Sp
- Monroe County: OT PT Sp
- Poinsett County: OT PT Sp
- Prairie County: OT PT Sp
- St. Francis County: OT PT Sp
- Stone County: OT PT Sp
- Woodruff County: DT OT PT Sp

### Northwest Region:
- Boone County: DT OT PT Sp
- Carroll County: DT OT PT Sp
- Crawford County: DT OT PT Sp
- Faulkner County: OT PT Sp
- Franklin County: DT OT PT Sp
- Johnson County: OT Sp
- Logan County: DT OT PT Sp
- Madison County: OT
- Newton County: OT PT Sp
- Scott County: OT PT Sp
- Van Buren County: OT PT Sp

All applicants – all three pages of this application form (pages 6, 7, 8) must be completed and submitted to be considered – go to next page of this application form:
Other Federally-Defined EI Services Applicants:

- [ ] CONS – Psychological Services  county/counties: ____________________________
- [ ] CONS – Audiological Services  county/counties: ____________________________
- [ ] CONS – Vision Services  county/counties: ____________________________
- [ ] CONS – Nutrition Services  county/counties: ____________________________
- [ ] CONS – Social Work Services  county/counties: ____________________________
- [ ] FSSV – Nursing/Attendant Care  county/counties: ____________________________
- [ ] FSSV – Child Care/Respite  county/counties: ____________________________
- [ ] FSSV – Parent Education  county/counties: ____________________________
- [ ] FSSV – Health Services  county/counties: ____________________________
- [ ] FSSV – Medical Services  county/counties: ____________________________
- [ ] FSSV – Specialized Evaluation  county/counties: ____________________________

State credentials or license attached for the field or fields selected?  [ ] Yes  [ ] No
Assurance Letter Attached?  [ ] Yes  [ ] No  Applicant’s Medicaid Provider Number: __________________

All applicants:

Applicant/Provider Program Administrator(s) has completed the online Natural Environment Readiness Self-Assessment course and post-assessment and, if certificate has been received, applicant has attached the certificate(s) of completion to this application?  [ ] Yes  [ ] No

Applicant/Provider Program Administrator(s) and all provider program staff who will provide early intervention/Part C services has completed the First Connections’ EI Orientation course and post-test and, if certificate(s) have been received, applicant has attached the certificate(s) of completion to this application?  [ ] Yes  [ ] No

To participate in First Connections’ Limited Open Enrollment, I agree to carry an active caseload of families receiving early intervention (Part C service(s)) in at least two counties designated as a high need area as long as I am a provider for First Connections and receive Part C funding (whether or not I access/utilize that funding):  [ ] Yes  [ ] No

By signing and dating this application, I agree to provide early intervention in the child’s natural environment (where the child would be if he/she did not have a disability) in accordance with the Individuals with Disabilities Education Act (IDEA), First Connections’ program guidelines, and best practices for early intervention:  [ ] Yes  [ ] No

By signing and dating this application, I agree to provide intervention services in accordance with the First Connections Parent Participation Agreement so that parents and other caregivers are trained, coached, or otherwise supported in implementing IFSP strategies within their typical interactions with their child (their routine activities) to support their child’s early learning and development:  [ ] Yes  [ ] No

By signing and dating this application, I agree to use the First Connections’ approved database (CDS) to document all activities with families, caregivers, and children served:  [ ] Yes  [ ] No

By signing this application, I agree to ensure designated providers attend IFSP meetings and participate in the development, update, and review of the family’s Individualized Family Service Plan (IFSP), including Transition Planning, Transition Conference, and steps for the child and family to exit Part C:  [ ] Yes  [ ] No

____________________________________  ________________
Signature of Applicant  (Provider Program Administrator)  Date
First Connections’ Certification Checklists

SERVICE COORDINATOR 10

DT/DTA 11

OT/OTA, PT/PTA, ST/STA 12

OTHER FEDERALLY-DEFINED EI SERVICES 13
INITIAL CERTIFICATION CHECKLIST: SERVICE COORDINATION

☐ First Connections EI Orientation training certificate
☐ Adult Maltreatment Central Registry Check
☐ AR Child Maltreatment Central Registry Check
☐ Criminal Background Checks

☐ Bachelor’s degree (or higher) in Education, Social Work, Early Intervention, or related field
    OR DDS Certification as a Case Manager
    ☐ If working as a DDS Certified Case Manager, include signed Code of Ethics Agreement

☐ Documentation of completion of 40 hours of First Connections Service Coordination Certification courses
☐ Documentation 2 years previous experience working with individuals with developmental disabilities
INITIAL CERTIFICATION CHECKLIST: DEVELOPMENTAL THERAPIST

☐ First Connections EI Orientation training (online course) certificate of completion
☐ Adult Maltreatment Central Registry Check
☐ AR Child Maltreatment Central Registry Check
☐ Criminal Background Checks

☐ Current certification by AR Dept. of Education in Early Childhood Education as an Age 3-4 Endorsement, an Early Childhood / Special Education Integrated Birth – Kindergarten, a Special Education Instructional Specialist (P-4), a Special Education Early Childhood Instructional Specialist (P-4)

OR:

Currently working toward completion of Alternate Learning Plan (ALP) approved by organization/entity working for and submitted to DDS
☐ If working under ALP, documentation of completed coursework annually

OR:

Completed DDS-approved Developmental Therapist coursework at Henderson State University or other accredited institute of higher education
☐ documentation of completed coursework/degree

INITIAL CERTIFICATION CHECKLIST: DEVELOPMENTAL THERAPY ASSISTANT

☐ First Connections EI Orientation training certificate of completion
☐ Adult Maltreatment Central Registry Check
☐ AR Child Maltreatment Central Registry Check
☐ Criminal Background Checks

☐ Supervision Agreement signed by a DDS-certified Developmental Therapist
☐ Copy of Supervisor’s certificate in EC Special ED or ALP

NOTE: DT and DTA must document completion of First Connections Core Competencies Training within 6 months of initial certification by uploading certificates of completion in the CDS (approved data system) provider profile.
INITIAL CERTIFICATION CHECKLIST: OCCUPATIONAL THERAPIST

1. □ First Connections EI Orientation training certificate of completion
2. □ Adult Maltreatment Central Registry Check
3. □ AR Child Maltreatment Central Registry Check
4. □ Criminal Background Checks
5. □ Current license in Occupational Therapy by AR State Medical Board

INITIAL CERTIFICATION CHECKLIST: OCCUPATIONAL THERAPY ASSISTANT

Items 1-4 (above) for Occupational Therapist plus:

□ Current license as an Occupational Therapy Assistant by the AR Board of Medicine
□ Copy of the supervision agreement

INITIAL CERTIFICATION CHECKLIST: PHYSICAL THERAPIST

1. □ First Connections EI Orientation training certificate of completion
2. □ Adult Maltreatment Central Registry Check
3. □ AR Child Maltreatment Central Registry Check
4. □ Criminal Background Checks
5. □ Current license as a Physical Therapist by Board of Physical Therapy Examiners

INITIAL CERTIFICATION CHECKLIST: PHYSICAL THERAPY ASSISTANT

Items 1-4 (above) for Physical Therapist plus:

□ Current license as a Physical Therapist Assistant by the AR Board of Medicine
□ Copy of the supervision agreement

INITIAL CERTIFICATION CHECKLIST: SPEECH THERAPIST

1. □ First Connections EI Orientation training certificate of completion
2. □ Adult Maltreatment Central Registry Check
3. □ AR Child Maltreatment Central Registry Check
4. □ Criminal Background Checks
5. □ Current license in Speech Therapy by AR Board of Audiology and Speech Language Pathology

INITIAL CERTIFICATION CHECKLIST: SPEECH THERAPY ASSISTANT

Items 145 (above) for Speech Therapist plus:

□ Current certification as a Speech Therapy Assistant
□ Copy of the supervision agreement

NOTE: OT, PT, SLP and all therapy assistants must document completion of First Connections Core Competencies Training within 6 months of initial certification by uploading certificates of completion in the CDS (approved data system) provider profile.
INITIAL CERTIFICATION CHECKLIST: OTHER FEDERALLY-DEFINED EI SERVICES

ASSISTIVE TECHNOLOGY/ADAPTIVE EQUIPMENT
☐ Proof of status as a Durable Medical Equipment provider with Arkansas Medicaid Program
☐ Proof of registration with the Office of AR Secretary of State to do business in Arkansas
☐ Letter of Assurance

RESPITE
☐ Letter of Assurance

ALL OTHERS (CONS AND FSSV):
☐ First Connections EI Orientation training certificate of completion
☐ Adult Maltreatment Central Registry Check
☐ AR Child Maltreatment Central Registry Check
☐ Criminal Background Checks

CONS/CONSULTATION SERVICES:
VISION
☐ Current license from AR Board of Optometry or AR Board of Ophthalmology or be certified as an Orientation Mobility Specialist
☐ Letter of Assurance

PSYCHOLOGY
☐ Current license as a Psychologist or Psychological Examiner by AR Board of Examiners in Psychology
☐ Letter of Assurance

SOCIAL WORK
☐ Current license from AR Board of Social Work
☐ Letter of Assurance

NUTRITION
☐ Current registration as a Registered Dietician by the American Dietetic Association, or Current provisional registration by the American Dietetic Association, or Current Physician’s license by AR Board of Medicine
☐ Letter of Assurance

AUDIOLOGY
☐ Current license by AR Speech, Hearing and Language Association
☐ Letter of Assurance

FSSV/FAMILY SUPPORTS:
ATTENDANT/NURSING
☐ Current nursing license by AR Board of Nursing
☐ Letter of Assurance

HEALTH CARE SERVICES
☐ Letter of Assurance

PARENT TRAINING/EDUCATION
☐ Letter of Assurance