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Hot Off the Press: Blended Practices

From the publisher: “As more and more early childhood settings implement inclusive practices, teachers need to blend special and general education techniques to help all children learn.”

Ideal for current and future early childhood educators working with children from ages 2-5, this comprehensive text provides clear guidance on developing a successful curriculum framework, working effectively with families and other team members, tailoring instruction to each child’s individual needs, and embedding learning opportunities into typical routines in childcare settings to address all children's goals. Practical information on authentic assessment and data-driven decision-making is also woven throughout the book.

Author Jennifer Grisham-Brown Ed.D, in her new edition of this bestselling text, combines today's best practices for teaching young children with and without disabilities into one comprehensive approach. Early childhood educators who read this book can learn from the field's most current research and get a full continuum of strategies for teaching young children with diverse abilities.

“An essential reference to keep and use for years to come, this book is every early childhood educator's guide to blending the best of special and general education, developing effective curricula, and improving outcomes for all children.” - Brookes Publishing
PA Request for an Interim IFSP

When an interim IFSP is used, the IFSP team must still meet the 45-day timeline from receipt of the referral to the initial IFSP meeting, so any PA for a service determined appropriate and necessary to meet functional goals on an interim IFSP must be entered for a span of time covered by the interim IFSP (30-45 days).

A PA request for an interim IFSP, would, for example, include the request for funding for the required developmental evaluation and would request funding to cover 30-45 days of a service or services listed on the interim IFSP.

Service coordinators will need to work with area providers and be aware that even though federal and state policy allows for services to be provided under an interim IFSP, many specialists require a completed specialized evaluation and an Rx before they can provide the service listed on the interim IFSP.

Service coordinators are NOT to submit a PA request on an interim IFSP to cover 6 months of service.

A new PA request to cover services outlined on the full IFSP (developed with the family not more than 45-days after the date of referral to EI) would be entered after the initial IFSP meeting.

Use of an Interim IFSP

An interim (or temporary) IFSP can be used to provide early intervention services immediately needed to a family of a child who is determined eligible but who does not have a completed developmental evaluation. The child would be determined eligible prior to the developmental evaluation based on:

✓ A diagnosed condition
✓ A specialized evaluation indicating at least a 25% delay in one area of development

The requirement of a minimum of three individuals from different disciplines applies to an interim IFSP meeting (just like a regular IFSP meeting): the service coordinator, parent(s), and one other professional. The “other professional” might be:

(a) for a child with a specialized eval: either the evaluator who completed the specialized evaluation or a current service provider
(b) for a child with a diagnosed condition: Title V representative or person on child’s medical team
(c) for a child who transferred from another State’s Part C program: former service coordinator or provider (by phone)

The interim IFSP can be developed with the family to provide services to the child and family to meet functional child/family goals while waiting for the results of the developmental evaluation and the development of the full IFSP at the initial IFSP meeting. However, when an interim IFSP is used, the IFSP team must still meet the 45-day timeline from receipt of the referral to the initial IFSP meeting. In order for a child and family to receive services under an interim IFSP, the interim IFSP must have specific, functional goals and objectives listed that demonstrate a need for a particular EI service.

For additional information on interim IFSPs, see FC Policy & Procedures section 2500 REFERRAL FOR INFANT/TODDLER NOT ENROLLED IN EARLY INTERVENTION BUT WHO CURRENTLY RECEIVES THERAPY SERVICES, section 3400 TIMELINES, section 4200 (2) PROCEDURES FOR IFSP DEVELOPMENT AND REVIEW (§303.342)
One Program’s Approach to Engaging Families

One struggle that many programs face is, “how do we get families involved?” A struggle many families face is, “how do we get our child to eat more foods and enjoy mealtime as a family?” Allied Therapy found a unique way to overcome both struggles in the design of their Feeding Program, which not only provides parents and other caregivers with information while engaging them in an important part of their child’s early learning and development, but also provides these families with family to family support and connections.

By combining therapist knowledge and training, family dynamics, parent knowledge and information, and child participation, the feeding program’s goal is to make mealtimes a more engaging, joyful time for families.

Recognizing that parents are a crucial catalyst to bring about change, the feeding program’s mission has a two-pronged approach (1) to provide family-centered care to children who experience difficulty in any area of feeding (2) to assist these families in developing safe, effective, and joyful mealtimes as a family.

To accomplish this goal, Allied put together a multidisciplinary team that includes occupational, speech, and physical therapists working together with the child and the family to offer suggestions to make mealtime a more joyful time for the whole family. Professional expertise comes in handy when concerns arise and parents and professionals work together to assess and remedy issues and concerns that could affect feeding.

Parents, grandparents, and caregivers can benefit from knowledge obtained and connections made through monthly informative meetings. Monthly informative meetings provide information regarding feeding concerns, home modifications, and fun sensory food activities to incorporate into mealtimes at home. In addition, some of the content is geared towards children and they are included in fun feeding activities as well.

interChange Core MMIS Trainers

An interChange Core MMIS trainer is now available on the 4th floor of DHS/Donaghey South to assist with questions related to your MMIS End-User training during the hours of 9am – 4pm and can also be reached by phone or by email: ARtraining@hpe.com or (501)-320-6237 for assistance. Who are the trainers? There are three trainers who will be rotating in the building. While the trainers can all answer your questions on the new system, they do also have specialties. If you have specific questions, you can email or reach out to the trainer individually.

- Aaron Barger – Aaron.Barger@dhs.arkansas.gov -TPL, DDS, inSight, CTMS
- Dave Johnston – David.Johnston@dhs.arkansas.gov – Claims, Reference
- Sam Brown — Samuel.Brown@dhs.arkansas.gov - Member, Financial, Provider

Some Frequently Asked Questions include:

How can I bookmark my place in a CBT? To pick up where you left off in a CBT you must exit out of the course by clicking the exit button on the far right of the navigation bar at the bottom of the screen. If you simply close the internet connection, it may not bookmark your progress. If you accidentally exit incorrectly and are returned to the beginning of the training, use the Table of Contents to navigate to where you left off.

Can an assessment be bookmarked? No, you must complete your assessment from start to finish. If the assessment is exited before completion, it will show as a failed attempt. If this has happens, please ask for a reset by emailing the training team at ARtraining@hpe.com.
Changes in the First Connections Process for Allocating Part C Funds for FFY2018

In FFY 2018, First Connections will begin a shift of its annual allocation process from a services initialization formula towards a program compliance/outcomes formula. The phase-in is anticipated to take place over a period of several fiscal years until each Provider’s annual Part C allocation is based entirely on performance.

For the new fiscal year beginning July 1, 2017, each Provider automatically receives an annual allocation equal to 85% of the previous year’s annual allocation with the remaining 15% of FFY2018 allocation linked to provider/program performance and/or compliance in identified target areas. This shift allows the First Connections program to align administrative and monitoring systems with OSEP’s focus on results-driven accountability.

The 15% of the allocation tied to program performance/compliance is awarded to Providers meeting criteria in each of three (3) identified target areas. Provider/program data in CDS is used to measure compliance in each target area shown below:

<table>
<thead>
<tr>
<th>Indicator 1:</th>
<th>Indicator 2:</th>
<th>Underserved Area:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s CDS data demonstrates timeliness of service is 95% (or greater).</td>
<td>Provider’s data demonstrates that 90% of services (or greater) are provided in the natural environment and required developmental justification is documented in the IFSP for services not provided in the natural environment.</td>
<td>Provider provides a service or services that:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(a) serve an underserved county or geographic region as defined on the list</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) are a specific service that is unavailable or of limited availability in a particular area</td>
</tr>
</tbody>
</table>

Each identified target area where a Provider’s performance is found to have met or exceeded the criteria in the table above will increase the Provider’s FFY 2018 annual allocation by an amount equal to 5% of the previous year’s allocation. For more information, refer to memorandum sent to providers April 10, 2017.

Supporting Families in Taking Leadership Roles: Early Intervention Family Alliance

The Early Intervention Family Alliance (EIFA) works to assure meaningful family involvement in the development of Part C policies and their implementation at community, state and federal levels by cultivating and mentoring family leaders representing the unique diversity of families who receive Part C services. A national group of family leaders dedicated to improving outcomes for infants and toddlers with disabilities and their families, the EIFA seeks to make sure that families are essential partners in implementing family-centered, community-based practices in all levels of early intervention.

A goal of the EIFA are for families to have opportunities to inform policy-makers of the needs of infant and toddlers with special needs and their families so that the interests of families receiving Part C services are represented through a proactive and recognized national agenda.

http://www.eifamilyalliance.org/