With new criteria focusing on student outcomes, the U.S. Department of Education said its latest evaluations found most states are falling short in meeting their responsibilities under the Individuals with Disabilities Education Act (IDEA).

Federal education officials are dramatically altering the way they evaluate compliance with special education law and the change means far fewer states are living up to expectations.

The 2015 determinations are based on the data and information included in the Federal fiscal year (FFY) 2013 State Performance Plan/Annual Performance Report (SPP/APR) submitted on February 2, 2015. A state’s total score was calculated by adding 50% of the State’s Results Score and 50% of the State’s Compliance Score. The States Results score includes child outcome data for children participating in the Part C program. Compliance Scores includes timely delivery of services, evaluation and assessment with completed initial IFSP meeting conducted within the required timeframe, timely transition of children exiting Part C. This area also includes timely and accurate submission of the State’s data.

The Education Department determines each year how well states provide special education and early intervention and assigns one of four labels: “meets requirements,” “needs assistance,” “needs intervention” or “needs substantial intervention.”

Using the new criteria focusing on student performance, fewer states’ Part C programs met requirements this year:

- **Meets Requirements** – 22 states met this level.
- **Needs Assistance** – 36 states met this level.
- **Needs Intervention** – 1 state met this level.
- **Needs Substantial Intervention** – 0 at this level.

Arkansas received their annual determination letter from OSEP on June 30, 2015. OSEP determined that Arkansas needs assistance in implementing the requirements of Part C of the IDEA.

The move marks a significant shift. Previously, IDEA evaluations focused on compliance -- whether or not states met procedural requirements. To help states boost their performance under the updated results-driven accountability framework, the Education Department said it will fund a new multi-million technical assistance center.

For states, the stakes are high. IDEA requires federal officials to take action if a state is classified as needing assistance for two or more years in a row and federal funding can be withheld if a state routinely underperforms.

* Early childhood special education (ECSE) for 3-5 year olds is included in the determination for Part B (school age).
Indicator 3 - Child Outcomes Data Inquiries

What is the Data Inquiry?
First Connections providers have received inquiries from the Data Unit which give providers an opportunity to review and correct data they’ve entered into the system. The child outcomes data is the child’s scores (from 1-7) on the COSF (Child Outcome Summary Form) in each of the three OSEP child outcomes areas. IFSP teams use the tools provided in CDS (Age Anchor and Decision Tree) to rate the child at entrance to the program, annually, and at exit from the program (regardless of the reason for exit or age of child at exit).

Why is correct child outcome data important?
Child Outcome data is submitted federally as a measure of program effectiveness. States’ annual OSEP determinations are based on (1) results measured by child outcomes data and (2) compliance on certain indicators. Measuring child progress as accurately as possible is the responsibility of all members of the child’s IFSP team.

How do I “spot” a possible error in my program’s data?
On the data spreadsheet, look at the number ratio showing the child’s entrance score and the child’s exit score. Then look at the “yes”/“no” question asking if the child gained any new skills.

**Likely to be an error:** Entrance scores much higher than exit scores may indicate that the IFSP team failed to complete the entry COSF rating accurately. Though age-expected skills in each outcome area (on the Age Anchor tool) become more difficult as the child matures, and many children experience a small decline (i.e., enter at a 4 and exit at a 3, though they actually gained skills), children usually do not show a large decline in ability. These records should be reviewed.

**Likely to be an error:** Children who entered the program at a “7” in all three outcome areas. These children would not have been eligible for early intervention under IDEA, Part C because they are “at age expected development” in all three outcome areas. Most likely a result of inaccurate COSF completion at entrance to program.

**Likely to be an error:** Children whose exit score is higher than their entrance score clearly made progress and gained new skills. If the child’s exit score is higher than their entrance score and the second question was answered, “no,” the IFSP team will want to review child data and progress notes on the child to correct the entry on the data inquiry.

**Possible error:** For children whose exit score is the same as their entrance score but the second question is answered “no.” If the child was in service for a significant amount of time, the child most likely did learn new skills in order to maintain their same number rating, because the age-expected skills (on the Age Anchor tool) become more and more difficult with age; these entries should be reviewed for accuracy.

Where do I get assistance in submitting corrections?
Contact the First Connections Data Unit if assistance is needed:

Carol Parker  
carol.l.parker@dhs.arkansas.gov

Terrell Wade  
george.wade@dhs.arkansas.gov
Unlimited Potential First Cohort Group

This year, First Connections providers were invited to submit applications to participate in the Unlimited Potential [UP] initiative to be part of a group of “early adopters” trained and supported in implementing the Recommended Practices (RPs) of the Division of Early Childcare (DEC). Ten applications were received from FC providers; members of a review panel outside of Part C rated applications. The top scoring applications were invited to form the first cohort group of Unlimited Potential sites to receive coaching and training in implementing the DEC RPs. As these sites grow in their ability to implement recommended practices with fidelity, these sites will be able to serve as demonstration sites and mentors to the second cohort group to begin training/coaching. The purpose of the initiative is to begin implementation of recommended practices to improve child and family outcomes. At the end of the initiative, Arkansas will have increased its capacity to scale up implementation state-wide due to the many EI professionals implementing evidence-based practices with fidelity in both cohort groups.

Welcome the first Unlimited Potential group!

- Allied
- KidSource
- Lonoke Exceptional School
- TheraKids

“Lunch & Learn” New TA/PD Opportunities

Winter months in Arkansas can mean unpredictable weather that affects travel. To provide technical assistance (TA) support and ongoing professional development (PD) to early interventionists, First Connections is hosting short, focused Web-based courses on topics identified as “need areas” by EI providers and service coordinators and through data analysis. There will not be professional development certificates issued for these topics. The following one-hour sessions are posted in the CDS Training Calendar where participants can register:

Check the CDS Calendar for the following LUNCH & LEARN dates:

- Completing COSF Ratings as a Team** October 6 / 12:00-1:00
- Writing Functional Child Outcomes* October 20 / 12:00-1:00
- Prior Authorizations November 10 / 12:00-1:00
- Completing Child Exit Requirements** November 24 / 12:00-1:00
- Targeting and Retargeting Goals at IFSP Review* December 1 / 12:00-1:00
- Meeting Transition Requirements** December 15 / 12:00-1:00

* recommended for direct service providers
** recommended for both direct service providers and service coordinators

Call in and log in information will be sent in advance to participants who register with a valid e-mail address.
What’s New in Arkansas?

ICD-10:
Q: Will all prescriptions have to be updated to reflect the new ICD-10 code descriptions beginning 10-1-15?
A: No. Current prescriptions will not require change/update, but diagnosis should reflect the ICD-9 or ICD-10 depending on dos.

Changes in ARKids-B:
Effective for dates of service on or after 8/1/15, occupational therapy, physical therapy, and inpatient psychiatric hospital and psychiatric residential treatment facility services will be covered services for ARKids-B beneficiaries. More information regarding these services will be available in the ARKids-2-14 provider manual update.

AR 3350 Evaluation Report:
As outlined in Medicaid DRS Section II / 202.00 (6), the developmental evaluation meets the requirements of the DDS First Connections Program. FC Policy indicates that the developmental “evaluation report is a tool to guide the IFSP team in program planning and, therefore, should not include recommendations for service levels. Services, including the frequency and intensity of those services necessary to reach functional child outcomes on the IFSP are selected by the IFSP team, which includes the parents.” Recommendations are based around family needs and concerns gathered from family assessment and identified family needs, priorities, and concerns.

Recommendations on the developmental evaluation report include solutions to family issues, such as activities and routines in which the family would like the child to participate (or participate more fully) and skills needed for successful child participation in family-identified activities as well as skills/information that the family (or other caregivers) could benefit from learning to assist in the child’s development and participation in everyday routines and ways to expand on existing learning opportunities/ settings. Referrals or linkages to community resources that would assist the child/family in expanding their opportunities for involvement in community activities (like parent support groups, community non-profits, etc) are also included.

Did YOU Know?

Arkansas’ Autism Implementation Grant Pilot

AIG objective
The Autism Implementation Grant Pilot wants to better understand the journey of families of children under the age of 3 who are suspected of having developmental delays. We plan to track children under age of 3 years old to see how long the process of referral – evaluation – referral takes.

HEY...we need YOU!!
We are interested in working with any child care provider, pediatrician, or agency that takes care of children and refers for suspected developmental delay.

What would you do?
Help us track any child under three years of age that you suspect has developmental delay and refer for evaluation and services.

When?
As soon as possible! The pilot project will run from now through the end of June, 2016.

For More Information Contact:
Letha Bell
Office: 501-364-1864
UAMS/Arkansas Children’s Hospital
LABell@uams.edu

YouTube Tutorials for Using the CDS System

All Part C providers are required to use the Comprehensive Data System (CDS) in its entirely as part of their voucher agreement. For users who are new to Part C or who may need a refresher, the following topics are available as tutorial videos on YouTube [linked in CDS on the Training Calendar page]:

- Introduction to First Connections CDS
- Client Intake
- Prior Authorization
- Evaluations and Goal Setting
- Completing an IFSP
- Completing a Review
- Completing a Transition