



**Arkansas Department  
of Human Services**  
Division of Developmental Disabilities Services



**DDS CERTIFICATION  
STANDARDS**

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***FOR EARLY INTERVENTION  
SERVICES***

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## PHILOSOPHY & MISSION STATEMENT

The Division of Developmental Disabilities Services (DDS), the DDS Board, and its providers are dedicated to the pursuit of the following goals:

- Advocating for adequate funding, staffing, and services to address the needs of persons with developmental disabilities.
- Encouraging an interdisciplinary service system to be utilized in the delivery of appropriate individualized and quality services.
- Protecting the constitutional rights of individuals with disabilities and their rights to personal dignity, respect and freedom from harm.
- Assuring that individuals with developmental disabilities who receive services from DDS are provided uninterrupted essential services until such time a person no longer needs to depend on these services.
- Encouraging family, parent/guardian, individual, and public/community involvement in program development, delivery, and evaluation.
- Engaging in statewide planning that ensures optimal and innovative growth of the Arkansas service system to meet the needs of persons with developmental disabilities and to assist such persons to achieve independence, productivity, and integration into the community.

To accomplish its mission, DDS, the DDS Board, and its providers are committed to the principle and practices of:  
normalization; least restrictive alternatives; affirmation of individuals' constitutional rights; provision of quality services;  
the interdisciplinary service delivery model;  
and the positive management of challenging behaviors.

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## INTRODUCTION

The certification standards for DDS Early Intervention Services have been developed to accomplish: normalization, least restrictive alternatives, affirmation of individuals' constitutional rights, provision of quality services, the interdisciplinary service delivery model, and the positive management of challenging behaviors.

Individual program plans shall be developed with the participation of the family and representatives of the services required. The team is responsible for assessing needs, developing a plan to meet them, and contributing to its implementation.

**NOTE:** It is imperative that all Medicaid providers be enrolled with the Division of Medical Services and meet all enrollment requirements for the specific Medicaid Program for which they are enrolling as an Arkansas Medicaid Provider.

All standards are applicable to all services provided, unless otherwise specified.

Administrative Rules and Regulation Sub-Committee of the  
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## 100 GOVERNING BOARD/ORGANIZATION / LEADERSHIP

NOTE: All information regarding your organization shall be readily available to staff, consumers, referral and funding sources, and the interested public, pursuant to the Freedom of Information Act.

- 101 The organization shall be legally incorporated under the appropriate federal, state or local statutes as defined by its official Articles of Incorporation and registered to do business in the State of Arkansas.
- A. The governing body should periodically review the appropriateness of its governing documents. (Ark. Code Ann. §§ 20-48-201 – 20-48-211). This shall include the organizations mission statement as filed with the Secretary of State, and the Articles of Incorporation.
- B. Any changes in the Articles of Incorporation must be filed with the Secretary of State. This includes name changes, amendments, or any reconstitution of the Governing Board/organization. The organization shall provide copies of any changes to DDS upon filing.
- 102 Bylaws shall be established which govern the internal affairs of the organization and will address each of the following areas as applicable:
- A. Composition of Board
1. This shall include the number of Board members and the eligibility criteria (i.e. citizenship and residency).
  2. Selection of Board members
    - a. Twenty percent (20%) consumer and advocate representation on the Board is required. (*Note: defined as a consumer, immediate family member or guardian of a consumer receiving services or has received services at the organization or person in a qualified position that advocates on behalf of the population served*)

- B. Term of membership:
  - 1. Number of years as dictated by the organization's Articles of Incorporation.  
*Note: It is recommended that membership on the governing body be rotated periodically.*
- C. Replacement/removal of directors:
  - 1. Refers to written criteria for Board membership. Shall include any contingency to include but not be limited to resignation of Board/organization members and removal for non-attendance or other reasons.
- D. Election of officers and directors:
  - 1. Describe the election process
- E. Duties and responsibilities of Board officers are described in writing
  - 1. Must document each position's purpose, structure, responsibilities, authority, if any, and the relationship of the advisory committee of Board members to other entities involved with the organization.
- F. Appointment of committees, if applicable;
  - 1. Duties and functions of standing committees are described in writing, if applicable.
- G. Meetings of the Board/organization and its committees. All meetings shall be planned, organized, and conducted in accordance with the organization's by-laws, policies, procedures, applicable statutes, or other appropriate regulations. In no event shall the full Board/organization meet less than four times per year.

*Note: The Board/organization and its committees should meet with a frequency sufficient to discharge their responsibilities effectively.*

- H. The Board/organization shall adopt written procedures to guide the conduct of its meetings (i.e. Parliamentary Procedure, Robert's Rules of Order, etc.);
- I. The Board/organization shall maintain minutes of all actions taken by the Board/organization for review by DDS. Minutes shall accurately document all members present and any action taken at the committee meetings to include any committee recommendations to the Board/organization.
  - 1. Written minutes of previous Board/organization meetings should be made available by posting the adopted minutes in a location convenient to the staff and individuals served, and made available to members of the public upon request, as required under the Freedom of Information Act.

103 The Board/organization shall establish a procedural statement addressing nepotism as it relates to Board/organization and staff positions.

103.1 The Board/organization shall establish a procedural statement addressing conflict of interest  
*Note: The intent of the standard does not rule out a business relationship, but does call for the governing body to decide in advance what relationships are in the best interest of the organization.*

- A. Paid employees may not serve as Board/organization members. (Note: This DOES NOT include individuals receiving services.)

- B. Directors of organizations may serve as non-voting ex officio Board/organization members.
- 104 Board/organization meetings and public meetings as defined by Ark. Code Ann. §§ 25-19-106 shall be conducted at a time and place which make the meetings accessible to the public. Specifically, except as otherwise specifically provided by law, all meetings, formal or informal, special or regular, of the governing bodies of all municipalities, counties, townships, and school districts and all boards, bureaus, commissions, or organizations of the State of Arkansas, except grand juries, supported wholly or in part by public funds or expending public funds, shall be public meetings.
- A. Board/organization meetings and Executive sessions shall be announced to be in compliance with Ark. Code Ann. §§ 25-19-101 – 25-19-107 “Freedom of Information Act”
  - B. All local media are to be notified one week in advance and a notice posted in a prominent place by the organization. Called meetings shall be announced to the local media and others who have requested notification at least two hours in advance of meeting. Documentation of Notification may include newspaper clippings, copy of item posted on bulletin board, radio contact forms, etc.
  - D. If the meetings are held each month at the same time and location, one notification and posting shall be sufficient..
- 105 The Board/organization of Directors shall adopt a mission statement to guide its activities and to establish goals for the organization. The plan shall show evidence of participation by stakeholders (evidence of open meeting, letters of input, survey, questionnaire, etc.).
- 105.1 The Board of Directors shall review the mission statement annually and shall make changes as necessary to ensure the overall goals and objectives of the organization are reflected in its mission.
- 106 The Board/organization maintains a plan which shall identify annual and long range goals; the plan should address community needs and target populations and should be reviewed and updated annually.
- A. Each Board/organization will develop and implement a long-range plan of action for that organization. Examples include, but are not limited to starting a new component, accessing individualized services in the community, etc.
  - B. Development and implementation of the plan shall include stakeholder input. The organization shall maintain evidence of this input (i.e., letters of input, minutes of open meetings, questionnaires, surveys, etc.)
  - C. The plan shall be reviewed annually and updated as needed. The Board/organization shall approve the initiation, expansion, or modification of the organization’s program based on the needs of the community and the capability of the organization to have an effect upon those needs within its established goals and objectives.
- Note: The Board of Directors, at its discretion, may assign this responsibility to staff.*

- 107 The Board/organization shall demonstrate corporate social responsibility while maintaining overall accountability for the administration and direction of the organization, and shall delegate authority and responsibility to executive leadership as deemed appropriate by the organization.
- A. The organization shall identify:
    - 1. Its leadership structure.
    - 2. The roles and responsibilities of each level of leadership.
  - B. The identified leadership shall guide the following:
    - 1. Establishment of the mission and direction of the organization.
    - 2. Promotion of value/achievement of outcomes in the programs and services offered.
    - 3. Balancing the expectations of both the persons served and other stakeholders, as defined by the organization's policies.
    - 4. Financial solvency.
    - 5. Compliance with insurance and risk management requirements.
    - 6. Ongoing performance improvement.
    - 7. Development and implementation of corporate responsibilities.
    - 8. Compliance with all legal and regulatory requirements.
  - C. The organization shall respond to the diversity of its stakeholders with respect to:
    - 1. Culture.
    - 2. Age.
    - 3. Gender.
    - 4. Sexual orientation.
    - 5. Spiritual beliefs.
    - 6. Socioeconomic status.
    - 7. Language.
- 108 The Board/organization shall create a mechanism for monitoring the decisions and operations of the organization's programs which includes provisions for the periodic review and evaluation of its program in relation to the program goals. Documentation of the review must be maintained on file for review. Documentation may include but not be limited to Board/organization minutes, reports, etc.
- 109 The Board/organization shall maintain a general plan for Board/organization training and will ensure that all items listed as required topics are covered in the required three-hour training.
- A. Training shall be provided for all Board/organization members. Where the Board, because of its size, lacks sufficient resources to conduct a training program, it will make arrangements with another Board, organization, agency, appropriate community resource, or training organization to provide such training.



- 109.1 New Board Members must participate in a minimum of three hours of training.
- A. The following topics shall be required during the first year of service
    1. Functions and Responsibilities of the Board
    2. Composition and Size of the Board
    3. Legal Responsibilities
    4. Funding Sources and Responsibilities,
    5. Equal Employment Opportunity/Affirmative Action,
    6. Due Process
    7. Ark. Code Ann. §§ 25-19-101 – 25-19-107 “Freedom of Information Act of 1967”
    8. U. S. C. § 12101 et. seq. “Title 42 THE PUBLIC HEALTH AND WELFARE--CHAPTER126—EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES--§ 12101. Findings and purpose”
    9. DDS Service Policy 3004-I Maltreatment Prevention, Reporting and Investigation;
    10. DHS Policy 1090, Incident Reporting.
    11. DDS Administrative Policy 1077
    12. Chemical Right to Know
    13. The Health Insurance Portability and Accountability Act (HIPAA)

*NOTE: POSSIBLE TRAINING RESOURCES INCLUDE ASPEN PUBLICATIONS, WHICH HAS MATERIALS ON BOARD/ORGANIZATION AND ADMINISTRATOR TRAINING. ([WWW.ASPENPUBLISHERS.COM](http://WWW.ASPENPUBLISHERS.COM)) Resources or additional information should be obtained from DDS Licensure.*

- B. All new Board members as they begin service shall participate in training. Board members may disseminate training information to new Board members if they are unable to attend formal training sessions. Documentation of the information provided, date provided and the board member(s) involved must be maintained for review by DDS. (Note: Training may be documented in Board minutes or by Certificates of Attendance.)

109.2 All Board members shall complete a minimum of three hours annual training. Topics may be selected by the Board of Directors and must be germane to the annual plan and services provided. Training should be documented in Board minutes, by Certificates of Attendance or sign in sheets from approved training.

110 Board members shall visit service components of the organization during operating hours yearly.

- A. All components of the organization must be observed annually. If on-site observations to each physical location are not feasible, at least 1 physical site from each program component must be observed during the calendar year. The sites must be rotated yearly. Committees or individual Board Members may be appointed to visit specific components and report back to the other Board members on observations. Documentation of reports in Board minutes shall be accepted as verification.

- 111 The Board/organization shall establish and approve policies and procedures which define Eligibility criteria, Readmission criteria, and transition/discharge/exit criteria
- 112 The Board/organization shall establish policy regarding financial oversight of the organization that addresses the following:
- A. The organization's financial planning and management activities reflect strategic planning designed to meet:
    - 1. Established outcomes for the persons served.
    - 2. Organizational performance objectives.
  - B. Budgets are prepared that:
    - 1. Include:
      - a. Reasonable projections of revenues and expenditures.
      - b. Input from various stakeholders, as required.
      - c. Comparison to historical performance.
    - 2. Are disseminated to:
      - a. Appropriate personnel.
      - b. Other stakeholders, as appropriate.
    - 3. Are written.
  - C. Actual financial results are:
    - 1. Compared to budget.
    - 2. Reported to:
      - a. Appropriate personnel.
      - b. Persons served, as appropriate.
      - c. Other stakeholders, as required.
    - 3. Reviewed at least quarterly.
  - D. The organization identifies and reviews, at a minimum:
    - 1. Revenues and expenses.
    - 2. Internal and external:
      - a. Financial trends.
      - b. Financial challenges.
      - c. Financial opportunities.
      - d. Business trends.
      - e. Management information.
    - 3. Financial solvency, with the development and implementation of remediation plans, if appropriate.
- 113 For-profit organizations or organizations who receive less than \$10,000 in compensation for services under this program shall submit a compilation report that includes a balance sheet and statement of revenue and expense to DDS at the close of each financial period.

**Note: Sections 102 & 104 do not apply to organizations that are not governed by a Board of Directors**

## PERSONNEL POLICIES AND PROCEDURES

- 114 The organization shall maintain written personnel procedures that are approved by the Board and are reviewed annually and which conform to state and federal laws, rules and regulations.

*NOTE: DDS SHALL NOT BECOME DIRECTLY INVOLVED IN PERSONNEL ISSUES UNLESS IT DIRECTLY IMPACTS CONSUMER CARE AND/OR SAFETY.*

- 114.1 Personnel procedures shall be clearly stated and available in written form to employees as required by 42 U.S.C. § 2000a – 2000 h-6 “Title VI of the Civil Rights Act of 1964” and U.S.C. § 1201 et. Seq. Americans with Disabilities Act. These include but are not limited to:
- A. Hiring and promotional procedures which are nondiscriminatory by reason of sex, age, disability, creed, marital status, ethnic, or national membership
  - B. A procedure for discipline, suspension and/or dismissal of staff which includes opportunities for appeal
  - C. An appeals procedure allowing for objective review of concerns and complaints
- 114.2 One copy of the organization’s Personnel procedures must be available in the personnel or administrator’s office. This copy must be readily accessible to each employee.
- 114.3 The organization shall develop and implement steps to voice grievances within the organization. All grievances are subject to review by the Governing Board and Court of Law (29 U.S.C. §§ 706(8), 794 – 794(b), the “Rehabilitation Act of 1973 Section 504; 20 U.S.C. § 1400 et. Seq. Section 615 “The Individual Disabilities Education Act”.
- A. All steps in the Grievance Procedure should be time-bound and documented, including initial filing of grievance.
- 114.4 The organization shall develop and implement policies regarding whether pre-employment and random drug testing will be required. If the organization chooses to do drug testing they must establish guidelines for actions to be taken when the drug test results are obtained, whether positive or negative. (The organization may contact Arkansas Transit Association for further information on drug testing)
- 115 Prior to employment, a completed job application must be submitted which includes the following documents.
- A. The organization shall obtain and verify PRIOR to employment and maintain documentation of the following:
    - 1. The credentials required
    - 2. That required credentials remain current
    - 3. The applicant has completed a statement related to criminal convictions
    - 4. A criminal background check has been initiated. Refer to DDS Policy 1087.
    - 5. Declaration of truth of statement on job application.
    - 6. A release to complete reference checks is signed and reference checks have been completed

7. Results of pre-employment drug screen, if required by organization.

*NOTE: THE ITEMS IN 202A.5 AND 202A.6 WILL NOT BE RATED FOR EMPLOYEES HIRED PRIOR TO JULY 1, 1986.*

B. The organization shall obtain and verify within 30 days of employment and maintain documentation of the following:

1. Adult Maltreatment Central Registry Ark. Code Ann. §§ 5-28-201 has been completed and the response is filed, or a second request submitted

2. Arkansas Child Maltreatment Central Registry Ark. Code Ann. §§ 12-12-501 – 12-12-515 has been completed and the response is filed, or a second request submitted. This check will provide documentation that prospective employee's name do not appear on the statewide Central Registry.

a. The organization should adopt policy requiring subsequent criminal checks and registry checks. The organizations that provide licensed daycare services must adhere to Child Care Licensing regulations regarding Criminal background checks and central registry checks.

*Note: Staff holding professional licenses may be used in lieu of criminal background and adult and child maltreatment checks.*

3. TB skin test

a. Renewed yearly for ALL STAFF.

4. Hepatitis B series or signed declination

5. The results of criminal background check of the will be on file.

6. Employment reference verification and signed release

a. On file within thirty (30) days of hire date

C. The organization shall obtain and verify information in 202 A and B in response to information received (i.e., a complaint is received that a person's license has lapsed or a person has been convicted of a crime since they were hired).

116 The agency shall ensure sub-contractor's services meet all applicable standards and will assess performance on a regular basis.

A. The organization shall ensure that sub-contractors providing direct care services are in compliance with DDS policies and must have verification and documentation of all applicable items listed in 202A.

*Note: Staff holding professional licenses may be used in lieu of criminal background and adult and child maltreatment checks.*

B. The organization shall demonstrate:

1. Reviews of all contract personnel utilized by the organization that:

a. Assess performance of their contracts

b. Ensure all applicable policies and procedures of the organization are followed

c. Ensure they conform to DDS standards applicable to the services provided

d. Are performed annually

- 117 The organization shall develop, implement and monitor policies and procedures for staff recruitment and retention so that sufficient staff is maintained to ensure the health and safety of the individuals served, according to their plans of care.
- A. The organization must ensure there are an adequate number of personnel to:
    - 1. Meet the established outcomes of the persons served.
    - 2. Ensure the safety of persons served.
    - 3. Deal with unplanned absences of personnel.
    - 4. Meet the performance expectations of the organization.
  - B. The organization shall demonstrate:
    - 1. Recruitment efforts.
    - 2. Retention efforts.
    - 3. Identification of any trends in personnel turnover.
- 118 The organization shall develop and implement procedures governing access to staff members' personnel file.
- A. An access sheet shall be kept in front of the file to be signed and dated by those who are examining contents, with stated reasons for examination.
  - B. The policy shall clearly state who, when, and what is available concerning access to personnel files and be in compliance with the Federal Privacy Act and Freedom of Information Act. At no time shall the policy allow access that violates the provisions of the Health Insurance Portability and Accountability Act (HIPAA).
- 119 The organization shall develop written job descriptions which describe the duties, responsibilities, and qualifications of each staff position.
- A. The organization shall:
    - 1. Identify the skills and characteristics needed by personnel to:
      - a. Assist the persons served in the accomplishment of their established outcomes.
      - b. Support the organization in the accomplishment of its mission and goals.
    - 2. Assess the current knowledge and competencies of personnel at least annually.
    - 3. Provide for the orientation and training needs of personnel.
    - 4. Provide the resources to personnel for learning and growth.
    - 5. Identify the supervisor of the position and the positions to be supervised.
  - B. Performance management shall include:
    - 1. Job descriptions that are reviewed and/or updated annually.
    - 2. Promotion guidelines.
    - 3. Job posting guidelines.
    - 4. Performance evaluations for all personnel directly employed by the organization shall be:
      - a. Based on measurable objectives that tie back to specific duties as listed in the Job Description.
      - b. Evident in personnel files.
      - c. Conducted in collaboration with the direct supervisor with evidence of input from the personnel being evaluated.

- d. Used to:
  - 1. Assess performance related to objectives established in the last evaluation period.
  - 2. Establish measurable performance objectives for the next year.
- e. Performed annually.

120 The organization shall establish policies/practices for students, interns, volunteers and trainees utilized by the organization who have regular, routine contact with consumers.

- A. The organization shall define who has and what constitutes regular, routine contact with consumers.
- B. If students, interns, volunteers or trainees are used by the organization, the following shall be in place:
  - 1. A signed agreement.
    - a. If professional services are provided, standards or qualifications applied to comparable positions must be met.
  - 2. Identification of:
    - a. Duties.
    - b. Scope of responsibility.
    - c. Supervision.
  - 3. Orientation and training.
  - 4. Assessment of performance.
  - 5. Policies and written procedures for dismissal.
  - 6. Confidentiality policies.
  - 7. Background checks, when required.

121 For-profit organizations or organizations who receive less than \$10,000 in compensation for services under this program shall submit a compilation report that includes a balance sheet and statement of revenue and expense to DDS at the close of each financial period.

## 200 CERTIFICATION OF ENTITIES

*Note: Certification standards for Entities is specific for those agencies that are incorporated as an LLC, Sole Proprietorship, Professional Association or other entity that does not function under the direction of a Board of Directors.*

- 201 The provider must be registered to do business in the state of Arkansas and must obtain a federal tax identification number.
- 202 The provider must complete DDS Early Intervention Orientation training within 90 days of initial certification.
- 203 The provider shall ensure sub-contractor's services meet all applicable standards and will assess performance on a regular basis.
- A. The provider shall ensure that sub-contractors providing direct care services are in compliance with DDS policies and must have verification and documentation of all applicable items listed in 205.
- Note: Staff holding professional licenses may be used in lieu of criminal background and adult and child maltreatment checks.*
- B. The provider shall demonstrate:
1. Reviews of all contract personnel utilized by the organization that:
    - a. Assess performance of their contracts
    - b. Ensure all applicable policies and procedures of the organization are followed
    - c. Ensure they conform to DDS standards applicable to the services provided
    - d. Are performed annually
- 204 The provider shall establish employment practices for students, interns, volunteers and trainees utilized by the organization.
- A. The provider shall define who has and what constitutes regular, routine contact with children and their parents/guardians.
- B. If students, interns, volunteers or trainees are used by the organization, the following shall be in place:

1. A signed agreement.
  - a. If professional services are provided, standards or qualifications applied to comparable positions must be met.
2. Identification of:
  - a. Duties.
  - b. Scope of responsibility.
  - c. Supervision.
3. Orientation and training.
4. Assessment of performance.
5. Policies and written procedures for dismissal.
6. Confidentiality policies.
7. Background checks, when required.

205 The provider shall maintain documentation of the following:

- A. Adult Maltreatment Central Registry Ark. Code Ann. §§ 5-28-201 has been completed and the response is filed, or a second request submitted. Registry checks shall be completed every two years.
- B. Arkansas Child Maltreatment Central Registry Ark. Code Ann. §§ 12-12-501 – 12-12-515 has been completed and the response is filed, or a second request submitted. This check will provide documentation that prospective employee's name does not appear on the statewide Central Registry. Registry checks shall be completed every two years.
- C. Criminal Background check completed by Arkansas State Police if the applicant has resided in the State for the last two years, or FBI check if not residing in the state. Criminal background checks shall be completed every five years.  
*Note: Staff holding professional licenses may be used in lieu of criminal background and adult and child maltreatment checks.*
- D. TB skin test
  1. Renewed yearly.
- E. Hepatitis B series or signed declination

206 The provider shall establish and approve policies and procedures which define Eligibility criteria, Readmission criteria, and transition/discharge/exit criteria

207 The provider identifies and reviews, at a minimum:

1. Revenues and expenses.
2. Internal and external:
  - a. Financial trends.
  - b. Financial challenges.
  - c. Financial opportunities.
  - d. Business trends.
  - e. Management information.
3. Financial solvency, with the development of remediation plans, if appropriate.

207.1 For-profit entities or entities who receive less than \$10,000 in compensation for services under this program shall submit a compilation report that includes a balance sheet and statement of revenue and expense to DDS at the close of each financial period.



## **300 MINIMUM QUALIFICATIONS SERVICE COORDINATION**

**Note: Organizations certified to provide Service Coordination Services must comply with Sections 100, 200, 1000 and 1100 of this Manual. Individuals certified to provide Service Coordination Services must comply with sections 200, 300, 1000 and 1100.**

### 301 Service Coordination

In order to be certified as a Service Coordinator for Early Intervention, the individual must:

- A. Have a Bachelor's degree (or higher) in Education, Social Work, or a related field, or DDS Certification as a Case Manager. Documentation shall be maintained on file for review by DDS.
- B. Documentation of two years of previous experience in working with individuals with developmental disabilities
- C. Documentation of completion of the First Connections Early Intervention Service Coordination Block Courses (30 hours) with a minimum of 70% proficiency.

## **400 MINIMUM QUALIFICATIONS DEVELOPMENTAL THERAPY/THERAPY ASSISTANT SERVICES**

**Note: Organizations certified to provide Developmental Therapy/Therapy Assistant Services must comply with Sections 100, 200, 1000 and 1100 of this Manual. Individuals certified to provide Developmental Therapy/Therapy Assistant Services must comply with sections 200, 1000 and 1100.**

### **401 Developmental Therapist:**

In order to be certified as a Developmental Therapist for Early Intervention, the individual must:

- A. Hold current certification by the Arkansas Department of Education in Early Childhood Education as a Special Education Instructional Specialist (P-4), Special Education Early Childhood Instructional Specialist (P-4), or Special Education (P-4).

OR

Be currently working toward completion of an Alternate Learning Plan (ALP) approved by the Early Intervention certified organization/entity for whom they work, and submitted to DDS. Documentation shall include a copy of the current teaching license, a copy of the ALP approved by the organization/entity, a copy of the required coursework to include projected dates of completion of an accredited school.

OR

Have completed the DDS approved Developmental Therapist coursework at Arkansas State University or Henderson State University. Documentation must include a copy of the transcript from either institution of higher learning.

- B. Provide documentation of completion of the Developmental Therapy Training, Evaluation Interpreter training, and the Report Writing training. (initial certification only)

The provider shall maintain documentation of the qualifications specified in 401 A and B on file for review by DDS.

### **402 Developmental Therapy Assistant**

In order to be certified as a Developmental Therapy Assistant (DTA) for Early Intervention, the individual must be supervised by a Developmental Therapist (DT) who holds a current certification by DDS. Additional certification requirements include:

- A. Documentation of completion of the Developmental Therapy, Evaluation Interpreter, and Report Writing training courses. (initial certification only)
- B. Copy of the supervising Developmental Therapists certification
- C. Supervision agreement signed by the Developmental Therapist and Developmental Therapy Assistant as specified in the First Connections Service Guidelines.
- D. Copies of 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter observation reports as completed by the supervising Developmental Therapist (for re-certification only)
- E. Copy of DTA's annual evaluation by the DT (for re-certification only)
- F. Documentation of 30 hours of in-service training specific to children or children with disabilities (for re-certification only)

The provider shall maintain documentation of the qualifications specified in 402 on file for review by DDS.

403 It is the responsibility of the Early Intervention certified organization/entity to ensure a Developmental Therapist working under an ALP is completing the required coursework in accordance with the Alternative Learning Plan. Developmental Therapists working under an ALP must submit documentation of completed coursework annually during the period of their ALP in order to maintain certification. ALP's shall not exceed three (3) years. If, after the end of the three (3) year period, the Developmental Therapist has not completed their ALP, their certification will be revoked.

## **500 MINIMUM QUALIFICATIONS SPEECH THERAPY SERVICES**

**Note: Organizations certified to provide Speech Therapy Services must comply with Sections 100, 200, 1000 and 1100 of this Manual. Individuals certified to provide Speech Therapy Services must comply with sections 200, 1000 and 1100.**

### 501 Speech Therapy

- A. In order to be certified in Speech Therapy, the individual must provide documentation of a current license in Speech Therapy by the Arkansas Board of Audiology and Speech Language Pathology.
- B. Documentation of completion of the Report Writing and Therapeutic Services courses within 90 days of initial certification
- C. In order to be certified as a Speech Therapy Assistant, the individual must provide documentation of current certification as a Speech Therapy Assistant.

The provider shall maintain documentation of the aforementioned qualifications on file for review by DDS.

## **600 MINIMUM QUALIFICATIONS PHYSICAL THERAPY SERVICES**

**Note: Organizations certified to provide Physical Therapy Services must comply with Sections 100, 200, 1000 and 1100 of this Manual. Individuals certified to provide Physical Therapy Services must comply with sections 200, 1000 and 1100.**

### 601 Physical Therapy

- A. In order to be certified in Physical Therapy, the individual must provide documentation of a current license as a Physical Therapist by the Board of Physical Therapy Examiners.
- B. Documentation of completion of the Therapeutic Services and Report Writing training courses within 90 days of initial certification.
- C. In order to be certified as a Physical Therapy Assistant, the individual must provide documentation of a current license as a Physical Therapist Assistant by the Arkansas Board of Medicine.

The provider shall maintain documentation of the aforementioned qualifications on file for review by DDS.

## **700 MINIMUM QUALIFICATIONS OCCUPATIONAL THERAPY SERVICES**

**Note: Organizations certified to provide Occupational Therapy Services must comply with Sections 100, 200, 1000 and 1100 of this Manual. Individuals certified to provide Occupational Therapy Services must comply with sections 200, 1000 and 1100.**

### 701 Occupational Therapy

- A. In order to be certified in Occupational Therapy, the individual must provide documentation of a current license in Occupational Therapy by the Arkansas State Medical Board.
- B. Documentation of completion of the Therapeutic Services and Report Writing training courses within 90 days of initial certification.
- C. In order to be certified as an Occupational Therapy Assistant, the individual must provide documentation of a current license as an Occupational Therapy Assistant by the Arkansas Board of Medicine.

The provider shall maintain documentation of the aforementioned qualifications on file for review by DDS.

## **800 MINIMUM QUALIFICATIONS CONSULTATION SERVICES**

**Note: Organizations certified to provide Consultation Services must comply with Sections 100, 200, 1000 and 1100 of this Manual. Individuals certified to provide Consultation Services must comply with sections 200, 1000 and 1100.**

### 801 Consultation Services

#### A. Vision

Individual must hold a current license from the Arkansas Board of Optometry or the Arkansas Board of Ophthalmology or be certified as an Orientation Mobility Specialist

#### B. Psychology

Individual must hold a current license as a Psychologist or Psychological Examiner by the Arkansas Board of Examiners in Psychology

#### C. Social Work

Individual must hold a current license as an LCSW from the Arkansas Board of Social Work

#### D. Nutrition

Must hold a current registration as a Registered Dietician by the American Dietetic Association, or hold a current provisional registration by the American Dietetic Association, or hold a current Physician's License by the Arkansas Board of Medicine

#### E. Audiology

Must hold a current license by the Arkansas Speech, Hearing and Language Association

#### F. Attendant/Nursing

In order to provide attendant/nursing services for the Early Intervention Program, the individual must provide documentation of a current nursing license by the Arkansas Board of Nursing.

The provider shall maintain documentation of the aforementioned qualifications on file for review by DDS.

## **900 MINIMUM QUALIFICATIONS ASSISTIVE TECHNOLOGY/ADAPTIVE EQUIPMENT**

**Note: Organizations certified to provide Assistive Technology/Adaptive Equipment Services must comply with Sections 100, 200, 1000 and 1100 of this Manual. Individuals certified to provide Assistive Technology/Assistive Equipment Services must comply with sections 200, 1000 and 1100.**

- 901 Assistive Technology/Adaptive Equipment  
In order to provide assistive technology/adaptive equipment, the provider must provide documentation as a Durable Medical Equipment provider with the Arkansas Medicaid Program.
- 902 Providers of Assistive Technology/Adaptive Equipment must be registered with the office of the Arkansas Secretary of State to do business in Arkansas.
- 903 Adaptive Equipment must be approved and authorized by DDS and must be included in the consumer's plan of care.
- 904 A unit of services is the item purchased or rented, and the unit rate is the purchase, installation and/or rental price authorized for the item by DDS.
- A. The provider must assure professional, ongoing assistance when needed to evaluate and adjust products delivered and/or to instruct the consumer or the consumer's caregiver in the use of an item furnished.
  - B. The provider must have the prior approval of DDS for any adaptive equipment items purchased and delivered.
- 905 The provider must assume liability for equipment, warranties and must install, maintain, and/or replace any defective parts or items specified in those warranties. Replacement items or parts for adaptive equipment are not reimbursable as rental equipment.
- 906 The provider must, in collaboration with the case manager, ascertain and recoup any third-party resource(s) available to the consumer prior to billing DDS or its designee. DDS or its designee will then pay any unpaid balance up to the lesser of the provider's billed charge or the maximum allowable reimbursement.
- 907 The provider must submit the price for an item to be purchased or rented within five (5) business days of the service coordinator's request. The provider must maintain a record for each order. The documentation shall consist of:
- A. The date the order was received and the name of the service coordinator placing the order
  - B. The price quoted for the item
  - C. The date the quote was submitted to the case manager.



- 908 The provider must maintain a record for each consumer. The record must document the delivery, installation of the item(s) purchased or rented, any education and/or instructions for the use of the equipment and/or supplies provided to the consumer, and must include documentation of delivery of item(s) to the consumer. The documentation shall consist of:
- A. The parent/guardian's signature, or electronic verification of delivery; and
  - B. The date on which the equipment and/or supplies were delivered.

## **1000 INDIVIDUAL/PARENT/GUARDIAN RIGHTS**

- A. The provider shall implement a system of rights that nurtures and protects the dignity and respect of the persons served. The organization shall protect and promote the rights of the families served.
  - B. This commitment shall guide the delivery of services and ongoing interactions with the families served.
  - C. All information is transmitted in a manner and fashion that are clear and understandable to the family.
- 1001 The provider shall implement policies promoting the following rights of the persons served in compliance with state and federal regulations:
- A. Confidentiality of information.
  - B. Privacy.
  - C. Freedom from:
    - 1. Abuse.
    - 2. Financial or other exploitation.
    - 3. Retaliation.
    - 4. Humiliation.
    - 5. Neglect.
  - D. Access to information pertinent to the person served in sufficient time to facilitate his or her decision making.
  - E. Informed consent or refusal or expression of choice regarding:
    - 1. Service delivery.
    - 2. Release of information.
    - 3. Concurrent services.
    - 4. Composition of the service delivery team.
    - 5. Involvement in research projects, if applicable.
  - F. Access or referral to legal entities for appropriate representation.
  - G. Access to self-help and advocacy support services.
  - H. Adherence to research guidelines and ethics when persons served are involved, if applicable.
  - I. Investigation and resolution of alleged infringement of rights.
    - 1. The organization ensures that the individual has been notified of their right to appeal according to DDS Policy 1076.
- 1002 Records of persons served
- A. The provider shall maintain complete records and treat all information related to persons served as confidential.
  - B. The provider shall develop and implement policy for the sharing of confidential billing, utilization, clinical and other administrative and service-related information, and the operation of any Internet-based services that may exist.
    - 1. Information that is used for reporting or billing shall be shared according to confidentiality guidelines that recognize applicable regulatory requirements such as the Health Insurance Portability and Accountability Act (HIPAA).

2. Any release of confidential information must be authorized in writing by the parent/guardian and is limited to the specific information identified in the authorization.
- C. The organization shall comply with its own service delivery design for the development of the record. Electronic records are acceptable.
- D. The location of the case record, and the information contained therein, shall be controlled from a central location as defined by the agency, shall be stored under lock and with protection against fire, water, and other hazards in an accessible location at each site.
- E. Records maintained on computer shall be backed up at a minimum weekly and the duplicate copy shall be stored under lock and with protection against fire, water, and other hazards.
- F. A list of the order of the file information shall either be present in each individual case file or provided to DDS staff upon request. The documents in active individual case records should be organized in a systematic fashion. An indexing and filing system shall be maintained for all case records.
- G. Each provider shall have written procedures to cover destruction of records. Procedures must comply with all state and federal regulations
- H. Access sheets shall be located in the front of each file. If there is a signed release for a list of authorized persons to review the file, only those not listed will need to sign the access sheet with date, title, reason for reviewing, and signature. If there is not a signed release for authorized persons to review, all persons must sign the access sheet whenever the file is reviewed or any material is placed in the file.

1002.1 DDS staff shall have access as designated in Ark. Code Ann. §§ 20-48-201 – 20-48-211, DDS Policy 1091, Certification Policy for Non-Center-Based Services.

- A. Access to case records shall be limited to Parent/Guardian, professional staff providing direct services to the person served, plus such other individuals as may be authorized administratively or by the family.
- B. Confidentiality of records means limited access and that only those staff members who have a need to know information have access to the records of persons served.
- C. Individual service records shall be maintained according to provisions of the Privacy Act: Access sheets shall be located in the front of the file to maintain confidentiality according to 5 U.S.C. § 552a.
- D. Access to computer records shall be limited to those authorized to view records
- E. The Parent/Guardian can access their own records.
- F. The Parent/Guardian knows how to access their records and the provider ensures that appropriate equipment is available.
- G. An organization does not prohibit the Parent/Guardian from having access to their own records, unless a specific state law indicates otherwise. Some information within the file may not be released to the individual unless authorization has been given by the originating individual, such as the psychologist records.

1002.2 The Parent /Guardian shall be informed of their rights as they relate to service delivery. The organization shall maintain documentation in the individual's file that the following information has been provided in writing:

- A. All possible service options, including those not presently provided by the program.
- B. A list of current Early Intervention Providers and that choice service coordinator and service provider(s) has been offered
- C. Current list of Board members of the organization, if applicable.
- D. All applicable rights as identified in the First Connections Service Guidelines and state and federal regulations (i.e., Parts B and C of IDEA)
- E. Copy of the appeal procedure for decisions made by the organization.
- F. Solicitation Guidelines \*\*See Solicitation under Definitions
- G. All external advocacy services.
- H. Right to refuse services
- I. Right to have information provided in the family's natural language and in language understandable to the family.
- J. Name and phone number of the DDS Service Specialist for that area.

NOTE: THE INFORMATION LISTED IN 1002.2 A-J MUST BE PROVIDED UPON ADMISSION AND ANNUALLY THEREAFTER.

### 1003 Grievances and Appeals

- A. The provider shall identify clear protocols related to formal complaints, including grievances and appeals. An organization may have separate policies and procedures for grievances and appeals, or may include these in a common policy and procedure covering complaints, grievances, and appeals.
- B. The provider shall:
  - 1. Implement a policy by which persons served may formally complain to the organization.
  - 2. Implement a procedure concerning formal complaints that:
    - a. Is written.
    - b. Specifies:
      - 1. That the action will not result in retaliation or barriers to services.
      - 2. How efforts will be made to resolve the complaint.
      - 3. Levels of review, which includes availability of external review.
      - 4. Time frames that are adequate for prompt consideration and that result in timely decisions for the person served.
      - 5. Procedures for written notification regarding the actions to be taken to address the complaint.
      - 6. The rights and responsibilities of each party.
      - 7. The availability of advocates or other assistance.
  - 3. Make complaint procedures and, if applicable, forms:
    - a. Readily available to the persons served.
    - b. Understandable to the persons served and in compliance with 29 U. S. C. §§ 706 (8), 794 – 794(b).

- C. These procedures shall be explained to personnel and parents/guardians in a way that meets their needs. This explanation may include a video or audiotape, a handbook, interpreters, etc.
- D. The provider document that parents/guardians have been advised of their right to appeal to DHS/Office of Fair Hearings and Appeals in accordance with DDS Policy 1076.
- E. The provider shall annually review all formal complaints filed.
- A. A written review of formal complaints:
  - 1. Determine:
    - a. Trends.
    - b. Areas needing performance improvement.
    - c. Action plan or changes to be made to improve performance and to reduce complaints
- F. The provider shall document a review of any action plan or changes made to determine if the plan/changes were effective in reducing complaints and shall make adjustments to the plan as deemed necessary to ensure quality services.

1004 Health Related Issues

- A. A successful health and safety program goes beyond compliance with regulatory requirements and strives to manage risk and to protect the health and safety of persons served, employees, and visitors. A successful health and safety program addresses both minimizing potential hazards and compliance activities.
- B. The rights of individuals who have or who are perceived as having Acquired Immunodeficiency Syndrome (AIDS), Human Immune Virus (HIV) related condition, Hepatitis B or who are identified as carriers of Hepatitis B. These same individuals shall not be discriminated against in accordance with 29 U.S.C. §§ 706 (8), 794 – 794(b); U.S.C. § 12101 et. seq. A copy of the policies/procedures shall be provided to each family.
- C. Confidentiality shall be maintained for all information, concerning whether that family admitted for services or anyone proposed for admission has been the subject of an HIV related test, has had an HIV infection, has an HIV related condition or has AIDS or Hepatitis B. Each provider will protect the confidentiality of records or computer data that is maintained which relates to HIV or AIDS or Hepatitis B.

1005 Incident / Accident Reporting

- A. This standard applies only to incidents occurring during service delivery  
The provider shall report the following incidents to DDS. This report shall contain: date, accident/injury, time, location, persons involved, action taken, follow-up, signature of person writing the report. The provider must notify the parent/guardian anytime an incident/ injury report is submitted.
  - 1. Maltreatment or abuse as defined in statutes (See Ark. Code Ann. §§ 12-12-501 – 12-12-515 (503); Ark. Code Ann. §§ 5-28-101 – 5- 28-109 (102))
  - 2. Incidents involving injury:
    - a. Accident/injury reports shall be completed for each accident/injury that requires the attention of an EMT, Paramedic or Physician.
      - 1. Accident is defined as an event occurring by chance or arising from unknown causes.

2. Injury is defined as an act that damages or hurts and results in outside medical attention.
3. Communicable disease
4. Violence or aggression
5. Sentinel events including ALL deaths regardless of cause.
6. Elopement and/or wandering defined as anytime the location of a child cannot be determined within 30 minutes
8. Vehicular accidents
9. Biohazardous accidents
10. Use or possession of illicit substances or use or possession of licit substances in an unlawful or inappropriate manner (i.e., possession of prescription drugs by a person to whom the drugs have not been prescribed and who has no legitimate interest in possession of prescription drugs, such as a parent or guardian)
11. Any condition or event that prevents the delivery of DHS services for more than 2 hours (i.e., power outages, natural disasters, etc.)/
12. Other areas, as required

## **1100 SERVICE PROVISION STANDARDS**

- A. Written procedures and records for intake, evaluation, and diagnosis necessary to determine the eligibility of a person to receive services shall be documented.
  - B. Specific staff positions will be assigned responsibility for intake, evaluation, assessment, family contact, planning, updating, and alternate placement.
  - C. Services and information will be provided in the family's natural language.
- 1101 Face sheets are completed at intake and shall be updated as needed, and at least annually as documented by date of signature by appropriate personnel designated by provider.
- 1101.1 Every person receiving services shall have a service record face sheet that contains the information in 501.1 A-O and will be filed in a prominent location in the front of the file.
- A. Full name of individual
  - B. Address, county of residence, telephone number and email address, if applicable
  - C. Race and gender
  - D. Birth date
  - E. Social Security number
  - F. Medicaid Number
  - G. Parents or guardian's name and address and relationship, if applicable
  - H. Name, address, telephone number and relationship of person to contact in emergency, someone other than item G
  - I. Health insurance benefits and policy number
  - J. Primary language
  - K. Admission date
  - L. Statement of primary/secondary disability
  - M. Physician's name, address and telephone number
  - N. Current medications with dosage and frequency, if applicable
  - O. All known allergies or indicate none, if applicable
- 1102 A DDS certified service coordinator shall be designated in writing and shall organize the provision of services to every individual served.
- A. For every individual served, the service coordinator shall:
    - 1. Assume responsibility for intake and offering provider choice for evaluation and services
    - 2. Coordinate assessment, developmental and therapy evaluation planning and services to the person
    - 3. Coordinate the Individual Family Service Plan
    - 4. Cultivate the Family/Guardian's participation in the services
    - 5. Monitor and update services to assure that:
      - a. The family/guardian is adequately oriented
      - b. Services proceed in an orderly, purposeful and timely manner
      - c. The transition and/or discharge decision and arrangements for follow-up are properly made.

1103 Intake

- A. The provider shall follow the established procedures for intake as in the DDS First Connections Service Guidelines. A written intake procedure shall be available upon request, shall be understandable to the family/guardian of the child receiving the services, shall be presented to the family/guardian requesting services, and shall be followed by the certified entity in the evaluation of a person to determine eligibility for services.
- B. The provider shall follow the criteria for admission as outlined in state and federal regulations.
- C. If the family is determined ineligible for Early Intervention services, the provider shall:
  - 1. Refer the family to other community-based resources.
  - 2. Advise family of their right to file an appeal of the determination with DDS under DDS Policy 1076.
  - 3. Notify medical referral source/Early Head Start referral source that the child is ineligible for EI services
  - 4. Provide the name and telephone number of the DDS Service Coordinator for that area.

1104 DDS Demographic Information

- A. DDS demographic information shall be provided to DDS either electronically or by hardcopy. A financial screen must be completed prior to admission unless a family refuses to apply for Medicaid or complete a financial screening. In this instance, documentation of the refusal shall be obtained from the family and maintained in the child's individual file. Payment source shall not be the determining factor for services.
- B. The demographic information shall include information about benefits for Medicaid eligibility and for individuals who may not be eligible for Medicaid.

1105 Developmental Assessment / Evaluation

- 1. A prescription for each evaluation must be obtained prior to conducting the evaluation and a copy maintained on file for review by DDS.
- 2. Initial evaluation shall include 2 developmental assessments; 1 standardized and 1 criterion based.
- 3. Documentation must include:
  - a. A written summary that includes standard deviation and/or percentage of delay as determined by the test protocols
  - b. An informed clinical opinion
- 4. Must be in a format that is understandable to the parent.
- 5. Must be signed by the evaluator.
- B. An annual assessment must be conducted using a criterion based test.
- C. A developmental profile report shall be on file within 45 days of referral, unless there is written documentation in the file demonstrating a need for an additional period.
  - 1. Staff shall complete the developmental profiles if they possess the required qualifications as established by each profile.
- D. Family Assessment
  - 1. Must be a personal interview
  - 2. Must determine the resources, priorities, and concerns of the family



3. Must identify social and family supports and services necessary to enhance the family's capacity to meet the developmental needs of the child  
Any assessment shall be voluntary on the part of the family, and written permission of the parent(s) must be reflected in the file.

- 1106 A developmental evaluation report shall be obtained and provided to the service coordinator in accordance with state and federal regulations.
- A. If a need is obvious prior to the developmental evaluation, other evaluations can be scheduled **in conjunction with** the developmental evaluation.
  - B. If there has been a significant life change, the Interdisciplinary Team will decide whether a new developmental evaluation is necessary

1107 Early Intervention -Individual Family Service Plan

Every individual shall have a written Individual Family Service Plan

- A. The provider shall include the person served as an active participant giving direction in all aspects of the planning and revision processes
- B. Services shall be provided based on the IFSP team decision and on the strengths and needs of the individuals to be served by the organization
- C. Assessments must include:
  1. Relevant medical history (Evidence of an Early Periodic Screening Diagnosis Treatment shall be documented on the IFSP)
  2. Relevant psychological information
  3. Relevant social information
  4. Information on previous direct services and supports
  5. Strengths
  6. Abilities
  7. Needs
  8. Preferences
  9. Desired outcomes
  10. Cultural background
  11. Other issues, as identified
- D. IFSP must be on the form approved by Arkansas First Connections and cannot be altered.
- E. An Interim IFSP shall only be used under extenuating circumstances and must be justified with written documentation. (EX: child is ill)
- F. The IFSP shall include a statement of the specific early intervention services necessary to meet the identified needs of the child/family.
- G. At a minimum the IFSP must include:
  1. Frequency- Number of days or sessions that a service will be provided
  2. Intensity- The length of time the service is provided during each session, and whether the service is provided on an individual or group basis
  3. Location- Where the service is provided (e.g., in the child's home, early intervention center, or other setting) as appropriate to the age and needs of the child. If services are not provided in the natural environment, justification must be documented.
  4. Method- How a service is provided

5. Dates and duration- Projected dates of initiation of the services, a target date for completion and/or review and the anticipated duration of those services.
  6. IFSP services needed to achieve the expected major outcomes identified.
  7. Annual goals and action steps
- E. The team must be present for the initial plan and to revise annual goals/outcomes. Parent, service coordinator and the evaluation representative must be included.
  - F. The IFSP must include, to the extent appropriate, medical and other services that the child needs, but which are not required. If necessary, the steps required to secure the services through public or private resources.
    1. The requirements of this IFSP standard do not apply to routine medical services (e. g. immunizations).
  - G. Plans for individuals from birth to 3 (three) years of age will be based on the individual needs of the child and family.

1107.1 Action Steps shall be developed, as needed, for each of the annual goals. Action Steps describe sequential steps and expected outcomes needed to reach the annual goal(s).

- A. Each Action Step must have criteria for success that states what the child must do to complete the Action Step.
- B. Action Steps shall have the person responsible for implementation of each Action Step which could be the parent/guardian or caregiver, a start date, a target date, and, when completed, a completion date. (mm,dd,yyyy)
- C. Target dates –
  1. The target date shall be individualized and noted at the same time of the start date and is the date when the individual can realistically be expected to achieve an Action Step.
  2. The target date shall be used as a prompt to see if expectations for the individual are realistic in relation to attainment and appropriateness of goals and Action Steps. If the starting or target dates need to be revised, mark through, initial and put in a new date.
  3. The ending date shall be entered in as the person completes each objective.

1107.2 The IFSP shall be communicated in a manner that is understandable:

- A. To the parent, surrogate parent and/or guardian.
- B. To the staff responsible for implementing the plan.

1108 Medical prescription for services shall be obtained, if applicable

- A. A current prescription for all services by Primary Care Physician shall be obtained prior to delivery of services.
- B. If a written prescription for services is not attainable, documentation of attempts to obtain prescription must be on file in the child's record.

1109 Prior Authorizations

Requests for Prior Authorizations must be submitted in compliance with DDS First Connections Service Guidelines

1110 Updating

- A. The provider shall develop and implement policies and procedures that are in accordance with state and federal regulations for updating individual program plans. Updates shall be done at least annually and more often if monitoring reports indicate a need or if federal regulations require more frequent updates.
- B. The organization shall have policies and procedures in place for revising individual program plans when goals change.
- C. Annual update – financial, if applicable, social, medical, medical prescription for services, evaluations as applicable, IFSP's, and service needs assessment

1111 Termination of services

- A. An exit and/or discharge summary shall be prepared by the service provider and submitted to the service coordinator each time a person leaves a service, not just when the person is leaving the organization.
  - 1. The report shall summarize the results of the services received by the person and makes recommendations for follow up to continue the achievement of the person's life goals
  - 2. Complete the exit section of the demographics form when the child leaves Early Intervention Services.
  - 3. The plan may suggest referrals to other services that are not available through the organization

1112 Data Collection Requirements

- A. Data collections shall provide specific information on annual goals and Action Steps and should be designed to measure and record the progress on each Action Step.
- B. Data Collection shall contain sufficient written documentation to support each medical or remedial therapy or service for which billing is made. *Daily* service documentation must, at a minimum, include:
  - The specific services furnished;
  - The date and actual beginning and ending time of day the services were performed;
  - Name(s) and title(s) of the person(s) providing the service(s);
  - The relationship of the services to the goals and objectives described in the person's individualized plan of care and
  - Daily progress notes, signed or initialed by the person providing the service(s) and the parent or direct care giver, describing each individual's status with respect to his or her goals and objectives.
- C. Child Outcomes shall be completed and documented as required by DDS First Connections Service Guidelines.
- D. Data collection must be filed in the child's individual file within 10 working days of the end of each month.

- 1113 Early Intervention IFSP Reviews
- A. Review of plans must include Family Rating which must be documented by the parent/guardians initials on the IFSP.
  - B. Provider Rating must be initialed in the appropriate place.
  - C. Provider must document if Family Rating could not be obtained due to lack of family participation.
- 1114 Children in Early Intervention (IFSP) must have a transition plan at the age of three (3) or upon exiting the program. The process shall be initiated at least 180 days prior to age 3 and a referral/transition conference shall be held at least 90 days prior to the third birthday as per State and Federal guidelines.
- A. Must be child specific and must include specific steps to ensure a smooth transition for the child and family, must be in accordance with State and Federal Guidelines, and must be documented on the IFSP.
  - B. Documentation on the IFSP must include the steps to be taken to support the transition of the child upon reaching age three.
  - C. Provider must demonstrate contact with the designated agency in the transition plan which will provide services following the transition, and must demonstrate an attempt to involve that agency in the transition planning.
  - D. All children who continue to qualify upon turning 3 years of age must be referred to the LEA (Local Educational Agency) in the school district of family's residence, regardless of chosen provider.
- 1115 The provider must ascertain and document attempts to recoup any third-party resource(s) available to the consumer, to include private insurance and Medicaid, prior to billing Early Intervention Part C funding. DDS or its designee will then pay any unpaid balance up to the lesser of the provider's billed charge or the maximum allowable reimbursement.
- Note: Documentation shall include copies of claims filed, explanation of benefits (EOB) notices received, and correspondence from third party sources regarding claims or benefits.*

**SUGGESTED  
BOARD/ORGANIZATION TRAINING TOPICS**

**Policy Development and Implementation**

Planning and Evaluation  
Equal Employment Opportunity/Affirmative Action  
Employee Performance Evaluation  
Team Building  
Performance Management  
Effective meetings  
Due Process  
Freedom of Information

Overview of Department of Human Services  
Overview of Developmental Disabilities Services  
Philosophy and Goals  
Programs, Practices, Policies and procedures of Local Organizations  
Overview of Community Integration

History, Philosophy, Causes and Types, Functional Levels, Severity Levels, Prevention and Program Issues in Mental Retardation and Other Developmental Disabilities.

Introduction to Principles of Normalization  
Legal rights of Individuals with a Developmental Disability  
Interdisciplinary Approach Overview  
Age Appropriate Programming  
Medications – Implications, Side Effects, legality of Administering

Overview of Federal and State Laws related to serving people with Developmental Disabilities (see index):

U.S.C. S2000a – 2000 h-6; Ark. Code Ann. SS 6-41-222; 20 U.S.C S 14000 et. seq. (Part B & Part H); 29 U.S.C SS 706(8), 794-794(b);  
5 U.S.C S 552a; 42 U.S.C SS 6000-6083; Ark. Code Ann. SS 20-48-201 – 20-48-211; Ark. Code Ann. SS 28-65-101 – 28-65-109; Ark. Code Ann. SS 5-28-101 – 5-28-109; Ark. Code Ann. SS 12-12-501 – 12-12-515; Ark. Code Ann. SS 25-2-104, 25-2-105, 25-2-107, Ark. Code Ann. SS 25-10-102 – 25-10-116; Ark. Code Ann. SS 20-18-215; U.S.C. S 12101 et. Seq.; DHS Administrative Policy 3002-I (Revised) and DDS Service Policy 3016, Prevention of Transmission of Disease Borne by Blood or other Body Fluids such as AIDS and Hepatitis B; DDS Administrative Policy 1077 Chemical Right to Know; DDS Service Policy 3004-I Maltreatment Prevention, Reporting and Investigation.

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