

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



# **CERTIFICATION STANDARDS**

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## ***FOR FIRST CONNECTIONS***

### Vision/Mission



First Connections collaborates with families to facilitate the child's participation in family and community activities through intervention linked to specific family-centered goals which support the family's enhancement of their child's development.

### Goals (key principles)

- Parents and family members are a child's first teachers and with necessary supports and resources all families can enhance their child's learning and development.
- Infants and toddlers learn best in their natural environment through every day experiences and interactions with familiar people in familiar contexts with typically developing peers.
- All children, no matter what their physical, cognitive, or emotional level of development, need meaningful opportunities to develop skills, establish a sense of self, and lay a foundation for life-long learning.
- All children learning together fosters the potential of every child; children with disabilities have the right to play and learn alongside children without disabilities.
- The family and their IFSP team collaboratively plans and writes strategies/activities, services, and supports to enhance their child's participation and learning in natural environments and every day activities, using the child's and family's strengths to overcome challenges and to accomplish goals that reflect family priorities for their child's development.
- Active family/caregiver participation in the early intervention process is critical to a child's development with support and training from qualified early intervention service providers.
- Early intervention is designed to meet the needs of infants and toddlers who have a developmental delay or disability while offering supportive services to the family, like parent education/training to help parents understand their child's developmental abilities in order to promote their child's development.

*To accomplish its mission, First Connections and its providers use a multidisciplinary approach and are committed to principles and recommended practices of early learning and to the principles and practices guiding provision of quality services.*

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## INTRODUCTION

The certification standards for early intervention through First Connections have been developed to accomplish: provision of quality early intervention that supports parents and other caregivers to assist in their child's learning and development using a multidisciplinary approach, as required in IDEA, Part C (34 CFR §303.409, §303.12(b)(3), §303.31, §303.24, §303.343(a)(1)(iv)) and First Connections policy and procedures (AR#3350, #4610, #4100, #4000, #4400, #4410, #3000, #3100, #3310).

The family's Individual Family Service Plan (IFSP) will be developed through a team approach with the participation of the service coordinator, family, and representatives of the services deemed necessary to meet functional child outcomes (goals and objectives). The IFSP team is responsible for completing the family assessment process to understand family goals and priorities and the child's current and prospective learning opportunities prior to the development of the initial IFSP (34 CFR §303.321 and 303.342; AR#3360-70 and #3000, #3100, #3300-10, #3350). Information gained through family interview/assessment assists the IFSP team in developing an IFSP with the family to meet functional outcomes developed with the family and based on parent-identified goals for their child's learning and development (AR#4000-4200 and #4410, #4500). Services identified as necessary to meet functional child outcomes will begin within thirty days of parent signature (consent) on the IFSP (34 CFR §303.420 and AR#4600 and #4100).

NOTE 1: 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.

NOTE 2: Early Intervention professionals associated with First Connections to provide EI services are required to adhere to all provisions in their signed annual voucher agreement.

## 100 PERSONNEL POLICIES AND PROCEDURES

101 Before making an offer of employment, the service provider shall inform an applicant that employment is contingent upon the satisfactory results of criminal history record checks, per Standards for Conducting Criminal Record Checks for Employees of Developmental Disabilities Service Providers, section 201 (June 30, 2014). The employer must inform the applicant that the service provider shall not knowingly hire or continue to employ a person who has been found guilty or has pled guilty or nolo contendere to any of the offences listed in section 201 of the Standards for Conducting Criminal Record Checks by any court in the State of Arkansas or any similar offense by a court in another state or of any similar offense by a federal court, whether or not the record of the offense is expunged, pardoned, or otherwise sealed.

Criminal record checks as required in these standards shall include both a state and national record check. A service provider may request a "state only" criminal record check if the service provider can verify the applicant has lived continuously in the State of Arkansas for the past five years and the applicant does not report any disqualifying convictions on their employment application.

*Note:* Examples of evidence that can be used to verify the above may include, but are not limited to, employment records, payroll check stubs, tax records, rent/house payment records, utility bills, school records, etc. Service providers shall maintain copies of such verification evidence in cases where a state-only criminal record check was conducted, for review by DDS.

For all individuals certified as First Connections providers to include individuals holding a license in addition to certification, the provider will obtain and verify within 30 days of employment and maintain documentation of the following:

1. Adult Maltreatment Central Registry has been completed and the response is filed, or a second request submitted.
2. Arkansas Child Maltreatment Central Registry 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. An individual will not be certified as a First Connections provider when a substantiated incident of child maltreatment is documented.
  - a. The organization should adopt policy requiring subsequent criminal checks and registry checks.
  - b. The organizations that provide licensed daycare services must adhere to Child Care Licensing regulations regarding Criminal background checks and central registry checks.
3. The results of criminal background check will be on file.
4. Employment reference verification and signed release on file within thirty (30) days of hire date.
5. Certificate of completion of Core Competencies training for all employees and contracted individuals providing services to children and families uploaded into CDS within 60 days of employment, then annually. Participants must earn 70% or greater cut off score on course

assessment to receive certification. Participant uploads certification of completion in CDS.

6. When a complaint is received by the lead agency, the First Connections provider(s) involved and/or his/her administrator(s) will provide information in response to any investigation and/or inquiry. Examples include, but are not limited to: lapse of license, criminal conviction since hiring date, actions have been taken against an employee concerning inappropriate behavior toward a child (harshness in language or attitude, punitive behavior, etc.).
- 102 First Connections providers will develop and implement procedures governing access to staff members' personnel files.
- a. Providers are responsible for keeping all required documentation uploaded in CDS.
  - b. For on-site hard-copy paper files, 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.
  - c. 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).

## 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 administrator(s) of a certified entity must complete First Connections Core Competencies training and submit completed certification test within 60 days of initial certification, then annually. Provider must meet a 70% or greater cut off score on course assessment to receive certification for completion of Core Competencies Training initially and then annually. Participant uploads certification of completion in CDS.
- 203 The provider will ensure any sub-contractor's services meet all applicable standards and will assess performance on an annual basis.
- a. The provider shall ensure that any and all direct care services provided by sub-contractors are in compliance with First Connections policies.
  - b. The provider completes a review of all contract personnel utilized by the organization; all reviews:
    - Assess performance of their contracts
    - Ensure all applicable policies and procedures of the organization are followed
    - Ensure they conform to First Connections standards applicable to the services provided
    - Are performed annually
- 204 Before making an offer of employment, the service provider shall inform an applicant that employment is contingent upon the satisfactory results of criminal history record checks, per *Standards for Conducting Criminal Record Checks for Employees of Developmental Disabilities Service Providers*, section 201 (June 30, 2014). The employer must inform the applicant that the service provider shall not knowingly hire or continue to employ a person who has been found guilty or has pled guilty or nolo contendere to any of the offences listed in section 201 of the Standards for Conducting Criminal Record Checks by any court in the State of Arkansas or any similar offense by a court in another state or of any similar offense by a federal court, whether or not the record of the offense is expunged, pardoned, or otherwise sealed.

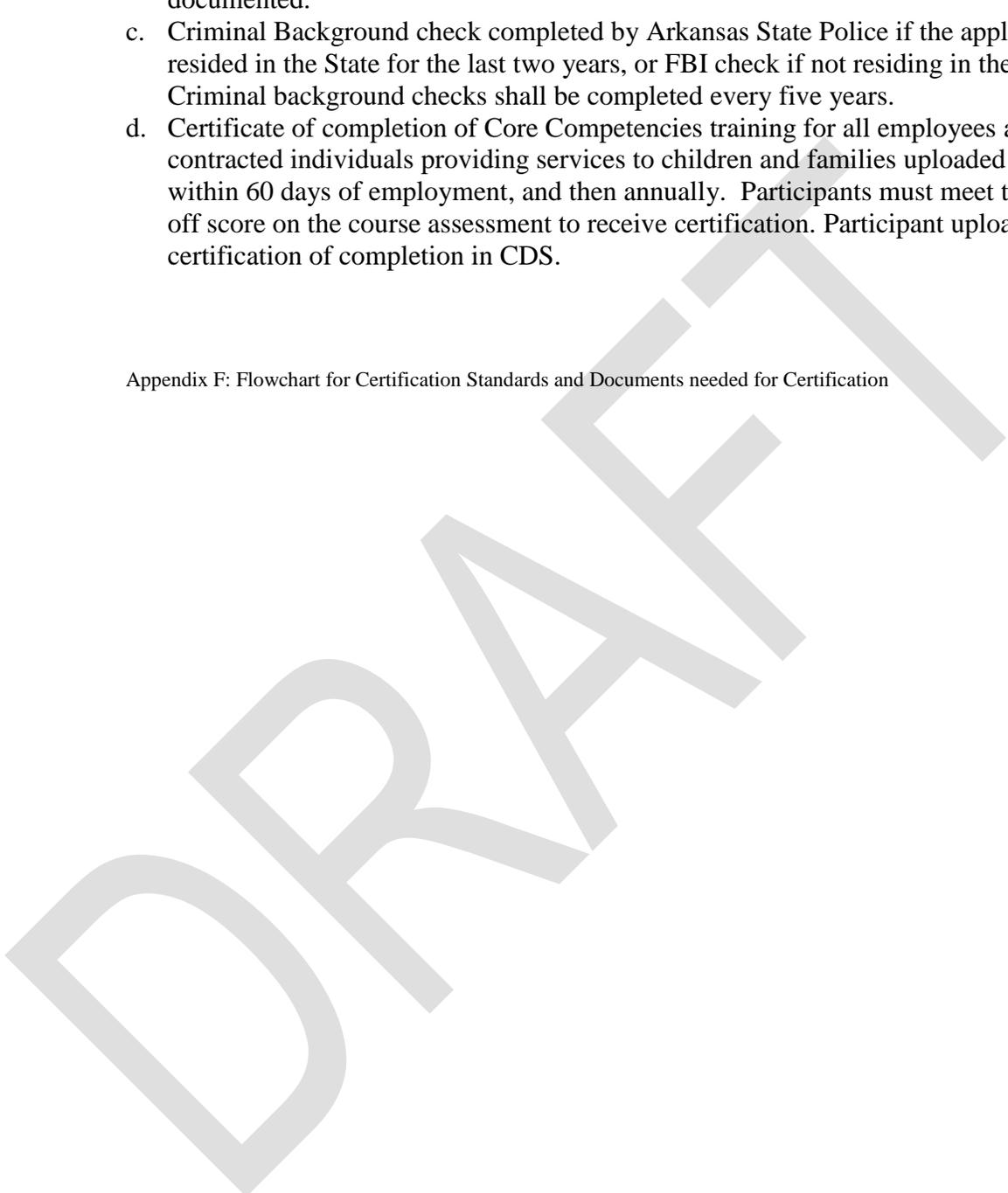
The provider shall maintain documentation of the following:

- a. Adult Maltreatment Central Registry 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 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. An individual will not be certified as a First Connections provider when a substantiated incident of child maltreatment is documented.

- 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.
- d. Certificate of completion of Core Competencies training for all employees and contracted individuals providing services to children and families uploaded into CDS within 60 days of employment, and then annually. Participants must meet the 70% cut off score on the course assessment to receive certification. Participant uploads certification of completion in CDS.

Appendix F: Flowchart for Certification Standards and Documents needed for Certification



## 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

- A. In order to be certified as a Service Coordinator for First Connections, the individual must:
1. Have a bachelor's degree (or higher) in education, social work, or a related field (or for non-degree holding individuals: completion of First Connections case management training with an earned certificate of completion received with 70% accuracy or greater on exit exam).
  2. Documentation shall be maintained on file for review by First Connections Quality Assurance/Monitoring Unit. Documentation of two years of previous experience in working with individuals with developmental disabilities
  3. Documentation of completion of the First Connections Early Intervention Service Coordination Certification courses (40 hours) with a minimum of 70% proficiency on exit exams.
  4. Individuals seeking service coordination certification are required to upload certificates of completion earned from required Service Coordination Certification courses; a hard copy of each certificate is kept in the personnel file.
- B. Individuals certified to serve as service coordinators may only serve as service coordinator for one program.
- C. Individuals certified to serve as service coordinators are not to have more than 50 infants/toddlers and their families on their caseload, without prior approval from First Connections.

Appendix F: Flowchart for Certification Standards and Documents needed for Certification

## **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:

- A. In order to be certified as a Developmental Therapist for First Connections, the individual must:
1. Hold current certification by the Arkansas Department of Education (ADE) in Early Childhood Education with specialization/certification in Early Childhood Special Education (for example, Special Education Instructional Specialist (P-4), Special Education Early Childhood Instructional Specialist (P-4), or Special Education (P-4), (0-K) or other ADE approved early childhood special education licensure).  
OR  
Be currently working toward completion of an Alternate Learning Plan (ALP) approved by the Arkansas Department of Education and by the certified organization/entity for which the individual is employed. Additional documentation includes: a copy of the required coursework to include projected dates of completion from an accredited school and a copy of the current teaching license. All required documentation must be uploaded in the employee's CDS file; hard-copies of the ALP and additional documentation are kept in on-site personnel file.  
OR  
Have completed the approved Developmental Therapist coursework and/or Master's of Early Intervention program at Henderson State University or other accredited university. Documentation must include a copy of the transcript from institution of higher learning.
  2. Provide documentation of completion of the Core Competencies Training (initial certification, then annually). Certificate of completion is earned when 70% cut off score has been met on course assessment. Participant uploads certification of completion in CDS.
  3. Complete and maintain documentation of 30 hours of professional development annually related to early child development, principles of early learning, best practices in early intervention, ongoing child assessment, and family engagement practices.
- B. The Developmental Therapist may only act as supervising teacher to supervise a maximum of three DTAs. The DTAs supervised must be working within the same program.
- C. The Developmental Therapist must adhere to the revised supervision agreement (2016) to ensure:

The supervising DT provides direct supervision of the DTAs work with the child and caregiver at least one session per month. This supervision requirement applies to *each child* on the DTAs caseload.

- D. In certain circumstances the supervising DT may be granted prior approval by First Connections to conduct direct supervision of the DTA via video or other technology. The family of the child would also have to grant approval and sign a release.

402 Developmental Therapy Assistant

In order to be certified as a Developmental Therapy Assistant (DTA) for First Connections, the individual must be supervised by a Developmental Therapist (DT) who holds a current certification by First Connections and is a provider in good standing. Additional certification requirements include:

- a. Associate's degree in early childhood development or a related field.
- b. Two years' documented experience working with early learners and/or children with disabilities.
- c. Provide documentation of completion of the Core Competencies Training initial certification, then annually. Certificate of completion is earned when 70% cut off score is met on course assessment. Participant uploads certification of completion in CDS.
- d. Copy of the supervising Developmental Therapist's certification.
- e. Supervision agreement signed by the Developmental Therapist and Developmental Therapy Assistant as specified in the First Connections Service Guidelines. Signatures on the agreement indicate that both parties certify that they will comply with the requirements of the supervision agreement and the requirements of First Connections and Arkansas Medicaid programs.
- f. 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).
- g. Copy of DTA's annual evaluation by the DT (for re-certification only).
- h. Complete and maintain documentation of 30 hours of professional development annually related to early child development, principles of early learning, best practices in early intervention, ongoing child assessment, and family engagement practices (for re-certification only).

NOTE: The provider maintains documentation of the qualifications specified in 402 (above) on CDS with hard-copies in the on-site personnel file for review by First Connections Quality Assurance/Monitoring Unit.

403 Certified organizations/entities will ensure a Developmental Therapist working under an ALP is completing required coursework in accordance with the Alternative Learning Plan and will upload documentation of completed coursework annually during the period of the employee's 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, certification will be revoked.

Appendix F: Flowchart for Certification Standards and Documents needed for Certification

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

**Note: Organizations certified to provide Speech Therapy must comply with Sections 100, 200, 1000 and 1100 of this Manual. Individuals certified to provide Speech Therapy must comply with sections 200, 1000 and 1100 – see Appendix F: Flowchart for Certification Standards and Documents needed for Certification**

### **501 Speech Therapist**

- a. In order to be certified to provide Speech Therapy, the individual must provide documentation of a current license in Speech-Language Pathology by the Arkansas Board of Examiners Speech-Language Pathology and Audiology.
- b. Provide documentation of completion of the Core Competencies Training initial certification, then annually. Certificate of completion is earned when 70% cut off score is met on course assessment. Participant uploads certification of completion in CDS.
- c. Complete and maintain documentation of 20 hours of professional development with at least half of these hours (10) directly related to early child development, principles of early learning, best practices in early intervention (0-3), ongoing child assessment, and family engagement practices (for re-certification only).

The provider shall maintain documentation of the aforementioned qualifications on CDS with hard-copies kept in on-site personnel file for review by First Connections Quality Assurance/Monitoring Unit.

### **502 Speech Therapy Assistant**

- a. In order to be certified as a Speech Therapy Assistant, the individual must provide documentation of current certification as a Speech Therapy Assistant by the Arkansas Board of Examiners Speech-Language Pathology and Audiology.
- b. Provide documentation of completion of the Core Competencies Training initial certification, then annually. Certificate of completion is earned when 70% cut off score has been met on course assessment. Participant uploads certification of completion in CDS.
- c. Supervision agreement signed by the Speech Therapist and Speech Therapy Assistant. Signatures on the agreement indicate that both parties certify that they will comply with the requirements of the supervision agreement and the requirements of First Connections and Arkansas Medicaid programs.
- d. Copies of annual observation report as completed by the supervising Therapist (for re-certification only) uploaded into CDS annually.
- e. Copy of Speech Therapy assistant's annual evaluation by the SLP (for re-certification only).
- f. Complete and maintain documentation of 20 hours of professional development with at least half of these hours (10) directly related to early child development, principles of early learning, best practices in early intervention, ongoing child assessment, and family engagement practices (for re-certification only).

## **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 to provide Physical Therapy intervention services, the individual must provide documentation of a current license as a Physical Therapist by the Arkansas State Board of Physical Therapy.
- b. Provide documentation of completion of the Core Competencies Training initial certification, then annually. Certificate of completion is earned by meeting 70% cut off score on course assessment. Participant uploads certification of completion in CDS.
- c. Supervision agreement signed by the Therapy Assistant and supervising Physical Therapist.
- d. Complete and maintain documentation of 20 hours of professional development with at least half of these hours (10) directly related to early child development, principles of early learning, best practices in early intervention, ongoing child assessment, and family engagement practices (for re-certification only).

### 602 Physical Therapy Assistant

- a. 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 State Board of Physical Therapy.
- b. Provide documentation of completion of the Core Competencies Training initial certification, then annually. Certificate of completion is earned by meeting 70% cut off score on course assessment. Participant uploads certification of completion in CDS.
- c. Supervision agreement signed by the supervising Physical Therapist and Physical Therapy Assistant. Signatures on the agreement indicate that both parties certify that they will comply with the requirements of the supervision agreement and the requirements of First Connections and Arkansas Medicaid programs.
- d. Copies of 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter observation reports as completed by the supervising Therapist (for re-certification only).
- e. Complete and maintain documentation of 20 hours of professional development annually, with at least half of these hours (10) directly related to early child development, principles of early

learning, best practices in early intervention, ongoing child assessment, and family engagement practices (for re-certification only).

Physical Therapists and Physical Therapy Assistants will maintain documentation of the above mentioned qualifications on CDS with hard-copies on file in on-site personnel records for review by Quality Assurance/Monitoring Unit.

Appendix F: Flowchart for Certification Standards and Documents needed for Certification

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## **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 Therapist

- 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. Provide documentation of completion of the Core Competencies Training initial certification, then annually. Certificate of completion is earned when 70% cut off score is met on course assessment. Participant uploads certification of completion in CDS.
- c. Complete and maintain documentation of 20 hours of professional development with at least half of these hours (10) directly related to early child development, principles of early learning, best practices in early intervention, ongoing child assessment, and family engagement practices (for re-certification only).

### 702 Occupational Therapy Assistant

- a. In order to be certified as an Occupational Therapy Assistant, the individual must provide documentation of a current license as an Occupational Therapist Assistant by the Arkansas State Medical Board.
- b. Provide documentation of completion of the Core Competencies Training initial certification, then annually. Certificate of completion is earned when 70% cut off score is met on course assessment. Participant uploads certification of completion in CDS.
- c. Supervision agreement signed by the Therapy Assistant and supervising Occupational Therapist. Signatures on the agreement indicate that both parties certify that they will comply with the requirements of the supervision agreement and the requirements of First Connections and Arkansas Medicaid programs.
- d. Copies of 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter observation reports as completed by the supervising Therapist (for re-certification only).
- e. Complete and maintain documentation of 20 hours of professional development with at least half of these hours (10) directly related to early child development, principles of early learning, best practices in early intervention, ongoing child assessment, and family engagement practices (for re-certification only).

Occupational Therapists and Occupational Therapy Assistants will maintain documentation of the above mentioned qualifications on CDS with hard-copies on file in on-site personnel records for review by First Connections Quality Assurance/Monitoring Unit.

Appendix F: Flowchart for Certification Standards and Documents needed for Certification

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## 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 First Connections, 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 CDS with hard-copies in the on-site personnel file for review by First Connections.

Appendix F: Flowchart for Certification Standards and Documents needed for Certification

## **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 that is medical in nature, the provider must provide documentation as a Durable Medical Equipment provider with the Arkansas Medicaid Program; the provider's DME provider number must be included on the PA request. Providers of assistive technology/adaptive equipment that are not documented DME providers through Medicaid, the program/provider must be certified through First Connections as a adaptive equipment/assistive technology provider.
- 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 First Connections and must be identified by the IFSP team as necessary to meet functional child outcomes (goals/objectives) and included in the child's and family's IFSP (Individualized Service Plan) and described in such a way in the IFSP that it is clear how the adaptive equipment will be used when working with child and family.
- 904 A unit of services is the item purchased or rented, and the unit rate is the purchase, installation and/or rental price for the item authorized by First Connections.
- 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 First Connections 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 service coordinator, ascertain and recoup any third-party resource(s) available to the consumer prior to billing First Connections or its designee. First Connections, 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 service coordinator.
- 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.

Appendix F: Flowchart for Certification Standards and Documents needed for Certification

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

Each agency/service provider is responsible for the implementation of procedural safeguards:  
See IDEA (34 CFR §303.400) and First Connections Policies and Procedures:

- Access to Records AR#4210
- Accessibility and Convenience of Meetings AR#4510
- Informed Consent AR#4520
- Non-discriminatory Procedures AR#3500
- Role of Parent in IFSP Team AR#4410
- Early Intervention Service Provision AR#4630
- Procedural Safeguards AR#7000

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# 1100 SERVICE PROVISION STANDARDS

## I. USE OF FIRST CONNECTIONS REQUIRED FORMS:

Required (approved) forms are linked in the data system. The appropriate required forms for each type of meeting are linked on the “prepare for the meeting” tab in CDS. The family’s service coordinator has access to the forms and must use only First Connections approved forms for all steps of the EI process.

Providers may not alter First Connections required forms or substitute other forms.

## II. PROVIDER ROLES:

- a. EI providers are required to adhere to federal requirements, state guidelines, First Connections policies and procedures, and contents of voucher agreements.
- b. Provision of direct EI services must be carried out by individuals certified by First Connections.
- c. Provision of service coordination services must be carried out by individuals certified to perform service coordination.
- d. IDEA federal mandates that the minimum number of participants at an initial, bi-annual, and annual review IFSP meeting are three individuals performing three distinct roles:
  1. Service coordinator
  2. Parent(s)
  3. Evaluation interpreter (initial IFSP) or a direct service provider (IFSP reviews)
- e. Dual-certified individuals (direct service provider certified to be a service coordinator) must select the role they will be performing at the IFSP meeting and must ensure that federal requirements for minimum participants at an IFSP meeting are met so that each of the required roles are fulfilled by three separate individuals.
- f. Providers performing evaluations or direct services are required participants at a child’s and family’s IFSP meeting (initial, bi-annual, annual). Participation may include: in-person, via scheduled phone conference at the time of the meeting, or by sending a qualified delegate with the provider’s written report.
- g. Part C programs and/or independent providers may not serve as trainer for another certified Part C provider or program without written approval received from the Part C Coordinator. Approval is granted upon lead agency review of training material content submitted at least 60 days prior to scheduled date of training. Certificates submitted for non-approved training will not be counted towards required annual professional development.
- h. Individuals who are not service coordinator certified but who have completed First Connections “Intake and Family Assessment” training and met the 70% cut off score on the course assessment to earn the certificate for this training may make act as “intake coordinators” and perform the

following duties: initial contacts on referrals, complete intake with families, and conduct the Child and Family Assessment prior to the initial IFSP.

### **III. SERVICE COORDINATION:**

The initial service coordinator is the service coordinator who receives the referral and makes initial contact with the family. The ongoing service coordinator is any service coordinator that the family chooses to take over service coordination after the development of the initial IFSP (but who may attend the initial IFSP meeting to assist the initial service coordinator who coordinates and facilitates the initial IFSP meeting).

- a. No changes can be made in Service Coordinator during the 45-day federal timeline between receipt of referral to the completion of the initial IFSP.
- b. Whenever there is a change in service coordinator, the parent/guardian signs the Student Move form (Provider Change form and gives the signed/dated form to the present Service Coordinator who will submit the change form to the First Connections Data Unit for processing and to change service coordinator access to the child's electronic record.
- c. The initial service coordinator is responsible for obtaining the Rx for any evaluations and for submitting the PA request for any evaluations to be completed prior to the initial IFSP.
- d. The initial service coordinator is responsible for coordination and facilitating the initial IFSP meeting. If the family has already determined that they plan to change service coordinators, the soon to be ongoing service coordinator should be invited to the initial IFSP meeting to assist the team in initial IFSP development.
- e. At the initial IFSP meeting, the ongoing service coordinator is determined by the IFSP team, which includes the family. The IFSP team may assign the same service coordinator who was appointed at the time the child was initially referred (initial service coordinator) or the family may appoint a new service coordinator (ongoing service coordinator). The selected ongoing service coordinator is responsible for all activities following the initial IFSP meeting including requesting the Rx for services determined necessary to meet the functional IFSP goals and objectives and for submitting the PA request.
- f. The service coordinator shall be designated in writing and will:
  - make initial contact(s) with families and ensure that families understand the reason for the referral and answer the family's questions about the referral and about the Part C program and family's role in early intervention under IDEA, Part C
  - ensure that families know and understand their rights and will obtain and record documentation indicating receipt of procedural safeguards
  - offer the family choice of provider(s) for evaluations and/or services
  - ensure that meetings are conducted in the family's native language (primary mode of communication) or an interpreter is provided

- facilitate IFSP meetings at times and locations convenient to the family and/or other caregivers
- meet 45-day timeline from receipt of referral to completed initial IFSP
- ensure that families and all required participants of the IFSP meeting receive meeting notices well in advance of any scheduled meeting approved by the family
- ensure that families receive copies of all child records
- ensure that the Child and Family Assessment is completed prior to writing functional goals with the family at the initial IFSP meeting and that this assessment is completed at initial IFSP meeting and at each annual IFSP review
- ensure that the IFSP team completes the COSF rating (Child Outcome Summary) using the approved tools: Age Anchor and Decision Tree and that this process is completed at every initial IFSP meeting, at each annual review meeting, and at child exit from the program.
- assist the family in identifying priorities for their child’s learning and development and assist the IFSP team in supporting the family in developing functional child outcomes for the IFSP and to determine functional action steps or objectives within typical child and family activities designed to meet the functional child IFSP outcomes
- lead the IFSP team in determining services necessary to meet functional child outcomes/objectives on the IFSP
- make referrals deemed necessary by the family to assist the family in developing a support network and/or accessing resources, services, or activities in the community
- serve as the single point of contact for families
- organize the provision of early intervention to families of infants/toddlers served
- monitor the provision of services on the IFSP to ensure timeliness of service (within 30 days of parent consent/signature on the IFSP)
- assist the family in planning for the child’s transition whenever the child is leaving early intervention under Part C (either at the age of transition or at any age)
- assisting the family in creating the transition plan in the IFSP for any child exiting the program (regardless of age of exit or reason for exit)
- For toddlers approaching the third birthday with an active IFSP who are “potentially eligible” for 3-5 early childhood special education services (ECSE), to assist the family in transitioning to an appropriate 3-5 program to meet their family’s priorities for their child’s early learning. All steps of transition (LEA Notification, Transition Plan in the IFSP, and Transition Conference) are begun as early as nine months prior to the third birthday but are completed no later than 90 days prior to the child’s third birthday
- guide the family in completing exit process in CDS whenever a child exits the program (regardless of age or reason for exit): family ratings, objectives status ratings, and final COSF (child outcome summary) rating
- closes child record approximately 30 days after child exits the program and direct service providers have entered all delivered service notes and other child records

## **1101 Initial Contact**

The purpose of the initial contact is to ensure that the family understands the referral, the Part C program, and the basic “next steps” of the EI process. The service coordinator (or trained designee) shall follow the established procedures for initial contact with parent/guardian listed on the referral:

Initial Contact (Contacting family about referral):

- Made by phone within 48 hours of receipt of referral\*
- Answer family’s questions about the referral and explain the First Connections early intervention program
- Identify family’s concerns about their child’s development
- If family wishes to participate in EI, schedule a meeting for intake at a time and location convenient to the family
- Explain next steps to parent/guardian
- Document contact in CDS

*\* If no valid phone number is provided on the referral, the CDS generated “referral letter” may be sent, and inability to contact by phone is case noted.*

## **1102 Intake**

Intake is a face to face meeting with the family completed at a time and location convenient to the family. Intake is completed as a personal interview to:

- Ensure family understands their child’s referral, the Part C program, and the basic EI process
- Identify family priorities for their child’s learning and development and family goals (recorded in CDS as “concerns”)
- Family desired outcomes (goals for the child and for the family)
- Family resources, social and family supports and current services
- Community supports, resources, activities, programs, or services outside of Part C determined by the family as necessary to enhance the family’s capacity to meet the developmental needs of the child.

The service coordinator (or trained designee) shall follow the established procedures for intake as in the First Connections Policies and Procedures:

### **A. Initial Intake (Meeting with Family):**

- Arrange for an interpreter, as warranted
- Advise parent of procedural rights and safeguards,
- Provide family with the First Connections Guide to Parent’s Rights
- Provide family with HIPPA publications
- Explain the family’s (and other caregiver’s) role in early intervention and complete Parent Participation Agreement
- Inform family of First Connections eligibility requirements
- Inform family the determination process for early intervention services
- Inform family of next steps (the developmental evaluation, purpose of the evaluation, what the evaluation process will involve)

**If family declines First Connections services (refuses Parent Participation Agreement):**

- Ensure parent understands their role by reviewing the form and discussing areas of parental objection to ensure the parent understands the agreement, their role, and what that “looks like”

**If family still declines First Connections services (refuses Parent Participation Agreement):**

- Document in notes, parent statement of refusal
- Close infant/toddler file in the database
- Send letter of notification to referral source (if other than parent)

**If family opts to proceed:**

- Explore family resources, priorities, and concerns
- Complete FC Child & Family Assessment (*or, this may be done as part of the initial IFSP meeting prior to the creation of functional child outcomes*)
- Inform family of use of public or private insurance and the family’s options (SYSTEM OF PAYMENTS, AR# 8000)
- Have family complete public or private insurance form(s) as warranted (form in SYSTEM OF PAYMENTS, AR# 8000)
- Family completes financial screening and ethnicity forms
- Provide parent with choice of provider(s) and have parent select a first and second choice; obtain family’s consent for all needed evaluations
- Obtain information about the child’s PCP
- Explain confidentiality rights and have parent complete consent/release of information forms: Program participation form, DHS4000s to share information with all involved parties (provider, second choice provider, PCP, daycare, etc. as applicable)
- Obtain a prescription for evaluation(s) from PCP
- Request prior authorization (PA) as warranted for evaluation(s)
- Give or mail the family a notice of meeting outcome, in parent’s native language
- Upload documentation in child’s electronic record and case note contact

**B. Demographic Information**

The purpose of collecting child and family demographic information must be explained to the family prior to having them complete the forms. Child and family demographic information is collected by all federally-funded programs and reported to demonstrate that First Connections serves families in every demographic area. Child and family demographic information includes:

- information about income and self-identified race/ethnicity
- insurance, benefits for Medicaid eligibility and for individuals who may not be eligible for Medicaid or have no insurance

Demographic information shall be provided to First Connections electronically (on CDS) and kept in the child’s hardcopy file. The financial screen and race/ethnicity form is completed as part of the intake process. The interviewer explains the purpose of these demographic forms and gathers this

information from the family prior to program admission (unless a family refuses to complete a financial screening), which the service coordinator must document. 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.

### **1103 Referral of a Toddler Approaching Third Birthday**

When a child is referred to early intervention under IDEA, Part C (First Connections) and the child is nearly three, the following federal and state guidelines must be followed:

#### **A. Child referred less than forty-five days prior to the third birthdate:**

Referral is entered into CDS and family is contacted about the referral and contact is documented in CDS (see "Initial Contact" above). Family is informed that the First Connections early intervention program ends at the child's third birthdate. Family is assisted in identifying an appropriate 3-5 program in their area. Service coordinator may, **with family consent to release information**, make a referral to the LEA in the region in which the child and family lives. The service coordinator may make other referrals to 3-5 program(s) of the family's choosing **with family consent to release information**. All referrals are documented in case notes in CDS. Service coordinator will not complete intake or eligibility process. First Connections does not perform evaluations on toddlers referred forty-five days (or fewer) before the third birthday. Child file in CDS is closed when the toddler turns three.

#### **B. Child referred forty-six to ninety days prior to the third birthday:**

Family is informed at the initial contact that the First Connections early intervention program ends at the child's third birthdate and that the focus of our work with the family is on assisting the family in identifying an appropriate 3-5 learning environment and/or program and assisting the family in making a transition plan (see section on "Transition," #1116).

Referrals for children 46-90 days prior to the third birthday must be processed as usual: initial contact, intake, family choice of provider to complete developmental evaluation, eligibility determination, initial IFSP meeting. The initial IFSP meeting and the transition conference are combined. LEA Notification is sent as soon as IFSP team determines eligibility for First Connections. LEA Notification contains note: "child referred late (mm/dd/yy = date of referral); eligibility determined (mm/dd/yy = date of eligibility determination)." Consent is not needed to send LEA Notification on children participating in the Part C program who have been determined eligible for services under Part C.

The family will identify whom they want to attend the combined Initial IFSP Meeting/Transition Conference (a representative or representatives from a program or programs to which their child may transition). The family will sign consent to release information to the 3-5 program or programs they are considering and have identified to invite to the transition conference so that results of the developmental evaluation and any other assessments can be sent at least two weeks prior to the scheduled meeting to the 3-5 representative(s) who will be attending.

When the initial IFSP meeting and Transition Conference are combined the meeting must meet requirements under IDEA for both meetings. The combined meeting will accomplish:

- \* Initial COSF rating by the team
- \* Go over family rights (Part C)
- \* Provide family a copy of their rights (3-5 program)
- \* Eligibility determination
- \* FC Child & Family Assessment (if not completed as part of intake)
- \* Family and IFSP team create the transition plan in the IFSP
- \* Development of a simple IFSP that focuses on what is needed for the child and family to transition to the next learning environment
- \* Service or services on the IFSP selected based on what is needed to support transition and to meet functional IFSP goals and objectives
- \* 3-5 Representative reviewing results of evaluation with family to determine what other assessments/evaluations are needed to determine 3-5 program eligibility (and gaining consent from parent at the meeting)
- \* referrals as appropriate to other programs
- \* notice of meeting outcome sent to all participants
- \* copy of IFSP and other paperwork sent to all participants

#### **1104 Evaluation Accompanying a Referral**

When a child is referred to early intervention under IDEA, Part C (First Connections), and already has a current evaluation and is or has been receiving services outside of Part C, a comprehensive multidisciplinary developmental evaluation must be completed to determine First Connections eligibility, to inform program planning, and to meet state and federal guidelines, even if the specialized evaluation demonstrates a qualifying delay.

#### **1105 Developmental Evaluation**

A comprehensive developmental evaluation must be completed for each child referred to First Connections. The developmental evaluation is used to determine eligibility and for use in program planning. When areas of concern are indicated in the developmental evaluation, the IFSP team may elect to refer for a specialized evaluation. If a child need is obvious prior to the developmental evaluation, other evaluations can be scheduled **in conjunction with** the developmental evaluation.

*See recommended evaluations:*

Appendix B Speech/Language Evaluations,  
Appendix C Physical/Occupational Evaluation, and  
Appendix D Adaptive Evaluation Instruments

#### **A: Requirements for the Comprehensive Developmental Evaluation:**

The comprehensive developmental evaluation must meet the following requirements:

- a. Parent/guardian must be offered choice of provider; parent provides informed (written) consent to evaluate.
- b. Initial evaluation shall include 2 formal developmental assessment instruments.
- c. A prescription must be obtained prior to conducting the evaluation and a copy submitted with the PA request and maintained on CDS for review by First Connections.
- d. Children 0-3 are not separated from parent/guardian for the purpose of evaluation; parent/guardian may participate in the evaluation process.
- e. Evaluations are conducted in the child's natural environment with familiar individuals present and/or participating.
- f. If there has been a significant change in child's developmental skills due to a medical issue or other problem, the Interdisciplinary Team will decide whether a new developmental evaluation is necessary.

*See Recommended Developmental Tests for Children Ages Birth to Three in Appendix A.*

## **B. The Developmental Evaluation Report**

The results of the developmental evaluation are written into an evaluation report that is entered into CDS within 21 days of the date the provider was notified to perform the evaluation and uploaded in the attachment section of the report screen in CDS, unless there is written documentation in the file demonstrating the family's need for additional time. It is the provider's responsibility to enter the data in the system (not upload it into the system or fax it to the service coordinator).

Documentation on the evaluation report must:

- Include information about the child's interests, strengths, and needs
- Be useful for the parent and other caregivers in understanding their child's abilities and special needs in order to assist in their child's learning and development
- Be in a format that is understandable to the parent
- Meet native language requirements

Documentation must include:

- a. Name of child
- b. Date of child's birth
- c. Parent/guardian name
- d. Name of evaluators/credentials
- e. Date of the evaluation
- f. Referral source and why the child was referred
- g. Complete social history: who child lives with and how he/she interacts and participates in typical child and family environment(s) and activities. Information about child "history" birth, development, etc. Family concerns about child and medical history.
- h. Name of test instruments
- i. Full developmental testing administered
- j. An informed clinical opinion to explain how a child is eligible (based on program eligibility requirements) written as a summary review of medical records, child history, family interview, and observation of typical child interactions with familiar caregivers
- k. Strengths of the child and learning/developmental needs of the child

1. Recommendations that support the family in assisting in their child's learning and development – *may not include recommendations of particular services and/or service levels as this is a team decision that will be made later at the IFSP meeting based on what services are needed to meet functional child outcomes.*
- m. signature of the evaluator and date.

## **1106 Ongoing Child and Family Assessment**

### **A. Ongoing Child Assessment:**

1. Direct service providers are expected to assist the family in developing functional child outcomes that are observable child actions/activities that are measureable in a “real world” way so that primary caregivers are able to informally assess their child's progress towards these goals and report back to their IFSP team at review meetings.
2. Direct service providers are expected to conduct ongoing formal and informal assessment in order to share progress updates with the IFSP team quarterly.
3. Direct service providers are expected to work with the family and other caregivers to modify child strategies and/or goals when it is clear from ongoing formal and informal assessment that a child is not making progress.
4. An annual assessment must be conducted using a criterion based test.
5. Annual evaluation/assessment is not reimbursable by First Connections (Part C funds). Annual evaluation/assessment must be completed as part of a service session.
6. The annual evaluation/assessment results shall be entered and uploaded to the child's CDS file within 21 days of referral/selection to complete evaluation or assessment referral, unless there is written documentation in the file demonstrating the family's need for additional time.
7. Only staff possessing the required qualifications as established by each evaluation/assessment instrument shall complete the developmental report and/or profile.

### **B. Initial and Ongoing Child and Family Assessment:**

1. First Connections Child & Family Assessment is completed prior to or at the initial IFSP meeting and then annually as part of the IFSP annual review. (Must be completed prior to the team's creation of functional child outcomes (goals/objectives) on the IFSP).
2. Is completed as a personal interview with a primary caregiver after the purpose of the interview has been explained to the parent/caregiver. If the family elects, a separate Child & Family Assessment may be completed by “other caregivers” such as a daycare

or childcare provider, with parental consent.

3. Identifies current learning opportunities and prospective learning opportunities for the child within typical activities of the child and family.
4. Identifies child and family strengths and interests as well as people, places, and activities important to the family.
5. Identifies current and prospective learning activities and environments.
6. Is directly linked to the IFSP. Results of the assessment are used by the IFSP team to assist the family in developing functional child outcomes within current or prospective learning activities and environments to meet the parents' goals for their child's learning and development
7. Is scanned and uploaded into the child's electronic record.
8. Is voluntary on the part of the family. Families who do not wish to participate in the First Connections Child & Family Assessment are referred to other appropriate services and the referral is closed as "refused services." The service coordinator documents family refusal in case notes.

### **1107 Eligibility**

Eligibility is determined at the initial IFSP meeting by the IFSP team (which includes the parent). The IFSP team follows the criteria for eligibility as outlined in state and federal regulations. An eligibility flow chart tool is available for IFSP teams who need guidance in determining eligibility. If the child is determined eligible, the IFSP team (which includes the family) develops the initial IFSP.

If the family is determined ineligible for early intervention services, the service coordinator and/or IFSP team shall:

1. With parental consent, refer the family to other community-based resources.
2. Advise family of their right to file an appeal of the determination with First Connections Appeal process.
3. Notify medical referral source, Early Head Start referral source, DCFS, etc. that the child is ineligible for EI services under Part C.
4. Provide the name and telephone number of the First Connections certified Service Coordinator for that area in case child needs assistance at a later date.

### **1108 Early Intervention - Individual Family Service Plan (IFSP)**

Every child must have a written Individual Family Service Plan completed by the IFSP team: parent, Service Coordinator, evaluator or qualified evaluation representative, direct service provider(s), other caregivers the family identifies and others as needed and/or at parent request. The IFSP is developed to assist parents and other primary caregivers in implementing the action steps or IFSP objectives within

typical child and family activities to promote the active participation of the child. The IFSP must be individualized and based on family-identified needs, priorities, resources, activities, and interests and cannot be identical to the plan of another child and family. The IFSP is clearly linked to the family assessment information gathered via family interview.

The early intervention team must include the parent of the child and any other adults that the family chooses to participate as an equal partner in the IFSP team. The family is involved in all decision making aspects. The IFSP is the family's plan for facilitating their child's learning, development, and active participation in typical family activities. The plan must be written in a way that is understandable to the child's family, caregivers, and those who will be assisting in implementing intervention strategies.

The early intervention professionals' role in the IFSP team meeting is to assist the family in the development of functional child and family goals that are observable and measureable within typical child and family life for initial IFSP and all IFSP review meetings. Goals on the IFSP are reasonably attainable within an IFSP review period.

The IFSP is well-developed, having at least one family goal (action that the parents will take) and five to eight functional child goals linked to family-identified learning priorities and having logical and specific action steps (objectives). The only exception is an interim IFSP (see below), which may have one goal.

IFSP teams are multi-disciplinary and include the parent and their early intervention team. The IFSP team, which includes the parent(s), determines what services are necessary to reach functional child outcomes (goals and objectives on the IFSP) that support the family in promoting their child's learning and development. Services deemed necessary to reach functional child goals are selected by the IFSP team (including parent) with consideration for what the parent and other caregivers need in order to support their child's learning and development and implement the intervention strategies.

The IFSP must include, to the extent appropriate, medical and other services that the child needs, but which are not Part C, early intervention services. If necessary, the steps required to secure the services through public or private resources may be listed.

Every child and family served must have accurate, up-to-date electronic records in the CDS system. IFSPs must be on the CDS System. If a paper form is used (in an IFSP meeting with the family in a location where the service coordinator cannot access CDS due to non-connectivity), the IFSP form used must be the IFSP forms offered on the CDS System that have been approved by First Connections. The information on the paper IFSP form must be entered (typed) and uploaded into the CDS System within five (5) days of the date of the IFSP meeting.

- A. The full IFSP team meets to review and update the IFSP at bi-annual and annual review. At these full team reviews, child progress is reviewed and the IFSP team completes a COSF rating and compares the child's rating at annual to his/her rating at program entry. The child's improvement in the three OSEP child outcome areas is discussed as well as child progress towards meeting functional IFSP goals in a variety of typical situations and settings. The IFSP team then updates/revises the child's goals and objectives. Changes to functional child goals and objectives require the IFSP team, which includes the parent, to consider again at these

review meetings what service(s) is necessary to assist the family and child in reaching the updated IFSP goals.

B. Annual IFSP review includes completion of:

- A team-completed Child Outcome Summary rating (COSF) using approved tools (Age Anchor and Decision Tree) and review by the team to measure progress informally from initial IFSP child outcomes rating to rating one year later.
- First Connections Child & Family Assessment
- (if applicable, social and/or medical information updated to reflect child and family changes)
- (if applicable due to family changes) financial screening form
- medical prescription for services, evaluations as applicable,

C. Quarterly IFSP reviews may be completed by the service coordinator and family with direct service provider(s) submitting information by report. The two quarterly reviews (between initial and bi-annual and between bi-annual and annual) must include Provider Rating and Family Rating. Provider Rating must be provided on CDS in the appropriate place and, if needed, the target date for any service must be evaluated and re-targeted. Family Rating must be documented by the parent's/guardian's initials on the paper IFSP (uploaded into CDS) or by electronic signature in CDS when e-sign is available. The service coordinator must document if Family Rating could not be obtained due to lack of family participation.

D. Initial IFSP

The initial IFSP is developed within 45-days of the receipt of the referral to First Connections. At the initial IFSP meeting, the service coordinator completes the FC Child and Family Assessment prior to the development of functional goals and objectives on the IFSP.

Required IFSP team members at the initial IFSP meeting:

- parent/guardian
- service coordinator
- evaluator or a representative (evaluation interpreter)

The entire IFSP team (which includes the parent) completes the initial COSF (Child Outcome Summary) rating using the approved tools (Age Anchor and Decision Tree).

E. IFSP Quarterly Review

IFSPs are reviewed quarterly. The service coordinator and parent may complete the quarterly review with notes on child progress provided by direct service coordinators. If the child is not making adequate progress, the whole IFSP team should meet to update/revise the plan.

The IFSP team (family, direct service provider(s), service coordinator) must follow policies and procedures in place for revising Individual Family Service Plans when child goals and objectives change, facilitating a change in services and/or levels of service or service location.

F. IFSP Bi-Annual and Annual Review

The IFSP team (family, direct service provider(s), service coordinator) must follow policies and procedures in place for revising Individual Family Service Plans when child goals and objectives change, facilitating a change in services and/or levels of service or service location.

Bi-annual (6 month) and annual IFSP review meetings, and when any changes or deletions to the IFSP are proposed the entire IFSP team convenes:

- parent/guardian
- service coordinator
- direct service providers

other individuals identified by the family may attend at the request of the parent

G. IFSP Annual Review

The service coordinator completes the FC Child and Family Assessment as part of the annual IFSP review. The results are used to update IFSP goals and objectives.

The direct service providers attend the IFSP annual review with results of ongoing child assessment and other documentation of child progress. Direct service providers at the child's annual review meeting update the family on child progress, assist the family in updating goals and objectives, complete objective status rating, participate with the team in completing the annual COSF child outcome summary rating using the approved tools (Age Anchor and Decision Tree).

H. Transition Conference

The transition conference is conducted more than ninety days prior to the third birthday of an eligible toddler with a current IFSP. The transition conference may be combined with a regularly scheduled IFSP review meeting as long as the requirements for both meetings are met.

Minimum requirements for attendees at the transition conference include:

- parent/guardian
- service coordinator
- direct service providers
- representative of the 3-5 program to which the child may transition

**1109 Interim IFSP**

An Interim IFSP shall only be used under extenuating circumstances of urgent need when child eligibility is not in question and must be justified with written documentation. (EX: child is ill) The 45-day period between referral and initial IFSP is not affected by the creation of the interim IFSP, and the federal 45-day timeline must still be met. At a minimum the interim IFSP must include:

- Family information and name of service coordinator
- A family outcome: Adult-level resource or participation goal that the family expects to achieve within a typical IFSP review period.
- Functional child outcome: At least one outcome (goal) that meets a family-identified priority/goal and is clearly linked to Child & Family Assessment information. The goal is clearly observable and measurable with specific action steps (objectives) to meet the goal within a typical IFSP review period.
- Service: The IFSP shall include a statement of the specific early intervention service needed to assist the family and child in reaching the functional child outcome(s) (goals/objectives) identified by the family. When goals/objectives on the IFSP change through the review process, it is anticipated that services and/or service levels will change as services are determined by what is needed to reach functional child outcomes on the IFSP and what level of support caregivers need to implement the intervention and learning strategies to promote the child's learning and active participation in child and family activities.
  - Location – Services are provided to children in the child's natural environment. Natural Environment is determined based on where the child would be if he/she did not have a developmental disability. Natural Environment also includes typical child and family activities and includes provider coaching of parents and other caregivers to implement intervention strategies when the therapist or teacher is not present.
  - Frequency- Number of days or sessions that a service will be provided in a month.
  - Intensity- The length of time the service is provided during each session, and whether the service is provided on an individual or group basis. The intensity of a service should be decided by the IFSP team at the time of the IFSP meeting based on what is developmentally appropriate for the child.
  - Method – the method of service delivery
  - Dates and duration – Projected dates of initiation of the service, a target date for completion, and/or review, and the anticipated duration of that service.

### **1110 Action Steps (objectives) on the IFSP**

Action Steps (Objectives) are developed by the IFSP team based on family-identified activities and child interests. The action steps are written in such a way that parents and other identified caregivers can implement these strategies within typical activities to promote the child's active participation in everyday life. Every functional child outcome (goal) on the IFSP must have Action Steps that logically describe sequential steps and activities to the reach functional child goal.

Actions Steps (objectives) should be worded in such a way that they form the "family's plan" for implementing these strategies into their parenting to assist the child in reaching his/her functional IFSP

goals. Each Action Step (objective) must have:

- Observable, specific child behavior that is clearly stated using action verbs and avoiding passive verbs like “maintain,” “tolerate,” “improve,” etc.
- A criteria for success that states what the child must do to complete the Action Step. Criteria must be measurable by the family and/or other caregivers.
- Indication of the person responsible for implementation of each action step (who will be working on each objective). The parent or other caregiver is the person or persons primarily responsible for working on these activities/interventions with their child within family-identified activities and the direct service provider is providing support, training, feedback, and/or coaching to the caregivers.
- Timeframe: a start date, an estimated or target date, and, when completed, a completion date. (mm,dd,yyyy)
- 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 infant/toddler can realistically be expected to achieve an Action Step and should align with typical IFSP review periods.
  2. The target date shall be used as a prompt to see if expectations for the child’s progress are realistic in relation to attainment and appropriateness of goals and ActionSteps. At each IFSP meeting, the early intervention team (which includes the family) re-targets these dates as part of the IFSP review process. If a child is not meeting goals within target dates, the IFSP team must, at that time, discuss alternate strategies (action steps/objectives) for teaching the skill(s) needed for the child to master the desired behavior and update strategies (objectives) on the IFSP.
  3. On paper copies of the IFSP, the target date may be marked through, initialed and a new target date written in, and later this data is entered in the CDS System.
  4. The ending date is entered in the CDS system as the infant/toddler completes each objective at a level satisfactory to the family and indicating mastery of the skill in most settings/situations.

### **1111 Services on the IFSP**

Early intervention services are determined at an initial IFSP meeting and any time the IFSP is reviewed, revised, or updated. Services on the IFSP are determined by the IFSP team (which includes the family) based on what is needed to support the family and other identified caregivers in implementing IFSP action steps in order to reach functional child outcomes.

Frequency/intensity of services is determined based on the level of support the adult caregivers in the child’s life need to implement the action steps.

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 three attempts to obtain prescription must be on file in the child's record. The date of faxed request (cover sheet) must be included in the documentation.
- C. If the PCP refuses to issue a prescription, the refusal is documented in CDS and PA submitted with documented refusal.

### **1112 Prior Authorizations**

Requests for Prior Authorizations must be submitted in compliance with Policies and Procedures for Arkansas First Connection Early Intervention Services. The acting service coordinator submits PA requests (see "Service Coordination," section 1100, III).

Early intervention professionals 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. First Connections 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.*

### **1113 Justification to Exceed Guidelines**

Prior approval by DDS is required to exceed funding guidelines and will require justification. Request for renewal of same level of service (every six months or annually) will require monitoring to determine why infant/toddler is not progressing.

Exceeds Standards Documentation required includes:

- 1) Prescription from Physician
- 2) IFSP
- 3) Narrative Justification
- 4) Evaluations
- 5) Other documentation as warranted\*

\* Other documentation as warranted includes the Developmental Justification of Need Worksheet (Policy Brief #1, 2014) and may include other documentation needed for a review team to reach a determination.

When service level requested exceeds recommended guidelines; the IFSP team must submit developmental justification of need. The Developmental Justification of Need Worksheet is completed by direct service providers and the service coordinator with input from the family and submitted by the acting service coordinator.

Justification of need can only be submitted after the IFSP has been revised/updated by the IFSP team to adjust action steps/strategies on the IFSP to assist the child in reaching the IFSP goals and to assist the caregiver in implementing the action steps/strategies within typical child and family activities. IFSP revision also includes a team review and adjustment of EI service delivery to change the way adult caregivers are supported and coached. Then the IFSP Team meets again at the next review (3-6 months) in order to assess progress with the revised plan. If the child has not made adequate progress despite plan revision and coaching strategy revision, the team has documentation to include in the justification

(AR#5100).

#### **1114 Justification for Early Intervention Provided in a Setting Other than the Child's Natural Environment (§303.344(d)(1)(ii))**

A: Definition of "Natural Environment:"

*Natural Environment* is defined as settings and activities in which children without a developmental delay or disability participate. These are places and activities in which all children play and learn.

B. When an EI Service May Be Provided Outside of the Natural Environment:

The provision of any early intervention service for an infant or toddler may occur in a setting other than the child's natural environment **only if** the functional IFSP goals and objectives linked to that particular service cannot be achieved satisfactorily for a specific infant/toddler in his/her natural environment.

Justification as to why a service will not be provided in the natural environment must be documented on the IFSP pursuant to §303.344(d)(1)(ii).

C. Justification and Documentation Required:

If functional child outcomes cannot be met through intervention in the natural environment within typical child and family routines, justification based on the infant's/toddler's outcomes and developmental need must be documented on the IFSP. Justification includes the following documentation:

- Functional IFSP goals and objectives and caregiver participation in early intervention
- Service provision in the child's natural environment for a full review period (3-6 months)
- IFSP review meeting to review/update/modify the IFSP action steps (objectives or intervention strategies) and/or IFSP goals, and steps taken to modify methods of caregiver support and coaching, steps taken to improve caregiver implementation of intervention strategies (action steps)
- Updated IFSP implemented for a review period (3-6 months)
- IFSP review meeting to assess child progress of revised/updated plan (team completes justification documentation if child has still not been able to achieve progress towards functional IFSP goals in his/her natural environment)

The IFSP team works together to complete the justification to document why the infant/toddler cannot satisfactorily achieve identified early intervention outcomes in his/her natural environment after plan modification and service delivery modification. With appropriate and complete justification, the EI service linked to the outcomes the child can not master in his/her natural environment can be provided in another environment (clinic outpatient, hospital, service provider's office) for the length of time necessary for the child to achieve the functional IFSP goals and objectives (a typical review period of 3-6 months). For the service or services provided outside of the child's natural environment, the IFSP team must have a plan to transition the child back into his/her natural environment once the goals/objectives linked to the service have been met. The plan to transition the child back to his/her natural environment is called a "Conversion Plan."

**D. Natural Environment Conversion Plan: ( §303.344(d)(1)(ii)(A))**

Any infant or toddler receiving an early intervention service (or services) in a setting other than his/her natural environment must have a Conversion Plan included in the IFSP. The Natural Environment Conversion Plan is the plan for moving the infant/toddler (and the EI service) back into the child's natural environment once the specified outcomes/objectives on the child's IFSP that are linked to that particular service have been satisfactorily achieved (§303.344(d)(1)(ii)(A)).

The Natural Environment Conversion Plan will list specific steps, timelines, and persons involved in moving the child back into his/her natural environment for the provision of early intervention supports and services. Natural Environment Conversion Plans are not to exceed a 6-month time period, but may be developed for a three-month time period if the IFSP team feels the child will meet the functional goals within a quarterly review period.

**1115 Data Collection Requirements on CDS**

All First Connections providers and service coordinators are required under voucher agreement to use the approved data system (CDS) in its entirety.

Child Outcome Summary Ratings (COSF) are completed by direct service providers, parents, the service coordinator, and other adult caregivers identified by the family (ie: daycare provider) as a team using approved tools (Age Anchor and Decision Tree) at entrance, annual review, and exit.

Data collection must be completed in CDS, not just in a hard-copy file.

Data collection shall provide specific information on functional child goals and Action Steps and should be designed to measure and record the progress on each Action Step.

Data Collection must contain sufficient written documentation to support each service for which billing is made.

Providers or a designated staff member are required to enter delivered services electronically into the child's CDS record for all billed services within thirty (30) days of the date of the EI service session. Delivered services 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 child's individualized family service plan (IFSP)
- Description of status with respect to particular goals and objectives addressed in the session
- Progress notes, signed or initialed by the person providing the service(s) and the parent or direct caregiver
- Description of the caregiver's active participation in early intervention session

## 1116 TRANSITION

Transition occurs whenever a child exits or leaves early intervention under Part C at any time, for any reason. Every child exiting early intervention regardless of age at exit or reason for exit must have the following steps completed:

- Transition plan developed with family
- Exit interview/conference where all exit requirements are completed:
  - a. family ratings in CDS
  - b. objectives status ratings in CDS
  - c. final child outcomes (COSF) rating

**A. Transition Prior to Age Three** due to termination of services, discharge, family move, or any other reason for exit prior to the “age of transition” (27 months to 33 months) must include:

1. An exit interview conducted for the family of each child leaving Part C (First Connections), regardless of the reason for exit or age of the child at exit. The exit interview is attended by direct service provider(s), family, and the service coordinator as well as any other person identified by the family as necessary. The exit interview includes:
  - Transition Plan (if not already done)
  - Family Ratings (concerns, services, child outcomes, and transition plan steps)
  - Provider Rating of completion of child outcomes (objectives status rating)
  - Team completion of exit outcome rating (COSF rating). If the child did not receive services for 6 months or more and is exiting the program, all steps must still be completed in CDS, but the child is given the same COSF rating as was assigned at entry and the IFSP team records: “NA – child did not receive services for 6 months.”
2. When a direct service provider is aware that a child/family is leaving the program, the EIS provider informs the family’s service coordinator and prepares a discharge summary to be submitted to the service coordinator each time a child and/or family leaves a service, not just when the child and family is leaving the organization.
  - Direct service provider’s final COSF rating for the child using the approved tools (Age Anchor and Decision Tree) – may be done in person with the IFSP team at the exit interview or may be submitted to the team for use at the exit interview.
  - Results of the service(s) received (may make recommendations for follow up to continue the achievement of goals).
  - Completed exit section of the demographics form on CDS when the child leaves Early Intervention Services.
  - Suggested referrals to other programs, activities, and/or services to promote child development and learning

**B. Transition as Toddler Approaches Age Three** is completed as early as nine months prior to the child's third birthday but no later than 90 days prior to the toddlers' third birthday [27 months – 33 months of age]. All steps of transition are completed for every child exiting Part C and considered potentially eligible for services through a 3-5 program. A toddler is considered "potentially eligible" if he/she is within the age of transition [27 months to 36 months] and currently receiving services on a current/active IFSP. For all toddlers within the age of transition, the IFSP team must complete the following transition requirements:

1. ***LEA Notification*** generated in CDS and sent quarterly no later than 90 days prior to the toddler's third birthday. The LEA Notification is a quarterly report sent to the educational cooperative in the area in which the toddler and family reside. The LEA Notification serves as the referral to Part B (see Arkansas Policies and Procedures, 6000 Transition, for more information). LEA Notification is a state and federal requirement and does not require parental consent. The LEA Notification is a "directory listing" of only: child's name, child's age, name of parent/guardian, and parent address and phone number.
2. ***Transition Plan:*** children participating in Early Intervention under IDEA, Part C must have a written transition plan in the IFSP no later than 90 days prior to the toddler's third birthday, but may begin transition planning at the IFSP meeting following the second birthday (as early as nine months prior to the toddler's third birthday, at the discretion of all involved parties). The written plan is developed with the family and members of the IFSP team. The written Transition Plan must include:
  - Steps in writing to ensure the smooth transition of the toddler and family to either ECSE under Part B/619 or "other appropriate programs or services." These steps will include activities that caregivers do as well as steps to prepare the child for transition.
  - Indication of which party is responsible for implementing which steps.
  - Start and end dates for each step in the plan.
  - Documentation of LEA notification and other activities carried out by the service coordinator and/or other members of the IFSP team
  - Documentation of a transition conference (or parent refusal to participate in a transition conference)
3. A ***Transition Conference*** shall be held no later than 90 days prior to the toddler's third birthday as per State and Federal guidelines. The Transition Conference is held as a Part C requirement. The purpose of the Transition Conference is for the family to have their questions answered and to ensure that steps are in place (in the Transition Plan) for the child to exit Part C and transition to either Part B or "other appropriate program."

A representative of a 3-5 program to which the toddler may transition is invited to the Transition Conference. The family signs a release of information (consent) for their child's "referral packet" (complete EI records) to be sent to the representative of the 3-5 program they have selected at least 2 weeks in advance of the date of the transition conference for review.

The representative of the 3-5 program attending the Transition Conference reviews the toddler's Part C file (including recent evaluations, current IFSP, progress notes, COSF rating, etc) with the family and other IFSP team members to determine what is needed to determine eligibility for their program to provide appropriate services 3-5.

The transition conference must meet the following guidelines:

- be held at a time and location convenient to the family
- be child and family-specific
- meet guidelines for an IFSP meeting and may be combined with an IFSP meeting
- include a representative of the program to which the toddler may transition (LEA representative of ECSE 3-5 under 619, Head Start Coordinator, HIPPIY coordinator, etc)
- held with the approval of the family. Families who do not grant approval must document this in writing for the service coordinator to upload into the child's electronic file
- involve the following attendees: family, service coordinator, Part C direct service providers, and a representative of the program, organization, or agency to which the child may transition
- members/participants in the Transition Conference document their attendance.

The exit interview or exit conference for the family of a toddler transitioning out of early intervention (Part C / First Connections) at the age of transition (prior to third birthday) may be completed as part of the child's Transition Conference or may be completed any time after the Transition Conference in the child's last ninety days of early intervention service. The exit interview or exit conference is attended by direct service provider(s), family, and the service coordinator as well as any other person identified by the family as necessary. The exit interview ensures all steps for child exit have been completed:

- Family Ratings (concerns, services, child outcomes, and transition plan steps)
- Provider Rating of completion of child outcomes (objectives status rating)
- Team completion of exit outcome rating (COSF rating). If the child did not receive services for 6 months or more and is exiting the program, all steps must still be completed in CDS, but the child is given the same COSF rating as was assigned at entry and the IFSP team records: "NA – child did not receive services for 6 months."

### RECOMMENDED DEVELOPMENTAL TESTS FOR CHILDREN AGES BIRTH TO THREE

*NOTE: The following list of recommended tests and evaluation instruments is not all-inclusive in that revised versions of these tests are accepted.*

#### **Norm-referenced:**

Battelle Developmental Inventory-2<sup>nd</sup> Edition (BDI-2). Birth to 8 years. Standard score, percentile rank, age equivalent. Riverside Publishing\*

Developmental Assessment of Young Children (DAYC). 0 - 5-11. Standard score, age equivalent. Pro-Ed.

Kent Inventory of Developmental Skills (KIDS). 2 to 14 months. Standard score, age equivalent. Western Psychological.

#### **Criterion-referenced:**

Brigance Inventory of Early Development-Revised (IED-R). Birth to 7 years. Curriculum Associates\*

Carolina Curriculum for Infants and Toddlers with Special Needs-3<sup>rd</sup> Edition. Birth to 36 months. Brookes Publishing.

Carolina Curriculum for Preschoolers with Special Needs-2<sup>nd</sup> Edition. 2-5 years. Bookes\*

Early Learning Accomplishment Profile for Young Children (ELAP). Birth to 36 months. Kaplan\*

Excent Early Childhood Intervention. Birth to 7 years. Horizons Software.

Hawaii Early Learning Profile (HELP). Birth to 3 years. VORT Corporation.

Infant Toddler Developmental Assessment, 0-36 months. Riverside.

INSITE, 0-6, HOPE, Inc., 1856 North 1200 East, North Logan, UT 84341.

Project Memphis. Birth to 60 months.

\*ECO Crosswalk

**Speech/Language Evaluation Instruments for Children  
Ages Birth to Five**

**Speech/Language Evaluation Instruments for Children – Norm-Referenced:**

Boehm Test of Basic Concepts-Preschool (BTBC-P). 3 years to 5 years. Psychological Corp.\* (*Receptive component only*)

Clinical Evaluation of Language Fundamentals-Preschool (CELF-P). 3 years to 6 years, 11 months. Psychological Corp.\*

Early Language Milestone Scale-2 (ELM-2). Birth to 3 years. Psychological Corp.\*

Expressive One-Word Picture Vocabulary Test-2000 (EOWPVT-2000). 2 years to 18 years. Slosson\* (*Expressive Component Only*)

MacArthur Communicative Development Inventories (CDI). 8 months to 30 months. Pro-Ed\*

Mullen Scales of Early Learning, Infant Upgrade. Birth to 5 years, 8 months. Kaplan\*

Peabody Picture Vocabulary Test-III (PPVT-3). 2 years, 6 months to adult. American Guidance Services\* (*Receptive Component Only*)

Preschool Language Scale-4 (PLS-4). Birth to 6 years, 11 months. Psychological Corp.\*

Receptive One-Word Picture Vocabulary Test-2000 (ROWPVT-2000). 2 years to 18 years. Slosson\*

Reynell Developmental Language Scales. 1 year to 6 years. Slosson\*

Test of Auditory Comprehension of Language-3 (TACL-3). 3 years to 9 years. Pro-Ed\* (*Receptive Component Only*)

Utah Test of Language Development-4 (UTLD-4). 3 years to 9 years. Pro-Ed\*

## **Speech/Language Evaluation Instruments for Children Criterion-Referenced:**

Birth to Three Checklist-2 (BTAIS-2). Birth to 3 years. Pro-Ed\*

Communication and Symbolic Behavior Scales (CSBS). 8 months to 24 months. Riverside Publishing\*

Evaluating Acquired Skills in Communication-Revised (EASIC-R). 3 months to 8 years. Pro-Ed\*

The Non-Speech Test of Receptive-Expressive Language. Birth to 4 years. Linguistics\*

Receptive-Expressive Emergent Language Scale-3 (REEL-3). Birth to 3 years. Pro-Ed\*

Rosetti Infant-Toddler Language Scale (RILS). 3 months to 3 years. Linguistics\*

Sequenced Inventory of Communication Development-Revised (SICD-R). 4 months to 4 years. Pro-Ed\*

## **Speech/Language Screening Tools**

Birth to Three Checklist-2 (BTAIS-2). Birth to 3 years. Pro-Ed\*

Fluharty Preschool Speech-Language Screening Test-2. 3 years to 6 years. Slosson\*

## **Articulation/Phonology Tests**

Analysis of Phonological Processes-Revised (APP-R). 3 years to 12 years. Pro-Ed\*  
(*Must score in the severe/Profound range to qualify*)

Arizona Articulation Proficiency Scale-R (AAPS-R). 3 years to 12 years. Western Psychological Services

Bankson-Bernthal Test of Phonology (BBTOP). 3 years to 9 years. Riverside Publishing\*

Goldman-Fristoe of Articulation-2 (GFTA-2). 2 years to 21 years. Slosson\*

Khan-Lewis Phonological Analysis-2 (KLPA-2). 2 years to 5 years. AGS\* (*Must score below the 16<sup>th</sup> percentile to qualify*)

Photo Articulation Test-3 (PAT-3). 3 years to 8 years. Academic Communication\*

Weiss Comprehensive Articulation Test.

**Physical/Occupational Therapy Evaluation Instruments  
For Children Ages Birth to Five**

**Physical/Occupational Therapy Evaluation – Norm Referenced:**

Battelle Development Inventory (BDI). 1 month to 9 years. Riverside Publishing\*

Bayley Scales of Infant Development. 1 month to 42 months. Psychological Corp.\*

Mullen Scales of Early Learning (MSEL). Birth to 68 months. American Guidance Services\*

Toddler and Infant Motor Evaluation (TIME). 4 months to 3 years, 5 months. The Psychological Corp.\*

Peabody Development Motor Scales (PDMS). Birth to 83 months. Riverside Publishing\*

Pediatric Disability Inventory (PEDI). 6 months to 7 years. Psychological Corp.\* (*Gross Motor Only*)

**Physical/Occupational Therapy Evaluation – Criterion Referenced:**

Carolina Curriculum for Infants and Toddlers with Special Needs. Birth to 24 months. Paul H Brooks Publishing Co.\*

Carolina Curriculum for Preschoolers with Special Needs. 2 years to 5 years. Paul H Brooks Publishing Co.\*

Early Learning Accomplishment Profile for Young Children (ELAP). Birth to 36 months. Riverside Publishing\*

Hawaii Early Learning Profile (HELP). Birth to 6 years. VORT Corporation\*

**Adaptive/Behavior Evaluation Instruments  
for children Ages Birth to Five**

**Adaptive/Behavior Evaluation – Norm Referenced**

AAMR Adaptive Behavior Scales. 3 years to 80 years. Standard Score, Percentile Rank. Riverside Publishing\*

Devereaux Early Childhood Assessment Program. 2 years to 5 years. Kaplan\*

Inventory for Client and Agency Planning (ICAP). Infant to Adult. Standard Score, Percentile Rank, Age Equivalent. Pro-Ed\*

Preschool and Kindergarten Behavior Scales-2 (PKBS-2). 3 years to 6 years. Standard Score, Percentile Rank. Pro-Ed\*

Skills of Independent Behavior-Revised (SIB-R). Birth to 80 months. Standard Score, Age Equivalent. Riverside Publishing\* (*Also a form for visually impaired*)

Temperament and Atypical Behavior Scale. 11 months to 71 months. Standard Score, Percentile Rank. Brookes\*

## Memorandum

TO: DDS Staff, Licensed Community Programs and Independent Providers

FROM: EI Monitoring Specialist

DATE: January 25, 2013

RE: Reminder to upload certification information into the Comprehensive Data System (CDS)

Please remember to use the Comprehensive Data System (CDS) to upload certification information for recertification of your program and staff for review by the First Connections Monitoring Specialist.

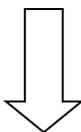
Beginning in January of 2012, recertification letters were sent out by Traci Harris. The letters indicated that programs are now responsible for certifying their own staff and ensuring that they meet First Connections certification requirements and state and federal regulations. All programs are to upload the certification documents in the Comprehensive Data System.

The Provider User Guide Manual has specific instructions on how to upload information on pages 49 and 50 of the manual. The Service Coordinator User Guide Manual has specific instructions on how to upload on page 46. You can also contact your EI Monitoring Specialist for assistance if needed.

If you do not use the Comprehensive Data System for uploading this information, the end result could be a lapse in your provider certification and your program not having access to the system.

# Flowchart for First Connections Certification Standards

**Programs** will receive a 1 Year Certification to provide specific services



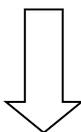
Upon review and approval by QA staff



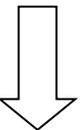
Certificates and Approval Letters are signed by Traci Harris



Upon receipt of the Certification  
QA Staff will upload program  
Certification into CDS



**Program** is responsible for adhering to all the standards throughout the one-year period

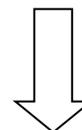
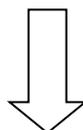
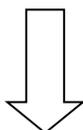


**Staff qualifications/Requirement issues**

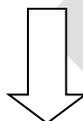
**New Staff:** All credentials are reviewed by QA Staff for approval

All **Staff** needing recertification must meet the continuing qualifications to provide Services under their program

**Adding new services or discontinuing previously approved services**



The program will upload required Documentation into CDS System



When credentials are in order And approved QA Staff will Notify provider, via email or Letter to upload into CDS

QA Staff will review and Provider then issues staff certification

Certification will be amended when QA Staff is notified

The program/provider will Maintain required documentation In file

**During Monitoring visit and/or offsite CDS review**

QA staff will review on CDS, and in provider files, records to ensure that all requirements have been met, including but not limited to:

- Staff credentials
- Continuing education credits
- Requirements for appropriate supervision

If provider and staff documentation is not found on CDS, and/or provider file, certification will not be approved.

## Documents needed for Certification

### **Certification of Individuals:**

- Early Intervention Core Competencies training within 60 days of initial certification, then annually
- Appropriate credentials/qualifications for personnel
- Adult Maltreatment Central Registry Check (every 2 years)
- AR Child Maltreatment Central Registry Check (every 2 years)
- Criminal Background Checks (every 5 years)

### **Service Coordination:**

- (for initial) Documentation of completed service coordination certification coursework.
- (for recertification) Documentation of 10 hours of annual training

### **Developmental Therapists:**

- Current certification by AR Dept. 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 **OR**
- Currently working toward completion of Alternate Learning Plan (ALP) approved by organization/entity working for and submitted to First Connections Quality Assurance/Monitoring Unit **OR**
- Completed approved Developmental Therapist coursework at Henderson State University
- Completion of Core Competencies Training (Within 60 days, then annually)

If working under ALP, documentation of completed coursework annually

### **Developmental Therapy Assistant:**

- Completion of Core Competencies Training (Within 60 days, then annually)
- Copy of Supervisor's certificate in EC Special ED or ALP
- Supervised by a certified Developmental Therapist with signed supervision agreement
- Observation reports for 1<sup>st</sup> – 3<sup>rd</sup> quarters completed by supervising Dev. Therapist (re-certification only)
- Annual evaluations by Dev. Therapist (re-certification only)
- 30 hours in-service training annually (re-certification only)

### **Speech Therapy Services:**

- Current license in Speech Therapy by AR Board of Audiology and Speech Language Pathology
- Completion of Core Competencies Training within 60 days of initial certification, then annually
- Speech Therapy Assistants must have current certification as a Speech Therapy Assistant

### **Physical Therapy Services:**

- Current license as a Physical Therapist by Board of Physical Therapy Examiners
- Completion of Core Competencies Training within 60 days of initial certification, then annually

- Physical Therapy Assistants must have a current license as a Physical Therapist Assistant by the Arkansas Board of Medicine

### **Occupational Therapy Services:**

- Current license in Occupational Therapy by AR State Medical Board
- Completion of Core Competencies Training within 60 days of initial certification, then annually
- Occupational Therapy Assistant must have a current license as an Occupational Therapy Assistant by the AR Board of Medicine

### **Consultation Services:**

- VISION – Current license from AR Board of Optometry or AR Board of Ophthalmology or be certified as an Orientation Mobility Specialist and Letter of Assurance
- PSYCHOLOGY – Current license as a Psychologist or Psychological Examiner by AR Board of Examiners in Psychology and Letter of Assurance
- SOCIAL WORK – Current license from AR Board of Social Work and Letter of Assurance
- NUTRITION – Current registration as a Registered Dietician by the American Dietetic Association, or Current provisional registration by the American Dietetic Association, or Current Physician’s license by AR Board of Medicine and Letter of Assurance
- AUDIOLOGY – Current license by AR Speech, Hearing and Language Association and Letter of Assurance

### **Family Supports:**

- ATTENDANT/NURSING – Current nursing license by AR Board of Nursing and Letter of Assurance
- HEALTH CARE SERVICES – Letter of Assurance
- PARENT TRAINING EDUCATION – Letter of Assurance

### **Assistive Technology/Adaptive Equipment:**

- Providers must be a Durable Medical Equipment provider with Arkansas Medicaid Program
- Provider must be registered with the Office of AR Secretary of State to do business in Arkansas
- Must be approved and Authorized by First Connections and on the child’s IFSP
- Letter of Assurance

### **Respite:**

- Letter of Assurance