

Connections



FIRST CONNECTIONS – EARLY INTERVENTION IN ARKANSAS

(800) 643-8258

<http://humanservices.arkansas.gov/ddds/Pages/FirstConnectionsProgram.aspx>

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Consider Hosting Pediatric Residents

First Connections Part C program works with UAMS / Dennis Developmental Center to share information with pediatric residents about the importance of early intervention for infants and toddlers experiencing a developmental delay.

Residents get an overview of EI under Part C in one hour of “class time.” Then, the soon-to-be pediatricians go to a host provider’s location to observe EI in action! Residents view a child’s DT eval or early intervention session in the child’s natural environment (daycare or home). Residents also sit in on an IFSP meeting to better understand how we support and serve parents.

KidSource has been an active supporter and gracious host of the DDC pediatric residents, but other providers in Little Rock are needed as hosts for 2015! Providers commit to one quarter (3 months) and schedule a child and family for the 3rd and 4th Tuesday afternoon resident observation visits (obtaining parental consent in advance). The host provider sends address and contact information each month.

In Little Rock and want to be a host? This is a great opportunity for providers close to UAMS to showcase their work with children and families and make an impact on the future generation of doctors!

For more information or to become a host, contact:
ravyn.denton@dhs.arkansas.gov
501-321-2583 x222

What's New?

Technical Assistance (TA) is available to service coordinators and direct service providers on a variety of topics related to EI under Part C.

In an effort to better support service coordinators and providers, the First Connections Training Unit has developed TA in a variety of formats to meet the needs of busy EI professionals! TA is now available in the following formats:

-  **Self-Study Guides:**
 - TA on FC Child & Family Assessment*
 - TA on Functional Outcomes*
 - TA on IFSP Development*
 - TA on Justification of Developmental Need*

-  **Webinars:**
 - TA: Writing Functional Outcomes*
 - TA on IFSP Development*
 - (new in January) TA: Justification of Developmental Need*
 - (new in January) TA: Evaluating IFSPs for Quality*
 - (coming in February) TA: Child & Family Assessment*

-  **On-site staff training:**
 - With 15-25 participants, a selected topic(s), and advanced notice, a trainer will come to your location to train Part C staff (subject to availability).*

Providers needing support and/or TA on a particular EI topic may also contact:

- * their assigned monitor (most topics)
- * PA Unit (topics related to finance)
- * Data Unit (topics related to CDS, required forms, reports, and compliance)

CAYSI *Children And Youth with Sensory Impairments and additional disabilities*

CAYSI is a federally funded program supported by the Arkansas Department of Education. The program is free to providers and families who have children with combined vision and hearing challenges.

Early Identification and Referral

Early identification and referral is paramount to a child with dual sensory impairment. Having access to information at an early age will assist the child in learning about their world, and thus, to live as high a quality of life as possible. CAYSI can help!

Identification: The CAYSI Project is a technical assistance project serving individuals birth through 21 years of age across the state who have difficulty using BOTH their vision and their hearing. Many of the children/students that we follow may not have an actual loss of vision and hearing but difficulty using these senses because of other risk factors such as additional developmental delays, disabilities and/or complex medical problems. Many of our children also qualify for our program based on the diagnosis chromosomal syndromes such as CHARGE, Usher Syndrome, Downs Syndrome, and Trisomy 13. Although a diagnosis may not yet be determined, CAYSI looks carefully at the child's medical records, and teacher and parent reports and observations.

Referral: Anyone may refer a child to our project for services. Once we receive a referral from a parent or professional we set up a time to meet with the family to explain our services and determine how we might best help to support their child. We continue to follow the child and their educational journey until the child turns 22 years old.

Making Connections with YOU!

The people in a child's life have an enormous impact on growth and development.

An important first step in meeting the needs of a child with dual sensory impairment of vision and hearing loss is to make connections with key individuals such as family members, neighbors, childcare staff, friends, church family, medical personnel, and their service providers. Involving these people in the planning process for the child is an effective way to build the relationships between the medical community, school, family and the community at large. CAYSI staff meets with their Collaborative Partnership Consortium (CPC) whose members are experts in vision, hearing, or dual sensory impairment and other disabilities.

Staff: CAYSI has an educational consultant as well as a family consultant. We are *not* a direct service project. Instead, our objective is to support families and existing direct services through activities such as training, on-site technical assistance, instructional strategies, transition, and helping families and service providers to identify and access resources. CAYSI also has a lending library available to family and service providers.

We encourage you or anyone from your multidisciplinary team to contact us and refer a child who may be at risk or whom you suspect may have a dual sensory impairment. We are also happy to present an in-service training.



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EI FAOs - Part 2

Q. If a child has public or private insurance, does his/her IFSP have to be reviewed and updated according to Part C guidelines if he/she is not "Part C funded?"

A. For children with an active IFSP involved in early intervention under Part C of IDEA, there is not "two different standards." Every IFSP, regardless of pay source, must meet IDEA, Part C requirements, OSEP guidelines, and EI best practices. Whether the child has no pay source, public insurance, or private insurance, EI services are determined by the IFSP team *after* the family and their EI team has developed functional child outcomes (and at least one family outcome). EI services are then selected based on what is needed to help the child and family reach the functional IFSP goals.

Q. When a provider doesn't have sufficient funding to continue serving a child and family, what do they do?

A. When a provider sees that they won't have sufficient funding to continue serving a child and family already currently being served, the provider should make the family aware of the situation and let the family know that someone from First Connections will be contacting them.

To refer back to the state:

- Provider has parent sign the DDS Parent Placement Choice Form (2-page form) to change service coordinators.
- Provider refers the child back to First Connections (state Part C program) and sends both pages of the signed DDS Parent Placement Choice Form to Carol Parker, Data Manager.
- Provider enters a new referral for the infant/toddler in CDS and chooses "state staff person."
- In the notes section of the CDS referral, enter the reason for referring back.

Q. How do I use the results of the FC Child & Family Assessment?

A. The FC Child & Family Assessment is required for all new IFSPs and for existing IFSPs being reviewed. The assessment is generally completed as part of the IFSP meeting (initial or review); but it may be completed before the IFSP team meets. The assessment results help the IFSP team create functional child and family outcomes. Assessment results also help the IFSP team plan strategies within typical child and family activities, in places the family frequents, and using the resources (people, things, places, organizations) already in place in the family's life. Quality child outcomes are directly linked to typical child activities and use the people and things typically involved.

Q. Can parents consent for one service on the IFSP but choose to "opt out" of another service on the IFSP? [b] If a family elects to pursue additional services "off the IFSP," does the SC case note this? [c] Can additional services "off the IFSP" use the same provider of IFSP services or does the family have to choose a different provider than the one providing the services on their IFSP?

A. [a/b] *Yes.* Families have the right to access additional services not listed/provided on the IFSP. Additional services must be removed from the IFSP (this is a state rule) -- these services and the goals aligned with these services, are not Part C services and would not be on the IFSP.
[b] Additional services are case noted in the child's CDS file. [c] Families may choose any provider for services that are not a part of the IFSP.

Upcoming Changes in Monitoring

Quality Assurance and Monitoring will soon be changing the way they review, and while compliance will still be an important aspect (Performance Indicators), quality will be a new component. Monitoring staff will be assessing IFSPs for quality and offering TA to providers in creating quality IFSPs with functional child and family goals.

Monitors will use a modified version of the Nisonger Outcome Assessment Tool [OAT] developed by Ohio State University and used by many states. The OAT uses a 0, 1, 2 rating scale to rate quality of a variety of IFSP outcome components/aspects. The total point score is tallied to come up with an “overall IFSP rating.” Areas of the IFSP that the OAT assesses:

-  Family outcome builds family capacity and ties into OSEP Family Outcomes.
-  Child outcomes are developmentally and age appropriate.
-  Child outcomes could be reasonably expected to be met within a review period (3 months – 6 months).
-  Goals and objectives linked to family resources, typical activities, people, places (Child & Family Assessment results).
-  Functionality of goals and objectives.

Look for upcoming information and Webinars on Assessing the Quality of IFSP Outcomes! View the Nisonger tool here:
<https://osuwmcdigital.osu.edu/sitetool/sites/grc2public/documents/IFSPDAT72214.pdf>

Did YOU Know?

Universal Part C/EI Curriculum Available Online

The Early Intervention-Early Childhood Professional Development Community of Practice (EI-EC PD CoP) has formed a working group comprised of members with extensive experience developing and delivering early intervention training. After surveying existing materials, resources, and needs, this group was able to use national Part C provider input to focus the online module content on information EI professionals want and need to know.

All materials and modules are available on a free workspace used as a landing pad for “Universal Online Part C EI Curriculum.” Access at:
<http://universalonlinepartceicurriculum.pbworks.com/w/page/7963826/Universal%20Online%20Part%20C%20EI%20Curriculum>

TEXT4BABY

Expectant mothers and mothers of infants can text “BABY” to 511411 to get FREE text messages with tips for a healthy pregnancy and baby’s first year of life.

TEXT4BABY is a project of the National Healthy Mothers, Healthy Babies Coalition. Visit their Web site at text4baby.org

Renewing PCP Referrals Bi-Annually

“Providers of therapy services are responsible for obtaining renewed PCP referrals every six months even if the prescription for therapy is for one year.”

Providers of therapy services must use form DMS-640 – “Occupational, Physical and Speech Therapy for Medicaid Eligible Recipients Under Age 21 Prescription/Referral” – to obtain the PCP referral and the written prescription for therapy services for any beneficiary under the age of 21. Exclusive use of this form facilitates the process of obtaining referrals and prescriptions from the PCP or attending physician. A copy of the prescription must be maintained in records. Form DMS-640 must be used for the initial referral for evaluation. A separate DMS-640 is required for the prescription. After the initial referral using the form DMS-640 and initial prescription utilizing a separate form DMS-640, subsequent referrals and prescriptions for continued therapy may be made at the same time using the same DMS-640.

Instructions for completion of form DMS-640 are located on the back of the form. Medicaid will accept an electronic signature provided that it is compliance with Arkansas Code 25-31-103.

(from page 13 of Medicaid occupational, physical, speech therapy provider manual)

