Division of Developmental Disabilities Services
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MEMORANDUM

TO: Interested Persons and Providers

FROM: Melissa Weatherton, Director, Division of Developmental Disabilities Services

DATE: April 10, 2022

SUBJ: Rules for DDS First Connection Program Under Part C of IDEA

As a part of the Arkansas Administrative Procedure Act process, attached for your review and comment are proposed rule revisions.

Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you have any comments, please submit those comments in writing, no later than **May 9, 2022**.

NOTICE OF RULE MAKING

The Director of the Division of Developmental Disabilities Services of the Department of Human Services announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§ 20-14-503, 20-76-201, and 25-10-129.

Effective July 1, 2022:

The Director of the Division of Developmental Disabilities Services (DDS) establishes rules for First Connections provider certification and monitoring. The rules set a minimum standard for First Connection service providers. The rules include requirements for First Connection applications for certification, service provider administration, record keeping, physical and service settings, child eligibility and individual family service plans, early intervention services, incident and accident reporting, enforcement, closure, and appeals.

The rule establishes staffing standards for First Connection service providers. Parents or other caregivers must attend and participate in each early intervention services session. Service providers must consult with and train participating parents or other caregivers. DDS includes First Connection rules for specific services including: audiology services, family training, counseling, home visits, health services, medical services, nursing services, nutrition services, occupational therapy evaluations and services, physical therapy evaluations and services, psychological services, sign language and cued language services, social work services, developmental therapy evaluations and services, speech language pathology evaluations and services, transportation services, vision services, specialized evaluation services, parent education services, and teleservices.

DDS creates incident reporting requirements including timeliness of reporting and notification requirements. DDS establishes enforcement rules governing monitoring of service providers as well as remedies for failure to comply with standards. DDS may apply the following enforcement remedies: plans of correction, directed in-service training plans, removal as choice of provider, transfer, monetary penalties, and suspension or revocation of service provider certification. DDS also includes procedures for the appeal of regulatory actions. DDS repeals Policies and Procedures for Arkansas First Connections Early Intervention under IDEA, Part C, and DDS Certification Standards for Early Intervention Services.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at https://humanservices.arkansas.gov/do-business-with-dhs/proposed-rules/. Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than **May 9, 2022**. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing by remote access only through a Zoom webinar will be held on **April 21, 2022, at 10:00 a.m**. and public comments may be submitted at the hearing. Individuals can access this public hearing at https://us02web.zoom.us/j/88414534416. The webinar ID is 884 1453 4416. If you would like the electronic link, "one-tap" mobile information, listening only dial-in phone numbers, or international phone numbers, please contact ORP at ORP@dhs.arkansas.gov

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-534-4138.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. **4502047200**

Melissa Weatherton, Director
Division of Developmental Disabilities Services

Rules for the Division of Developmental Disabilities

First Connections Program

Under Part C of the Individual with Disabilities Education Act

Proposed

LAST UPDATED: July 1, 2022

Subchapter 1. General.

101. Authority.

(a) These standards are promulgated under the authority of Ark. Code Ann. § 20-14-503.

(b) The Division of Developmental Disabilities Services (DDS) is the designated lead agency for the State of Arkansas, responsible for performing all certification, general supervision, monitoring, and other regulatory functions involved in the implementation and administration of Part C of the IDEA.

102. Purpose.

The purpose of these standards is to:

(1) Serve as the minimum standards for Service Providers; and

(2) Ensure that all aspects of the First Connections program are carried out in compliance with the requirements of Part C of the IDEA.

103. Definitions.

(a)

(1) "Assistive Technology and Adaptive Equipment" means an item or product used to increase, maintain, or improve the functional capabilities of the child.

(2) "Assistive Technology and Adaptive Equipment" does not mean a device that must be surgically implanted, or any therapy equipment typically found in clinics.

(b) "Business Day" means Monday through Friday, except for any day that is recognized as a holiday by the State of Arkansas.

(c) "Calendar Day" means the period from midnight to the following midnight, Monday through Sunday including without limitation holidays and days schools are closed.

(d) "CDS" means the comprehensive database system used by First Connections into which Service Providers enter the information and upload the documentation required by these standards.

(e) "Change in Ownership" means one (1) or more transactions within a twelve-month period that, in the aggregate, result in a change in greater than fifty percent (50%) of the ownership, financial, or voting interests of a Service Provider.

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(f) "CMDE" means the comprehensive multi-disciplinary developmental evaluation of a child that is used to determine the child's First Connections eligibility and identify the child's and family's strengths, priorities, resources, and concerns.

(g) "DDS" means the Arkansas Department of Human Services, Division of Developmental Disabilities Services.

(h) "Evaluation Report" means a written report about a child's evaluation results that is used to guide the IFSP team in developing a child's IFSP.

(i) "Early Intervention Services" means any of the following developmental services:

(1) Service Coordination Services;

(2) Assistive Technology and Adaptive Equipment and Services;

(3) Audiology Services;

(4) Family Training, Counseling, and Home Visit Services;

(5) Health Services;

(6) Medical Services;

(7) Nursing Services;

(8) Nutrition Services;

(9) Occupational Therapy Evaluations and Services;

(10) Physical Therapy Evaluations and Services;

(11) Psychological Services;

(12) Sign Language and Cued Language Services;

(13) Social Work Services;

(14) Specialized Evaluation Services;

(15) Speech-Language Pathology Evaluations and Services;

(16) Transportation Services;

(17) Developmental Therapy Services;

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(18) Vision Services;

(19) Parent Education Services; and

(20) Any other developmental, corrective, or supportive services that meet the needs of a child as determined by the IFSP team and incorporated into the IFSP.

(j) "Employee" means an Employee or other agent of a Service Provider who has direct contact with a child participating in First Connections including without limitation any Employee, contractor, sub-contractor, intern, volunteer, trainee, or agent.

(k) "Family Assessment" means the family-directed assessment performed by a Service Coordinator using an assessment tool and conducting a personal interview that identifies the family resources, priorities, and concerns; the child's Natural Environment; and the typical child and family community activities that will assist the IFSP team in developing the IFSP.

(l) "Family Delay" means the child or Parent is unavailable for any reason.

(m) "First Connections" means the DDS program that administers, monitors, and carries out all activities and responsibilities for the State of Arkansas under Part C of IDEA to ensure appropriate Early Intervention Services are available to all infants and toddlers from birth to thirty-six (36) months of age (and their families) that are suspected of having a developmental delay.

(n) "First Connections Central Intake Unit" means the unit that serves as the single referral point of entry for First Connections.

(o) "IDEA" means the Individuals with Disabilities Education Act.

(p) "IFSP" means an individual family service plan which is a written and individualized plan that includes Early Intervention Services and other services necessary to meet the identified unique needs of the child and their family and to enhance the child's development.

(q) "LEA" or "Local Education Agency" means the school district, education cooperative, or other State of Arkansas accredited education agency for the area where a child resides.

(r)

(1) "Market or Marketing" means the accurate and honest advertisement of a Service Provider that does not also constitute solicitation.

(2) "Marketing" includes without limitation:

(i) Advertising using traditional media;

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(ii) Distributing brochures or other informational materials regarding the services offered by the Service Provider;

(iii) Conducting tours of the Service Provider's place of practice to interested children and Parents;

(iv) Mentioning services offered by the Service Provider in which the child or Parent might have an interest; and

(v) Hosting informational gatherings during which the services offered by the Service Provider are described.

(s) "Native Language" means the language and primary mode of communication used by an individual.

(t)

(1) "Natural Environment" means activities in which a same-aged child without a disability would participate in at appropriate home and community-based locations, such as the family home, parks, libraries, churches, and grocery stores.

(2) "Natural Environment" does not mean:

(i) A clinic, hospital, Service Provider's office, early intervention day treatment center, or other facility in which the majority of individuals are not typically developing; or

(ii) Removing a child from an integrated setting or room to provide Early Intervention Services in an isolated setting or room.

(u) "Parent" means one (1) of the following individuals who is responsible for protecting and representing the child's rights and interests during their participation in First Connections:

(1) A natural, adoptive, or foster parent;

(2) A legal guardian;

(3) A relative or other family member with whom the child lives acting in the place of a Parent;

(4) An individual legally responsible for the child's welfare; or

(5) A Surrogate Parent.

(v) "Parental Consent" means the Parent demonstrating formal, written approval of a proposed activity.

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(w) "Part C Funds" means the federal grant funds available to First Connections which may be used to administer, monitor, and carry out all activities and responsibilities under Part C of IDEA, including without limitation payments to Service Providers for the delivery of those Early Intervention Services included on a child's IFSP.

(x) "Personally Identifiable Information" means any information, written or otherwise, that would make a child or family member's identity easily traceable including without limitation:

(1) The name of a child, Parent, or other family member;

(2) The address of a child, Parent, or other family member;

(3) A personal identifier number such as a Social Security or Medicaid identification number;

(4) Photographic images of a child, Parent, or family member; and

(5) A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

(y) "Service Coordinator" means a First Connections staff member or a Service Provider certified to perform service coordination services.

(z) "Service Provider" means an individual or organization that has been certified by First Connections to provide one (1) or more Early Intervention Services to children participating in First Connections.

(aa)

(1) "Solicit or Solicitation" means the initiation of contact with a child or their family by a Service Provider, when the child is currently receiving services from another Service Provider, with the purpose of persuading the child or Parent to switch to or otherwise use the services of the Service Provider that initiated the contact.

(2) "Soliciting or Solicitation" includes without limitation inducing a child or their family by:

(i) Contacting the family of a child who is currently receiving services from another Service Provider;

(ii) Offering cash or gift incentives to a child or their family;

(iii) Offering free goods or services not available to other similarly situated children or their families;

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(iv) Making negative comments to a child or their family regarding the quality of services performed by another Service Provider;

(v) Promising to provide services in excess of those necessary;

(vi) Giving a child or their family the false impression, directly or indirectly, that the Service Provider is the only Service Provider that can perform the services desired by the child or their family; or

(vii) Engaging in any activity that DDS reasonably determines to be "Solicitation."

(bb) "Surrogate Parent" means an individual appointed by a judge or First Connections to serve as a child's Parent for purposes of protecting and representing the child's rights and interests during the child's participation in First Connections when there is no other qualifying individual able or willing to serve in that role.

(cc) "Written Notice" means delivery of written notice to the Parent or a Service Provider in their Native Language and in language that is understandable to the general public, of an action, proposed action, or refusal to act, which must include without limitation:

(1) The action taken, not taken, or proposed to be taken or not taken;

(2) The reason for taking or not taking the action;

(3) All applicable due process and appeal rights, or instructions on where to find all applicable due process and appeal rights; and

(4) Any applicable procedures and timelines for exercising due process or appeal rights, or where to find any applicable procedures and timelines for exercising due process or appeal rights.

Proposed

Subchapter 2. Certification.

201. Certification Required.

(a) An individual or organization must be certified by DDS to provide any Early Intervention Service.

(b) A separate DDS certification is required for each type of Early Intervention Service.

(c) A Service Provider must comply with all applicable requirements of these standards to maintain certification for a particular Early Intervention Service.

(d) An individual or organization that is on the Medicaid excluded provider list is prohibited from being a Service Provider.

202. Application for Certification.

(a)

(1) To apply for Early Intervention Service certification, an Service Provider must submit a complete application to First Connections.

(2) A complete application includes without limitation:

(i.) Documentation demonstrating the Service Provider's entire ownership, including without limitation all information on the applicant's governing body as well as financial and business interests.

(ii.) Documentation of the Service Provider's management, including without limitation the management structure and members of the management team;

(iii.) Documentation of the Service Provider's contractors and the contractors that the Service Provider intends to use as part of providing First Connections Early Intervention Services;

(iv.) All documentation demonstrating compliance with the standards for the Early Intervention Services for which certification is sought; and

(v.) All other documentation or other information requested by DDS.

(b) A request for a Change in Ownership is initiated by a potential new owner submitting a complete application described in Section 202(a)(2), which must include a detailed description of how the existing Service Provider's business and children will be transferred to the new owner if the Change of Ownership application is approved.

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Subchapter 3. Administration.

301. Organization and Ownership.

(a) A Service Provider must be authorized and in good standing to do business under the laws of the State of Arkansas.

(b)

(1) If the Service Provider is an entity or organization, it must appoint a single manager as the point of contact for First Connections matters and provide First Connections with updated contact information for that manager.

(2) This manager must have decision-making authority for the Service Provider and all its Employees as well as the ability to ensure that First Connections requests, concerns, inquiries, and enforcement actions are addressed and resolved to the satisfaction of First Connections.

(c)

(1) A Service Provider cannot transfer any Early Intervention Service certification to any other person or entity.

(2) A Service Provider cannot complete a Change in Ownership unless DDS approves the application of the new ownership pursuant to Sections 202.

(3) A Service Provider cannot change its name or otherwise operate under a different name than the one listed on the certification without prior Written Notice to First Connections.

302. Personnel and Staffing.

(a)

(1) A Service Provider must comply with all requirements applicable to Employees under these standards, including without limitation drug screens, criminal background checks, adult and child maltreatment registry checks, and sex offender registry searches.

(2.) A Service Provider must verify that an Employee continues to meet all requirements upon the request of First Connections or whenever the Service Provider receives information after hiring that would create a reasonable belief that an Employee no longer meets all requirements, including without limitation

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requirements related to drug screens, criminal background checks, adult and child maltreatment registry checks, and sex offender registry searches.

(b)

(1) A Service Provider must conduct criminal background checks for all Employees as required pursuant to Ark. Code Ann. § 20-38-101, *et seq*.

(2) A Service Provider must conduct an Arkansas Child Maltreatment Central Registry check on each Employee prior to hiring and at least every two (2) years thereafter.

(3) A Service Provider must conduct an Arkansas Adult Maltreatment Central Registry check on each Employee prior to hiring and at least every two (2) years thereafter.

(4) A Service Provider must conduct a drug screen that tests for the use of illegal drugs on each Employee prior to hiring.

(5) A Service Provider must conduct an Arkansas Sex Offender Central Registry search on each Employee prior to hiring and at least every two (2) years thereafter.

(c) Each Employee must successfully pass all required checks, screens, and searches required in Section 302 (b).

303. <u>Employee Records</u>.

(a) A Service Provider must maintain a personnel file for each Employee in CDS including without limitation:

(1) Evidence of all required criminal background checks;

(2) All required Child Maltreatment Registry checks;

(3) All required Adult Maltreatment Registry checks;

(4) Documentation demonstrating that the Employee maintains in good standing all professional licensures, certifications, or credentials that are required for the Employee or the Early Intervention Service the Employee is performing; and

(5) Documentation demonstrating that the Employee meets all continuing education, in-service, or other training requirements applicable to that Employee under these standards as well as any professional licensures, certifications, or credentials held by that Employee.

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(b) A Service Provider must maintain its own separate and complete electronic or paper personnel file for each Employee in addition to the personnel file maintained for each Employee in CDS.

(c) A Service Provider must make all Employee personnel files available to First Connections upon request.

304. <u>Client Service Records and Personally Identifiable Information</u>.

(a) A Service Provider must maintain a complete service record for each child in CDS that includes (at a minimum) all documentation related to a child's eligibility determination, their IFSP, service delivery, Written Notices, Parental Consents, and any other documentation related to the child that is required under these standards.

(b) If a Service Provider elects to maintain its own set of service records in addition to the service record maintained for each child in CDS, then the Service Provider must maintain service records and Personally Identifiable Information in compliance with the requirements of Part C of IDEA and all applicable state and federal laws and rules governing the protection of medical, social, personal, financial, and electronically stored records, including without limitation the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Act of 1974, and the Family Educational Rights and Privacy Act (FERPA).

(c)

(1) A Service Provider must provide access to, and at least one (1) no cost copy of, a child's service record to each of the following individuals within ten (10) Calendar Days upon request:

(i) First Connections staff;

(ii) A Parent; and

(iii) The authorized representative of a Parent.

(2) A Service Provider must explain and interpret the contents of a child's service record when requested by a Parent.

(3)

(i) A Parent has the right to request an amendment to the child's service record when the Parent believes that the service record is inaccurate, misleading, or violating the child's privacy or other rights.

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(ii) A Service Provider must respond to a Parent's child service record amendment request within ten (10) Calendar Days of receipt of the request.

(iii) If a Parent's child service record amendment request is denied, the Service Provider must:

(A) Inform the Parent of their right to include the Parent's statement of facts concerning the amendment request in the child service record; and

(B) Provide Parental Notice of the Parent's due process rights to challenge the denial through First Connections dispute resolution procedures.

305. <u>First Connections Referrals</u>.

(a) A Service Provider must refer to the DDS First Connections Central Intake Unit within two (2) Business Days of first contact with all infants and toddlers from birth to thirty-six (36) months of age for whom there is a diagnosis or suspicion of a developmental delay or disability.

(b) A CMDE and determination of program eligibility cannot be conducted when a referral to First Connections occurs less than forty-five (45) days before the child's third birthday. See Section 306 regarding LEA referral.

306. <u>LEA Referrals and Notifications</u>.

(a)

(1) If a child is referred to First Connections forty-five (45) days or less before the child's third birthday, then the Service Coordinator must make a referral to the child's LEA unless there is documented refusal of Parental Consent or failure to obtain Parental Consent despite documented, repeated attempts.

(2) If a child is referred to First Connections between ninety (90) and forty-six (46) days before their third birthday, then the Service Coordinator must make a referral to the child's LEA as soon as possible after the child is determined eligible for First Connections.

(b) For every child with an IFSP, the Service Coordinator must send a quarterly LEA notification to the appropriate LEA no later than ninety (90) days prior to a child's third birthday.

(c) A Service Provider is required to enter documentation in CDS evidencing that any required referral or notification was completed in a proper and timely manner.

Proposed

307. <u>Transition Plan</u>.

(a)

(1) Each child must have a transition plan developed and included in their IFSP between nine (9) months and ninety (90) days prior to their third birthday.

(2) Each transition plan must include without limitation:

(i) The transition services and activities necessary to support the child's and family's transition out of First Connections;

(ii) A minimum of three (3) specific steps that will be taken to prepare the child for the changes in service delivery and learning environment;

(iii) A specific action step that will be taken by the Parent or other caregiver to prepare the child for the changes in service delivery and learning environment;

(iv) Documentation that the Service Coordinator provided the Parent with a copy of the Transition Guide;

(v) Documentation that the Service Coordinator provided the Parent with LEA contact information concerning Part B services; and

(vi) Documentation that the Service Coordinator referred the child to the DDS Children with Chronic Health Conditions program or that the Parent declined the referral.

(b) The transition plan development process must include:

(1) A Parent;

(2) A Service Coordinator; and

(3) Other individuals requested by the Parent.

308. <u>Transition Conference</u>.

(a) A transition conference must be held no later than ninety (90) days before the child's third birthday.

(b)

Proposed

(1) The only justifications for failing to hold the transition conference at least ninety (90) days before the child's third birthday are:

(i) Family Delay;

(ii) Lack of Parental Consent; or

(iii) The child's referral to First Connections was received less than ninety (90) days from the child's third birthday.

(2) The reason for Family Delay or lack of Parental Consent must be documented in the child's service record.

(3) The transition conference must be held as soon as practicable after Parental Consent is obtained or the circumstances causing Family Delay no longer exist.

(c) The transition conference must include the following individuals:

(1) A Parent;

(2) A Service Coordinator;

(3) A Service Provider;

(4) An LEA or representative of any other program to which the child is transitioning; and

(5) Other individuals requested by the Parent.

(d) The transition conference may be held in-person or by any other means that are acceptable to the Parent and other participants.

(e)

(1) The transition conference must be held in a setting and at a time convenient to the Parent.

(2) Written Notice of the transition conference must be provided to all participants at least fourteen (14) days in advance.

(3) It must be documented if the Parent requests that a transition conference be held prior to receiving Written Notice.

309. <u>Document Destruction</u>.

Proposed

(a) A Service Provider must retain all child service records for at least five (5) years from the date the child exits First Connections, or until the conclusion of all reviews, appeals, investigations, administrative or judicial actions related to an exited child's service record (if longer than five (5) years).

(b) A Service Provider must comply with all applicable state and federal laws and rules governing the destruction of child service records and Personally Identifiable Information, including without limitation Part C of IDEA and the General Education Provision Act.

310. <u>Written Notice</u>.

(a) If Written Notice involves a proposed action, meeting, or refusal to act, then unless otherwise stated in these Rules, the Written Notice must be delivered at least seven (7) Calendar Days prior to the proposed action, meeting, or refusal to act described in the Written Notice.

(b) A Service Provider must upload documentation into CDS demonstrating the delivery and receipt of all Written Notices in the manner required by these standards.

311. <u>Parental Consent</u>.

(a)

(1) A Service Provider must fully inform a Parent in advance of all relevant information pertaining to the activity for which Parental Consent is sought, including without limitation:

(i) A complete description of the activity for which Parental Consent is sought;

(ii) An explanation that Parental Consent is voluntary and may be withdrawn at any time, but that any revocation will not be retroactive;

(iii)

(A) A description of any information that will be released (if any) and to whom;

(B) The purpose of releasing the information; and

(C) The duration of time that the information will be released.

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(2) A Service Provider must fully answer all Parent questions for Parental Consent to be valid.

(3) A Service Provider must communicate in the Parent's Native Language to fully inform the Parent and answer the Parent's questions when seeking Parental Consent.

(4) A Service Provider cannot use lack of Parental Consent as justification for failing to meet a requirement under these standards unless there is a documented refusal signed by the Parent or documented repeated attempts to obtain Parental Consent.

(b) A Service Provider must upload documentation into CDS demonstrating the delivery and receipt of all Parental Consents in the manner required by these standards.

312. Marketing and Solicitation.

(a) A Service Provider can Market its services.

(b) A Service Provider cannot Solicit a child or their family.

313. Third-party Service Agreements.

(a) A Service Provider may contract in writing with third-party vendors to provide services or otherwise satisfy requirements under these standards.

(b) A Service Provider must ensure that all third-party vendors and contractors comply with these standards and all other applicable laws, rules, and regulations.

314. System of Payments.

(a) A Service Provider must provide any service on the IFSP at no cost to the Parent.

(b) Part C Funds may only be used when there are no other federal, state, local, or private resources available to pay for the Early Intervention Service.

(c)

(1) A Parent cannot be required to obtain private insurance or enroll in Medicaid (including TEFRA) to receive the services necessary to reach IFSP goals.

(2)

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(i) A Service Provider must have Parental Consent to submit a claim for payment for Early Intervention Services through a child or Parent's Medicaid.

(ii) Prior to obtaining Parental Consent, a Service Provider must provide the Parent the approved written notification regarding the use of the child or Parent's Medicaid and a statement of the no cost protection provisions.

(3)

(i) A Service Provider must have Parental Consent to submit a claim for payment for Early Intervention Services through a Parent's private insurance.

(ii) Prior to obtaining Parental Consent, a Service Provider must provide the Parent the approved systems of payments information and a statement of the no cost protection provisions.

(4)

(i) When a Parent's private insurance or Medicaid is used, the Parent is responsible for any applicable private insurance or Medicaid premiums.

(ii)

(A) Any co-payments and deductibles in connection with Early Intervention Services that are not covered by private insurance, Medicaid, or other funding may be paid with Part C Funds.

(B) A Parent may be reimbursed using Part C Funds for any co-payments and deductibles in connection with Early Intervention Services they paid that are not covered by private insurance, Medicaid, or other funding.

(5) Part C Funds may be used to prevent a delay in providing Early Intervention Services pending reimbursement from the insurer or other available funding source that has ultimate responsibility for payment.

(c) A Service Provider must accept the Medicaid payment for an Early Intervention Service as payment in full regardless of amount.

(d) If a Parent has granted Parental Consent to bill their Medicaid and private insurance, then the Service Provider must first bill and receive a denial from the private insurance before billing Medicaid for an Early Intervention Service.

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315. <u>Exiting Children</u>.

(a) Upon the exiting of a child from First Connections, the Service Provider must ensure the following are entered or uploaded into CDS:

(1) Finalized required service delivery notes; and

(2) Final goals and objectives status rating.

(b) Upon the exiting of a child from First Connections, the Service Coordinator must ensure the following are entered or uploaded into CDS:

(1) The reason for exit;

(2) Final Child Outcomes Summary Rating; and

(3) A complete Parent family rating unless there is a documented refusal signed by the Parent or documented repeated attempts to obtain.

(c)

(1) If a child exits First Connections and does not have a transition conference, then the Service Coordinator must hold an exit conference.

(2) An exit conference must include the:

(i) Parent;

(ii) Service Coordinator;

(iii) Service Provider; and

(iv) Any other individual the Parent requests to attend.

(3) The only justification for failure to hold a transition conference or an exit conference is Family Delay.

(4) The exit conference may be held in-person or by any other means that are acceptable to the Parent and other participants.

316. <u>Refusal to Serve</u>.

(a) If a selected Service Provider is unable or unwilling to serve a child, then the Service Provider must inform the Service Coordinator within two (2) Business Days of being notified in CDS of its selection as a Service Provider by a Parent.

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(b) The Service Provider is responsible for documenting that it has made a timely refusal to serve election.

(c)

(1) A Service Provider is prohibited from selecting the children they do or do not serve based on location of the child (if a teleservices option is available) or the perceived complexity of the child's needs.

(2) If First Connections reasonably suspects a Service Provider is electing the children they do or do not serve based on a prohibited reason, it is the Service Provider's responsibility to demonstrate that its refusals to serve have been for permitted reasons.

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Subchapter 4. Physical/Service Setting Requirements.

401. Natural Environment.

(a)

(1) All Early Intervention Services listed on an initial IFSP must be performed in the child's Natural Environment.

(2) All Early Intervention Services listed on any other IFSP must be performed in the child's Natural Environment unless the requirements of Section 401(b) below are documented.

(b)

(1) An Early Intervention Service listed on an IFSP (other than the initial IFSP) can be performed in a setting that is not Natural Environment only when:

(i) A functional goal of a child has not been achieved in the Natural Environment;

(ii) There has been a meeting of the full IFSP team to update the IFSP by modifying goals, adjusting intervention strategies, and improving Parent implementation of intervention strategies in an attempt to achieve the functional goals in the Natural Environment setting;

(iii) There is a summary describing why the functional goals were not achieved after updating the IFSP with modified goals, adjusted intervention strategies, and improved Parent implementation of intervention strategies and implementing Natural Environment practices for at least a ninety (90) Calendar Day period; and

(iv)

(A) There is a conversion plan for transitioning the Early Intervention Service setting back to Natural Environment once the specific functional goals linked to that Early Intervention Service have been met.

(B) The conversion plan must list:

(I) Specific steps;

(II) Timelines; and

Proposed

(III) Individuals involved.

(C) A conversion plan cannot exceed six (6) months.

(2) A meeting of the full IFSP team must be held to update the IFSP and implement new strategies if unable to transition any Early Intervention Service setting back to Natural Environment within six (6) months.

Proposed

Subchapter 5. Eligibility and the Individual Family Service Plan (IFSP).

501. Eligibility Generally.

(a) Each of the following criteria must be met for a child to participate in First Connections:

(1) The child is under three (3) years of age.

(2) The child meets at least one of the following:

(i) A score on both an age-appropriate standardized norm and criterion referenced developmental evaluation that indicates a developmental delay of twenty-five percent (25%) of the child's chronological age or greater in one (1) or more of the five (5) development domains, in accordance with Section 502;

(ii) A documented developmental diagnosis of a condition that has a high probability of developmental delay, in accordance with Section 503; or

(iii) It is the informed clinical opinion of the IFSP team that the child qualifies for First Connections, in accordance with Section 504.

(3) The child must be receiving at least one (1) Early Intervention Service.

(4) The child is not enrolled with and receiving Tier II or Tier III services through a Provider-Led Arkansas Shared Savings Entity ("PASSE").

(b) Every child referred to First Connections must have an individual acting as Parent.

(c)

(1)

(i) Each child referred to First Connections at least forty-six (46) days prior to their third birthday must have a meeting to determine eligibility.

(ii) A CMDE must be completed prior to the meeting to determine eligibility.

(2) The meeting to determine eligibility must include, at a minimum:

(i) The Service Coordinator;

(ii) The evaluator that conducted the age-appropriate standardized developmental evaluations, or a knowledgeable representative who can also serve as member of the IFSP team at the initial IFSP meeting;

Proposed

(iii) The Parent; and

(iv) Any other individual the Parent would like to attend.

502. <u>Developmental Delay</u>.

(a) A qualifying developmental delay as described in Section 501(a)(2)(i) is demonstrated by a score on both an age appropriate standardized norm and criterion referenced developmental evaluation performed within the past six (6) months that indicates a developmental delay of twenty-five percent (25%) of the child's chronological age or greater in one (1) or more of the five (5) development domains:

(1) Physical;

(2) Cognitive;

(3) Communication;

(4) Social or emotional; and

(5) Adaptive or self-help.

(b)

(1) The evaluator must follow the instrument's protocol for scoring.

(2) If the developmental evaluation scoring results do not yield a whole number, then the evaluator should round up to the next whole number for any score ending in five tenths (.5) or higher, and round down to the next whole number for any score ending in four tenths (.4) or lower.

(3) The evaluator must convert scoring results to a percentage of chronological age delay.

(4)

(i) The evaluator must adjust scoring for prematurity on any developmental evaluation administered to a child under eighteen (18) months of age who was born premature.

(ii) When an adjustment for prematurity is required, the evaluator must use age-appropriate standardized developmental evaluation instruments that are still valid when adjusted for prematurity.

Proposed

503. <u>Developmental Diagnosis</u>.

(a) A qualifying developmental diagnosis as described in Section 501(a)(2)(ii) is demonstrated by a medical diagnosis of a condition that has a high probability of resulting in a developmental delay, including without limitation:

(1) Down syndrome and other chromosomal abnormalities associated with intellectual disability;

(2) Congenital syndromes and conditions associated with delays in development such as fetal alcohol syndrome, intra-uterine drug exposure, prenatal rubella, and severe macro and microcephaly;

(3) Metabolic disorders;

(4) Intra-cranial hemorrhage;

(5) Malignancy or congenital anomaly of brain or spinal cord;

(6) Spina bifida;

(7) Seizure disorder, asphyxia, respiratory distress syndrome, neurological disorder, and sensory impairments; and

(8) Maternal Acquired Immune Deficiency Syndrome.

(b) The qualifying developmental diagnosis must be from a licensed physician.

504. <u>Informed Clinical Opinion</u>.

(a) The informed clinical opinion of the IFSP team may be used to qualify a child for participation in First Connections.

(1) Informed clinical opinion cannot be used to negate the results of any developmental evaluation used to establish First Connections eligibility.

(2) Informed clinical opinion may be issued only at the meeting to determine eligibility.

(b) When informed clinical opinion qualifies a child for First Connections, the IFSP must either:

(1) Detail the specific developmental concern that forms the basis of the informed clinical opinion and describe the rationale, contributing factors, and specific results of the CMDE that indicate the child qualifies for First Connections, including

Proposed

without limitation why the CMDE evaluations do not clearly reflect the child's functional ability; or

(2) Detail the specific condition and contributing factors that form the basis of the informed clinical opinion and describe how the specific condition affects the child's functional ability such that the child qualifies for First Connections.

505. <u>Evaluations Generally</u>.

(a)

(1) Parental Consent is required prior to scheduling and conducting an evaluation.

(2) Written Notice is required prior to conducting an evaluation.

(3) A Parent or other caregiver must be present for the evaluation.

(b)

(1) Any instrument and procedures used as part of an evaluation must be performed by an individual qualified to administer the evaluation instrument.

(2) An evaluation must be administered in the child's Natural Environment with the Parent or other caregivers.

(3) All aspects of an evaluation must be communicated in the child's and the family's Native Language.

(c)

(1)

(i) Each evaluation performed must have its own Evaluation Report.

(ii) The Evaluation Report must be prepared by the individual who conducted the evaluation.

(iii) The Evaluation Report must be written in a format and using language that is free of jargon and understandable to the general public.

(2) The completed Evaluation Report must be uploaded into CDS and the evaluation results keyed into the child's service record within twenty-one (21) Calendar Days of the date the Service Provider was notified to perform the evaluation, unless there is documentation demonstrating Family Delay.

Proposed

(3) The Evaluation Report must include, at a minimum:

(i) Child's name, birthdate and Native Language;

(ii) Name of the participating Parent or other caregiver and their Native Language;

(iii) Name of the evaluation instrument and date administered;

(iv) Name and credentials of individual who conducted the evaluation;

(v) Date and location where the evaluation was administered;

(vi) Referral source and why the child was referred;

(vii) Complete child and family social history, which should include:

(A) All individuals living in same household as child;

(B) Observation of the child in their Natural Environment engaged in typical child and family routines and activities;

(C) Information about the child, including without limitation birth and development;

(D) The family's concerns about the child;

(E) The child's educational history; and

(F) The child's medical history, including without limitation a health, vision, and hearing summary.

(viii) Complete child developmental history, including without limitation the child's interests, abilities, strengths, and developmental needs;

(ix) Recommendations that support the family in assisting in the child's learning and development, which should include:

(A) Solutions to family issues, such as activities and routines in which the family would like the child to participate more fully;

(B) The skills needed for the child to successfully participate in the family identified activity or routine;

Proposed

(C) Skills that the family could benefit from learning that would assist the child's development and participation in everyday routines and activities;

(D) Assistive Technology devices, adaptations of existing equipment, or acquisition of other materials that will support the child's participation in everyday family routines and activities;

(E) Information that would enhance the family's capacity to assist the child's development and participation in everyday routines and activities; and

(F) Referrals to people and community resources outside of First Connections that would assist the child and family in expanding opportunities for involvement in community activities.

(x) The signature, date, and credentials of individual who conducted the evaluation.

506. <u>Comprehensive Multi-Disciplinary Developmental Evaluation (CMDE)</u>

(a)

(1) Every child referred to the First Connections Central Intake Unit at least forty-six (46) Calendar Days prior to their third birthday must receive a complete CMDE.

(2) A new CMDE must be conducted annually prior to the annual IFSP review to determine the child's continued eligibility for First Connections.

(b) In addition to those requirements contained in Section 505, each CMDE must also:

(1) Be conducted by a multidisciplinary team that consists of one (1) or more individuals qualified or certified in two (2) or more separate disciplines or professions; and

(2) Involve the administration of:

(i)

(A) If it is an initial CMDE, both an age-appropriate standardized norm referenced developmental evaluation instrument AND an age-appropriate criterion referenced developmental evaluation instrument that measure the child's functioning in each of the five (5) developmental areas; or

Proposed

(B) If it is an annual CMDE to demonstrate the child's continued eligibility, either an age-appropriate standardized norm referenced developmental evaluation instrument OR an age-appropriate criterion referenced developmental evaluation instrument that measure the child's functioning in each of the five (5) developmental areas; and

(ii) A Family Assessment.

507. <u>Initial IFSP Meeting</u>.

(a)

(1)

(i) The initial IFSP meeting to develop the initial IFSP must be held within forty-five (45) Calendar Days of the referral to the First Connections Central Intake Unit.

(ii) An initial IFSP meeting is not required if the referral was received by the First Connections Central Intake Unit less than forty-six (46) Calendar Days from the child's third birthday.

(2)

(i) Family Delay is the only justification for failure to hold the initial IFSP meeting within forty-five (45) Calendar Days of receipt of the referral by the First Connections Central Intake Unit.

(ii) The reason for Family Delay must be documented in the child's record.

(iii) The initial IFSP meeting must be held as soon as practicable after the circumstances causing Family Delay no longer exist.

(3) A child must have a completed CMDE prior to the initial IFSP meeting.

(b) The initial IFSP meeting must include, at a minimum:

(1) The initial Service Coordinator;

(2) The evaluator who conducted the age-appropriate standardized developmental evaluation instrument, or a knowledgeable representative;

(3) The Parent; and

Proposed

(4) Any other individuals that the Parent would like to attend.

(c) An initial IFSP meeting may be held in-person or by any other means acceptable to the Parent and other participants.

(d) (1) Written Notice of the initial IFSP meeting must be provided to the Parent and any other participants.

(2) It must be documented if the Parent requests the initial IFSP meeting be held prior to receiving Written Notice.

508. <u>Individual Family Service Plan (IFSP)</u>.

(a) An IFSP must include, at a minimum:

(1) The child's present level of development stated in months with the percentage of child's chronological age delay in each of the five (5) developmental domains, based on professionally acceptable objective criteria;

(2) The family's resources, priorities, and concerns related to the development of the child;

(3) One or more family outcomes stating what the Parent will accomplish;

(4) A list of at least five (5) specific child functional outcomes, which must be specific, functional, family-driven, linked to child and family activities and routines, and measurable in a range of months not to exceed six (6);

(5) The specific action step(s) that will be taken by the Parent or other caregivers, within typical child and family activities, to reach each functional outcome;

(6) The list of Early Intervention Services and accompanying service delivery information, which must include:

(i) The location for each Early Intervention Service session, which must be in the child's Natural Environment unless there is justification meeting the requirements of Section 401(b);

(ii) A schedule of service delivery that includes the frequency and intensity of each Early Intervention Service session and whether sessions are on an individual or group basis;

(iii) The Service Provider;

Proposed

(iv) The specific date by which the child will be expected to achieve the outcome tied to the Early Intervention Service; and

(v) Identification of the funding source for the Early Intervention Service.

(7) A list of other services that the child or family will need or receive through sources outside of First Connections in order to achieve the child's outcomes;

(8) The CMDE results;

(9) If a child is within ninety (90) Calendar Days of their third birthday, a transition plan is required to be included in the IFSP, unless the child was referred to First Connections Central Intake Unit between ninety (90) and forty-six (46) Calendar Days prior to their third birthday; and

(10) The original date of meeting and signatures of all parties participating in an IFSP meeting.

(b) An IFSP expires at the earlier of either the child's third birthday or after twelve (12) months. The IFSP can only be renewed at an annual IFSP review.

(1) Early Intervention Services must stop when an IFSP expires.

(2)

(i) Parental choice or Family Delay are the only justifications for allowing an IFSP to expire before the child's third birthday.

(ii) The parental choice or Family Delay must be documented in the child's service record.

(iii) If Family Delay is the cause, then the annual IFSP review must be held to renew the IFSP as soon as practicable after the circumstances causing Family Delay no longer exist.

509. <u>IFSP Reviews</u>.

(a) An annual IFSP review must be held at least every twelve (12) months after the initial IFSP meeting.

(b) A bi-annual IFSP review must be held within six (6) months after the initial IFSP meeting and any annual IFSP review.

Proposed

(c)

(1) An IFSP review may be requested sooner or more frequently by the Parent.

(2) All annual and bi-annual IFSP reviews must include, at a minimum:

(i) The Service Coordinator;

(ii) A Service Provider performing at least one (1) Early Intervention Service for the child;

(iii) The Parent; and

(iv) Any other individuals that the Parent would like to attend.

(d) An IFSP review may be held in-person or by any other means acceptable to the Parent and other participants.

(e)

(1) Written Notice of an IFSP review must be provided to the Parent and any other participants.

(2) It must be documented if the Parent requests a IFSP review be held prior to receiving Written Notice.

510. <u>Interim IFSP</u>.

(a) A child can begin receiving Early Intervention Services under an interim IFSP prior to completion of the CMDE when:

(1) There is a documented need for immediate services at the time of referral that cannot wait for the completion of the CMDE; and

(2) The available documentation demonstrates the child is eligible for First Connections pursuant to Section 501; however, informed clinical opinion cannot be used to demonstrate a child's eligibility for purposes of an interim IFSP.

(b) An interim IFSP meeting should be scheduled as soon as possible after the determination of immediate need and must include the following individuals:

(1) Parent; and

(2) Service Coordinator.

Proposed

(c) The interim IFSP must include the following, at a minimum:

(1) Name of the Service Coordinator;

(2) One (1) or more functional child outcomes and the action steps that will be taken to reach each functional outcome;

(3) The date by which the child will be expected to achieve the outcomes tied to the Early Intervention Service

(4) The Early Intervention Service(s) determined to be needed immediately to meet the outcomes;

(5) The name of the Service Provider selected by the Parent to provide the Early Intervention Service(s);

(6) A statement that the Early Intervention Service(s) will be performed in the child's Natural Environment;

(7) The location for each Early Intervention Service session;

(8) A schedule of service delivery that includes the frequency and intensity of each Early Intervention Service session and whether sessions are on an individual or group basis; and

(9) Funding source for the Early Intervention Service(s).

(d) The use of an interim IFSP does not excuse, delay, extend, or toll the forty-five (45) Calendar Day requirement in Section 501(a)(1).

Proposed

Subchapter 6. Early Intervention Services.

601. Services Generally.

(a) Early Intervention Services included on the IFSP must begin no later than thirty (30) Calendar Days from the date of Parental Consent.

(b)

(1)

(i) Parental Consent is required prior to the delivery of any Early Intervention Service.

(ii) A parent may revoke Parental Consent at any time for any reason.

(iii) A Parent may decline any Early Intervention Service or any other service or activity at any time without jeopardizing any other Early Intervention Service.

(iv) A Parent has the right to change the Service Provider for any Early Intervention Service at any time and for any reason with the exception that a Parent cannot switch initial Service Coordinators without the prior consent of First Connections.

(2) A Parent or other caregiver is required to attend and participate in each session of Early Intervention Services.

(3) The Service Provider must actively consult with and train the participating Parent or other caregiver on the early intervention strategies described in the child's IFSP when delivering an Early Intervention Service.

(c) No requirement in these standards will be considered completed until the required information is entered or the required documentation uploaded into CDS.

(d)

(1) A Service Provider must perform all Early Intervention Services at the scheduled time unless:

(i) There is justifiable reason, as determined in the reasonable discretion of First Connections staff;

(ii) There is Family Delay; or

Proposed

(iii) Alternative arrangements have been made with the Parent in advance.

(2) The Service Provider must document one (1) of the justifications described in Section 601(d)(1) applies.

(e) Any Early Intervention Service documentation required to be entered or uploaded into a child's service record must be completed no later than thirty (30) days after the Early Intervention Service was completed.

602. <u>Service Coordination</u>.

(a) Service coordination services must be performed by a Service Provider who is a certified Service Coordinator.

(b)

(1) A Service Coordinator must have:

(i)

(A) A bachelor's (or more advanced) degree in education, social work, or a related field; or

(B) A high school diploma, GED, or the equivalent, and have completed the First Connections targeted case management training with at least seventy percent (70%) proficiency on the exit exam.

(ii) Two (2) years' experience working with individuals with developmental disabilities.

(iii) Completed all First Connections training and professional development requirements.

(2) A Service Coordinator may only provide service coordination services for one (1) Service Provider organization.

(3) A Service Coordinator is limited to a maximum service coordination caseload of fifty (50) children without prior approval from First Connections.

(c)

(1) An initial Service Coordinator is assigned at the time of a child's referral to the First Connections Central Intake Unit.

(2) An initial Service Coordinator is responsible for:

Proposed

(i) Making initial contact with the Parent and initiating the child's file in CDS;

(ii) Discussing with the Parent the parental rights and procedural safeguards;

(iii) Obtaining Parental Consent;

(iv) Offering the Parent the choice of evaluators to perform the CMDE; and

(v) Ensuring any required initial IFSP meeting is held within forty-five (45) Calendar Days of the referral to the First Connections Central Intake Unit.

(d)

(1) The Parent will be offered their choice of an ongoing Service Coordinator at the initial IFSP meeting.

(2) The ongoing Service Coordinator's responsibilities include without limitation:

(i) Updating the child's service record in CDS as required, including without limitation completing and uploading the Family Assessment;

(ii) Assisting the Parent in obtaining access to Early Intervention Services and other services identified in the IFSP, including making referrals to providers and scheduling appointments;

(iii) Coordinating the provision of Early Intervention Services and other services that the child needs or is being provided;

(iv) Coordinating evaluations and assessments;

(v) Ensuring that the Early Intervention Services and other services identified in the IFSP are provided in the child's Natural Environment;

(vi) Facilitating and participating in the development, review, and evaluation of IFSPs;

(vii) Coordinating, facilitating, and monitoring the delivery of services on the IFSP to ensure that the services are provided in a timely manner;

(viii) Conducting follow-up activities to determine that appropriate services are being provided;

(ix) Informing families of their rights and procedural safeguards and explaining the Parent Participation Agreement;

Proposed

(x) Coordinating the funding sources for services on the IFSP; and

(xi) Facilitating the development of a transition plan to preschool, or, if appropriate, to other services.

(3) If through adoption or otherwise there is a change in the Parent, then the Service Coordinator must close out the child's service record in CDS under the former Parent and open a new service record under the new Parent.

(e) A Service Coordinator must maintain the following documentation in the child's service record for each service coordination service provided:

(1) The specific activities performed; and

(2) Recommendations based on the results of the service coordination service, if any.

603. <u>Assistive Technology and Adaptive Equipment and Services</u>.

(a) An Assistive Technology or Adaptive Equipment service is any service that directly assists a child or their family in the selection, acquisition, or use of an Assistive Technology or Adaptive Equipment device.

(b) An Assistive Technology or Adaptive Equipment device Service Provider must be enrolled as a Durable Medical Equipment provider with the Arkansas Medicaid Program.

(c) An Assistive Technology or Adaptive Equipment Service Provider is required to:

(1) Provide instruction and training on how to use Assistive Technology or Adaptive Equipment to the child and Parent or other caregiver, as required;

(2) Provide ongoing assistance to adjust any Assistive Technology or Adaptive Equipment as needed by child or Parent;

(3) Assume liability for Assistive Technology or Adaptive Equipment devices and warranties;

(4) Install, maintain, and replace any defective parts or devices;

(5) Research and recoup payment from any third-party sources available to the child and their Parent prior to billing First Connections; and

(6) Submit the purchase or rental price for Assistive Technology or Adaptive Equipment within five (5) Business Days from the date a request is received from the Service Coordinator.

Proposed

(d) A Service Provider must maintain the following documentation in the child's service record for each Assistive Technology or Adaptive Equipment device order:

(1) The date the order was received;

(2) The name of the Service Coordinator who placed the order;

(3) The price quoted for the order;

(4) The date the quote was submitted to the Service Coordinator;

(5) A copy of the Medicaid or private insurance denial, if applicable;

(6) The date of delivery and installation of the Assistive Technology or Adaptive Equipment device;

(7) A narrative of the instruction and training provided to the child and Parent or other caregiver when installed; and

(8) The Parent or other caregiver's signature verifying that the delivery, installation, and required instruction and training were completed.

604. <u>Audiology Services</u>.

(a) An audiology service is any service listed in the IFSP that:

(1) Identifies children with auditory impairments using appropriate screening techniques;

(2) Measures the range, nature, and degree of hearing loss and communication function through audiological evaluation procedures;

(3) Refers a child for necessary medical, habilitative, or rehabilitative auditory services;

(4) Is an auditory training, aural rehabilitation, speech reading, listening device orientation or training, or other auditory service;

(5) Is a hearing loss prevention service; or

(6) Measures the child's need for amplification, including the selecting, fitting, and dispensing of appropriate listening and vibrotactile devices, and the evaluation of the effectiveness of those devices.

Proposed

(b) Audiology services must be performed by an individual with a license in good standing from the Arkansas Speech-Language-Hearing Association.

(c) A Service Provider must maintain the following documentation in the child's service record for each audiology service performed:

(1) The date and beginning and ending time for each audiology service;

(2) The name(s) of the Parent and any participants in the audiology service;

(3) The name(s) and credential(s) of the individual providing the audiology service;

(4) A narrative of the instruction, training, and interaction provided to the participating Parent or other caregiver

(5) The relationship of the audiology service to the goals and objectives described in the child's IFSP; and

(6) If applicable, written progress notes on each audiology service session, signed or initialed by the individual providing the audiology service, describing the child's status with respect to their goals and objectives.

605. <u>Family Training, Counseling, and Home Visits</u>.

(a)

(1) Family training, counseling, and home visits are support services provided by social workers, psychologists, and other qualified personnel to train and assist the Parent or other caregiver of a child in any area related to the special needs of the child as determined necessary by the IFSP team.

(2) Family training, counseling, and home visit services exclude the required family training, counseling, and home visits provided to the child and family in connection with other Early Intervention Services.

(b) A Service Provider must maintain the following documentation in the child's service record for each family training, counseling session, or home visit performed:

(1) The date and beginning and ending time for each training, session, or visit;

(2) The names of the Parent and other caregivers that participated in the training, session, or visit;

Proposed

(3) The name and credentials of the individual conducting the training, session or visit and, if the individual is not credentialed, the experience or other knowledge that qualifies them to conduct the training, session, or visit;

(4) The topics covered and any specific materials or instruction received during the training, session, or visit;

(5) The relationship of the training, session, or visit to the goals and objectives described in the child's IFSP;

(6) If applicable, written progress notes on each training, session, or visit signed or initialed by the individual conducting the training, session, or visit;

(7) If applicable, the receipt for the actual cost of any materials, training, session, or visit;

(8) If applicable, the receipt for the actual cost of any reimbursement submitted by the attending Parent or other caregiver; and

(9) Verification of the Parent or other caregiver participation such as a certificate of completion, sign-in sheet, or signature.

606. <u>Health Services</u>.

(a) A health service is a service that enables a child to receive or benefit from other Early Intervention Services.

(1) Health services do not include services that are surgical or purely necessary to control or treat a medical condition.

(2) Health services do not include medical services such as immunizations or other care that is routinely recommended for all infants and toddlers.

(b) A Service Provider must maintain the following minimum documentation in the child's service record for each health service performed:

(1) The date and beginning and ending time for each health service;

(2) The name of the Parent and other caregivers who participated in the health service;

(3) The name and credentials of the individual providing the health service and, if the individual is not credentialed, the experience or other knowledge that qualifies them to perform the health service;

Proposed

(4) A narrative of the instruction, training, and interaction provided to the participating Parent or other caregiver;

(5) The other Early Interventions Services on the IFSP that the health services enable the child to receive; and

(6) The relationship of the health service to the goals and objectives described in the child's IFSP.

607. <u>Medical Services</u>.

(a) A medical service is a diagnostic service provided by a licensed physician when necessary to assist the IFSP team in developing and implementing the IFSP.

(b) Medical services must be performed by a licensed physician in good standing with the Arkansas State Medical Board.

(c) A Service Provider must maintain the following documentation in the child's service record for each medical service performed:

(1) A description, date, and beginning and ending time for each medical service;

(2) The name of the Parent and other caregivers who participated in the medical service;

(3) The name of the physician providing the medical service and the name of their employer;

(4) A narrative of the instruction, training, and interaction provided to the participating Parent or other caregiver;

(5) The relationship of the medical service to the goals and objectives described in the child's IFSP.

608. <u>Nursing Services</u>.

(a) Nursing services are assessments, services, and medication or treatment administrations that are necessary to enable a child to benefit from other Early Intervention Services.

(b) Nursing services must be performed by a licensed Registered Nurse in good standing with the Arkansas Board of Nursing.

(c) A Service Provider must maintain the following documentation in the child's service record for each nursing service performed:

Proposed

(1) The date and beginning and ending time for each nursing service;

(2) The name of the Parent and other caregivers who participated in the nursing service;

(3) The name of the Registered Nurse providing the nursing service and the name of their employer;

(4) A narrative of the instruction, training, and interaction provided to the participating Parent or other caregiver

(5) The other Early Interventions Services on the IFSP that the nursing services enable the child to receive;

(6) The relationship of the nursing services to the goals and objectives described in the child's IFSP.

609. <u>Nutrition Services</u>.

(a)

(1) Nutrition services assess the nutritional needs of a child, develop and monitor plans to address those nutritional needs and refer a child to appropriate home and community resources to carry out the nutritional goals in their IFSP.

(2) Nutrition services exclude feeding services provided in connection with speech pathology and occupational therapy services.

(b) Nutrition services must be performed by an individual that is:

(1) A Registered Dietician in good standing with the American Dietetic Association;

(2) A provisionally certified Registered Dietician by the American Dietetic Association; or

(3) A licensed physician in good standing with the Arkansas State Medical Board.

(c) A Service Provider must maintain the following documentation in the child's service record for each nutrition service performed:

(1) The date and beginning and ending time for each nutrition service;

(2) The name of the Parent and other caregivers who participated in the nutrition service;

Proposed

(3) The name and credentials of the individual providing the nutrition service and the name of their employer;

(4) A narrative of the instruction, training, and interaction provided to the participating Parent or other caregiver;

(5) The relationship of the nutrition service to the goals and objectives described in the child's IFSP.

610. <u>Occupational Therapy Evaluations and Services</u>.

(a)

(1) Occupational therapy evaluations and services address the functional needs of a child in their adaptive development, adaptive behavior, and play as well as sensory, motor, and postural development.

(2)

(i) Occupational therapy evaluations must be performed by a licensed Occupational Therapist.

(ii) Occupational therapy services must be performed by a licensed Occupational Therapist or Occupational Therapy Assistant.

(3) Occupational therapy evaluations and services must be performed by an individual who is a certified Occupational Therapy Service Provider.

(4) Any occupational therapy evaluation instrument administered must be from the First Connections approved list.

(b) Each Occupational Therapist and Occupational Therapy Assistant must:

(1) Hold an Occupational Therapy or Occupational Therapy Assistant license in good standing with the Arkansas State Medical Board;

(2) Complete all First Connections training requirements; and

(3) Enroll with the Arkansas Medicaid Program.

(c)

(1) An Occupational Therapy Assistant must be supervised by an Occupational Therapist.

Proposed

(2) An Occupational Therapy Assistant must have their supervising Occupational Therapist's certification uploaded into CDS.

(d) An Occupational Therapist may supervise a maximum of three (3) Occupational Therapy Assistants at any time.

(1) An Occupational Therapist must work at the same Service Provider organization as any Occupational Therapy Assistant they are supervising.

(2) An Occupational Therapist must upload into CDS the certification of any Occupational Therapy Assistant they are supervising.

(3)

(i) An Occupational Therapist must complete a quarterly written evaluation on each Occupational Therapy Assistant they are supervising, which must include a complete evaluation of the Occupational Therapy Assistant's performance based on the supervising Occupational Therapist's in-person observation of a session with a child and Parent.

(ii) One (1) of the four (4) quarterly reports during each twelve (12) month period must be an annual written evaluation.

(e) Each completed occupational therapy evaluation and report must be uploaded into CDS. See Section 505.

(f) A Service Provider must maintain the following documentation in the child's service record for each occupational therapy service session:

(1) The date and beginning and ending time for each occupational therapy service session;

(2) The name of the Parent and other caregivers who participated in the occupational therapy service session;

(3) A description of the consulting and training provided to the participating Parent or other caregivers on the early intervention strategies described in the child's IFSP;

(4) The name and credentials of the Occupational Therapist (if any) and Occupational Therapy Assistant providing or observing the occupational therapy services each session;

(5) The relationship of each occupational therapy session to the goals and objectives described in the child's IFSP; and

Proposed

(6) Written progress notes on each occupational therapy service session describing the child's status with respect to their goals and objectives, which must be signed or initialed by the Occupational Therapist or Occupational Therapy Assistant providing the occupational therapy services.

611. <u>Physical Therapy Evaluations and Services</u>.

(a)

(1) Physical therapy evaluations and services address the sensory motor function of a child through enhancement of their musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective adaptation to their Natural Environment.

(2)

(i) Physical therapy evaluations must be performed by a licensed Physical Therapist.

(ii) Physical therapy services must be performed by a licensed Physical Therapist or Physical Therapy Assistant.

(3) Physical therapy services must be performed by an individual who is a certified Physical Therapy Service Provider.

(4) Any physical therapy evaluation instrument administered must be from the First Connections approved list.

(b) Each Physical Therapist and Physical Therapy Assistant must:

(1) Hold a Physical Therapy or Physical Therapy Assistant license in good standing with the Arkansas State Medical Board;

(2) Complete all First Connections training requirements; and

(3) Enroll with the Arkansas Medicaid Program.

(c)

(1) A Physical Therapy Assistant must be supervised by a Physical Therapist.

(2) A Physical Therapy Assistant must have their supervising Physical Therapist's certification uploaded into CDS.

Proposed

(d) A Physical Therapist may supervise a maximum of three (3) Physical Therapy Assistants at any time.

(1) A Physical Therapist must work at the same Service Provider organization as any Physical Therapy Assistant he or she is supervising.

(2) A Physical Therapist must upload into CDS the certification of any Physical Therapy Assistant they are supervising.

(3)

(i) A Physical Therapist must complete a quarterly written evaluation on each Physical Therapy Assistant they are supervising, which must include a complete evaluation of the Physical Therapy Assistant's performance based on the supervising Physical Therapist's in-person observation of a session with a child and Parent.

(ii) One (1) of the four (4) quarterly reports during each twelve (12) month period must be an annual written evaluation.

(e) Each completed physical therapy evaluation and report must be uploaded into CDS. See Section 505.

(f) A Service Provider must maintain the following documentation for each physical therapy service session:

(1) The date and beginning and ending time for each physical therapy service session;

(2) The name of the Parent and other caregivers who participated in the physical therapy service session;

(3) A description of the consulting and training provided to the participating Parent or other caregivers on the early intervention strategies described in the child's IFSP;

(4) The name and credentials of the Physical Therapist (if any) and Physical Therapy Assistant providing or observing the physical therapy services each session;

(5) The relationship of physical therapy session to the goals and objectives described in the child's IFSP; and

(6) Written progress notes on each physical therapy service session describing the child's status with respect to their goals and objectives, which must be signed or initialed by the Physical Therapist or Physical Therapy Assistant providing the physical therapy services.

Proposed

612. <u>Psychological Services</u>.

(a) Psychological services support parents and other caregivers in helping a child use appropriate behavior to meet needs by using evidence-based practices to improve the quality of the Parent-child relationship through changing Parent-child interaction patterns for children with behavioral and emotional disorders. Psychological services include consultation on child development as well as Parent training and education programs, including without limitation Parent-Child Interaction Therapy and coaching Parents in the use of therapeutic parenting practices proven to decrease problematic behaviors.

(b) A Service Provider of psychological services must meet one (1) of the following:

(1) A licensed Psychologist in good standing with the Arkansas Psychology Board; or

(2) A licensed Psychological Examiner in good standing with the Arkansas Psychology Board.

(c) A Service Provider must maintain the following minimum documentation for each psychological service performed:

(1) The date and beginning and ending time for each psychological service;

(2) The name of the Parent and other caregivers who participated in the psychological service;

(3) The name and credentials of the individual providing the psychological service and the name of their employer;

(4) A narrative of the instruction, training, and interaction provided to the participating Parent or other caregiver;

(5) The relationship of the psychological service to determining the child's eligibility or the goals and objectives described in the child's IFSP.

613. <u>Sign Language and Cued Language Services</u>.

(a) Sign language and cued language services include auditory and oral language and transliteration services, as well as formal training and direct support to families learning sign or cued language.

(b) A Service Provider must maintain the following documentation for each sign language or cued language service performed:

(1) The date and beginning and ending time for each sign language or cued language service;

Proposed

(2) The name of the Parent and other caregivers who participated in the sign language or cued language service;

(3) A description of the consulting and training provided to the participating Parent or other caregivers on the early intervention strategies described in the child's IFSP;

(4) The name and credentials of the individual providing the sign language or cued language service and, if the individual is not credentialed, the experience or other knowledge that qualifies them to perform the sign language or cued language service; and

(5) The relationship of the sign language or cued language service to the goals and objectives described in the child's IFSP.

614. <u>Social Work Services</u>.

(a)

(1) Social work services evaluate a child's living conditions and patterns of family interaction, conduct social and emotional assessments of a child within the family context, and coordinate community resources and services to determine eligibility and enable a child to receive the maximum benefit from Early Intervention Services.

(2) Social work services do not include any activities that are able to be performed by the Service Coordinator.

(b) Social work services must be performed by a Licensed Clinical Social Worker in good standing with the Arkansas Board of Social Work.

(c) A Service Provider must maintain the following documentation for each social work service performed:

(1) The date and beginning and ending time for each social work service;

(2) The name of the Parent and other caregivers who participated in the social work service;

(3) A description of the consulting and training provided to the participating Parent or other caregivers on the early intervention strategies described in the child's IFSP;

(4) The name and credentials of the individual providing the social work service and the name of their employer; and

Proposed

(5) The relationship of the social work service to determining the child's eligibility or the goals and objectives described in the child's IFSP.

615. <u>Developmental Therapy Evaluations and Services</u>.

(a)

(1) Developmental therapy evaluations and services provide specialized instruction to the child and Parent or other caregiver to promote the child's acquisition of skills in all developmental areas, daily living activities, and social interactions.

(2)

(i) Developmental therapy evaluations must be performed by an individual who is a certified Developmental Therapist Service Provider.

(ii) Developmental therapy services must be performed by an individual who is a certified Developmental Therapist or Developmental Therapy Assistant Service Provider.

(b)

(1)

(i) A Developmental Therapist must have one (1) of the following:

(A) Early Childhood Special Education certification;

(B) A Masters of Developmental Therapy or Early Intervention; or

(C) An Alternate Learning Plan approved by and filed with the Arkansas Department of Education.

(ii) A Developmental Therapist must have completed all First Connections training, professional development, and Developmental Therapy Assistant in-person observation requirements.

(iii) A Developmental Therapist must be enrolled with the Arkansas Medicaid Program as both a DDS non-Medicaid Service Provider (type 76) and also as a First Connections Medicaid Service Provider (type 86).

(2)

(i) A Developmental Therapy Assistant must have one (1) of the following:

Proposed

(A) Associates Degree in Early Childhood Development or a related field;

(B) Two (2) years of documented experience working with children under five (5) years of age; or

(C) Two (2) years of documented experience working with children with disabilities.

(ii) A Developmental Therapy Assistant must be supervised by a certified Developmental Therapist Service Provider and have the supervising Developmental Therapist's certification uploaded into CDS.

(iii) A Developmental Therapy Assistant must have completed all First Connections training and professional development requirements.

(iv) A Developmental Therapy Assistant must be enrolled with the Arkansas Medicaid Program as both a DDS non-Medicaid Service Provider (type 76) and also as a First Connections Medicaid Service Provider (type 86).

(c) A Developmental Therapist may supervise a maximum of three (3) Developmental Therapy Assistants at any time.

(1) A Developmental Therapist must work with the same Service Provider organization as any Developmental Therapy Assistant they are supervising.

(2) A Developmental Therapist must upload into CDS the certification of any Developmental Therapy Assistant they are supervising.

(d) Each completed developmental therapy evaluation and report must be uploaded into CDS. See Section 505.

(e) A Service Provider must maintain the following documentation for each development therapy service session:

(1) The date and beginning and ending time for each developmental therapy session;

(2) The name of the Parent and other caregivers who participated in the developmental therapy session;

(3) A description of the consulting and training provided to the participating Parent or other caregivers on the early intervention strategies described in the child's IFSP;

(4) The name and credentials of the Developmental Therapist (if any) and Developmental Therapy Assistant providing or observing the developmental therapy services each session;

Proposed

(5) The relationship of each developmental therapy session to the goals and objectives described in the child's IFSP; and

(6) Written progress notes on each developmental therapy session describing the child's status with respect to his or her goals and objectives, which must be signed or initialed by the Developmental Therapist or Developmental Therapy Assistant providing the developmental therapy services.

616. <u>Speech-Language Pathology Evaluations and Services</u>.

(a)

(1) Speech-language pathology evaluations and services identify a child's communication or language disorders and delays in development of communication skills and any service for the habilitation, rehabilitation, or prevention of a child's communication or language disorder or delays in the development of a child's communication skills.

(2)

(i) Speech-Language Pathology evaluations must be performed by a licensed Speech-Language Pathologist.

(ii) Speech-Language Pathology services must be performed by a licensed Speech-Language Pathologist or Speech-Language Pathology Assistant.

(3) Speech-Language Pathology services can only be performed by an individual who is a certified Speech-Language Pathology Service Provider.

(b) Each Speech-Language Pathologist and Speech-Language Pathology Assistant must:

(1) Hold a Speech-Language Pathologist or Speech-Language Pathology Assistant license in good standing with the Arkansas State Medical Board;

(2) Complete all First Connections training requirements; and

(3) Enroll with the Arkansas Medicaid Program.

(c)

(1) A Speech-Language Pathology Assistant must be supervised by a Speech-Language Pathologist.

Proposed

(2) A Speech-Language Pathology Assistant must have their supervising Speech-Language Pathologist's certification uploaded into CDS.

(d) A Speech-Language Pathologist may supervise a maximum of three (3) Speech-Language Pathology Assistants at any time.

(1) A Speech-Language Pathologist must work at the same Service Provider organization as any Speech-Language Pathology Assistant they are supervising.

(2) A Speech-Language Pathologist must upload into CDS the certification of any Speech-Language Pathology Assistant he or she is supervising.

(3) A Speech-Language Pathologist must upload into CDS any in-person observation documentation related to a Speech-Language Pathology Assistant they are supervising.

(e) Each completed speech-language pathology evaluation and report must be uploaded into CDS. See Section 505.

(f) A Service Provider must maintain the following documentation for each speech-language pathology service session:

(1) The date and beginning and ending time for each speech-language pathology session;

(2) The name of the Parent and other caregivers who participated in the speech-language pathology session;

(3) A description of the consulting and training provided to the participating Parent or other caregivers on the early intervention strategies described in the child's IFSP;

(4) The name and credentials of the Speech-Language Pathologist (if any) and Speech-Language Pathology Assistant providing or observing the speech-language pathology services each session;

(5) The relationship of speech-language pathology session to the goals and objectives described in the child's IFSP; and

(6) Written progress notes on each speech-language pathology session describing the child's status with respect to their goals and objectives, which is signed or initialed by the Speech-Language Pathologist or Speech-Language Pathology Assistant providing the speech-language pathology services.

617. <u>Transportation Services</u>.

(a) A transportation service involves covering the costs of travel necessary to enable a child and their Parent or other caregiver to receive an Early Intervention Service.

Proposed

(b) A Service Provider must maintain the following documentation for each transportation service:

(1) The specific Early Intervention Service, date, location, and beginning and ending time for the Early Intervention Service session for which the transportation service was necessary;

(2) The name of the Parent and other caregivers involved in a transportation service;

(3) If applicable, the name of the vendor that provided the transportation service;

(4) If applicable, the itemized receipt for any transportation service reimbursement submitted by the Parent or other caregiver; and

(5) If applicable, signed verification by Parent or other caregiver of the amount of the transportation service payment.

618. <u>Vision Services</u>.

(a) Vision services involve the evaluation and assessment of a child's visual functioning.

(b) Vision services must be performed by an individual that is one (1) of the following:

(1) A licensed Ophthalmologist in good standing with the Arkansas Board of Optometry or the Arkansas Board of Ophthalmology; or

(2) A certified Orientation Mobility Specialist.

(c) A Service Provider must maintain the following documentation for each vision service performed:

(1) The date and beginning and ending time for each vision service;

(2) The name of the Parent and other caregivers who participated in the vision service;

(3) The name and credentials of the individual providing the vision service and the name of their employer;

(4) A narrative of the instruction, training, and interaction provided to the participating Parent or other caregiver;

(5) The completed evaluation or assessment and accompanying report (See Section 505); and

Proposed

(6) The relationship of the vision service to the goals and objectives described in the child's IFSP.

619. <u>Specialized Evaluation Services</u>.

(a)

(1) Specialized evaluation services relate to the performance of evaluations and assessments necessary for diagnostic purposes to assist the IFSP team in developing and implementing the IFSP.

(2) Specialized evaluation services do not include evaluations related to occupational therapy, developmental therapy, speech-language pathology, physical therapy, or vision services.

(b) A Service Provider must maintain the following documentation for each specialized evaluation conducted:

(1) The date and beginning and ending time for each specialized evaluation;

(2) The name of the Parent and other caregivers who participated in the specialized evaluation;

(3) The name and credentials of the individual conducting the specialized evaluation and, if the individual is not credentialed, the experience or other knowledge that qualifies them to conduct the specialized evaluation; and

(4) The diagnostic purpose of the specialized evaluation and how it will assist the IFSP team in development and implementing the child's IFSP.

620. <u>Parent Education Services</u>.

(a) Parent education services are third-party support groups, conferences, and workshops that instruct a Parent or caregiver on how to enhance the child's development and enable the child to benefit from other Early Intervention Services.

(b) A Service Provider must maintain the following documentation for each Parent education service:

(1) The date and beginning and ending time for each support group, conference, or workshop;

(2) The name of the Parent and other caregivers who participated in the support group, conference, or workshop;

Proposed

(3) The name and credentials of the individual or organization conducting the support group, conference, or workshop and, if the individual or organization is not credentialed, the experience or other knowledge that qualifies them to conduct the support group, conference, or workshop;

(4) The topics covered, and any specific materials or instruction received during the support group, conference, or workshop;

(5) The relationship of the support group, conference, or workshop to the goals and objectives described in the child's IFSP;

(6) If applicable, the registration form and itemized receipt for the actual cost of any materials, support group, conference, or workshop;

(7) If applicable, the itemized receipts for the actual cost of any reimbursement submitted by the Parent or other caregiver; and

(8) Verification of Parent or other caregiver participation and attendance, such as a certificate of completion, or sign-in sheet.

621. <u>Teleservices</u>.

(a) Teleservices are one (1) of the following Early Interventions Services conducted via a telecommunication device in accordance with the requirements of this Section 621:

(1) Developmental Therapy Services;

(2) Occupational Therapy Services;

(3) Physical Therapy Services;

(4) Speech-Language Pathology Services; and

(5) Sign Language and Cued-Language Services.

(b) Developmental therapy, occupational therapy, physical therapy, and speech-language pathology evaluations must be performed through traditional in-person methods.

(c) The child service record must include the following documentation:

(1) A detailed assessment of the child that determines they are an appropriate candidate for teleservices based on the child's age and functioning level;

Proposed

(2) A detailed explanation of all on-site assistance or participation that will be used to ensure:

(i) The effectiveness of telemedicine service delivery is equivalent to face-to-face service delivery; and

(ii) Telemedicine service delivery will address the unique needs of the child; and

(3) A plan and estimated timeline for returning service delivery to in-person if a client is not progressing towards goals and outcomes through telemedicine service delivery.

(d) The Service Provider is responsible for ensuring teleservices are the equivalent to in-person, face-to-face service delivery.

(1) The Service Provider is responsible for ensuring the calibration of all clinical instruments and the proper functioning of all telecommunications equipment.

(2) All teleservices must be delivered in a synchronous manner, meaning through real-time interaction between the practitioner and the child and Parent or other caregiver via a telecommunication link.

(3) A store and forward telecommunication method of service delivery where either the child and Parent or other caregiver or the practitioner records and stores data in advance for the other party to review at a later time is prohibited.

(e) Teleservices are subject to all the same limits and requirements as in-person, face-to-face delivery of the Early Intervention Service.

Proposed

Subchapter 7. Incident and Accident Reporting.

701. Incidents to be Reported.

(a) A Service Provider must report all alleged, suspected, observed, or reported occurrences of any of the following events:

(1) Death of a child;

(2) Serious injury to a child;

(3) Child maltreatment;

(4) Any event where an individual threatens or strikes a child;

(5) Unauthorized use of restrictive intervention on a child, including seclusion or physical, chemical, or mechanical restraint;

(6) Events involving a risk of death, serious physical or psychological injury, or serious illness to a child; and

(7) Any act or omission that jeopardizes the health, safety, or quality of life of a child.

(b) Any Service Provider may report any other occurrences impacting the health, safety, or quality of life of a child.

702. Reporting Requirements.

(a) A Service Provider must:

(1) Submit all reports of the following events within one (1) hour of the event:

(i) Death of a child;

(ii) Serious injury to a child; or

(iii) Any incident that a Service Provider should reasonably know might be of interest to the public or the media.

(2) Submit reports of all other incidents within forty-eight (48) hours of the event or the first Business Day if the accident occurs on weekend or holiday that prevents reporting within forty-eight (48) hours.

(b) A Service Provider must enter the incident report in the child's service record in CDS.

Proposed

(c) Reporting under these standards does not relieve a Service Provider of complying with any other applicable reporting or disclosure requirements under state or federal laws, rules, or regulations.

703. <u>Notification to Guardians and Legal Custodians</u>.

(a) If not present at the time of the incident, a Service Provider must notify the guardian or legal custodian of a child of any reportable incident involving a child, as well as any injury or accident involving a child, even if the injury or accident is not otherwise required to be reported in this Section.

(b) A Service Provider should maintain documentation evidencing notification required in subdivision (a).

Proposed

Subchapter 8. Enforcement.

801. Monitoring.

(a)

(1) DDS shall monitor a Service Provider to ensure compliance with these standards.

(2)

(i) A Service Provider must cooperate with all monitoring and other regulatory activities performed or requested by DDS.

(ii) Cooperation required includes without limitation cooperation with respect to investigations, surveys, site visits, reviews, and other regulatory actions taken by DDS to monitor, enforce, or take other regulatory action on behalf of DDS.

(b) Monitoring includes without limitation:

(1) CDS reviews, on-site surveys, and other visits including without limitation annual reviews and Parent surveys;

(2) CDS and on-site child service record reviews;

(3) Written requests for documentation and records required under these standards;

(4) Written requests for information; and

(5) Investigations related to complaints received.

(c) DDS may contract with a third-party to monitor, enforce, or take other regulatory action on behalf of DDS.

802. Written Notice of Enforcement Remedy.

DDS shall provide Written Notice of all enforcement remedies taken against the Service Provider to the manager appointed pursuant to Section 301.

803. Remedies.

(a)

(1) DDS shall not impose any enforcement remedies unless:

Proposed

(i) The Service Provider is provided Written Notice and appeal rights pursuant to this Section 802 and Subchapter 10; or

(ii) DDS determines that public health, safety, or welfare imperatively requires emergency action;

(2) If DDS imposes an enforcement remedy as an emergency action before the Service Provider has notice and appeal rights pursuant to subdivision (a)(1), DDS shall:

(i) Provide immediate Written Notice to the Service Provider of the enforcement action; and

(ii) Provide the Service Provider with its appeal rights pursuant to Subchapter 10.

(b) If a Service Provider fails to comply with the standards, DDS may impose any of the following enforcement remedies for the Service Provider's failure to comply with the standards:

(1) Plan of correction;

(2) Directed in-service training plan;

(3) Removal as choice of provider;

(4) Transfer;

(5) Monetary penalties;

(6) Suspension of Service Provider certification;

(7) Revocation of Service Provider certification;

(8) Recoupment; and

(9) Any remedy authorized by law or rule including, without limitation section 25-15-217 of the Arkansas Code.

(c) DDS shall determine the imposition and severity of these enforcement remedies on a case-by-case basis using the following factors:

(1) Frequency of non-compliance;

(2) Number of non-compliance issues;

Proposed

(3) Impact of non-compliance on a child's health, safety, or well-being;

(4) Responsiveness in correcting non-compliance;

(5) Repeated non-compliance in the same or similar areas;

(6) Non-compliance with previously or currently imposed enforcement remedies;

(7) Non-compliance involving intentional fraud or dishonesty; and

(8) Non-compliance involving violation of any law, rule, or other legal requirement.

(d)

(1) DDS shall report any noncompliance, action, or inaction by the Service Provider to appropriate agencies for investigation and further action.

(2) DDS shall refer non-compliance involving Medicaid billing requirements to the Division of Medical Services and the Arkansas Attorney General's Medicaid Fraud Control Unit.

(e) These enforcement remedies are not mutually exclusive, and DDS may apply multiple enforcement remedies simultaneously for a failure to comply with these standards.

(f) The failure to comply with an enforcement remedy imposed by DDS constitutes a separate violation of these standards.

804. <u>Removal as Choice of Provider</u>.

(a) DDS may cease to offer the Service Provider as a choice for one (1) or more Early Intervention Services.

(b) A Service Provider that is no longer offered as a choice of Service Provider may continue to provide Early Intervention Services to children they are already serving.

805. <u>Transfer</u>.

(a) DDS may require a Service Provider to transfer a child to another Service Provider if DDS finds that the Service Provider cannot or is not adequately providing Early Intervention Services to the child.

(b) If directed by DDS, a Service Provider must continue providing services until the child is transferred to their new Service Provider of choice.

Proposed

(c) A transfer of a child may be permanent or for a specific term, depending on the circumstances.

806. <u>Monetary Penalties</u>.

(a) DDS may impose a civil monetary penalty on a Service Provider, not to exceed five hundred dollars ($500) for each violation of the standards.

(b)

(1) DDS may file suit to collect a civil monetary penalty assessed pursuant to these standards if the Service Provider does not pay the civil monetary penalty within sixty (60) days from the date DDS provides Written Notice to the Service Provider of the imposition of the civil monetary penalty.

(2) DDS may file suit in Pulaski County Circuit Court or the circuit court of any county in which the Service Provider is located.

807. <u>Suspension and Revocation of Certification</u>.

(a)

(1) DDS may temporarily suspend a Service Provider's certification if the Service Provider fails to comply with these standards.

(2) If a Service Provider's certification is suspended, the Service Provider must immediately stop providing Early Intervention Services until DDS reinstates its certification.

(b)

(1) DDS may permanently revoke a Service Provider's certification if the Service Provider fails to comply with these standards.

(2) If a Service Provider's certification is revoked, the Service Provider must immediately stop providing Early Intervention Services.

808. <u>Recoupment</u>.

(a) DDS may recoup any Part C Fund payments made to a Service Provider as reimbursement for Early Intervention Services if it is determined that the Service Provider failed to comply with these standards.

Proposed

(b) The Arkansas Department of Human Services, Division of Medical Services may recoup any Medicaid payments made to a Service Provider for Early Intervention Services if it is determined that the Service Provider failed to comply with these standards or Medicaid requirements.

Proposed

Subchapter 9. Closure.

901. Closure.

(a)

(1) A Service Provider certification ends if a Service Provider permanently closes (whether voluntarily or involuntarily) and is effective the date of the permanent closure as determined by DDS.

(2) A Service Provider that intends to or does permanently close (whether voluntarily or involuntarily) must:

(i) Provide Written Notice of the closure to First Connections at least thirty (30) Calendar Days prior to effective date of the proposed closure; and

(ii) Arrange for the storage of child service records to satisfy the requirements of Section 304.

(b)

(1) A Service Provider that intends to voluntarily close temporarily may request to maintain its Service Provider certification for up to one (1) year from the date of the request.

(2) A Service Provider must still comply with subdivision (a)(2)'s requirements for notice and storage of child service records.

(3)

(i) DDS may grant a temporary closure if the Service Provider demonstrates that it is reasonably likely to reopen after the temporary closure.

(ii) DDS shall direct that the Service Provider permanently close if the Service Provider fails to demonstrate that it is reasonably likely to reopen after the temporary closure.

(4)

(i) DDS may end a Service Provider's temporary closure if the Service Provider demonstrates that it is in full compliance with these standards.

(ii) DDS shall end a Service Provider's temporary closure and direct that the Service Provider permanently close if the Service Provider fails to become fully compliant with these standards within one (1) year from the date of the request.

Proposed

Subchapter 10. Appeals.

1001. Reconsideration of Adverse Regulatory Actions.

(a)

(1) A Service Provider may ask for reconsideration of any adverse regulatory action taken by DDS by submitting a written request for reconsideration to: Division of Disabilities Services, Attn: DDS Director, P.O. Box 1437, Slot N501, Little Rock, Arkansas 72203-1437.

(2) The written request for reconsideration of an adverse regulatory action taken by DDS must be submitted by the Service Provider and received by DDS within thirty (30) Calendar Days of the date the Service Provider received Written Notice of the adverse regulatory action.

(3) The written request for reconsideration of an adverse regulatory action taken by DDS must include without limitation the specific adverse regulatory action taken, the date of the adverse regulatory action, the name of the Service Provider against whom the adverse regulatory action was taken, the address and contact information for the Service Provider against whom the adverse regulatory action was taken, and the legal and factual basis for reconsideration of the adverse regulatory action.

(b)

(1) DDS shall review each timely received written request for reconsideration and determine whether to affirm or reverse the adverse regulatory action taken based on these standards.

(2) DDS may request, at its discretion, additional information as needed to review the adverse regulatory action and determine whether the adverse regulatory action taken should be affirmed or reversed based on these standards.

(c)

(1) DDS shall issue in writing its determination on reconsideration within thirty (30) days of receiving the written request for reconsideration or within thirty (30) days of receiving all information requested by DDS under subdivision (b)(2), whichever is later.

(2) DDS shall issue its determination to the Service Provider using the address and contact information provided in the request for reconsideration.

(d) DDS may also unilaterally decide to reconsider any adverse regulatory action any time it determines, in its sole discretion, that an adverse regulatory action was inappropriate.

Proposed

1002. <u>Appeal of Regulatory Actions</u>.

(a) A Service Provider may administratively appeal any adverse regulatory action to the DHS Office of Appeals and Hearings (OAH) except for appeals related to the payment for Medicaid claims and services governed by the Medicaid Fairness Act, Ark. Code Ann. § 20-77-1701 to -1718, which shall be governed by that Act.

(b) OAH shall conduct administrative appeals of adverse regulatory actions pursuant to DHS Policy 1098 and other applicable laws and rules.

(c) A Service Provider may appeal any adverse regulatory action or other adverse agency action to circuit court as allowed by the Administrative Procedures Act, Ark. Code Ann. § 25-15-201 to -220.

Proposed

~~Policies and Procedures~~

~~for~~

~~ARKANSAS~~

Mark-Up

~~Early Intervention under IDEA, Part C~~

~~Arkansas Department of Human Services~~
~~Division of Developmental Disabilities Services~~
~~Children's Services~~

~~2015~~

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ATTACHMENT A

INTERAGENCY AGREEMENT for PART C to PART B TRANSITION 114

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PREFACE

Arkansas Policies and Procedures are designed to assure adherence to the required rules and regulations and to serve as a guideline for the provision of early intervention to families of eligible infants and toddlers. This document sets forth policies and procedures for the comprehensive, multidisciplinary, coordinated interagency early intervention network in the state by describing federally mandated components as well as state established procedures to provide for individual protections and procedural safeguards, as required by Part C of the Individuals with Disabilities Education Act (IDEA) as amended in 2004 and reauthorized in September of 2011 and Arkansas Act 937, as amended in 1993.

In accordance with Section 427 of the Department of Education's General Provision Act (GEPA), Arkansas' First Connections Program under the Department of Human Services, Division of Developmental Disabilities (DDS) ensures equal access and participation to all persons regardless of their gender, race, national origin, color, disability or age to programs and services offered pursuant to the Individuals with Disabilities Education Act (IDEA). For activities supported by state and/or federal assistance, DDS will fully enforce all federal and state laws and regulations designed to ensure equal access to all program beneficiaries and to overcome barriers to equitable participation. DDS will take all steps necessary through notices, complaint procedures, outreach activities, appointment of liaisons or otherwise to achieve these goals.

At the state level, Arkansas has implemented numerous elements to ensure access and participation, including providing language interpreters (eg: sign, cued, Spanish) when needed, insuring all workshops, conference and public meetings are held in accessible facilities, information for families in local publications, grocery stores, physician offices, health departments, Early Head Starts, childcares, etc, collaborating with other programs as applicable (eg: Child Care, McKinney-Vento Homeless Education program, School for Deaf, School for the Blind, DCFS, Part B) and translating various publications into Spanish and other languages as needed (e.g.: family outcomes surveys, child find materials, Individualized Family Service Plans, notices to families, procedural safeguards, etc). Each public and private agency or program providing services to eligible infants and toddlers (birth to 36 months of age) must do so under the Arkansas state policy.

Under Part C of IDEA, a statewide, comprehensive, coordinated, multidisciplinary, interagency system has been developed and implemented to provide early intervention for infants and toddlers with disabilities and their families. Federal funds supplement the coordination of payment for First Connections services from state, local, and private sources (including public and private insurance coverage). The framework provided in federal regulations and in state policy enhances Arkansas's ability to provide quality early intervention and expand and improve existing early intervention provided to infants and toddlers with disabilities and their families. A network of dedicated providers strives to meet the needs of infants and toddlers with disabilities and their families. Arkansas seeks to enhance the capacity of state and local agencies and service providers to identify, evaluate and meet the needs of all infants/toddlers, including historically underrepresented populations, particularly minority, low-income, inner city, and rural infants/toddlers, and infants and toddlers in foster care.

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ARKANSAS FIRST CONNECTIONS POLICIES AND PROCEDURES FOR EARLY INTERVENTION

PROGRAMS AND SERVICE COMPONENTS OF ARKANSAS FIRST CONNECTIONS STATEWIDE SYSTEM OF EARLY INTERVENTION

Arkansas Department of Human Services, Developmental Disabilities Services, Children's Services (DDS/CS) has been designated as the Lead Agency for First Connections. DDS/CS is responsible for the general administration and supervision of programs and activities utilized to carry out Part C of IDEA. The lead agency's responsibility is to ensure the timely provision of First Connections services; monitor agencies, institutions, organizations and early intervention service providers used by the state to carry out Part C functions; provide technical assistance, if necessary; and ensure that noncompliance identified through monitoring is corrected.

Arkansas First Connections ensures that appropriate early intervention is based on scientifically based research, to the extent practicable, and are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State, infants and toddlers with disabilities and their families who are homeless, and infants and toddlers with disabilities who are wards of the State. §303.13 defines *early intervention services* as developmental services which may include but are not limited to special instruction (developmental therapy), family training, counseling and home visits, speech therapy, occupational therapy, physical therapy, transportation, nutrition, audiological, assistive technology, signed and cued language services, vision services, social work, case management/service coordination, health services, medical services, psychological services.

Eligibility simply means that an infant or toddler qualifies for the First Connections program. The term does not signify the array or level of services that the infant or toddler should receive; only that appropriate early intervention is to be made available. Under Part C of IDEA, an infant/toddler, birth to 36 months, who is determined eligible, will receive developmentally appropriate early intervention services necessary to reach functional child outcomes determined by the family and the multidisciplinary EI team. All early intervention services will be provided to eligible infants/toddlers and their families without regard to race, color, national origin or disability within the provisions of Title VI of the Federal Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

After the age of 36 months, toddlers exit First Connections to transition to other appropriate programs and/or services. Eligibility for early childhood special education services must be reestablished through Part B of IDEA, under the direction of the Department of Education.

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ARKANSAS FIRST CONNECTIONS' MISSION and PRINCIPLES

OVERARCHING GOAL OF EARLY INTERVENTION UNDER IDEA, PART C

"To enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings – in their homes with their families, in child care, in preschool or school programs, and in the community." -- Early Childhood Outcomes Center

MISSION and PRINCIPLES of FIRST CONNECTIONS

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.

PRINCIPLES:

- Parents and family members are a child's first teachers; with 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 IFSP team collaboratively plans and writes strategies/activities, services, and supports to enhance the 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.

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1000 COMPREHENSIVE CHILD FIND (§303.302)

The Lead Agency, with assistance from the State Interagency Coordinating Council, coordinates on a state and local level with other programs to identify, locate, and evaluate all infants and toddlers eligible for services. This effort includes all infants and toddlers underserved, including minority, low-income, homeless, hearing impaired, non-English speaking, rural families, infants/toddlers with disabilities who are wards of the state, and those Division of Children and Family Services (DCFS) infants/toddlers birth to three years of age identified who are a subject of a substantiated case of child abuse or neglect or identified as having been directly affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.

The First Connections Child Find system is consistent with IDEA. An ongoing Child Find effort exists to inform the community about the right to and the availability of early intervention services for infants and toddlers with disabilities and/or developmental delay.

1100 PROCEDURES (§303.302)

The Child Find system policies and procedures ensure that infants and toddlers in the state who are eligible for early intervention under Part C of IDEA are identified, located, and evaluated through statewide and regional Child Find campaigns that are coordinated with the Arkansas Department of Education, DHS Children & Family Services, Early Hearing & Detection & Intervention (EHDI), Maternal & Child Health, Child Care programs, Medicaid, Children Medical Services and/or by primary referral sources through staff/contracted DDS service coordinators. A report will be generated on an annual basis, which will identify infants/toddlers referred, their county of residence, the referral source, and the outcome of the referral.

A data collection process has been developed and implemented and is regularly updated to determine infants/toddlers who are receiving First Connections services. An annual report will be generated which will identify the services included on each IFSP and evidence of services being provided in a timely manner.

Note: Use of data is subject to confidentiality requirements.

1200 COORDINATION

The lead agency, with the assistance of the State Interagency Coordinating Council (AICC), assures that the Child Find system is coordinated with other state agencies responsible for administering the various education, health, and social service programs relevant to this part, and tribes and tribal organizations that receive payments under this part, including efforts in the:

- Program authorized under Part B of IDEA
- Maternal and Child Health program under Title V of the Social Security Act
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under Title XIX of the Social Security Act
- Head Start Act; and Early Head Start

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- Supplemental Security Income program under Title XVI of the Social Security Act
- Division of Medical Services
- Programs under the Developmental Disabilities Assistance and Bill of Rights Act of 2000
- Child Protection and child welfare programs, including programs administered by and services provided through the foster care agency and the state agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA)
- Child care programs in the state
- The programs that provide services under the Family Violence Prevention and Services Act
- Early Hearing Detection and Intervention (EDHI) systems
- Children's' Health Insurance Program (CHIP)
- Other related state and local entities

The lead agency, with the advice and assistance of the AICC, has taken steps to ensure that there is not a duplication of efforts by the various agencies involved in the state's Child Find system under this part and that the state makes use of the resources available through each public agency to implement the Child Find system in an effective manner.

1300 CENTRAL DIRECTORY (§303.117)

First Connections information is maintained on the Web site for parents and professionals. Additionally a toll free information line is maintained in the central office.

A central directory of services, which is available to the public at no cost, must be maintained. A copy of the central directory is on the First Connections Web site: http://humanservices.arkansas.gov/ddds/Pages/FirstConnectionsProgram.aspx.

The central directory will be maintained and updated annually by the Part C Coordinator, using the following process:

- An information update form will be mailed to all providers on May 1st of each year
- All information will be due by June1st of each year
- Data entry will be completed by July1st of each year
- An updated central directory will be available in alternate format (large print, Braille, audio tapes, reader, etc.) upon request

The central directory will include the information regarding public and private early intervention services, resources and experts available in the state as well as professional and other groups that provide assistance to infants and toddlers eligible for the program. The information contained in the central directory about each resource will include:

- The types of services
- The location of services
- The funding sources utilized
- The eligibility criteria to access services
- How to contact the resource

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1400 PUBLIC AWARENESS (§303.301)

A statewide public awareness program is provided through cooperation between the Arkansas Department of Education, the State Interagency Coordinating Council, and the Arkansas Department of Human Services/Division of Developmental Disabilities Services. The public awareness program provides a continuous, on-going effort, and uses a variety of methods to inform parents, professionals, and the general public of early intervention services:

- Television advertisements
- Radio service announcements
- Newspaper releases and advertisements
- Pamphlets and brochures are available without cost by contacting the Arkansas Special Education Resource Center (ASERC). These brochures are available in multiple languages
- Posters are disseminated by First Connections service coordinators to physicians, hospitals, health departments, day cares, and throughout local communities
- Our toll free number is 1.800.643.8258
- Local Interagency Coordinating Councils are provided funds through a grant process that may be used to conduct local public awareness projects
- A Web site is maintained for public information and access purposes

A component of public awareness provides that all EI providers will inform parents of infants and toddlers with disabilities of the availability of preschool services not fewer than 90 days prior to the toddler's third birthday.

1410 AVOIDING DUPLICATION OF EFFORTS

To monitor statewide Child Find and public awareness efforts and to avoid unnecessary duplication, representatives of the advisory council *(see COORDINATION, AR # 1200)* report Child Find and public awareness activities quarterly to the State Interagency Coordinating Council

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2000 REFERRAL/INTAKE PROCEDURES

General

Referrals to First Connections are entered into the data system within two (2) days of receipt. Anyone can make a referral for early intervention. Referrals may be made by any primary referral source to the DDS First Connections Central Intake Unit (CIU). The CIU serves as a single point of entry to minimize duplication and expedite service delivery.

EI provider will provide parents with an initial notice about their rights under IDEA, Part C confidentiality provisions, and a summary of the record maintenance, destruction, retention and storage policies of the lead agency. Parent consent is required under 34 CFR §303.402 prior to disclosing personally identifiable information to the referral source and parent choice of provider.

Regardless of the source of the referral, state procedures must be followed.

2100 MAKING A REFERRAL

Primary referral sources may contact First Connections' Central Intake Unit (CIU) by calling 479.754.3508 or 800.643.8258. The CIU accepts written referral via fax at 479-754-6168.

Upon receipt, CIU enters referral and routes it to the appropriate service coordinator within 48 hours. The Initial Service Coordinator initiates contact with family within 48 hours of their receipt of the referral.

Initial Contact (Contacting family about referral):

- Made within 48 hours of receipt of referral
- Answer family's questions about the referral and explain early intervention program
- Identify family's concerns
- If family wishes to participate in EI, schedule a meeting for intake
- Explain next steps to parent/guardian
- Document contact in CDS

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
- 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)

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If family declines First Connections services:

- Document in notes, parent statement of refusal
- Obtain family signature to document closure
- Close infant/toddler file in the First Connections database
- Send letter of notification to referral source

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)
- Obtain family's consent for all needed evaluations
- 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 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)
- 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

2200 REFERRALS MADE SHORTLY BEFORE TODDLER'S THIRD BIRTHDAY

If an infant/toddler is referred to First Connections within 45 days (or less) of his/her third birthday, the First Connections service coordinator forwards the referral to the LEA. The LEA assists in determining the eligibility for preschool special education services under Part B (see AR# 6120 LATE REFERRALS TO FIRST CONNECTIONS).

2300 REFERRAL FOR INFANT/TODDLER INPATIENT

Contact family or referral source to determine timeframe for discharge, current needs, and interventions possibly needed upon discharge of the infant/toddler.

Initial Contact (Contacting family about referral):

- Made within 48 hours of receipt of referral
- Answer family's questions about the referral and explain early intervention program
- Identify family's concerns
- Determine timeframe for discharge and possible needs upon discharge of the infant/toddler
- Explain next steps to parent/guardian
- If family wishes to participate in EI, schedule a meeting for intake
- Document contact in CDS

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If family declines services until after infant/toddler discharge:

- ☐ Document in notes, parent statement of refusal
- ☐ Obtain family signature for closure
- ☐ Provide family with information relevant to diagnosis
- ☐ Advise family to contact you upon discharge
- ☐ Document all information
- ☐ Close infant/toddler file in the First Connections database
- ☐ Follow up with family upon discharge (as agreed)
- ☐ If family opts to pursue services at a later date, treat as a new referral

Initial Intake (meet with family):

- ☐ Arrange for an interpreter, as warranted
- ☐ Advise family 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
- ☐ Inform family the determination process for First Connections services
- ☐ Inform family of First Connections eligibility requirements
- ☐ Inform family of next steps (the developmental evaluation, purpose of the evaluation, what the evaluation will involve)

If family opts to proceed:

- ☐ Explore family resources, priorities, and concerns
- ☐ Obtain family's consent for all needed evaluations
- ☐ Inform family of use of public or private insurance and the family 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
- ☐ Provide parent with choice of provider(s) and have parent select a first and second choice
- ☐ 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)
- ☐ Arrange to have needed evaluations completed before discharge, if possible
- ☐ Request prior authorization (PA) as warranted for evaluation(s)
- ☐ Give or mail the family a notice of meeting outcome, in parent's native language

2400 REFERRALS FROM EARLY HEAD START (EHS)

Early Head Starts are a vital referral source and must receive feedback on referrals and infants/toddlers they serve with early intervention program plans. With parental consent, EHS representative will be invited to program meetings. The First Connections' service provider provides EHS with all appropriate documentation and program plan(s) with parental consent.

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Initial Intake (Meeting with Family and EHS Representative):

- EHS arranges 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
- Answer family's questions about the referral and explain early intervention program
- Inform family the determination process for First Connections services
- Inform family of First Connections eligibility requirements
- Inform family of next steps

If family declines First Connections services:

- Document in notes, parent statement of refusal
- Obtain family signature to document closure
- Close infant/toddler file in the First Connections database
- Send letter of notification to referral source

If family opts to proceed:

- Explain the family's (and other adult caregiver's) role in early intervention
- Explore family resources, priorities, and concerns
- Explain confidentiality rights and have parent complete consent/release of information forms: Program participation form, DHS4000s to share information with all involved parties (EHS, provider, second choice provider, PCP, etc as applicable)
- Identify concerns of classroom teacher(s): complete FC Child & Family Assessment with EHS classroom teacher ; share results with family
- Complete a separate FC Child & Family Assessment with family members (or, this may be done as part of the initial IFSP meeting prior to the creation of functional child outcomes)
- Obtain family's consent for all needed evaluation(s)
- Provide parent with choice of provider(s) and have parent select a first and second choice
- Inform family of use of public or private insurance and the family options (SYSTEM OF PAYMENTS, AR #8000)
- Have family complete public or private insurance form(s) as warranted (Forms in SYSTEM OF PAYMENTS, AR# 8000)
- Family completes financial screening
- Obtain information about the child's PCP
- Obtain needed prescription(s)
- Arrange needed evaluation(s)
- Request prior authorization (PA) for all needed evaluations
- Send family **and EHS representative** notice of meeting outcome

2500 REFERRAL FOR INFANT/TODDLER NOT ENROLLED IN EARLY INTERVENTION BUT WHO CURRENTLY RECEIVES THERAPY SERVICES:

If an infant/toddler is referred to Part C who is currently receiving therapy services covered by Medicaid or private insurance:

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Initial Contact (Contacting family about referral):

- Made within 48 hours of receipt of referral
- Answer family's questions about the referral and explain early intervention program
- Identify family's concerns
- If family wishes to participate in EI, schedule a meeting for intake
- Explain next steps to parent/guardian
- Document contact in CDS

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
- 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 will involve)

Family opts to decline additional services through First Connections:

- Document in notes, all information regarding parental refusal
- Obtain family signature for closure
- Provide/mail family outcome letter
- Mail outcome letter to referral source
- Close infant/toddler file in the First Connections database

If family opts to enroll in First Connections; conduct an interim IFSP meeting

- Explain family's (and other adult caregiver's) role in early intervention
- 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)
- Provide parent with choice of provider(s) and have parent select a first and second choice
- 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 family's consent for all needed evaluations
- Inform family of use of public or private insurance and the family's options (AR# 8000)
- Have family complete private or public insurance form(s) as warranted (Forms in AR# 8000)
- Family completes financial screening
- Complete the Interim IFSP
- Obtain information about the child's PCP
- Obtain prescription(s)
- Arrange to have needed evaluation(s) completed
- Request prior authorization (PA) for all needed evaluations
- Send family the notice of meeting outcome

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2600 DUPLICATE REFERRALS:
For an infant/toddler referred who is currently receiving early intervention services:

Initial Contact (Contacting family about referral):
□ Made within 48 hours of receipt of referral
□ Contact family to insure that all needs are met
□ Answer family's questions about the referral and explain early intervention program
□ If family wishes to participate in EI, schedule a meeting for intake
□ Explain next steps to parent/guardian
□ Document contact in CDS

If all needs are being met:
□ Case note information gained from the contact
□ Forward outcome to referral source
□ Close referral in CDS as "parent refusal"

If child/family has unmet needs:
□ Contact current Service Coordinator
□ Arrange a meeting with family, Service Coordinator and/or IFSP team as appropriate to discuss needs
□ Case note all contacts

2700 REFERRAL FROM CENTER-BASED SERVICE (DDTC/CHMS)
Centers must refer infants/toddlers to the state's Part C Program when:

- Child is found ineligible for center-based services
- Child is on a waiting list for center-based services
- Child is being discharged from center-based services

These referrals are routed to the state service coordinator in the area in which the child and family live.

The state service coordinator will follow these procedures for referrals from centers:

Initial Contact (Contacting family about referral):
□ Made within 48 hours of receipt of referral
□ Contact family about the referral
□ Answer family's questions about the referral and explain early intervention program
□ Determine child's enrollment status: (a) currently enrolled, (b) not eligible for center-based services, (c) discharged from center
□ If child's status is (a), determine if child/family needs are being met.

- If so, close the referral in CDS, documenting outcome of initial contact and selecting "parent refusal"
- If child/family has unmet needs, contact current service coordinator to arrange a meeting with family, SC, and early intervention team as appropriate to discuss needs. Case note all contacts

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- ~~If the child's status is (b) or (c) and family wishes to participate in EI, explain next steps (intake)~~
- ~~Schedule a meeting for intake~~
- ~~Document contact in CDS~~
- ~~Forward outcome to referral source~~

~~Intake for a Child Not Currently Enrolled in DDTC or CHMS (enrollment status "b" or "c"):~~

~~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~~
- ~~Inform family of First Connections eligibility requirements~~
- ~~Inform family the determination process for early intervention services~~
- ~~Inform family of next steps (determining eligibility: record review of current evaluation reports from center and other documentation)~~

~~If family declines First Connections services:~~
- ~~Document in notes, parent statement of refusal~~
- ~~Obtain family signature to document closure~~
- ~~Close infant/toddler file in the First Connections database~~
- ~~Send letter of notification to referral source~~

~~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 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~~
- ~~Explain confidentiality rights and have parent complete consent/release of information forms: Program participation form, DHS4000s to share information with all involved parties (center, PCP, daycare, etc. as applicable)~~
- ~~Obtain records from center~~
- ~~Give or mail the family a notice of meeting outcome, in parent's native language~~

~~2710 SPECIAL CIRUMSTANCES: INFANT/TODDLER DISCHARGED FROM A CHMS/DDTC:~~

~~The current SC should invite First Connections service coordinator to attend the center's exit conference (with parental consent). All current evaluations and programming information should be forwarded to the FC service coordinator for review prior to the~~

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meeting. At the center's exit conference, the FC service coordinator offers parental choice of providers independent of all team members for all services deemed necessary by the early intervention team. This does not constitute an initial referral if the child has previously been in services. DO NOT ALTER the IFSP timeframes. The service coordinator must document the appropriate IFSP date in First Connections database.

2800 UNABLE TO CONTACT FAMILY

When the initial service coordinator has been unable to contact the family regarding a referral, the initial service coordinator will follow these procedures.

Referral/Intake Procedure when Initial SC is Unable to Contact the Family:

- Initial SC will mail family a letter informing the family that their infant/toddler has been referred to Early Intervention Program
- Mail family brochures and information
- Document all contact attempts in CDS

If no response within 7 days:

- Attempt to contact by phone
- Mail family a second notice
- Document all contact attempts in CDS

After three unsuccessful, documented attempts:

- Mail family a certified letter requesting family contact within 7 days or their infant/toddler referral will be closed.
- Document the inability to contact family and certified letter sent date in CDS

If no response within 7 days:

- Close infant/toddler file CDS indicating reason as "unable to contact"
- Mail outcome letter to referral source

2900 REFERRAL FROM DEPARTMENT OF CHILD AND FAMILY SERVICES (DCFS):

General: When a child maltreatment investigation is initiated involving any infant/toddler in the home under the age of three (regardless of whether all of the children are named as alleged victims), DCFS will refer all infants/toddlers in the home under the age of three to First Connections for a screening (Ages and Stages) to ensure Division compliance with the Child Abuse Prevention and Treatment Act (CAPTA) regarding substantiated cases of child abuse and neglect involving children under the age of three.

Early intervention services help the child learn and reach his or her individual potential with the support and involvement of the child's family, as appropriate. It is important for such services to begin as early as possible and for biological parents to be involved in decisions related to early intervention services, when applicable. Adult participation in the IFSP meetings and related decision-making on the child's behalf is required. If the infant or toddler is involved in a supportive or protective services case or if a child in foster care has a goal of reunification, the parent/guardian is encouraged to attend the IFSP meetings to

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make decisions related to Individualized Family Service Planning and early intervention services for his/her child.

The initial service coordinator will screen any infant/toddler under the age of three (regardless of whether all of the children are named as alleged victims) referred to First Connections to determine their need and eligibility for early intervention. If the results of the screening determine that an infant/toddler may be eligible, the parent(s) (or person acting as parent: guardian, foster parent, relative with whom the child lives or DDS appointed surrogate) must consent to allow the infant/toddler to participate before services are initiated.

First Connections utilizes all evaluation results as well as medical information, professional informed clinical opinion(s), and information gathered from biological parents and DCFS to determine early intervention eligibility. If an infant/toddler is found to be ineligible, the service coordinator sends written notification to the parent (or person acting in place of the biological parent) and the DCFS family service worker.

2910 INDIVIDUALS WHO MAY SERVE AS "PARENT" FOR PURPOSE OF EARLY INTERVENTION:

If for any reason the biological parent(s) is unable or unwilling to make the decisions related to early intervention for his or her infant/toddler, one of the following may serve as "parent" (34 CFR §303.30) to make decisions regarding early intervention planning and services:

- Foster or adoptive parent
- An individual acting in the place of a biological parent (grandparent, stepparent, or any other relative with whom the child lives)
- An individual who is legally responsible for the child's welfare who is not an employee of the lead agency, the SEA or LEA or any other public agency involved in providing EI services, education, or care to the infant/toddler or his/her family
- Guardian generally authorized to act as the child's parent (but not the state if the child is a ward of the state)

If more than one individual meets the definition of *parent*, the biological or adoptive parent must be presumed to be the parent unless that parent's authority is circumscribed.

Individuals meeting the above requirements to serve as parent may elect to receive supportive assistance in the form of surrogate parent training through First Connections by requesting the training from their service coordinator.
In the event that the child is a ward of the state without an adult who fits the legal requirements to act as "parent," the First Connections service coordinator contacts First Connections central office to have a DDS qualified surrogate appointed for the child within 30 (thirty) calendar days of the determination (see 34 CFR §303.422 (g), *SURROGATE PARENT*, AR #7400 and *REFERRAL INTAKE PROCEDURES*, AR#2000).

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In any situation in which an individual (guardian, family member, foster parent) or a DDS appointed surrogate parent is acting as parent on behalf of the infant/toddler, that individual will be discharged when the biological parent is ready and able to resume involvement.

The service coordinator and DCFS family service worker collaborate and work to involve the biological parent/s when possible and when reunification is the goal. The parent (or person acting as parent: adoptive parent, guardian, foster parent, or relative with whom the child lives) must grant consent to evaluate and before services are initiated (see *REFERRAL INTAKE PROCEDURES*, AR#2000).

Contacting person acting as parent about the referral:
- Contact made within 48 hours of receipt of referral
- Answer family's questions about the referral and explain early intervention program
- Identify family's concerns
- If family wishes to participate in EI, schedule a meeting for intake
- Explain next steps to parent/guardian
- Document contact in CDS

Meet with parent/person acting as parent (see 2910 above -- individuals who may serve as "parent"):

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
- Inform family of First Connections eligibility requirements
- Inform family the determination process for early intervention services
- Inform family of next steps (the ASQ screening, developmental evaluation, purpose of the evaluation, what the evaluation will involve)
- Complete Ages and Stages screen of infant/toddler to determine ***potential*** eligibility

If person acting as parent opts to decline services:
- Document in notes, all information regarding refusal
- Obtain parent signature for closure
- Provide/mail parent meeting outcome letter
- Mail outcome letter to DCFS family service worker
- Close infant/toddler file in the First Connections database

Based on ASQ Results, if Child May be Eligible and Parent Opts to Proceed:
- Explore resources, priorities, and concerns of the family with whom the child is living
- 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)
- Obtain family's consent for all needed evaluations

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- ☐ Inform family of use of public or private insurance and the family 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
- ☐ Provide parent with choice of provider(s) and have parent select a first and second choice
- ☐ Obtain information about the child's PCP
- ☐ Determine who will be included as part of the child's team: DCFS Family Service Worker, CASA or other advocate, biological family if reunification is the goal, etc. Make sure to obtain contact information so that these team members are included on notices.
- ☐ 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)
- ☐ Request prior authorization (PA) as warranted for evaluation(s)
- ☐ Give or mail the family a notice of meeting outcome, in parent's native language
- ☐ Send copy of notice of meeting outcome to DCFS Family Service Worker

2920 DCFS FASD UNIT REFERRALS:

Fetal Alcohol Syndrome Disorders (FASD) is an umbrella term used to describe the range of effects or disorders that can occur in an infant/toddler whose mother consumed alcohol during pregnancy. DCFS family service workers and health service workers will refer infants/toddlers who have known prenatal alcohol exposure and exhibit FASD symptoms and/or behaviors to the DCFS FASD Unit for an FASD screening. The FASD screening Unit will help determine if early intervention specific to FASD is needed and will refer to First Connections.

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3000 ELIGIBILITY, EVALUATION & ASSESSMENT

General:

Each child referred to First Connections, the State's early intervention program under Part C of the Individuals with Disabilities Education Act (IDEA), receives a timely, comprehensive, multidisciplinary developmental evaluation (CMDE). The developmental evaluation of the infant or toddler is used as part of the eligibility determination process and to determine areas of developmental strengths and needs of the child to inform program planning. The CMDE process also includes a family assessment to identify the needs of adult caregivers to appropriately assist in the development of the child.

First Connections uses a *multidisciplinary* approach to evaluation and assessment as required under IDEA, Part C. The multidisciplinary evaluation/assessment team involves two (or more) professionals from more than one discipline/professional area working together to identify the infant's/toddler's and family's strengths, priorities, concerns, goals, and current and prospective learning opportunities unique to that child and family. Information from the child and family assessment helps the IFSP team create a meaningful plan for the family with functional child and family goals.

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3100 DEFINITION OF TERMS (34 CFR §§303.203 (c), 303.21(a)(1), 303.24, 303.25, and 303.121)

1. Multidisciplinary

Multidisciplinary means the involvement of two or more separate disciplines or professions and with respect to –

a. Evaluation of the child in §§303.113 and 303.321(a)(1)(i) and assessments of the child and family in §303.321(a)(1)(ii), may include one individual who is qualified or certified in more than one discipline or professional area.
b. The IFSP Team in §303.340 must include (at a minimum), the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the service coordinator (consistent with §303.343(a)(1)(iv)).

A *multidisciplinary* approach involves professionals from more than one discipline/profession collaborating to identify the infant's/toddler's strengths and needs as well as current and prospective learning opportunities and environments. Multidisciplinary evaluation and/or assessment may include formal, informal, standardized, and criterion-referenced procedures, as well as observation and informed clinical opinion.

2. Native language (34 CFR §303.25)

Native language generally refers to the language and/or primary mode of communication used by an individual.

(a) *Native language*, when used with respect to an individual who is limited English proficient or LEP (as that term is defined in section 601(1) of the Act), means –

- The language used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in paragraph (a)(2) of this section.
- For evaluations and assessments conducted pursuant to §303.321(a)(5) and (a)(6), the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.

(b) *Native language*, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, braille, or oral communication).

3. Evaluation of the child and assessment of the child and family

General: First Connections ensures that, subject to obtaining parental consent in accordance with §303.420(a)(2), each child under the age of three referred for early intervention under Part C of IDEA and suspected of having a developmental delay or disability receives:

- A timely, comprehensive, multidisciplinary developmental evaluation of the infant/toddler in accordance with paragraph (b) of this section.
- A family directed assessment of the priorities, needs, and resources to identify intervention supports and services appropriate to enhance the family's capacity to meet the developmental needs of the infant or toddler. The assessment of the child and family are described in this section and in AR#3360 which follows. The child and family assessment may occur simultaneously with the evaluation, provided that the requirements for both are met (see AR#3320).

Evaluation means the procedures used by appropriate, qualified personnel to determine an infant's/toddler's initial and continuing eligibility under Part C, consistent with the definition of an infant or toddler with a disability in §303.21.

- *Initial evaluation* refers to the child's comprehensive developmental evaluation to determine his or her initial eligibility for early intervention under Part C of IDEA (First Connections) in accordance with 34 CFR §303.321 (a)(3)(i).
- *Ongoing evaluation* refers to an annual developmental evaluation to measure the child's progress, strengths, and needs in the five areas of development: adaptive, cognitive, communication, physical, and social emotional. The annual evaluation includes observation of the child engaged in typical activities in his/her natural environment and is conducted as part of intervention service delivery.

Assessment means the initial and ongoing procedures used by qualified personnel to identify the infant's/toddler's unique strengths and needs and the early intervention supports appropriate to meet the needs of the child and the child's caregivers throughout the period of the child's eligibility under this part and includes the assessment of the child

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and assessment of the family. The initial assessment occurs regardless of how eligibility is determined.

- *Initial assessment* refers to the assessment of the child and family conducted as part of the referral process and completed prior to completion of the initial IFSP meeting. The assessment is completed through interview with the parent(s) and other caregivers that the family wishes to include as part of the CMDE process at referral and annually thereafter.
- *Ongoing assessment* is the multidisciplinary IFSP team review of evaluation results, progress notes, and observation of child behavior and abilities observed in context within typical child activities to evaluate the appropriateness / effectiveness of EI services to meet functional measureable goals/outcomes on the IFSP throughout the period of the infant's/toddler's eligibility. The family is part of ongoing assessment, reporting on the child's progress in acquiring the skills that intervention strategies on the IFSP seek to develop.

3200 ELIGIBILITY

For initial eligibility determination, infants and toddlers with disabilities and their families participate in a comprehensive, multidisciplinary child and family evaluation and assessment process.

Infants and toddlers (birth to 36 months) are eligible for early intervention under Part C who:

(1) Are experiencing a developmental delay or disability include those who have been evaluated by a multidisciplinary team as having a significant delay in one or more of the following areas of development:
   a) physical, including gross and fine motor, hearing and vision
   b) cognitive
   c) communication
   d) social or emotional
   e) adaptive skills

"Significant delay" is defined as a delay of 25% of the child's chronological age (or greater) in one or more area of development (a-e above).

For initial eligibility determination, qualified personnel administer approved evaluation instruments, observation of the infant/toddler in his/her natural environment engaging in typical child activities, as well as informed clinical opinion to identify a developmental delay. For instruments yielding measures in standard deviations, results shall be converted to developmental ages (months) delay. Qualified delays in the general range of a 25% of the child's chronological age (or greater) delay on evaluation instruments that yield scores in developmental ages (months) is considered a primary factor for eligibility determination. The child's medical and other records may be used to establish eligibility if those records indicate that the child's level of functioning in one or more of the developmental areas identified in §303.21(a)(1) constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability.

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However, eligibility should not be based solely on one determining factor. The informed clinical opinion of qualified professionals may be used to determine eligibility even in the absence of qualifying delay and/or diagnosed medical condition in accordance with §303.321(a)(3)(ii). Informed clinical opinion is used in conjunction with evaluation results and quantitative data when all evaluation procedures have been met (see AR Policy and Procedure: "Informed Clinical Opinion" / 3200(3)). Informed clinical opinion may not be used to negate the results of evaluation instruments used to establish eligibility.

(2) Have a Diagnosed Physical or Mental Condition 34 CFR §303.21

Infants and toddlers are determined eligible for early intervention under Part C if they have a medically diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

Examples of such conditions include, but are not limited to: genetic or congenital disorders, sensory impairments; inborn errors of metabolism; disorders reflecting a disturbance of the development of the nervous system; congenital infections; severe attachment disorders; disorders secondary to toxic substances including fetal alcohol syndrome;

a. Down syndrome and other chromosomal abnormalities associated with intellectual disability;

b. Congenital syndromes and conditions associated with delays in development, such as fetal alcohol syndrome, intra-uterine drug exposure, prenatal rubella, severe microcephaly and macrocephaly, metabolic disorders, intracranial hemorrhage, malignancy or congenital anomaly of the brain or spinal cord, spina bifida, seizure disorder, asphyxia, respiratory distress syndrome, neurological disorder, including brain trauma or brain infection;

c. Sensory impairments, including visual and hearing;

d. Maternal Acquired Immune Deficiency Syndrome (AIDS);

These diagnosed conditions are likely to result in significant developmental delays simply by virtue of their prognosis. Therefore, in accordance with federal regulations, infants or toddlers with diagnosed conditions such as these are by medical diagnosis eligible for Arkansas First Connections.

(3) Informed Clinical Opinion (34 CFR §303.321(a)(3)(ii))

General: Infants or toddlers birth to 36 months of age are evaluated and assessed for early intervention services by multidisciplinary teams (§303.24). Each professional involved in the multidisciplinary evaluation must consider contributing factors and identify the factors which resulted in the determination of eligibility and documented need for a service through the use of informed clinical opinion. Informed clinical opinion may not be used to negate the results of evaluation instruments used to establish eligibility. Arkansas' definition is consistent with the requirements of Federal Regulation §303.300.

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The following description outlines Arkansas' informed clinical opinion procedures for initial eligibility determination when all other evaluation criteria has been met as an independent basis to establish a child's eligibility in accordance with 34 CFR §303.321 (a)(3)(ii):

With no delay of 25% or greater confirmed by the comprehensive developmental evaluation results (or a diagnosed physical or mental condition), the following criteria must be stringently addressed and the results for each documented in detail in the child's electronic record:

- A specialist (occupational therapist, physical therapist, or speech therapist) whose expertise best addresses a specific area(s) of concern evaluates the child and provides test results and written opinion as to why the child qualifies for early intervention (such as reasons why the test instruments do not clearly reflect the child's functional ability, etc).

- Any physical or mental condition (the specialist within his/her discipline may establish the description of the condition or a physician may provide the description) that affects the child's functional ability but does not meet the definition of a physical or mental condition as described in 3200 (2) above.

3300 EVALUATION & ASSESSMENT (34 CFR §303.321,§303.25,§303.421)
General: Each child referred to the program will receive a timely, comprehensive, multidisciplinary developmental evaluation, and a comprehensive child and family assessment to identify the needs of each child's family to appropriately assist in the development of the child.

3310 DEFINITIONS OF *EVALUATION* AND *ASSESSMENT* (34 CFR §303.321)

a. *Evaluation* means the procedures used by appropriate qualified personnel to determine an infant's/toddler's initial and continuing eligibility under Part C, including determining the strengths and needs of the infant or toddler in each of the developmental areas.

b. *Assessment* is the ongoing procedures used by qualified personnel to identify the infant's/toddler's unique strengths, needs, priorities in each of the developmental areas through multidisciplinary team review of evaluation results, progress notes, and observation to evaluate the appropriateness / effectiveness of EI services to meet measureable goals/outcomes on the IFSP throughout the period of the infant's/toddler's eligibility. The family is part of ongoing assessment, reporting on the child's progress in acquiring the skills that intervention strategies on the IFSP seek to develop.

c. A *multidisciplinary* approach involves professionals from more than one discipline/profession collaborating to identify the infant's/toddler's strengths and needs. The composition of the multidisciplinary team includes the parent and at least two individuals from separate disciplines or professions and one of these individuals must be the service coordinator. Multidisciplinary evaluation and/or

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assessment may include formal, informal, standardized, and criterion-referenced procedures, as well as observation and informed clinical opinion.

3320 EVALUATION OF THE INFANT/TODDLER (34 CFR §303.321(b))

The initial evaluation/assessment of each child must be conducted by personnel trained to utilize appropriate methods and procedures and includes informed clinical opinion.

The evaluation process must also include:

a. The administration of approved evaluation instrument(s) by qualified personnel
b. Identifying the child's level of functioning in each of the five developmental areas in §303.21(a)(1):
    - cognitive development
    - physical development
    - communication development
    - adaptive development
    - social or emotional development
c. Taking the child's history (including interviewing the parent/guardian)
d. Observation of the child engaged in a typical child and/or family activity
e. Review of pertinent medical, educational, or other records
f. Gathering information from other sources such as family members, other care givers, medical providers, social workers, and educators (if necessary) to understand the full scope of the child's unique strengths and needs
g. Assessment of the unique needs of the child's adult caregivers in helping the child be a more active, engaged, and independent participant in typical child and family activities
h. Review of the results of the evaluation(s) and assessment(s) of the child and family conducted with the family and/or other caregivers invited by the family in accordance with 34 CFR §303.321(c)(1).

When conducting an evaluation to determine a child's eligibility, no single process or procedure can be used as the sole criterion upon which to base the determination of eligibility. If the results of two procedures contradict each other, then a third procedure must be used to have a final determination of eligibility unless the child meets criteria for informed clinical opinion.

If an infant/toddler is found ineligible, written prior notice to parent/s is required, sent in the parent's native language and including information about their due process rights.

3330 ADJUSTMENTS FOR PREMATURITY

When determining initial program eligibility, evaluators must adjust for prematurity, as appropriate to the established guidelines:

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GUIDELINES FOR ADJUSTING FOR PREMATURITY

1. Correcting age for infants and toddlers born prematurely ends when a child reaches the chronological age of 18 months. Adjusting for prematurity after 18 months chronological age may affect a child's eligibility determination.
2. Instruments used to determine eligibility for infants born prematurely and further assessment of eligible infants and toddlers should be selected based on: (a) the chronological age of the child (under 18 months) and (b) validity of results (instrument considered valid when adjusted for prematurity)
3. When two instruments are paired for determining eligibility, both instruments must allow for adjusting for prematurity. Instruments which do not have validity when corrected age is applied to scoring are not considered appropriate for determining program eligibility.

3340 SCORING THE EVALUATION

Evaluators must follow each instrument's protocol for scoring. However, if the score results do not yield a whole number then the evaluator should round using the following principle: Any score that is .5 or higher should be rounded to the next whole number (ex: 18.5 becomes 19). Scores that are .4 or less should be rounded down to the next whole number (ex: 18.4 becomes 18). For instruments yielding measures in standard deviations, results shall be converted to developmental ages (months) delay.

3350 EVALUATION REPORT

General: The evaluation report must be written by the qualified personnel conducting the evaluation. The report is dated and signed (including credentials). The evaluation report must include information about the child's strengths, interests, and abilities as well as areas of need.

The evaluation report must be uploaded into the child's electronic file within 21 days of referral/request for evaluation.

The Evaluation report must include:

I. Name of evaluation instrument(s)
II. Date, location, and any special circumstances of the evaluation
III. Demographic Information
IV. Participants in the Evaluation
V. Background/History
VI. Health/Vision/Hearing Summary
VII. Evaluation of Developmental Domains
VIII. Family Information/Assessment
IX. Summary of Evaluation Results
X. Recommendations
XI. Signature, date, and credentials of evaluator

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Recommendations are based around family needs and concerns gathered from family assessment and identified family needs, priorities, and concerns. The evaluation report is a tool to guide the IFSP team in program planning and, therefore, should not include recommendations for service levels. Services, including the frequency and intensity of those services necessary to reach functional child outcomes on the IFSP are selected by the IFSP team, which includes the parents.

Recommendations on the evaluation report include:

- Solutions to family issues, such as activities and routines in which the family would like the child to participate (or participate more fully).
- Skills needed for successful child participation in the family identified activity or routine.
- Skills that the family (or other caregivers) could benefit from learning to assist in the child's development and participation in everyday routines.
- Assistive technology devices, adaptations to existing materials, or acquisition of other materials that will support the child's participation in everyday routines and activities.
- Ways to expand on existing learning opportunities/settings.
- Information needed to enhance the family's and/or caregiver's capacity to assist the child's development and enhance the child's participation in everyday activities.
- Referrals or linkages to people and community resources, that are not EI services, but that would assist the child/family in expanding their opportunities for involvement in community activities (like parent support groups, community non profits, etc).

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3360 FAMILY ASSESSMENT

General: Family assessments must be family-directed and designed to determine the resources, priorities, and concerns identified by the family through both an assessment tool and a personal interview to identify the functional goals the family and other caregivers determine are meaningful to their typical family and community activities. The assessment assists the IFSP team in working with the family to determine supports necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler. The assessment also identifies the child's natural environment, and typical daily activities in which intervention strategies can be embedded.

Any assessment that is conducted must be voluntary on the part of each family member and/or caregiver participating in the assessment. The family assessment must:

- be conducted by personnel trained to utilize the appropriate methods and procedures
- be based on information provided by the family through personal interview
- incorporate the family's description of how and where their child spends his/her time and the typical child and family activities in which the child needs support in order to participate fully
- include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

3370 ONGOING CHILD AND FAMILY ASSESSMENT

Ongoing assessment of the child and family assists the IFSP team in measuring progress and updating both family goals and child goals. Ongoing assessment may include both formal and informal evaluation and assessment. Yearly child evaluations are to be conducted during regularly scheduled direct service sessions. Ongoing child and family assessments may be completed at annual review IFSP team meetings or bi annual IFSP reviews, or as requested by the parent/guardian. Any family assessment that is conducted must be voluntary on the part of the caregiver participating in the assessment.

3400 TIMELINES

The initial assessment of the child and family must be completed within 45 days of receipt of referral.

When a parent selects a provider to complete an evaluation and that provider is unable to complete the evaluation within five (5) days of receipt of request, the provider must notify the initial service coordinator so that the family's selected alternate provider may be notified.

The evaluation of each infant or toddler must be completed and uploaded into the child's CDS record within twenty one (21) days of receipt of referral. Should an exceptional family circumstance make it impossible to complete the evaluation within the 21 day time period, the service coordinator will document those circumstances and develop and implement an interim IFSP.

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment, if the following conditions are met:

- parent consent is obtained;
- an Interim Individual Family Service Plan is developed that includes the name of the Service Coordinator who will be responsible for implementation of the Interim IFSP and coordination with other agencies and persons and the early intervention services that have been determined to be needed immediately by the child and the child's family; and
- the evaluation/assessment is completed within the 45 day time period required and eligibility is established.

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3500 NONDISCRIMINATOR PROCEDURES (§303.323)

All individuals and public agencies conducting evaluations and assessments of children and families shall ensure, at a minimum, that:

- all evaluation and assessment materials and procedures are administered in the native language or other mode of communication utilized in the home, unless it is clearly not feasible to do so (in accordance with the definition of *native language* in CFR 34 §303.25);
- unless clearly not feasible to do so, all evaluations and assessments of the infant/toddler are conducted in the native language of the child (in accordance with the definition of *native language* in CFR 34 §303.25);
- unless clearly not feasible to do so, family assessments are conducted in the native language of the family members being assessed (in accordance with the definition of *native language* in CFR 34 §303.321(a)(6));
- any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;
- the parent(s) of the infant/toddler have the opportunity to be involved in the evaluation process at the level they choose;
- evaluations and assessments of the child are carried out in a location and with individuals familiar to the child;
- no single procedure is used as the sole criterion for determining a child's eligibility (informed clinical opinion may be used to help determine a child's eligibility);
- evaluations and assessments are conducted by qualified personnel;
- service coordinators document attempts made to accommodate for native language.

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3600 EARLY INTERVENTION PROVIDED IN NATURAL ENVIRONMENTS (§303.126)

General: Natural environments are settings typical for same-aged infants/toddlers without a disability (home or community settings) which incorporate typical family routines and activities.

To the maximum extent appropriate, early intervention services, including evaluation and assessment, must be provided in natural environments, defined as home and community settings where children without disabilities participate (34 CFR §303.126). Examples of natural environments include but are not limited to:

- Early Head Start
- Parks
- Libraries or community settings

- Churches or other community organizations
- Grocery stores
- Child care or day care

Natural environment is more than just the location or setting:

- 34 CFR §303.26 ". . . allows for and supports providing services within family routines and activities."
- 34 CFR §303.344(d)(1) ". . . requires that the identification of the early intervention service needed, as well as the appropriate setting for providing each service to an infant or toddler with a disability, be individualized decisions made by the IFSP Team based on that child's unique needs, family routines, and developmental outcomes."
- 34 CFR §303.12(b)(3) indicates that EIS providers ". . . are responsible for consulting with and training parents and others concerning the provision of early intervention services described in the IFSP of the infant or toddler with a disability" and that this consultation and training will provide family members with the tools to facilitate a child's development even when a teacher or therapist is not present.

Natural environment is individualized so that the natural environment for one child may not be the natural environment for a different child. Any of the above-mentioned settings, however, would not be a "natural environment" for an infant/toddler whose family did not already make use of that community-based resource.

A clinic, hospital, service provider's office, or center in which the majority of children are not typically developing does not meet federal definition of *natural environment* as a typical environment for an infant or toddler without a disability; therefore, such a setting would not be the natural environment for an infant/toddler with a disability, except during a period of hospitalization for a prolonged illness.

The natural environment (setting) for each service provided will be recorded on the IFSP. The IFSP team, which includes the family, determines the early intervention service/s needed to meet family-directed, functional goals (outcomes) on the child's IFSP. The IFSP team then determines the appropriate setting and within the appropriate child and family routines/activities for providing early intervention in order to best enable the infant or toddler with a disability to develop the skills needed to meet his/her functional IFSP goals/objectives and to enable the child's caregivers to incorporate intervention strategies into typical child activities.

The decisions are based on:

- the developmental needs and chronological age of the infant/toddler as outlined in 34 CFR §303.13(a)(8)
- functional child outcomes and the child's unique needs
- family priorities and interests, child and family typical daily activities (or routines) as outlined in 34 CFR§303.344(d)(1)

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3610 JUSTIFICATION FOR EARLY INTERVENTION PROVIDED IN A SETTING OTHER THAN THE CHILD'S NATURAL ENVIRONMENT (§303.344(d)(1)(ii))

In certain situations, it may not be practicable or appropriate for an infant/toddler with a disability to receive an early intervention service in his/her natural environment and the IFSP team may elect to provide services in a specialized setting to achieve a particular developmental outcome, providing justification on the IFSP for this choice. In these cases, 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).

The provision of an early intervention service for an infant or toddler occurs in a setting other than the 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 a natural environment after documented attempts to modify the goals, adjust intervention strategies, and/or improve caregiver implementation of intervention strategies.

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. If, after a review of all relevant information regarding the unique needs of the infant/toddler, the IFSP team meets to complete the developmental justification of need worksheet in order to determine if the infant/toddler cannot satisfactorily achieve identified early intervention outcomes in his/her natural environment. With appropriate and complete justification, services linked to those outcomes can be provided in another environment (clinic outpatient, hospital, service provider's office).

3620 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 a plan for moving the infant/toddler back into a natural environment once the specified goals (outcomes) on the child's IFSP that are linked to that particular service have been met (§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.

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4000 INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) §303.114

General:

The Individualized Family Service Plan (IFSP), as defined in §303.20, is developed by a multidisciplinary team (the IFSP team) which is made up of the family and anyone the family wants to involve, the service coordinator, and professionals and/or direct service providers from disciplines most closely related to the needs of the infant/toddler and the functional child outcomes on the IFSP. The IFSP must meet the requirements of §303.340-§303.345 and include ongoing service coordination services as defined in §303.34. Goals and objectives on the IFSP reflect family priorities and concerns for their child's development and learning. The infant's/toddler's development and progress is monitored and assessed both formally and informally by the IFSP team, which includes the family and other caregivers, and periodic meetings are conducted to review and update the IFSP.

4100 IFSP REQUIREMENTS

Evaluations/assessments are used to help the family select and formulate early intervention services and treatment options to be included in the Individual Family Service Plan. For an infant/toddler who has been determined eligible, a meeting to develop the initial IFSP must be conducted within forty-five (45) days of the referral, except (§303.310) if a family has not provided consent to the evaluation despite documented, repeated attempts to obtain parental consent. The service coordinator must ensure that the initial evaluation and initial IFSP are completed as soon as possible after parental consent is obtained. Family resources, any natural community resources, priorities, and concerns related to enhancing the development of the infant or toddler must be included in the IFSP, with concurrence of the family.

The Individual Family Service Plan (IFSP) is a written plan for providing early intervention services to an eligible infant or toddler and the infant's/toddler's family (§303.20). The IFSP is a legal document that must:

a. Include the name of the service coordinator.

b. Be developed by a multidisciplinary team made up of the family and two or more appropriate qualified personnel from at least two different disciplines involved in the provision of early intervention services, one of whom must be the service coordinator (§303.343(a)(1)(iv)).

c. Be based on multidisciplinary evaluation/assessment (§303.321) of the infant/toddler and the assessment of the infant's/toddler's family.

d. Be developed within 45 calendar days of the referral, which includes weekends, holidays, school closings, etc., except if a family has not provided consent to the evaluation despite documented repeated attempts to obtain parental consent. The EI provider must complete the initial evaluation and IFSP meeting as soon as possible after parental consent is obtained *(see*

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PROCEDURES FOR IFSP DEVELOPMENT, REVIEW, AND EVALUATION, AR#4200).

e. Be implemented as soon as possible (but no later than 30 days) from the date of signed parental consent for EI services in the IFSP is obtained (34 CFR §303.420).

f. Include a statement of the specific EI services based on peer reviewed research (to the extent practicable) that are necessary to meet the unique needs for the infant/toddler and family to achieve measurable results or outcomes identified in the IFSP (34 CFR §303.344).

g. Include service delivery documentation for each EI service listed on the IFSP (34 CFR §303.344). Service delivery documentation includes:
   - A statement that each EI service is provided in the natural environment for that infant/toddler to the maximum extent appropriate or a justification as to why an EI service will not be provided in the natural environment *(see NATURAL ENVIRONMENTS, AR # 3600).*
   - Length of time service is provided during each session of that service
   - Location indicating the place/places where a service will be provided
   - Duration or timeframe for when a service will no longer be provided (such as when the infant/toddler is expected to achieve the outcomes in his/her IFSP)
   - Frequency and intensity indicating how often each service will be provided and if the service is provided on an individual or group basis
   - Method to indicate how a service will be provided
   - Identify the funding source for each service, keeping in mind the guidelines for each funding source (Example: Medicaid, insurance, and Part C). If a child has public or private insurance, the family must consent prior to usage of private insurance to pay for Part C services *(see SYSTEM OF PAYMENTS, AR# 8000).*

h. Include other services necessary (medical or other) that the infant/toddler or family needs or is receiving through other sources that are neither required nor funded under Part C (§303.344 (E**))**. If services necessary to enhance the development of the infant or toddler and the capacity of the family to meet the special needs of the infant/toddler are not currently being provided, the IFSP will include a description of the steps to take to assist the family in securing those other services and the funding source(s) to be used in paying for those services through public or private resources.

i. Be regularly updated and reviewed. Providers of services must enter session notes of therapies into the FIRST CONNECTIONS database within a reasonable timeframe.

NOTE: Any service request for payment that exceeds the First Connections service funding guidelines must be sent with justification to the DDS Prior Authorization Committee. The members are appointed by the DDS Children's Services Program Manager.

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4200 PROCEDURES FOR IFSP DEVELOPMENT AND REVIEW (§303.342)

(1) *Meeting to Develop Initial IFSP-Timelines.*

For an infant or toddler who has been referred to the Part C Program and determined eligible, a meeting to develop the initial IFSP must be conducted within 45 days after receipt of referral.

The only acceptable exception to the federal 45-day timeline is documented "family delay:"

- Infant/toddler or parent is unavailable due to a documented exceptional family circumstance.

- Parent has not provided consent to the evaluation despite documented, repeated attempts to obtain parental consent.

In either circumstance, the EI provider must document the exception in the infant's/toddler's EI record. The activity (initial evaluation, family assessment, or IFSP meeting) must be completed as soon as the documented family circumstance no longer exists and/or as soon as possible after parental consent is obtained. Parents must be provided written notice of the meeting early enough before the meeting to ensure that they will be able to attend.

Prior to the initial IFSP meeting, the service coordinator prepares the child's preliminary records on the First Connections database in order for the evaluator(s) to add the evaluation(s) to the IFSP on the First Connections database. The Child and Family Assessment is uploaded in the child's electronic file if completed during intake. If not completed during intake, the Child and Family Assessment is completed prior to development of functional child goals on the IFSP. The Child and Family Assessment is completed as part of the process for developing the initial IFSP and the annually (or more often if parent requests).

The Developmental Evaluation must include:

- Name of the Child
- Date of the evaluation
- Native language
- History
- Strengths and needs of the child
- Recommendations
- Child's Date of Birth
- Name of the Evaluator/credentials
- Name of the tool (s)
- Full developmental testing
- Informed clinical opinion (observation)
- Evaluator (s) signature

Following the initial IFSP meeting, the service coordinator is responsible for entering the information on the First Connections database as soon as possible after the meeting (during the meeting, when possible). The service coordinator is responsible for ensuring that the parent obtains a copy of all evaluations, child and family assessments, and the IFSP as soon as possible following the meeting if unable to provide copies at the close of the meeting.

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(2) *Interim IFSP*

In certain circumstances, an eligible infant/toddler presents *obvious immediate needs* identified at the time of referral and can begin receiving services under an interim IFSP, with written, informed parental consent.

After intake there may be a need for immediate service(s) that cannot wait for the evaluations/assessments which are required for the initial IFSP meeting to be conducted. An interim IFSP meeting may be conducted as soon after determination of immediate need in order for the essential early intervention services to begin immediately (with parental consent).

For an interim IFSP meeting, minimum requirements for attendance include the parent, service coordinator, and evaluator(s) should meet together in person. The SC and parent will discuss why the infant/toddler is eligible by reviewing existing documentation and determine that there is, in fact, a need for immediate early intervention services.

Minimum requirements that must be completed in the interim IFSP are:

- Name of the SC
- At least one outcome
- The early intervention service(s) determined to be needed immediately by the child and family to meet that outcome
- Name of the EIS provider selected by the family to provide the service
- Signed parental consent

The use of an interim IFSP does not relieve the service coordinator and IFSP team from meeting the 45-day timeline required for completion of all evaluations, assessments, and creation of the initial IFSP. Extensions to the 45-day timeline are allowable **only** for family delay and must be documented in case notes *(see TIMELINES, AR #3400)*.

(3) *Periodic Reviews.*

A review of the IFSP for an infant/toddler and the infant's/toddler's family will be conducted every six (6) months or more frequently, if conditions warrant, or if the family requests such a review. The review may be carried out by a "face to face" meeting or by another means that is acceptable to the parents and other participants. The family rates progress on each objective on the IFSP, which must be updated on the FIRST CONNECTIONS database. The purpose of the periodic review is to determine:

- The degree to which progress toward achieving the outcomes is being made
- Whether or not modifications or revisions of the outcomes or services is necessary. Reason for revisions must be stated on the IFSP.

(4) *Annual Meeting to Evaluate the IFSP.*

A meeting of the full team must be conducted on at least an annual basis to develop a new IFSP. The parents must be provided written notice (in the family's native language) of the

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meeting in a reasonable time before the review is held. The result of any current evaluation conducted and other information available from the ongoing assessment of the infant or toddler and family must be used in determining what services are needed and will be provided.

4210 ACCESS TO RECORDS (§303.409)

Parents are provided, at no cost, a copy of any recent/new evaluation results, child or family assessments, and the current IFSP as soon as possible after the meeting, if not given a copy at the end of the meeting.

Parents have rights, called procedural safeguards, governing their rights to access records, obtain additional copies, to be notified of records destruction, and to amend records believed to be misleading and/or inaccurate. For a full description of parent's rights regarding their child's early intervention records, *(see PROCEDURAL SAFEGUARDS, AR# 7000)*.

4300 INIITAL OR ONGOING SERVICE COORDINATOR (§303.343, §303.344)

A Service Coordinator (SC) may be initial or ongoing. The Initial SC makes initial contact with the family, discusses parental rights/procedural safeguards and obtains parental consent, initiates the infant's/toddler's file, offers choice of evaluators to the family, and facilitates the development of the initial IFSP with the family. It is the task of the initial SC to ensure all needed evaluations are completed in a timely manner to ensure all necessary evaluations to determine eligibility and that the initial IFSP is completed within forty-five (45) days of referral.

At the initial IFSP meeting, the family will be offered choice of Ongoing Service Coordinators. The Ongoing SC is responsible to ensure all services deemed necessary by the IFSP team are implemented within thirty (30) days of parental consent and provides ongoing service coordination as a single point of reference for the family. The family may opt to retain the Initial SC as the Ongoing SC or select a SC from the profession most relevant to the family & infant's/toddler's needs. The family has the right to change service coordinators at any time.

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4400 MULTIDISCIPLINARY IFSP TEAM (34 CFR §303.24)

The multidisciplinary IFSP team ***must***, at a minimum, be comprised of the parent and two (or more) individuals from separate disciplines or professions with one of these individuals being the service coordinator:

- Parent or parents of the infant/toddler and anyone the family identifies as "family" *(see SURROGATE, AR #7400 and COLLABORATION BETWEEN DCFS AND FIRST CONNECTIONS, AR#290-2910 for information on individuals who may serve as parent when a biological or adoptive parent is not available).*
- The current Service Coordinator who is working with the family

- A person or persons directly involved in conducting the evaluations and assessments and qualified to interpret/explain evaluation results. If the evaluator is unable to attend, arrangements must be made for the person's involvement by other means such as; having a knowledgeable representative attend who can answer questions and explain results to the family and the IFSP team, participating in a telephone conference call and making pertinent records available at the meeting

Notes: If the service coordinator is also qualified to conduct evaluations/interpret evaluation results, he/she may not fulfill both roles in an initial IFSP meeting or an annual review meeting. The parent may choose to change the Service Coordinator at the initial IFSP meeting or anytime afterwards.

Other members of the multidisciplinary team ***may*** include any individual that the family of the infant/toddler wishes to include, such as, but not limited to:

- An advocate or person outside of the family, if the parent requests that the person participate
- The infant's/toddler's primary care physician or other healthcare professional
- As appropriate, persons who will be providing services to the infant/toddler and family

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4410 PARTICIPANTS IN IFSP MEETINGS & THEIR ROLES

Role of the Service Coordinator (§303.34):

The service coordinator (or case manager) assists parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP. The responsibilities of the service coordinator include:

1. Informing families of their rights and procedural safeguards.
2. Participating in the multidisciplinary teams' assessment of the infant or toddler and the infant's/toddler's family, and in the development of integrated goals and outcomes on the IFSP.
3. Making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families.
4. Ensuring the timely provision of services.
5. Conducting follow up activities to determine that appropriate Part C services are being provided.
6. Coordinating the funding sources for services required under IDEA Part C.

7. Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area.

8. Training parents and others regarding the provision of those services.

9. Ensuring that as much as possible, services are provided in a natural environment.

10. Facilitating the development of a transition plan to preschool special education services for which the toddler may be eligible under Part B, or other appropriate community-based services in addition to preschool.

While the service coordinator is not required to coordinate the funding source for other services listed on the IFSP but not required by Part C, he/she is expected to coordinate the provision of services that are not directly early intervention services, but that are essential to the well-being of the child and the family, in accordance with §303.344(e) (such as educational, social, and medical services not provided for diagnostic or evaluative purposes).

Role of the Parent(s) (§303.409):

As experts on their child, parents have a key role to play in early intervention and parental involvement is a critical ingredient for effective developmental intervention. Parents are full and equal participants acting as partners with the professionals on their IFSP team. Responsibilities of parents include:

- Participating in the evaluation/assessment of their infant or toddler to enable the evaluator to gain a realistic picture of their child's skills by sharing information on their infant's/toddler's earlier development, how they perform in other settings, and how the infant/toddler interacts with others.

- Learning as much as possible about their infant's/toddler's disability to become an advocate for their child.

- Sharing their priorities and concerns for their child and family.

- Actively participating in IFSP meetings and making decisions regarding services and service providers and provision on behalf of their child.

- Learning strategies from EIS providers to incorporate into everyday learning opportunities that are part of the home/family routine to enhance the family's capacity to assist in their infant's/toddler's development.

- Monitoring their child's progress in order to share successes and challenges with the IFSP team and to revise goals as needed on the IFSP.

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Role of EIS Providers on the IFSP Team (34 CFR §303.31) :

Providers who work with an infant/toddler with a disability and his/her family are an important part of the Parent/Professional Partnership that makes up the IFSP Team. EIS providers (evaluators, therapists, classroom teachers, etc.) are highly qualified professionals who bring to the table professional expertise in the developmental delay/disability the child is experiencing and problem-solving solutions to help the team formulate strategies to meet the family's identified priorities and goals. The responsibilities of EIS providers on the multidisciplinary IFSP team include:

- Maintain up-to-date certification, knowledge, and skill in own discipline
- Maintain accurate, up-to-date records and forward them to the service coordinator at least two (2) days prior to any team meetings
- Participate fully in IFSP meetings and reviews
- Work with families by being willing to coach/train parents in how to help in their child's development and to engage in mutual problem solving and to focus on the family/child's needs
- Practice good communication skills for listening, interviewing, and explaining with the ability to ask for assistance and to offering it

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4500 INITIAL, ANNUAL, & PERIODIC IFSP REVIEWS (34 CFR §303.343(a-b))

(1) *Initial IFSP Meeting.*

An initial IFSP meeting must be a "face to face" meeting of the multidisciplinary IFSP team *(see PARTICIPANTS IN IFSP MEETINGS & THEIR ROLES, AR #4400)* held within forty-five (45) days from the date of referral to consider evaluation and assessment results, observation, and parent priorities and concerns regarding the infant's/toddler's strengths and needs in order to develop the initial IFSP. It is required that the evaluator(s) who assisted with eligibility determination and/or planning for the IFSP participate in the initial IFSP meeting. If the person(s) who conducted the initial evaluations/assessments cannot attend, they are required to make pertinent records available at the meeting and may participate by one of the following alternate methods:

- By conference call
- By having a knowledgeable, authorized representative attend in their place

The initial service coordinator facilitates the development of the IFSP and offers the family choice of providers for services deemed necessary to reach developmental goals and objectives on the initial IFSP. The family may at this time (or at any subsequent time) choose a different service coordinator to serve as their ongoing service coordinator, or they may elect to continue working with the initial service coordinator *(see INITIAL OR ONGOING SERVICE COORDINATOR, AR #3600).*

(2) *Annual and Bi-Annual IFSP Reviews.*

Annual and bi-annual IFSP review meetings must be "face to face" meetings of the IFSP team *(see PARTICIPANTS IN IFSP MEETINGS & THEIR ROLES, AR #4400)* to assess (formally and informally) the infant's/toddler's developmental progress in regard to goals and objectives on the current IFSP and to update and revise the IFSP as determined necessary by the multidisciplinary team. Family priorities and concerns change as the infant/toddler develops and should be a primary factor in determining any changes in the IFSP.

(3) *Periodic Reviews.*

Periodic Reviews (also called "quarterly reviews) are conducted every six (6) months or more frequently, if conditions warrant, or if the family requests such a review. These reviews may be carried out by any means that is acceptable to the parents and other participants. Periodic reviews do not have to be attended by the full IFSP team, though parents still maintain the right to invite any individual whom they want to involve.

In order for parents to be full and equal participants in the IFSP process, parents must receive a copy of their child's evaluation, assessments, and IFSP at no cost to the parent(s) at the close of meetings or as soon as possible thereafter (§303.409(c)).

4510 ACCESSIBILITY AND CONVENIENCE OF MEETINGS (34 CFR §303.420, §303.421)

Meeting arrangements will be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend. Prior notice is sent to the parents and other IFSP team members at least seven (7) days before the IFSP meeting. If the meeting is held early, at parent's request, before the notice is sent, then an exception must be written on the notice and signed or initialed by parent. IFSP meetings must be conducted:

- In a setting convenient to the family
- At a time convenient to the family
- In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so (§303.342(d)(1)(ii)).

4520 INFORMED PARENTAL CONSENT (34 CFR §303.342(e))

The contents of the IFSP will be fully explained to the parent. The parent signature indicates "informed written consent" for the provision of early intervention services described in the plan.

When applicable, First Connections may make use of electronic signatures in accordance with Act 722 of 2007 permitting state agencies the use of electronic records and electronic signatures.

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A parent's electronic signature, captured during an "event," (Intake, IFSP meeting, Transition Conference, etc.) is directly uploaded/stored on the DDS data system. Electronic parental consent signatures must be accompanied by the electronic signature of the acting service coordinator signing as witness.

If the parent does not provide consent with respect to a particular early intervention service, or withdraws consent after first providing it, that service may not be provided. The early intervention services for which parental consent is obtained must begin as soon as possible but no later than thirty (30) days of parent consent for the service.

4600 CONTENT OF THE IFSP (§303.344)

(1) *Information about the Infant's/Toddler's Status.*

The IFSP must include a statement of the infant's/toddler's present level of physical development (including vision, hearing, and health status), cognitive development, communication development, social/emotional development, and adaptive development, based on professionally acceptable objective criteria.

The level of development must be stated in months and indicate the level/percentage of delay currently demonstrated.

(2) *Family Information.*

The IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the infant or toddler, with the concurrence of the family. The IFSP must contain documentation of parental consent uploaded in the state-approved database.

(3) *Outcomes.*

The IFSP must include a statement of the major outcomes expected to be achieved for the infant or toddler and the family (to include at least one family/caregiver goal, with concurrence of the family). Priorities and concerns of family must be addressed in the IFSP. Outcomes (goals) should be family-driven, functional, and measurable in range of months not to exceed six months and meet OSEP guidelines for quality child outcomes. Objectives are the action steps to reach the goal(s) on the IFSP. Each outcome must include the criteria, procedures, and timelines used to determine:

- The degree to which progress toward achieving the outcomes is being made
- Whether modifications or revisions of the outcomes or services are necessary

(4) *Needed Services.*

The IFSP must include a statement of the specific early intervention services necessary to assist the family and other identified caregivers in meeting the functional child outcomes on the IFSP. Services determined necessary by the IFSP team meet the unique needs of the infant or toddler and the family and are related to enhancing the infant's/toddler's development across domains (see AR#4610, SERVICES TO SUPPORT THE IFSP, #4620 IDENTIFYING SERVICES TO REACH CHILD OUTCOMES).

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4610 SERVICES TO SUPPORT THE IFSP

General: The IFSP is developed by the IFSP team in collaboration with the parents and other caregivers invited by the parent(s). Child and family goals and objectives on the IFSP are developed by the IFSP team (which includes the family) to address family priorities and concerns.

Child goals and objectives are functional and are designed to promote child development to increase the child's engagement, independence, and social relationships in alignment with global child outcomes established by the Office of Special Education Programs (OSEP):

- Children have positive social emotional skills (including social relationships)
- Children acquire and use knowledge and skills (including early language/communication [and early literacy])
- Children use appropriate behaviors to meet their needs

EI providers are responsible for consulting with and training parents and others concerning the provision of early intervention strategies described in the IFSP of the infant or toddler with a disability (34 CFR §303.12(b)(3)). Additionally, this consultation and training will provide family members with the tools to facilitate a child's development even when a teacher or therapist is not present (see AR#3600).

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4620 IDENTIFYING SERVICES TO REACH CHILD OUTCOMES

Early intervention under IDEA, Part C uses a strengths-based approach: services are not solely identified based on deficit areas in evaluation reports. Services necessary to assist the family and other identified caregivers in promoting the child's development within typical child activities are selected after functional child outcomes have been developed in collaboration with the child's primary caregivers. Appropriate services are determined by the IFSP team, which includes the family, after a review of family concerns and priorities to include (but not limited to):

- Family assessment and family interview that includes information about child and family typical activities and desired outcomes
- Observation of the child (and/or child and caregiver) engaged in typical activities
- The functional child outcomes (goals) developed in collaboration with the child's caregivers
- The action steps (objectives) on the IFSP to reach functional child goals
- Results of formal evaluation and formal and informal assessment of the child
- Other factors influencing child functioning

4630 EARLY INTERVENTION SERVICE PROVISION

Early intervention supports and services are provided:

- In accordance with a current IFSP
- By qualified personnel who meet state standards related to their field of specialty and are licensed, certified and/or registered in their field of service *(see PERSONNEL REQUIREMENTS, AR# 9600)*
- Under public supervision (monitored), by certified personnel, in conformity with an active IFSP
- In a setting other than a natural environment ONLY when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment with adequate justification written on the IFSP when services are not provided in the natural environment *(see NATURAL ENVIRONMENTS, AR #3600)*
- At no cost to the family *(see SYSTEM OF PAYMENTS, AR # 8000)*

4700 TYPES OF EARLY INTERVENTION SERVICES

For definitions and general guidelines regarding the following early intervention services, *(see EI SERVICE GUIDELINES, AR# 5000)*.

1. Assistive Technology/Adaptive Equipment (and AT Services)
2. Audiology
3. Family training, counseling, and home visits
4. Health services
5. Medical services
6. Nursing services
7. Nutrition services
8. Occupational therapy
9. Physical therapy
10. Psychological services
11. Service coordination services
12. Sign language and cued language services
13. Social work services
14. Special instruction (Developmental Therapy)
15. Speech language pathology services
16. Transportation and related costs
17. Vision Services

Other services:

The services identified and defined above do not comprise an exhaustive list of the types of services that may constitute early intervention services. Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in AR #4610, *SERVICES IDENTIFIED BY THE IFSP TEAM*.

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5000 EI SERVICE GUIDELINES

General:

Developmental Disabilities Services (DDS), as the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA), has established a definition and functional guideline for early intervention services available through First Connections. The definition of each service is consistent with the definition as stated in Part C of IDEA and the guideline established for each service is meant to be used as a tool in determining the parameters of the intervention provided, including:

- The type of intervention (service) needed *(see IFSP REQUIREMENTS, AR# 4600-4630)*
- The level of intervention necessary to complete the outcomes determined in collaboration with parents as stated on the Individualized Family Service Plan (IFSP) *(see CONTENT OF THE IFSP, AR#4600(4),SERVICES TO SUPPORT THE IFSP, AR#4620-4630)*
- The method by which the service will be provided *(see AR# 4620 and AR#4630)*
- The professional requirements of the service provider *(see AR# 9600)*
- The funding arrangements for the service provided *(see AR# 8000)*

The lead agency currently ensures that a mechanism is in place to fund a level of service, based on the informed clinical opinion of the IFSP team and provision of documentation of the basis for the decision. First Connections funds may not be used to duplicate a service already available within the state. It is the responsibility of the Service Coordinator to pursue all available resources prior to accessing First Connections funding for a service. If generic resources cannot be accessed to meet the identified need, First Connections funding may be utilized according to the specified guidelines *(see SYSTEM OF PAYMENTS, AR# 8000)*. All rates are based on State lead agency administration of Federal Regulations Sec. §303.520 as First Connections funding is utilized as the payor of the last resort.

The services and personnel identified and defined in this service guideline do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. Nothing in this section prohibits the identification by the multidisciplinary team of another type of developmental, corrective, or supportive services that meet the needs of an infant/toddler as determined by the IFSP Team and incorporated into the IFSP.

Services are provided under public supervision and are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development and active participation in typical child and family activities (see AR#4630). Early intervention services must be selected in collaboration with the parents and provided in conformity with a current IFSP (AR section 4600).

All services must meet State standards, including the requirements of Part C of the Act. The services are provided by ***qualified personnel*** and, to the maximum extent appropriate, are provided in ***natural environments*** as defined in §303.26 and consistent with §303.126 and §303.344(d) *(see PERSONNEL REQUIREMENTS, AR# 9600; NATURAL ENVIRONMENTS, AR# 3600).*

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5100 REQUIRED DOCUMENTATION OF EACH SERVICE PROVIDED:

Service provision must be based on an identified need as documented on the Individualized Family Service Plan (IFSP). EI services are selected based on what is necessary to meet functional child outcomes (goals and objectives) on a current IFSP. EI services must be clearly linked to the following:

- Functional child outcomes on a current IFSP
- Results of the child and family assessment
- Level of delay(s) determined by an inter disciplinary evaluation/assessment process.

The provider of the service must maintain in the child's electronic record and on site, all applicable narrative and/or documentation of:

- The service provided (amount, date, and times)
- Activities conducted (objectives)
- Outcomes worked on
- Progress made by child and caregiver(s) participating in the session
- Recommendations (if appropriate)
- Receipt for the actual cost of item/service
- Receipt for the actual cost for reimbursement, submitted by the parent/guardian.
- Verification of Training for parent/guardian
- As appropriate the signature of family/guardian and or caregiver

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

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5200 EARLY INTERVENTION SERVICES & GUIDELINES

Assistive technology services

Any service that directly assists an infant or toddler with a disability (or his/her caregivers) in the selection, acquisition, or use of an assistive technology device, to include:

- Evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities

- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs
- Training or technical assistance for an infant or toddler with a disability and that child's family and caregivers
- Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities

Assistive technology/adaptive equipment are items, piece of equipment, or products/product systems used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability, whether the device/item is acquired commercially or off the shelf, modified, or customized. All assistive technology/adaptive equipment devices must be prescribed, deemed necessary by the IFSP team, and included on the infant's/toddler's IFSP. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device. Assistive technology (AT) does not include therapy equipment typically found in clinics or equipment, furniture, rugs, storage bins, or toys normally purchased for typical classroom use.

Unit of service: The actual item cost and/or the cost of the services necessary to obtain and/or provide assistance to the family.

Rate of Reimbursement:
A unit of service is reimbursed at the actual cost of the service or device plus a 10% administrative fee. A guideline of $7,500.00 per year has been established. Prior Approval by DDS is required. Documentation required: 1) Prescription, 2) Evaluations from therapist, 3) Medicaid/insurance denial, 4) Narrative justification, 5) goals and objectives to address need, 5) Itemized price list and description. Prior Authorization Committee may require additional information.

Note: AT devices will be provided through the most cost effective manner available (loan or lease unless it is clearly not feasible to do so) until such time as the infant/toddler is no longer eligible for the program or until the infant/toddler no longer benefits from the item.

Providers of assistive technology devices are expected to:

(a) Provide professional, ongoing assistance when needed to evaluate and adjust products delivered and/or to instruct the infant/toddler or caregiver in the use of an item furnished.

(b) 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.

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(c) Ascertain and recoup any third-party resource(s) available to the consumer (through collaboration with the service coordinator/case manager) prior to billing DDS or its designee. DDS or its designee will then pay any unpaid balance up to the lesser of the provider's billed charge or the maximum allowable reimbursement.

(d) 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 :

- The date of the order was received and the name of the service coordinator placing the order.
- The price quoted for the item.
- The date the quote was submitted to the case manager.

(e) 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:

- The parent/guardian's signature, or electronic verification of delivery
- The date on which the equipment and/or supplies were delivered

Audiology services

Audiology/Hearing services include identification of infants or toddlers with auditory impairment, determination of the range, nature and degree of hearing loss and communication function, referral for medical and other services for habilitation or rehabilitation, and determination of the infant's or toddler's need for individual amplification.

Audiological services may be necessary to determine eligibility or to assist in development and implementation of the Individualized Family Service Plan (IFSP). Audiological services are provided based on need as documented on the IFSP, which may include:

- Identification of infants/toddlers with auditory impairment using appropriate screening techniques
- Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures
- Referral for medical and other services necessary for the habilitation of infants/toddlers with auditory impairments
- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services
- Provision of services for prevention of hearing loss
- Determination of the infant's/toddler's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

Unit of service: A unit of service is one hour per day

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Rate of Reimbursement:
One hour is a unit of service, with a guideline of a total of twelve hours per year of all categories of consultation, combined. Prior Approval by DDS is required.

Developmental Therapy/Special Instruction

Developmental Therapy/Special Instruction services are services that provide direct instruction to the parent/family member and their infant/toddler to promote the infant's/toddler's acquisition of skills in a variety of developmental areas.

Service focuses on developmentally appropriate individualized skills training and support to foster, promote, and enhance infant/toddler engagement in daily activities, functional independence and social interaction. Assistance will be provided to parents/families in the identification and utilization of opportunities to incorporate intervention strategies in daily life activities that are natural and normal for the infant/toddler and families.

This service is provided to the infant/toddler and the infant's/toddler's parent/family and shall include activities which provide support and enhancement to the family including:

- Design of learning environments and activities to promote the infant's/toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction
- Working directly with the infant/toddler with a disability to enhance the child's development
- Curriculum planning, including planned interaction of personnel, materials, time, and space leading to achievement of outcomes on the IFSP for the infant/toddler with a disability
- Providing families with information, skills, and support related to establishing the skill level and enhancing the skill development of the infant/toddler
- Continuous monitoring by the Developmental Therapist of infant/toddler progress and mastery of functional skills to reduce or overcome limitations resulting from developmental delays

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Unit of service: Fifteen (15) minutes of direct instruction to infant/toddler & family/caregiver.

This service may not be provided on the same day as Developmental Day Treatment Clinic Services (DDTCS) Core Service (preschool/REAR) or the Child Health Management Services (CHMS) core services.

Rate of Reimbursement:
Developmental Therapy / Specialized Instruction – (guideline of 4 units per week).
Developmental Therapy Asst./Specialized Instruction – (guideline of 4 units per week).

Evaluation

Evaluation provides a diagnostic process necessary for the purpose of determining an infant's/toddler's initial and continuing eligibility, developmental status and need for

developmental / early intervention services. This may include developmental profile or other instruments to assess physical/motor, communication, cognitive, social-emotional, and self-help; and is required by the lead agency, DDS, to determine a person's eligibility for services and development of the Individualized Family Service Plan (IFSP). Developmental functioning in each of these areas describes the level on which the infant/toddler is currently functioning as compared to other infants/toddlers of the same chronological age and the skills to remediate.

Unit of service:
A minimum of one hour of time and includes; two instruments, interpretation of test results using informed clinical opinion, and a narrative report. If more units are requested, justification will be required. Payment for funding of re-evaluations within six months of full evaluation will require justification through the extension of benefits process.

NOTE: Independent evaluations may be conducted at the request of any team member when there is a dispute about eligibility, services, or service levels but the results must be taken back to the team for resolution. This action must be approved by the Central Office Committee lead by the Program Administrator.

Any dispute between team members regarding eligibility, services, or service levels may be sent by the Service Coordinator to the FIRST CONNECTIONS Policy Committee for resolution.

Rate of Reimbursement: 2 units per evaluation

The provider of the service must maintain on site, narrative documentation of the narrative report, testing protocols and recommendations (if appropriate)

Family Training, Counseling, and Home Visits
All families who participate in the First Connections Program should receive the information needed to appropriately address family concerns related to enhancing the development of their infant/toddler and to meet the needs of their infant or toddler with a disability. Family Training, Counseling, and Home Visits are three separate support services provided by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development. Such services may include training in any area related to the special needs of the infant or toddler with a disability (such as, but not limited to, the use of specialized equipment or feeding techniques) and must be determined necessary by the multidisciplinary IFSP team.
Services may be provided in the home or community through a variety of learning modes and methods to include (but not limited to):

- Provision of printed materials, videos, tapes, etc.
- Assistance in locating and attending Workshops or Support Groups
- Interaction on a one to one basis through phone conversation or personal visit
- Identification of and assistance to access Internet based Web sites
- Referral to the appropriately qualified professional in the area of expertise needed

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Topics of instruction may include but are not limited to:

A. General information, which may be provided through generic resources within the community, and will assist the family in maximizing their infant's/toddler's development.
   - the infant's/toddler's specific disability,
   - typical developmental milestones,
   - positive reinforcement techniques
   - medical diagnosis
   - procedural safeguards which are guaranteed to all participants
   - appropriate parent/child interaction

B. Family Training needs which require direct instruction to the parent/family on the implementation of specific goals and objectives developed, should be included as a part of the instructional area of service provided (ex.. Speech therapy services should include instruction to the family on implementation of the specific goals and objectives worked on in the therapy session).

C. Family Training/Counseling in areas other than instructional services such as speech, physical, occupational, or developmental (special instruction) therapies may be accessed through consultation with the appropriately certified/licensed professional in the area of expertise needed (Nutritional, Behavioral, Vision, or Audiology Consultations).

Family Training is provided to eligible infants and toddlers and their families as a part of the total program and is accessed through a variety of resources. Instructional services are provided through Counseling and Family Support. Information is provided through generic resources available in the community, funding sources available within the state, or through the First Connections Program as the "payor of last resort."

General information, which may be provided through generic resources within the community, will assist the family in maximizing their infant's/toddler's development. Resources include but are not limited to:

- Parent Training and Information Centers (ex. Focus, Inc., Arkansas Support Network, Arkansas Disability Coalition)
- Parent Support Groups (ex. Arkansas Autism Society)
- Arkansas Disability Coalition and Parent2Parent
- The Delta Project
- Arkansas Children's Hospital
- Primary Care Physicians
- Arkansas Special Education Resource Center
- First Connections Service Coordinator

Family Training needs, which require direct instruction to the parent/family as based upon the IFSP, on the implementation of specific goals and objectives, should be included as a part of the instructional area of service provided.

- Speech Therapy

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- Physical Therapy
- Occupational Therapy
- Developmental Therapy (special instruction)

Family Training/Counseling in areas other than instructional services such as speech, physical, occupational, or developmental (special instruction) therapies may be accessed through Consultation with the appropriately certified/licensed professional in the area of expertise needed

- Nutritional Services
- Psychological/Behavioral Services
- Vision Services
- Audiological Services
- Social Work Services

Family Training needs which require the purchase of materials, or assistance with costs associated with attendance at and participation in specific early intervention functions or workshops will be met through Individual/Family Support services.

It is the responsibility of the IFSP team, facilitated by the service coordinator, to make an informed decision based on the input of the family, regarding the type of family training needed. The team should:

- Look at the infant's/toddler's needs;
- Identify the needs for which the family training will ensure appropriate IFSP implementation;
- Identify family resources, priorities, and concerns related to enhancing the development of their infant/toddler, for which family training is needed;
- Identify the level of family training needed; and
- Identify the most appropriate generic resource(s) to meet the family's needs.

Factors to consider when determining the level of service needed include, but are not limited to:

- *The severity of the infant's/toddler's disability*- The parent of an infant/toddler with a mild language delay may need information on developmental milestones, while a parent of an infant/toddler with Autism may need more extensive information as well as parent training provided during occupational and speech therapies.

- *The developmental level of the parent*- If the parent of an infant/toddler is also disabled, a high level of service may be needed.

- *The age of the parent*- A teen-aged parent may need more information initially than a parent who has had parental experiences.

The need for Family Training, Counseling, & Home Visits is documented on the IFSP and must be based on family input regarding priorities, resources, concerns, and supports

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needed by the family to enhance the infant's/toddler's development. Family training needs must be recorded as family outcomes. Documentation will include itemized goals and objectives to address concerns on the IFSP, receipts, certificates, and sign-in sheets from trainings attended by parent.

The family rating of the training/information received will be documented, when the IFSP is updated, through completion of a family rating scale. Additionally, the initial/ongoing service coordinator will contact the family to determine if the needed information has been provided.

Health Services

Health services must be necessary to enable the otherwise eligible infant or toddler to benefit from other early intervention services during the time that an infant/toddler is receiving the said First Connections service. Specific objectives must be identified on the IFSP (Individualized Family Service Plan), to substantiate documented need.

Health Services may include payments to purchase services for an infant/toddler eligible for the First Connections Program and may include:

- Such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services
- Consultation by physicians with other service providers concerning the special health care needs of eligible infants/toddlers that will need to be addressed in the course of providing other early intervention services

Health services do not include services that are surgical or purely medical in nature, such as cleft palate surgery, the shunting of hydrocephalus, hospitalization for management of congenital heart ailments, or prescribing of medicine/drugs for any purpose). Medical health services such as immunization and well-baby care that are routinely recommended for all infants/toddlers are not eligible under this service.
Heath services similarly does not include devices necessary to control or treat a medical condition, or services related to the implementation, optimization (mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.

Nothing in policy, however, limits the right of an infant/toddler with a disability with a surgically implanted device (cochlear implant) to receive the early intervention services identified in the IFSP as being needed to meet the infant's/toddler's developmental outcomes or prevents the EIS provider from routinely checking that either the hearing aid or external components of a surgically implanted device (cochlear implant) or devices necessary to control or treat a medical condition (respirators, oxygen) are functioning properly.

Unit of service:
A unit of service is the actual cost per hour to provide the needed service. Less than one hour of service cannot be billed.

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Rate of Reimbursement:
Actual cost of the service per occurrence. A guideline of $5,000 of all categories of family support combined, per year has been determined. Prior Approval by FIRST CONNECTIONS is required. Submit Physician recommendations, IFSP goals and objectives, and IFSP.

Medical Services

Individual Family/Support: Medical Services are those services provided by a licensed physician needed for diagnostic purposes only, and must be necessary to assist the IFSP (Individualized Family Service Plan) team in developing and implementing an appropriate IFSP for the eligible infant or toddler. Medical Services support may include payments to purchase services for an infant/toddler eligible under the FIRST CONNECTIONS Program.

Unit of service:
A unit of service is the actual cost per occurrence, to provide the needed service.

Rate of Reimbursement:
Actual cost of the service per occurrence. A guideline of $5,000 of all categories of family support combined, per year has been determined. Prior Approval by FIRST CONNECTIONS is required

Nursing/Attendant Care Services

Nursing/Attendant Care services are those services necessary to enable an infant or toddler to benefit from other First Connections services during the time the infant/toddler is participating in First Connections.

Care Services may include payments to purchase nursing and/or attendant care services for an infant/toddler eligible under the First Connections Program. Nursing services must be necessary to enable the infant/toddler to benefit from other early intervention services and must be based on need as documented on the Individual Family Service Plan (IFSP), and may include:

- The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual, or potential health problems;
- Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- Administration of medications, treatments, and regimens prescribed by a licensed physician.

Unit of service:
A unit of service is the actual cost per hour, to provide the needed service. Less than one hour of service cannot be billed.

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Rate of Reimbursement:
Actual cost of the service per occurrence. A guideline of $5,000 of all categories of family support combined, per year has been determined. Prior Approval by FIRST CONNECTIONS is required.

Nutrition Services
Nutrition services involve developing and monitoring to make appropriate plans to address the nutritional needs of the infant or toddler and/or to make referrals to appropriate home and community resources to carry out nutrition goals deemed necessary in the infant's/toddler's IFSP.

Nutrition services may be necessary to determine eligibility or to assist in development or implementation of the Individualized Family Service Plan (IFSP). Nutrition services are provided based on need as documented on the IFSP, and may include:

- Conducting individual assessments in nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences.
- Developing and monitoring appropriate plans to address the nutritional needs of eligible infants/toddlers;
- Making referrals to appropriate community resources to carry out nutrition goals.

Unit of service:
A unit of service is a minimum of one hour of service per day. Less than one hour of service cannot be billed.

Rate of Reimbursement:
One hour per unit of service, with a guideline of twelve hours per year of all categories of consultation, combined. Prior Approval by FIRST CONNECTIONS is required. Documentation must include the PCP/nurse recommendation, goals and objectives to substantiate need, and the narrative justification

Occupational Therapy Services
Occupational Therapy services are services to address the functional needs of the infant/toddler regarding his or her adaptive development, adaptive behavior and play, sensory, motor, and postural development. They are designed to improve the infant's/toddler's ability to perform tasks at home, school, and community settings. Services include:

- Identification, assessment, and intervention
- Adaptation of the infant's/toddler's environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and to promote the acquisition of functional skills
- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability

Unit of service: Individual 15 minutes

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Group	15 minutes with a maximum of 4 persons/group
Evaluation	30 minutes.

Rate of Reimbursement: *Based on Medicaid rates*

Parent/Staff Education

Family support for parent/staff education may include payment of fees and necessary expenses associated with parents/staff attending support groups, First Connections conferences and workshops related to the needs of the infant or toddler eligible for First Connections services.

Parent/staff education services must be necessary to enable a family/staff to enhance the development of the eligible infant or toddler and to enable the infant/toddler to benefit from other First Connections services. All parent/staff education services must be based on need as documented on the Individual Family Service Plan IFSP, and may include:

Fees and necessary expenses associated with

- Parents attending support groups
- In-state early intervention conferences and workshops related to the needs of the eligible infant/toddler
- Committee meetings at the request of the First Connections program, for the purpose of providing parent input
- Interpretive services to insure access to services in the family's native language
- Purchase of books, tapes, and materials, which assist the parent in acquiring knowledge of their infant's/toddler's disability related to enhancing the infant's/toddler's development.

Unit of service: A unit of service is the actual cost per occurrence

Rate of Reimbursement:
Actual cost of the service per occurrence. A guideline of $5,000 of all categories of family support combined, per year has been determined. Prior Approval by FIRST CONNECTIONS is required. Documentation required: 1) Evidence of attendance at Support Group meeting, 2) Registration form to conference or workshop, 3) Specific goals and objectives documenting need on the IFSP, 4) Itemized list of purchase items.

Physical Therapy Services

Physical therapy services are those services designed to promote sensorimotor function through enhancement of the infant's/toddler's musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective adaptation of his/her environment. Services include:

- Screening, evaluation and assessment to identify movement dysfunction
- Obtaining, interpreting and using information appropriate to program planning to prevention, alleviate or compensate for movement dysfunction

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- Providing individual and/or group services or treatment to prevent, alleviate or compensate for movement dysfunction and related functional problems

Unit of service: Individual – A unit of service is 15 minutes
Evaluation – A unit of service is 30 minutes.

Rate of Reimbursement: *Based on Medicaid rates*

Psychological/Behavioral Services

Psychological/Behavioral services involve obtaining, integrating and interpreting information about infant or toddler behavior and family conditions related to learning, mental health, and development.

Psychological/Behavioral services may be necessary to determine eligibility or to assist in development or implementation of the Individual Family Service Plan (IFSP). Psychological/Behavioral services are provided based on need as documented on the IFSP, and may include:

- Administering psychological and developmental tests and other assessment procedures
- Interpreting assessment results
- Obtaining, integrating, and interpreting information about infant/toddler behavior, and infant/toddler and family conditions related to learning, mental health, and development;
- Planning and managing a program of psychological services including psychological counseling for infants/toddlers and parent, family counseling, consultation on infant/toddler development, parent training, and education programs

Unit of service: A minimum of one hour of service per day. Less than one hour of service cannot be billed.

Rate of Reimbursement:
One hour per unit of service, with a guideline of twelve hours per year of all categories of consultation, combined. Prior Approval by FIRST CONNECTIONS is required. Documentation required: 1) Teacher/therapist recommendation, 2) case notes, 3) Notice of Meeting Outcome, 4) Goals and Objectives on the IFSP to document need.

Service Coordination Services §303.34

Service Coordination services (case management) are those services required under Part C and provided at no cost to the family in order to assist the family of an infant/toddler with a disability to gain access to needed early intervention services and to educate families about their rights and procedural safeguards. Each infant/toddler with a disability and the child's family must be provided with a service coordinator who is responsible for coordinating and monitoring service provision and facilitating the development and ongoing

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review of the IFSP as well as facilitating the development of a transition plan prior to the toddler's third birthday *(see PARTICIPANTS IN IFSP MEETINGS & THEIR ROLES, AR#4410).*

Sign language and cued language services: 34 CFR §303.13(b)(12)
Sign language is a formal language employing a system of hand gestures for communication. Cued language is a visual communication system which relies on a system of eight hand shapes (cues) that represent different sounds of speech. These cues are used while talking, to make the spoken language clear through vision. This system allows the child to distinguish sounds that look the same on the lips.

Sign language and cued language services includes auditory/oral language and transliteration services. These services also include formal training and direct support to families in learning sign or cued language so that they can provide accurate and consistent language stimulation during both structured and unstructured learning opportunities to provide immediate and early visual access to English to their infant/toddler. Additional services may include:

- Teaching sign language, cued language, and auditory/oral language
- Providing oral transliteration services (such as amplification)
- Providing sign and cued language interpretation

Services may be provided not only to infants and toddlers who are hearing impaired but to eligible infants/toddlers with identified auditory- or language-related disorders (e.g., auditory neuropathy, autism, Downs syndrome, etc.) whose IFSP team has identified such services as appropriate to meet that child's developmental needs need in order to attain their maximum potential in language, speech and literacy

Unit of service: A unit of service is a minimum of one hour.

Rate of Reimbursement: *Based on Medicaid rates*

Social Work Services
Social Work services evaluate the infant's or toddler's living conditions and patterns of parent/child interaction, conduct social or emotional developmental assessments of infants or toddlers within the family context, and coordinate community resources and services to enable the infant or toddler and the family to receive maximum benefit from First Connections services. Services do not include those activities which fall within the usual parameters of the function of the Service Coordinator (Targeted Case Management).

Social Work services may be necessary to determine eligibility or to assist in development and/or implementation of the Individualized Family Service Plan (IFSP). Social Work services are provided based on need as documented on the IFSP, and may include:

- Making home visits to evaluate an infant's/toddler's living conditions and patterns of parent child interaction;

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- Preparing a social or emotional developmental assessment of the infant/toddler within the family context;
- Providing individual and family group counseling with parents and other family members, and appropriate social skill building activities with the infant/toddler and parents;
- Working with those problems in an infant's/toddler's and family's living situation(home, community, and any center where First Connections services are provided) that affect the infant's/toddler's maximum utilization of early intervention services; and
- Identifying, mobilizing, and coordinating community resources and services to enable the infant/toddler and family to receive maximum benefit from First Connections services.

Unit of service**:** A minimum of 1 hour per day. Less than 1 one hour of service cannot be billed.

Rate of Reimbursement: One hour per unit of service, with a guideline of twelve hours per year of all categories of consultation, combined. Prior Approval by DDS is required. Documentation may include: 1) Therapist/teacher recommendations 2) case notes 3) Goals and Objectives to document need. Prior Authorization Committee may request additional information.

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Specialized Evaluations

Family support in the form of specialized evaluations includes specific evaluation procedures to assist in determining eligibility and developing and implementing the IFSP. These procedures must be necessary to appropriately provide needed services and are supplemental to the established services of developmental therapy, speech therapy, physical therapy or occupational therapy.

Specialized evaluation support may include payments to purchase services for an eligible infant/toddler under the First Connections Program. Specialized Evaluation services must be necessary for diagnostic purposes to assist the IFSP (Individualized Family Service Plan) team in developing/implementing an appropriate plan of services. Specialized evaluation services are provided based on need as documented on the IFSP, and may include all necessary expenses associated with the required specialized evaluation such as fees, mileage, meals and lodging

Specific examples of specialized evaluations may include but are not limited to:

- Team evaluation to determine Autism
- Brain Stem Evoked Response
- Audiology Evaluation
- Genetic Evaluation
- Specialized Feeding Evaluation

Unit of service: A unit is the actual cost per occurrence to provide the needed service.

Rate of Reimbursement: Actual cost of the service per occurrence. A guideline of $5,000 of all categories of family support combined, per year has been determined. Prior Approval by First Connections is required.

Speech-Language Pathology Services

Speech/Language Pathology services are those services for the identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills. Services are designed to address the functional needs of an infant or toddler and designed to improve the ability to communicate. They include:

- Diagnosis and appraisal of specific disorders and delays in those skills,
- Referral for medical or other professional services needed for habilitation, or rehabilitation
- Provision of services for habilitation or rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

These services must be indicated on the infant's/toddler's IFSP and recommended by the team as a result of an evaluation by an individual licensed by the Arkansas Board of Speech-Language Pathology and Audiology.

Unit of service: Individual – 15 minutes
Group – 15 minutes with a maximum of 4 persons per group.
Evaluation – 30 minutes

Rate of Reimbursement: *Based on Medicaid rates*

Transportation and Related Costs

Transportation support involves coverage of cost of travel (mileage or travel by taxi, common carrier or other means) necessary to enable an eligible infant or toddler and his/her family to receive and to participate in First Connections (Part C) services ***not*** reimbursable by Medicaid.

These services must be indicated on the Individualized Family Service Plan (IFSP) and must be expenses incurred over and above the family's normal expenditure (Travel to and from day care may not be reimbursed unless it is for the express purpose of participating in First Connections services). Costs include mileage for an individual/family if no other funding source is being used to provide transportation. Mileage cannot be paid if the infant/toddler is transported on a van/bus and Medicaid group reimbursement is being provided for the recipient or another infant/toddler on the bus/van. Mileage cannot be paid for an infant/toddler to attend a Developmental Disabilities Training Center. A parent may

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not be reimbursed for travel if the parent is going to that location for another purpose, such as work.

Unit of service: A unit is one mile. Justification required on all transportation requests.

Rate of Reimbursement: *Medicaid transportation must be requested before First Connections funding.*

Vision Services

Visual services include evaluation and assessment of visual functioning, including diagnosis and appraisal of specific visual disorders, delays and abilities that affect early development. Vision services may be necessary to determine eligibility or to assist in development or implementation of the Individualized Family Service Plan (IFSP). Vision services are provided based on need as documented on the IFSP, and may include:

- Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders or both
- Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities

Unit of service: A minimum of one hour of service per day. Less than one hour of service cannot be billed.

Rate of Reimbursement: One hour per unit of service with a guideline of twelve hours per year of all categories of consultation combined. Prior Approval by First Connections is required. Submit team/therapist recommendation.

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5300 INCLUSION OF OTHER SERVICES ON THE IFSP

The services identified and defined in AR# 5000 EI *SERVICE GUIDELINES* do not comprise an exhaustive list of the types of services that may constitute early intervention services. Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in AR#4610, SERVICES TO SUPPORT THE IFSP and AR #4620 IDENTIFYING SERVICES TO REACH CHILD OUTCOMES.

6000 TRANSITION §303.209, §303.344

General

Early Intervention services for eligible infants/toddlers through First Connections ends when the toddler turns three years of age. Transition is discussed with families throughout their involvement in early intervention with the projected date of transition included on the initial IFSP. Every toddler with an active IFSP and his/her family is guaranteed transition planning and services to assist the toddler and family in a smooth exit from First Connections to:

- preschool special education services for toddlers eligible under Part B

  or
- other appropriate services for toddlers with disabilities

Families are involved in the transition process and planning which may begin, at the discretion of all parties, as early as nine (9) months prior to the toddler's third birthday. The transition process must be completed not fewer than ninety (90) days prior to the toddler's third birthday and includes:

- LEA and SEA Notification for toddlers potentially eligible for Part B services (§303.209(b))
- A transition plan incorporated within the IFSP for all toddlers (§303.209(d)(2))
- A transition conference for all toddlers (§303.209(c)(1))

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6100 COOPERATION BETWEEN SEA AND LEAD AGENCY (§303.344)

Arkansas DHS/DDS will maintain an Interagency Agreement with the Arkansas SEA (the Department of Education) to ensure a seamless transition between services under Part C and Part B of the Act (see Attachment A).

The Lead Agency and the Arkansas Department of Education have established formal transition guidelines in the Interagency Agreement *(see ATTACHMENT A)*. Use of these guidelines ensures increased communication among agencies and families and establishes a foundation for future cooperation. The primary goal is to benefit toddlers with disabilities and their families by providing comprehensive and uninterrupted services to ensure a smooth transition for toddlers exiting birth to three early intervention through First Connections to other appropriate services.

The Interagency Agreement addresses how the lead agency and the SEA will meet the requirements of this section, including any policies adopted by the lead agency under

§303.401(d) which ensures that the parents of a toddler referred under Part C are afforded the right to confidentiality of personally identifiable information among agencies.

The Interagency Agreement addresses how other services on the toddler's and family's

IFSP will be provided as outlined in §303.344(e) in which the IFSP must contain other services to the extent appropriate which the toddler or family needs or is receiving through other sources but that are neither required or funded under Part C (e.g.: medical) or if the services are not being provided the steps the Service Coordinator or family may take to assist the infant or toddler and family in securing those other services.

The Interagency Agreement also address assurances and requirements mandated in §303.101(b) which requires the State to provide information and assurances to the Secretary, in accordance with subpart C which shall include information that demonstrates Arkansas meets the state application requirements in §303.200 through §303.212 and assurances that the State also meets the requirements in §303.221 through §303.303.

6110 NOTIFICATION TO THE SEA AND LEA (§303.209(B))

The State lead agency will ensure that no fewer than 90 days before the third birthday of the toddler with a disability, the lead agency notifies the SEA and the LEA for the area in which the toddler resides if that toddler may be eligible for preschool services under Part B of the Act, determined in accordance with State law. Arkansas considers all toddlers receiving services under First Connections as "potentially eligible" for preschool special education services.

When the LEA receives notice from the lead agency or an EIS provider that a toddler with a disability who has been receiving services under Part C is potentially eligible for services under Part B of the Act, the LEA must treat this as a referral and provide parents with the procedural safeguards notice under §300.504(a)(1) and determine if an evaluation for eligibility must be conducted under Part B of the Act .

For toddlers who may be eligible for preschool special education services under Part B, timely LEA and SEA notification is critical to ensuring that the SEA and LEA where the toddler resides have adequate time to meet their respective child find and early childhood transition responsibilities under sections 612(a)(3), 612(a)(9), 612(a)(10)(A)(ii), and 614(d)(2)(B) of Part B of the Act and to develop and implement an initial IEP by the toddler's third birthday as required by section 612(a)(9) of the Act and §§300.101(b), 300.124(b).

To meet the SEA and LEA notification requirement, the lead agency must inform the SEA and LEA where the toddler resides if that toddler may be eligible for 3-5 services under Part B §303.401(d)(1). LEA and SEA Notification is a limited disclosure of "directory information" consisting of:

- the toddler's name
- the toddler's date of birth
- parents' names, address(es), telephone number(s)

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6120 LATE REFERRALS TO FIRST CONNECTIONS (§303.209)

(A) If a toddler is referred to First Connections more ***than 45 days but less than 90 days*** before the toddler's third birthday, the lead agency will conduct an initial evaluation, assessment and initial IFSP meeting. If the child is determined eligible, the lead agency will develop a transition plan in the IFSP with the family.

As soon as possible after determining the toddler's eligibility, the lead agency notifies the SEA and the LEA for the area in which the toddler with a disability resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with state law. In these cases, the lead agency cannot develop a transition plan or conduct a transition conference within the required timelines, though the acting service coordinator is expected to assist the family in planning for transition at the toddler's initial IFSP meeting (§303.209(b)(1)(ii)).

(B) If a toddler is referred to First Connections ***fewer than 45 days*** before the toddler's third birthday, First Connections will not conduct an initial evaluation, assessment and initial IFSP meeting (§303.209(b)(1)(iii)). First Connections, with parental consent required under §303.414, refers the toddler to the SEA and the LEA for the area in which the toddler resides or other appropriate community services.

6130 THE TRANSITION PLAN (§303.344(H))

The State lead agency must ensure that there is a transition plan in the IFSP for all toddlers with disabilities. Families are to be actively involved in developing the transition plan as a member of the IFSP team. The meeting to develop the transition plan must meet the requirements of §§§303.209(e), 303.342 and 303.343.Transition plans in the IFSP must meet the following guidelines:

A. A transition plan must be incorporated into the IFSP not fewer than 90 days, and at the discretion of all parties, not more than nine (9) months before the toddler's third birthday.

B. The transition plan in the IFSP includes, consistent with §303.344(h), appropriate steps for the toddler with a disability and his/her family to exit from First Connections under Part C and any transition services or activities that the IFSP team identifies as needed by that toddler and his/her family. The plan also includes:

- Discussions with and training of parents regarding future placements and transition
- Identification of transition services and activities that the IFSP team determines are necessary to support the toddler's transition
- Specific steps that will be taken to prepare toddler for changes in service delivery and/or learning environment to help toddler adjust
- Confirmation of LEA and SEA Notification

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- (if parent has provided consent) Confirmation that other records have been transmitted to the LEA
- Options for the toddler for the period from the toddler's third birthday through the remainder of the school year §303.209(d)

A meeting to develop the transition plan must meet the IFSP meeting requirements *(see MULTIDISCIPLINARY IFSP TEAM, AR #4400 and ACCESSIBILITY AND CONVENIENCE OF MEETING* , AR#4510*)* (§§§303.209(e), 303.342(d-e) and 303.343(a).

6140 THE TRANSITION CONFERENCE (§303.209(C))

All First Connections toddlers with a disability are potentially eligible for preschool services under Part B. Therefore, the lead agency, with the approval of the family of the toddler, convenes a conference among the lead agency, the family, and the LEA and SEA not fewer than 90 days and at the discretion of all parties, not more than nine (9) months before the toddler's third birthday to discuss transition needs and any services the toddler may receive under Part B of the Act. If a family does not choose to refer their child to Part B services, the First Connections service coordinator must make every reasonable effort to convene a transition conference with the family and providers of other appropriate services to discuss options available for the child within the community.

The transition conference must meet the IFSP meeting requirements *(see MULTIDISCIPLINARY IFSP TEAM, AR #4400 and ACCESSIBILITY AND CONVENIENCE OF MEETINGS*, AR#4510*)* (§§§303.209(e), 303.342(d-e) and 303.343(a)). Required attendees at the transition conference include:

- Parent(s)
- Service Coordinator (or other First Connections representative)
- Person or persons directly involved in evaluations and assessments
- LEA Representative or providers of other appropriate services
- Other family members as requested by the family if it is feasible to do so
- An advocate or person outside the family if requested by the family
- As appropriate persons who will be providing services to the child and family

If one of the required attendees is unable to attend a meeting, arrangements must be made for the person's involvement through other means such as a conference call, having a knowledgeable authorized representative attend, or making pertinent records available at the meeting.

Section 612(a)(9) of the Act and §300.124(c) of the Part B regulations require participation in the transition conference by a representative from the LEA where the toddler with a disability resides. The service coordinator is to send Notice of Meeting to the LEA far enough in advance to allow participation in the transition conference.

See ATTACHMENT A: Interagency Agreement By and Between Arkansas Department of Human Services/Division of Developmental Disabilities Children's Services and Arkansas Department of Education Special Education.

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6150 GUIDELINES: Transition from the Part C First Connections Services to 3-5 Early Childhood Special Education Services (Part B)

TIME FRAME	OBJECTIVES	ACTIVITIES	PERSONS INVOLVED
Quarterly (January 1, April 1, July 1, October 1)	To notify the local education agency, that the toddler will turn 3 within a 6-9 month time period and will be eligible for preschool special education services.	EI Service Coordinator completes and forwards the Special Education/Early Childhood Data Quarterly Notification Form to the Co-op/District on toddlers enrolled in the EI Program who turn 3 years of age during the next quarterly time frame and may be eligible for Early Childhood Special Education at that time.	EI Service Coordinator EC Special Education Representative (Co-op/District of approved 3-5 DDTCS Program)
30 to 33 months	With the approval of the family of the eligible toddler, the lead agency will coordinate the scheduling of a conference to include the family and the local education agency at least 90 days (and at the discretion of all such parties, not more than 9 months) before the toddler's 3rd birthday.	***EI Service Coordinator will:*** • Coordinate the scheduling of transition conference with family and EC Representative. • Notify all persons involved (14) days prior to the conference (Form FIRST CONNECTIONS B). • Obtain written consent from the family to provide ED Rep with toddler's identifying information, evaluation reports, IFSP and pertinent medical information prior to the conference.	Parents EI Service Coordinator EC Special Education Rep
33 months	Conduct a transition conference	***EI Service Coordinator will:*** • Chair the transition conference • Discuss the toddler's progress during his/her participation in the EI Program and complete the transition options form. • Complete the Child Outcomes Summary Form if the toddler has received First Connections Services for at least 6 months and provide copy to the Early Childhood representative. • Prepare the Parental Notice of Meeting	Parents EI Service Coordinator EC Special Education Rep

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Time Frame	Objectives	Activities	Persons Involved
33 months	Conduct a transition planning conference (continued)	• Outcome (Form FIRST CONNECTIONS C) and provide copy to parent and EC Rep • Conclude the transition portion of the meeting. ***At this point the EC Rep assumes responsibility for facilitation of the meeting*** ***EC Representative will:*** • Explain evaluation process and eligibility for 3-5 year old Special Education Program • Complete a Referral Form • Explain Special Education Your Rights Under the IDEA and have parent sign Documentation of Parental Receipt of Rights • Review existing data from EI, determine if additional data is needed to determine eligibility and complete the Existing Data Review/Notice of Decision Form • Have parent sign on Informed Consent if additional data is needed • If no additional data is needed to determine eligibility, complete the Evaluation/Programming Conference Decision Form/Notice of Decision and develop IEP /IPP (if appropriate) to be implemented on the toddler's 3rd birthday • Provide parents a copy of all due process forms • Ask parent if they would like the EI Service Coordinator in attendance at Evaluation / Programming Conference. EI program has a maximum of 60 calendar days (from date on Notice of Meeting	EC Special Education Rep EI Service Coordinator Parent

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Time Frame	Objectives	Activities	Persons Involved
33 months (continued)	Conduct a transition planning conference (continued)	Outcome) to conduct additional required evaluation components. Upon completion of the evaluation, the EC Program has 30 calendar days to hold an Evaluation /Programming Conference	EC Special Education Rep EI Service Coordinator Parent
36 months	Initiation of appropriate preschool special education services	The IEP must be implemented on the toddler's 3rd birthday. Toddler who turns 3 during the summer is not automatically entitled to special education services in summer. IEP committee must determine that toddler needs extended year services to receive FAPE.	EC IEP Committee Team

Mark-Up

7000 PROCEDURAL SAFEGUARDS

GENERAL RESPONSIBILTY OF LEAD AGENCY FOR PROCEDURAL SAFEGUARDS (§303.400)

Each agency/service provider is responsible for the implementation of procedural safeguards that ensure the following:

1. Right to confidentiality of personally identifiable information, including the right of parents to written notice of and written consent to the exchange of such information among agencies

2. Opportunity to examine records relating to their infant/toddler and/or family: assessments, screenings, evaluations, eligibility determinations, IFSP, progress notes, etc.

3. Right of parent(s) to determine whether they, their infant/toddler, or other family members will accept or decline any early intervention service without jeopardizing receipt of other early intervention services

4. Written notice to the parents of the infant/toddler with a disability prior to initiating or changing or refusing to initiate or change the identification, evaluation, placement or services of their child

5. Procedures exist to ensure that notices are sent to parents to fully inform the parent in the parents' native language or other mode of communication, unless it is clearly not feasible to do so

6. Procedures are in place to appoint a qualified surrogate to protect the rights of infants/toddlers whenever the parents of the child cannot be found or the infant/toddler is a ward of the State

7. Timely administrative resolution of complaints, including parent's right to mediation and/or a due process hearing to settle disputes

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7010 DEFINITIONS OF *CONSENT*, *NATIVE LANGUAGE*, AND *PERSONALLY IDENTIFIABLE INFORMATION* (§303.25)

1. Consent

Consent means "informed consent," the parent's demonstrating formal, written approval of an activity after having been fully informed in advance and in their primary mode of communication or language otherwise understandable and in a manner that answers their questions sufficiently. Consent means that:

- Parent(s) have been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication

- The parent(s) must understand and agree in writing to the carrying out of the activity for which consent is sought; the consent describes the activity and lists the records (if any) that will be released and to whom

- The parent understands that granting consent is voluntary on their part and may be withdrawn at any time

- Parental consent is not required prior to disclosing personally identifiable information to the Division of Children and Family Services.

2. Native Language

Native language refers to the language used by a person of limited English proficiency. 34 CFR §303.25 and §303.321 provide that all evaluations and assessments of an infant or toddler be conducted in the native language of the infant or toddler (which may or may not be the native language of the parent(s)), if determined developmentally appropriate by qualified personnel conducting those evaluations and assessments.

3. Personally Identifiable Information 34 CFR §303.29, §303.402, §303.415

Personally identifiable information is any information, written or otherwise that would list or describe personal characteristics or other information that would make the infant's/toddler's (or parent's) identity easily traceable. Personally Identifiable Information is Information that includes:

- The name of the infant/toddler, the infant's/toddler's parent, or other family member
- The address of the infant or toddler
- A personal identifier, such as the infant's/toddler's or parent's social security number
- A list of personal characteristics or other information that would make it possible to identify the infant or toddler with reasonable certainty
- Photographic images

Before personally identifiable information is used for any purpose other than meeting a Part C requirement and before it may be disclosed, parental consent must be obtained (34 CFR §303.7, §303.414, §303.420**).**

7100 CONFIDENTIALITY OF INFORMATION (34 CFR §303.460)

Arkansas ensures that personally identifiable information (records) collected, used, or maintained on infants and toddlers eligible for Part C, will remain confidential. Parents will be notified of their rights and those of their infant or toddler, regarding confidentiality of information (records) including the rights of parents and infants/toddlers under the Family Educational Rights and Privacy Act of 1974 and implementing regulations in 34 CFR Part 99.

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To protect personally identifiable information, records are safeguarded at the collection, maintenance, use, storage, disclosure, and destruction stages as per 34 CFR §303.415(a).

Personally identifiable information (record) is maintained on those infants or toddlers who are eligible for early intervention services, and for those infants/toddlers who have been determined ineligible for First Connections through an evaluation/IFSP process. The types of information maintained (record) are the infant's/toddler's name, date of birth, social security number, parent's name, address, and phone number, the infant's/toddler's current health status and medical history. The personally identifiable information (records) will be gathered from the referral source (with parent's consent) and/or from the parent. The information (record) will be used to determine the infant's/toddler's initial and continuing eligibility for early intervention services under this part. Information is maintained through a paper process as well as a computerized database.

Personally identifiable information will not be released without prior parental notice and parental consent. Under some circumstances the release of information is allowed due to applicable exceptions in State and Federal Law.

All participating agencies must store all personally identifiable information (records) in files which lock. These files must be locked during all non-work hours. Records will be released to a third party, only after written notice to parents and written consent is obtained. Before any major identification, location, or evaluation activity, the Lead Agency will publish a notice in the newspaper with the largest statewide circulation, informing the public of the proposed activity.

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7110 SAFEGUARDING DOCUMENTS/RECORDS (34 CFR §303.412)

Each participating agency will protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages so that:

(a) One official at each participating agency shall assume the responsibility for ensuring the confidentiality of any personally identifiable information.
(b) All persons collecting or using personally identifiable information will receive training or instruction regarding Arkansas' policies and procedures
(c) Each participating agency will maintain, for public inspection, a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information.

7120 OPPORTUNITY TO EXAMINE RECORDS (34 CFR §303.405)

The parents of an infant or toddler eligible for Part C, must be afforded the opportunity to inspect and review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, individual complaints dealing with the infant or toddler, and any other area under Part C involving records about the infant or toddler and the infant's/toddler's family (§300.560 through §300.576).

The agency/service provider must presume that parents have the authority to inspect and review records relating to their infant or toddler unless the agency has been advised that they do not have the authority under State law.

The agency/service provider must permit parents to inspect and review records related to their infant or toddler. The agency must comply with a request:

(1) Without unnecessary delay (within 10 calendar days of parent request - 34 CFR §303.405(a))
(2) Prior to holding an IFSP meeting or hearing

A parent's right to inspect and review records also includes:

(3) The right to an explanation and interpretation of the records
(4) The rights to have their representative inspect/review the records 34 CFR §303.406
(5) The right to request copies of the records and information, if failure to obtain copies would effectively prevent parents from having the right to inspect and review those records
(6) The right to request a list of the types and locations of records related to their infant/toddler that the agency collects, maintains, or uses - 34 CFR §303.410(a)
(7) The right to request an amendment to a record (34 CFR §303.410)

Mark-Up

7130 AMENDMENTS TO RECORDS (34 CFR §303.410)

If a parent believes that information in his/her infant's/toddler's records is inaccurate, misleading or violates the privacy or other rights of their infant or toddler, the parent has the right to:

- Request the agency/service provider amend the information
- Request a decision from the agency/service provider within a reasonable time of receipt of the request

If the agency/service provider decides to refuse the amendment request, the parent must be advised (in writing) of their right to a hearing to challenge information in their child's early intervention record 34 CFR §303.411 (*see COMPLAINT RESOLUTION/DUE PROCESS, AR#7500).*

7140 FEES ASSOCIATED WITH RECORDS (34 CFR §303.409)

The parent must receive a copy of each evaluation, assessment, IFSP, or any other documentation used in the IFSP meeting to determine initial and/or ongoing eligibility and appropriate services after the IFSP meeting or as soon after the meeting as possible. For additional copies, an agency may charge a fee for copies of records made for a parent unless the fee would effectively prevent the parent from exercising their right to inspect

and review those records. The agency may not charge a fee to search for or to retrieve information.

7150 RECORD OF ACCESS (34 CFR §303.406)

Each agency must keep a record of parties obtaining access to early intervention records (except access by a parent or authorized agency personnel). The record must include:

(1) Name of party and position requesting access
(2) Date of access
(3) Purpose of access

7160 RECORDS ON MULTIPLE CHILDREN (34 CFR §303.407)

Parents have the right to know that when a record includes information on more than one infant or toddler, a parent will have access to only the information relating to their own infant or toddler.

7170 DESTRUCTION OF INFORMATION (34 CFR §303.416)

Each agency/service provider must inform the parent when personally identifiable information is no longer needed. A permanent record of each infant's/toddler's name, address, and phone number will be maintained on the electronic data base.

Records will be retained for five (5) years for each infant or toddler. The agency will attempt via US Mail to notify each parent whose infant's/toddler's records are to be destroyed. Additionally, a notice will be placed in the newspaper with the largest statewide circulation to inform the public that First Connections records for a specific fiscal year will be destroyed. The date of destruction and contact person will be included in the notice. The Lead Agency will give notice that is adequate to fully inform parents about the requirements including:

(1) Notice will be provided in the native language of the various populations representative of Arkansas. Currently the state has public awareness information in English, Spanish, Vietnamese, Chinese, and Laotian.

(2) A description of the infants/toddlers on whom personally identifiable information (records) is maintained, the types of information sought, the methods the State intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information.

7200 PARENTS RIGHT TO DECLINE SERVICE/SERVICES (34 CFR §303.420)

The parents of an eligible infant or toddler may determine whether they, their infant or toddler, or other family members will accept or decline any early intervention services in accordance with state law and may decline a service after first accepting it, without jeopardizing other early intervention services.

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7300 PRIOR NOTICE- NATIVE LANGUAGE (34 CFR §303.421)

Parents have the right to be notified in writing before a public agency or service provider proposes or refuses to initiate or change the identification, evaluation, or placement of an infant or toddler or provide appropriate early intervention services to an infant or toddler and the infant's/toddler's family.

Content of Notice:

This written notice must inform the parent of:

(1) The action that is being proposed or refused
(2) The reasons for taking the action
(3) All of their rights under the law
(4) The complaint procedures as established by the state, including a description of how to file a complaint and the timelines under those procedures

The notice must be

- Provided in a reasonable time (no fewer than seven days prior to the proposed meeting, action, refusal, etc.)
- Written in language understandable to the general public
- Provided in the parent's native language, unless it is clearly not feasible to do so *(see DEFINITIONS OF CONSENT, NATIVE LANGUAGE, AND PERSONALLY IDENTIFIABLE INFORMATION, AR #7010)*

If a parent has a visual or hearing impairment, or has no written language, the mode of communication must be that normally used by the parent, such as sign language, Braille or oral communication. If the parent is limited English proficient and/or the native language or mode of communication is not a written language, the public agency or designated service provider shall take steps to ensure that:

- The notice is translated orally or by other means to the parent in their native language or other means of communication
- Parents understand the notice
- There is written evidence that these requirements have been met (signed by the parent)

7310 PARENT CONSENT (34 CFR §303.404)

Written parental consent must be obtained before:

- Conducting the initial evaluation and assessment of an infant or toddler
- Initiating the provision of early intervention services
- Changing, adding, or dropping any early intervention service/s

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NOTE: For policy on electronic signatures, see INFORMED CONSENT, AR#4520. For a listing of individuals qualified to serve in the place of a parent who is unable to make early intervention service decisions for the infant/toddler, see REFERRAL INTAKE PROCEDURES, AR#2000.

If consent is not given, the public agency shall make reasonable efforts to ensure that the parent:

- Is fully aware of the nature of the evaluation and assessment of the services that would be available if consent were given
- Understands that the infant or toddler will not be able to receive the evaluation/assessment or services unless consent is given.

Since participation of infants and toddlers with disabilities and their families in the Part C program is voluntary, a parent may refuse an initial evaluation or assessment without the lead agency being able to use the due process hearing procedures to challenge the parent's refusal (§303.420(c)).

7400 SURROGATE PARENT (§303.422)

For every child referred for an evaluation or enrolled in First Connections, there must be someone who can act on that infant's/toddler's behalf as a ***parent*** as defined under Part C of the IDEA:

- A natural, adoptive, or foster parent
- A guardian (but not the State if the child is a ward of the State)
- A relative or other individual acting in the place of a parent with whom the infant/toddler lives
- An individual legally responsible for the child's welfare

For an infant/toddler involved in DCFS (Division of Child and Family Services) substantiated case of abuse/neglect, see *REFERRAL INTAKE PROCEDURES, AR#2000).*

An infant or toddler is determined to require a surrogate parent to ensure his/her rights are protected when:

- No parent can be identified and no individual meets the criteria (above) to serve in the place of the parent
- The agency, after reasonable efforts, cannot discover the whereabouts of a parent
- The infant or toddler is a ward of the state (which includes a foster child who does not have a foster parent meeting the definition of a *parent*)
- The child is an unaccompanied homeless youth as defined in section 725(6) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(6))

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If First Connections (working in collaboration with other agencies involved with the infant/toddler) determines that the infant/toddler needs a surrogate parent, the lead agency must make every reasonable effort to appoint a qualified surrogate parent for the infant or toddler within thirty (30) days of the determination.

Criteria for Selecting a Surrogate

To best meet the needs of the infant/toddler determined to require a surrogate parent, the service coordinator consults with the public agency with whom care of the child has been assigned (34 CFR §303.422 (b)(2)). The service coordinator may independently locate and select a surrogate parent from the community in which the infant or toddler resides or may contact the local LEA, which maintains a list of surrogates.

In the case of an infant or toddler who is a ward of the State, the surrogate parent, instead of being appointed by the lead agency may be appointed by the judge overseeing the infant or toddler's case provided that the surrogate parent meets the requirements of 34 CFR §303.422 (c).

In selecting a surrogate parent the agency shall ensure that the person selected:

- Has no interest that conflicts with the interests of the infant or toddler
- Is not an employee of the lead agency, the SEA or LEA or any other public agency involved in providing EI services, education, or care to the infant/toddler or his/her family
- Has received training in the duties and knowledge required to be a surrogate
- Has the knowledge and skills to represent the infant or toddler, including knowledge of the provisions of Part C
- (When feasible) Is of a similar cultural background and familiar with the infant's/toddler's disability and developmental needs

NOTE: A person who qualifies to be a surrogate parent under the above guidelines is not considered an employee of the public agency simply because he or she may be paid by that agency to serve as a surrogate parent.

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The appointed surrogate parent serves as an infant's/toddler's advocate for early intervention decisions affecting the child. Early intervention decisions include identification, evaluation, placement, development and periodic reviews of the Individualized Family Service Plan (IFSP) and due process procedures. A surrogate parent has access to all early intervention records and represents the infant or toddler in all matters relating to:

- The evaluation and assessment of the infant or toddler
- The development and implementation of the infant's/toddler's IFSP, including annual evaluations and periodic reviews
- The ongoing provision of early intervention services to the infant or toddler
- Transition planning and the provision of FAPE to the infant/toddler (see AR#6000, *TRANSITION*; Attachment A)
- Any other rights established under state and federal laws/regulations

If an infant or toddler has a surrogate parent, the service coordinator must notify this parent if the infant/toddler is screened and not suspected of having a disability (34 CFR §303.421) as well as notify the DCFS family service worker.

7500 DISPUTE RESOLUTION PROCEDURES

The University of Arkansas for Medical Sciences and the Departments of Education, Health, and Human Services agree to a dispute resolution process, which will ensure the timely resolution of intra- and interagency disputes related to planning and implementing services for infants and toddlers with developmental disabilities and their families. The lead agency agrees to pay for all expenses incurred in the mediation portion of the process.

The dispute resolution process is outlined as follows:

1. Each agency is encouraged to resolve disputes in the timeliest way possible and with those processes routinely used to resolve disputes. If that is not successful, then:
    - Either party to the dispute may request that the lead agency secure the services of unbiased, professional mediation services to assist in the resolution process.
    - Each agency will designate the responsible official authorized to request mediation. If mediation is not successful, or if any party is unwilling to participate in mediation, then:
    - The mediation will provide a statement of facts acceptable to both parties in the dispute, the facts in question, and issues resolved as well as issues in dispute.

2. During the pendency of a dispute, the lead agency shall assign financial responsibility to an agency, subject to the provisions of this section, or pay for the service, in accordance with the "payor of last resort" provisions.

3. The lead agency also assumes responsibility to:
    - Reassign agency financial responsibility if the lead agency determines that the original assignment of financial responsibility was inappropriately made
    - Make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility

4. In the event that either party is not satisfied with the decision of the arbitrator, the lead agency will initiate the review process, which will include:
    - Referring the dispute to the ICC
    - Implementing the procedures to ensure that services are provided to eligible infants/toddlers and families in a timely manner, pending resolution of the dispute

5. The Department of Finance and Administration agrees to be the final arbitrator in matters of dispute between agencies if mediation has not been successful in resolving the dispute.

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7510 PARENTS' RIGHTS IN ADMINISTATIVE PROCEEDINGS (34 CFR §303.422)

The lead agency will ensure that any due process action or hearing conducted will be conducted according to the FERPA regulations to ensure that parent's rights are afforded as specified in Part C of IDEA and 34 CFR 99.22. If parents are involved in a complaint procedure they have the right to:

- Be accompanied and advised by an attorney retained at the parents' expense
- Be accompanied by an advocate and/or by individuals with special knowledge or training with respect to early intervention services for their infant or toddler
- Participate in the complaint resolution process at a time and place that is reasonably convenient for parents
- Receive notice of the date, time, and place of any meetings/hearings reasonably in advance
- Present evidence and call, confront, and cross-examine witnesses
- Prohibit the introduction of any evidence that has not been given to them at least five (5) days before the proceeding
- Obtain an exact written or electronic record of the proceeding
- Obtain written findings of facts and decisions

The impartial proceeding described above must be completed and a written decision mailed to each of the parties no later than thirty (30) days after the receipt of a complaint (34 CFR §303.437).

7520 MINIMUM STATE COMPLAINT PROCEDURES

The lead agency includes in its complaint procedures a requirement that resolution must occur within sixty (60) days of receipt of complaint. The lead agency will:

(1) Carry out an independent on-site investigation, if the lead agency determines that such an investigation is necessary

(2) Give the complainant the opportunity to submit additional information, either orally or in writing about the allegations in the complaint

(3) Review all relevant information and make an independent determination as to whether the public agency is violating a requirement of Part C of IDEA

(4) Issue a written decision to the complainant that addresses each allegation in the complaint and contains:
- Findings of fact and conclusions
- The reasons for the lead agency's final decision

(5) Include procedures for effective implementation of the lead agency's final decision, if needed, including:

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- Technical assistance activities for noncompliant EIS provider/agency
- Negotiations
- Corrective actions for EIS provider/agency to achieve compliance

The lead agency's complaint resolution procedures also permit the due process hearing officer to grant specific extensions of time:

- At the request of either party (34 CFR §303.437(c))
- Exceptional circumstances exist with respect to either party (unavailability of witnesses, exceptional child/family circumstances, and pending evaluations and assessments) (34 CFR §303.437(b))

If a written complaint received is also the subject of a due process hearing under 34 CFR §303.420, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not part of the due process action must be resolved within the 60 calendar day timeline using the complaint procedures described in this section:

(1) A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the lead agency

(2) If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties:

- The hearing decision is binding
- The lead agency must inform the complainant to that effect

7530 APPOINTMENT OF AN IMPARTIAL PERSON (34 CFR §303.421)

An impartial person must be appointed to implement the complaint process. The *impartial person* appointed as due process hearing officer is an individual who:

- Is not an employee of First Connections or any agency or program involved in the provision of early intervention services or care of the infant or toddler
- Does not have a personal or professional interest that would conflict with his or her objectivity in this process
- Would not be considered an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process

This person will:

- Have knowledge of the provisions of Part C, and have knowledge about the needs of and services available for eligible infants/toddlers and their families

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- Listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues, and seek to reach a timely resolution of the complaint
- Provide to parents a record of the proceedings, including a written decision

7600 LEAD AGENCY PROCEDURES FOR RESOLVING COMPLAINTS (34 CFR §303.432)

In compliance with 34 Code of Federal Regulations (CFR) §303.433, the lead agency has adopted written procedures for the management of complaints, including a complaint filed by an organization or individual from another state alleging that any public agency or private provider is violating a requirement of Part C of the Individuals with Disabilities Education Act (IDEA).

The complaint procedures for the State of Arkansas are provided to each participant in the First Connections program as a part of the Individual/Parent/Guardian Rights. These rights are provided to participants and their families when a referral is received and the "face-to-face" contact is made. A parent of an eligible infant or toddler must be provided written procedures for timely resolution of complaints concerning the identification, evaluation, or placement of their infant or toddler or the provision of early intervention services.

Complaint procedures are also provided to interested parties including parent training and information centers, independent living centers, and advocacy groups as a part of public awareness, and are included in literature distributed to the public at large.

Each agency/service provider is responsible for the implementation of procedural safeguards. Should the lead agency determine a failure to provide appropriate services the lead agency will:

- Remediate the denial of those services including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the infant or toddler and the infant's/toddler's family
- Implement a corrective action plan to ensure appropriate future provision of services for all infants and toddlers with disabilities and their families

Filing a Complaint

I. Form

An organization or individual may file a written complaint with DDS, or the complaint may be made in person by recorded deposition or statement. Such complaint may be communicated directly or indirectly via other state or federal agencies.

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STATE COMPLAINT OR HEARING REQUEST FORM

State Complaint/Request for Hearing alleging violation of IDEA 2004 and corresponding State and Federal Regulations

Check one:

- ❑ Request for Hearing
- ❑ State Complaint to be resolved by DDS

Your name: _____ Child's Name: _____

Child's Birthdate: _____

Date: _____ Phone Number: _____

Address: _____

Relationship to child (circle one below):

Parent Attorney Advocate Other (please specify): _____

Provider (s) of Service: _____

A copy of Arkansas First Connections Early Intervention Program procedures can be obtained by request at (501-682-8160) or can be found on our Web site at www.arkansas.gov/dhs/dds/children services

According to federal regulations, a complaint must:

1) Be in writing;
2) Be signed;
3) Include a statement that a public agency has violated a requirement of law;
4) Include the facts upon which the allegation is based;
5) Must allege a violation that occurred within the past year;
6) Must include a proposed resolution to the alleged violation;
7) Must be forwarded to the public agency serving the child at the time the complaint is sent to Arkansas First Connections Early Intervention Program.

The form is optional. Complainants may submit their concerns to Arkansas First Connections Early Intervention Program (at the address listed on the bottom of this form) by using plain paper, stationary, etc.

Please attach additional pages if necessary.

A. Statement of the violation:

You do not have to know specifically what law was violated, but you must explain what you believe the State has done wrong, e.g. "The therapist did not follow my infant's/toddler's IFSP."

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B. Facts upon which the allegation is based:

Describe what actually happened to lead you to believe the State has violated the law, for example, "My infant's/toddler's IFSP says he will receive 30 minutes of therapy per week, but the therapist stays for only 15-20 minutes for each visit."

C. Proposed Resolution:

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Signature: _____

Date: _____

If you have any questions, please contact:

Arkansas Department of Human Services/Division of Developmental Disabilities
Children's Services
First Connections
P. O. Box 1437, Slot N504
Little Rock, AR 72203
Phone: 501-682-8160
Fax: 501-682-8890
Web site: http://humanservices.arkansas.gov/ddds/Pages/FirstConnectionsProgram.aspx

II. Content

The complaint must include:

- A statement that the state has violated a requirement of Part C of IDEA
- The facts on which the complaint is based

III. Timelines

The alleged violation must have occurred not more than one year before the date that the complaint is received by the agency unless a longer period is reasonable, because the alleged violation continues for that infant or toddler or other infants/toddlers, or the complainant is requesting reimbursement or corrective action that occurred not more than three years before the date on which the complaint was received.

Processing a Complaint

I. Preliminary DDS Actions

Complaints received consistent with the scope of this policy shall be referred to the DDS Assistant Director, Children's Services, for subsequent investigation and resolution within sixty (60) calendar days after receipt of the complaint, except that an extension of the time limit may be granted if it is determined by the Assistant Director that exceptional circumstances exist with respect to a particular complaint.

Within ten (10) working days of receipt of a complaint, the Assistant Director shall have arranged for a team to conduct an investigation of the allegations. The complainant and party under investigation shall be notified in writing of the team assigned and general investigation process.

II. Team Composition and Charge

The team shall include no fewer than two (2) or more than five (5) persons and shall include the staff administrator as the team leader. Other persons on the investigation team may include personnel from any DDS unit, or any other person whom the Assistant Director deems necessary to expedite the investigation and resolve the issue (s) of complaint. The team shall be charged with making a full investigation of the alleged violations.

III. Team Expenses

The costs of travel and other reasonable expenses accrued by team members in the course of the investigation shall be reimbursed in accordance with the established rates for state employees.

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Conducting the Investigation

I. Time Limit

The investigation shall be completed on a written report issued of the findings, decision, and any corrective actions within sixty (60) calendar days of receipt of the complaint. Should an extension of time be necessary, the parties to the investigation shall be notified in writing of that fact with a projected date of issuance of a report.

II. Fact-Finding Activities

Fact-Finding activities may include the on- or off-site review of relevant records and documents, interviews with individuals and review of facilities and programs.

A. **On-Site Investigation**

In conducting the investigation, the team will determine if an independent on-site investigation is necessary to the fact-finding process. Criteria to be considered in reaching this decision will include:

- The need for direct observation of practice
- The need to examine written records and documents only available on site
- The need to directly view physical facilities and/or conditions associated with the program
- The need to facilitate interviews with persons considered critical to the investigation of the issues

B. Interviews

A minimum of two (2) team members shall be present in each interview. Sufficient notes shall be made or machine recorded to accurately reflect the substance of the interview. The record will be considered a part of the data collected during the fact-finding process.

Interviews shall be conducted with any persons whom the team determines may be able to provide information to expedite the investigation and/or resolve the issue(s) of the complaint. Such individuals may include, but are not limite4d to, the complainant, agency administrative personnel, agency staff and board members.

C. Additional Information

The complainant will be given an opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.

III. The Report

A. Content

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At the close of the investigation, all relevant information will be reviewed and a determination made as to whether the public agency is violating a federal requirement. A report shall be prepared by the team leader, in cooperation with the other members. The report shall include:

- The substance of the allegations in the complaint and the name of the individual, group or agency making the complaint
- The activities conducted by the investigating team
- A summary of the findings of fact and conclusions
- The reason for the final decision
- A statement of actions, corrective or otherwise in nature (such as technical assistance or negotiations) to be taken to resolve the allegation(s) in the complaint. (If no action is deemed necessary, the parent should also be notified.)
- The party responsible for implementing each corrective action and a reasonable time frame for the correction

B. Dissemination of Results

A copy of the written report and decision shall be forwarded to the complainant and party investigated within sixty (60) calendars days of receipt of the complaint by DDS or by the terms of extension of the time limit if one was granted. A copy will be place on file in the record maintained by DDS.

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7610 AN ORGANIZATION OR INDIVIDUAL MAY FILE A COMPLAINT (34 CFR §303.432-434)

A parent or individual may file a written, signed complaint with the Department of Human Services, or the complaint may be made in person by recorded deposition or statement. Such complaint may be communicated directly or indirectly via other state or federal agencies. The complaint must include:

- Statement specifying that a requirement provided under state or federal laws or regulations applicable to early intervention services has been violated
- Facts upon which the statement is based

The alleged violation must have occurred not more than one year before the date that the complaint is received by the public agency unless a longer period is reasonable because:

- The alleged violation continues for that infant or toddler or other infants/toddlers
- The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received by the public agency

7620 Facilitated IFSP Meeting or Mediation (34 CFR §303.431)

General: Since an infant or toddler's development is so rapid that undue delay could be potentially harmful, speedy resolution of complaints is very important. In an effort to speed up this process, the state may, with parental agreement, offer facilitated IFSP meeting or impartial mediation through a third party as an intervening step prior to implementing the above procedures.

FIFSP or mediation can be requested as first options for resolution or during a complaint or due process hearing process when and/or if the parent believes that intervention might be more appropriate. The Early Intervention Mediation Program is designed for families of infants/toddlers with disabilities up to age three. A trained facilitator (in FIFSP) or mediator (in mediation) works to help parents, providers, and service coordinators talk about the infant's/toddler's needs in a meeting place that is nearby, convenient, and comfortable for both parties. Trained and licensed Facilitators and Mediators use effective problem-solving focused on the needs of the infant/toddler to guide all involved to a speedy, mutually agreeable resolution. Both processes seek to foster and maintain productive partnerships between parents, providers, and service coordinators.

- Parents cannot be required to use either facilitation or mediation
- Facilitation or mediation may not be used to deny or delay a parent's due process rights
- FIFSP and mediation is provided at no cost to families
- The appointed mediator must be an impartial person as defined under AR#7530) and cannot be an agent or employee of the lead agency or an individual or agency providing early intervention services.

EI providers are required to provide families with information about all available options for dispute resolution and to provide families with contact information for FISP and/or Mediation.

Bowen School of Law
Early Intervention Mediation Program
(501) 324-9939 or toll free (866) 273-3959
http://ualr.edu/law/clinical-programs/mediation/ early-intervention-mediation-faq/.

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The lead agency has elected to utilize the mediation system and due process hearing procedures established under Part B of IDEA. The lead agency will ensure that the mediation process:

- Is voluntary on the part of the parties
- Is not used to deny or delay a parent's right to a due process hearing, or to deny any other right afforded under Part C
- Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques

The state will bear the cost of the mediation process, including the costs of meetings for the purpose of mediation.

(1) Each session in the mediation process will be scheduled in a timely manner and will be held in a location that is convenient to the parties of the dispute.

(2) In the case that a resolution is reached to resolve the complaint through the mediation process, the parties shall execute a legally binding agreement that sets forth such resolution and that --

- All discussions that occurred during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding
- Is signed by both the parent and a representative of the agency who has the authority to bind such agency
- Is enforceable in any State court of competent jurisdiction or in a district court of the United States.

Meeting to Encourage Mediation

When mediation is refused by the parent, the State will have a member of the Mediation Team call the parent to explain the benefits of mediation and encourage the parents to use the process. If the mediation is then refused by the parent, the refusal will be documented.

7630 CIVIL ACTION (34 CFR §303.448)

Any party who disagrees with the findings and decision regarding a complaint has the right to bring a civil action suit in State or Federal court.

7640 DUE PROCESS HEARING PROCEDURES (34 CFR §303.419)

Parents must be provided with written procedures for the timely resolution of complaints concerning the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to their infant or toddler and family. Any parent may request a hearing to resolve a complaint regarding the parent's disagreement with the IFSP team decision or the lead agency's decision regarding evaluation, eligibility, and

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placement or programming issues. Generally a request for a hearing involves a specific infant or toddler under the age of three who has a developmental disability or delay and the infant's/toddler's family.

Any party seeking state level action on a disagreement falling into the categories noted above may file a request for a due process hearing by filing a Due Process Hearing Request form. This form may be obtained from:

Division of Developmental Disabilities Services (DDS)
First Connections Program Manager
phone number 501-682-8160

Or, the form may be obtained online from the Arkansas Department of Education's Special Education Web site: https://arksped.k12.ar.us/sections/disputeresolution.html

A letter of request is accepted by the DDS First Connections Program Manager in lieu of a Due Process Hearing Request Form if all the pertinent information is submitted and the letter is signed by the requestor. Pertinent information which must be incorporated into the letter includes:

- Name of the infant/toddler
- Date
- Indication of whether or not the parent wishes to participate in mediation
- Indication of whether the parent desires an open or closed hearing
- Description of the nature of the problem
- Proposed resolution of the problem
- Parent name and signature
- Parent contact information (address, phone)

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7650 AMENDING DUE PROCESS COMPLAINT (34 CFR §303.411(d)(3)(i))

Given the possibility that parents may not fully understand due process procedures, the due process hearing officer must allow parties to amend their due process complaint notice without having to file a new complaint and begin the process again. The hearing office may allow modification of a due process complaint:

- So long as the amendment does not prejudice the other party
- If the other party consents in writing to the amendment and is given the opportunity to resolve the due process complaint through a meeting
- At any time not later than five days before the due process hearing begins
- By allowing the parent to withdraw the complaint, and re-file

7660 OPPORTUNITY FOR A HEARING (34 CFR §303.411)

The Lead Agency will, on request, provide an opportunity for a hearing to challenge information in First Connections records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the infant or toddler.

7670 RESULTS OF HEARING (34 CFR §300.412)

If, as a result of the hearing, the agency/service provider determines that the information is inaccurate, misleading, or violates the privacy or other rights of an infant or toddler, the agency/service provider shall amend the information accordingly, and inform the parent in writing.

If, as a result of the hearing, the information under dispute is accurate, then the parent shall have the right to place a written statement in the records commenting on the disputed information or setting forth any reasons for disagreeing with the decision of the agency. The parent's statement must be kept in the record as long as the record is maintained. However, the contested information remains official. If the contested portion of the record is disclosed to any party, the parent's comments must also be disclosed.

7680 STATUS OF INFANT OR TODDLER DURING PROCEEDINGS (34 CFR §303.430)

While any complaint is being considered, an infant or toddler must continue to receive the appropriate early intervention services currently being provided, unless the public agency and the parent agree otherwise. If the complaint involves an application for initial services, the infant or toddler must receive those services that are not in dispute.

7690 TIMELY DELIVERY OF SERVICES DURING DISPUTE (34 CFR §303.525)

The lead agency will ensure that services continue to be provided or implemented during the dispute resolution process. This will be assured through use of an interim payment for services system.

7700 ENFORCEMENT (34 CFR §303.417)

The lead agency has in effect policies and procedures, including sanctions and the right to file a complaint under §§303.432 through 303.434, that the State uses to ensure that its policies and procedures and the requirements of the Act are met. The lead agency will ensure that participating agencies adhere to the requirements through completion of an established monitoring process. Should an agency be determined to be in violation of any part, a compliance action plan will be developed and implemented with an established time frame for completion. If the participating agency fails to implement the technical assistance plan, the agency will be:

- Placed on certification probation for a specified time period to allow the agency an opportunity to come in to compliance
- Be subject to financial sanctions
- Be de-certified to provide First Connections services

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8000 ARKANSAS SYSTEM OF PAYMENTS/ FINANCIAL MATTERS

General

First Connections ensures written policies and procedures meet the requirements of the provisions of permissive usage of funds in 34 CFR §303.501 and the payor of last resort provisions in 34 CFR §303.510 through §303.521 (regarding the identification and coordination of funding resources for, and the provision of, early intervention services under Part C of the Act).

8100 IDENTIFICATION & COORDINATION OF RESOURCES (34 CFR §303.120(2)(b))

Early intervention services provided to eligible infants and toddlers and their families are financed through multiple funding sources. The Arkansas Department of Human Services/Developmental Disabilities Services is responsible for the identification and coordination of all available resources for First Connections services within the State, including those from Federal, State, local, and private sources. The lead agency is also responsible for updating the information on the funding sources, if legislation or policy is made under any of those sources.

Funding sources for First Connections' statewide system of early intervention must maximize public and private dollars. The Lead Agency may use Part C or other funds to pay for deductibles or co-payments related to evaluation, assessment and early intervention services. Funding sources may include:

(1) IV E. IV B of Social Services Block Grant,
(2) All titles under Mental Health,
(3) Title V of the Social Security Act (relating to Maternal and Child Health Block Grant),
(4) Title XIX of the Social Security Act (relating to the general Medicaid programs and EPSDT),
(5) The Head Start Act,
(6) Part B and C of the IDEA, and
(7) The Developmental Disabilities Assistance and Bill of Rights Act and other Federal programs.
(8) Private Insurance

Consistent with 34 CFR §§303.120 through 303.122 and §§303.220 through 303.226, 303.521(a)(6) First Connections may use funds under this part for activities or expenses that are reasonable and necessary for implementing Arkansas' early intervention program for infants and toddlers with disabilities including, but not limited to, funds:

- For evaluation/assessment infants and toddlers with disabilities that are not otherwise funded through other public or private sources (subject to 34 CFR §§303.510 through 303.521); and

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- For direct early intervention services for infants and toddlers with disabilities and their families under this part that are not otherwise funded through other public or private sources (subject to 34 CFR §§303.510 through 303.521); and

- To expand and improve services for infants and toddlers with disabilities and their families under this part that are otherwise available.

First Connections policies ensure that appropriate early intervention services are provided to all eligible children and families at no cost to the family and will not charge more than the actual cost of services. First Connections does not make use of sliding fee scales or determinations of ability/inability to pay. Families will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance. Families will not be denied services and services will not be delayed based on a lack of consent and/or an inability to pay. Fees will not be imposed for non-disclosure of financial information.

Families are not charged for early intervention functions or services required to be provided at public expense to eligible infants and their families by federal or state regulation. The functions and services that must be provided at public expense are:

- Child Find including Public Awareness and Referral;
- Evaluations and Assessments;
- Development, review & evaluation of an Individualized Family Service Plan or an Interim Individualized Family Service Plan;
- Service Coordination;
- Administrative & coordinative activities Related to Procedural Safeguards

Part C funds are used for payment when there are no other available Federal, State, local or private resources. Private insurance and public insurance (Medicaid), with parental consent, are utilized for eligible infants and toddlers prior to the utilization of Part C funds. Parents are responsible for the premiums for their public and private insurance plans. First Connections does not impose deductibles or co-payments when either private or public insurance is used to pay for First Connections services. The Lead Agency may use Part C or other funds to pay for deductibles or co-payments related to early intervention services 34 CFR §303.521(a)(6). Pursuant to 34 CFR §303.510, the services, co-pays and deductibles for early intervention services listed on the IFSP which are not paid for by private insurance, public insurance (Medicaid) or other funding may be requested by the service coordinator from the First Connections Prior Authorization Unit via CDS (Comprehensive Data System). Appropriate and reasonable services (as determined by the IFSP) are provided at no cost to families, including not having to pay co-payments or deductibles. In the event the family is charged a deductible or co-pay, the family should contact the service coordinator for reimbursement.

Families are part of the IFSP team who determines what First Connections services are needed to address the outcomes on the IFSP and needs of the child and family, (including the length, duration, frequency, and intensity of services). Service coordinators are

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responsible for obtaining financial information from families and ensuring that funding sources for each First Connections service is identified. The service coordinator is responsible for informing parents of their rights and ensuring that they understand them before obtaining consent (or parent's denial of consent) to use public or private insurance (per 34 CFR §303.420). The service coordinator is also responsible for obtaining any prior authorizations.

Family Support Services, Consultation Services, Transportation Services, Specialized Evaluation, Adaptive Equipment/assistive technology services and "other services" identified on the IFSP must be prior authorized by the DDS First Connections Prior Authorization Committee. These services may be requested by completing a Prior Authorization form and submitting with required justifications. Payment for services on the IFSP paid for by Part C funds which exceed recommended funding guidelines must also be prior authorized. The Prior Authorization review process will not result in a delay in providing services identified on the IFSP. First Connections funds may be used to prevent a delay in the timely provision of early intervention services pending reimbursement from the agency or entity that has ultimate responsibility for the payment so that services are provided in a timely manner.

The lead agency procedures ensure that services are provided in a timely manner, and are accomplished through timely referral, evaluation, and development of the IFSP *(see: REFERRAL/INTAKE PROCEDURES, AR# 2000; ELIGIBILITY, EVALUATION & ASSESSMENT, AR# 3000; and IFSP REQUIREMENTS, AR#4000).* Arkansas has determined "timely service provision" to be the commencement of identified services no later than thirty (30) days after the IFSP/parent consent for services.

A child's parent may appeal any decision made by the IFSP Team or that of the lead agency with regards to placement, programming, or funding (34 CFR §303.431, §303.520). The parent may participate in mediation, request a due process hearing or file a complaint. The request must be in writing and submitted to the First Connections/DDS Children's Services Program Manager. All families participating in First Connections are given procedural safeguards at the initial child and family intake and at any time consent is required during the IFSP process (34 CFR §303.420).

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8200 USE OF PUBLIC INSURANCE (MEDICAID)

First Connections may not require a parent to sign up for or enroll in public benefits (Medicaid) as a condition of receiving Part C services if that infant/toddler or parent is not already enrolled in such a program.

Parental consent must be obtained when the lead agency or EIS provider seeks to use the child's or parent's public benefits to pay for the initial provision of an early intervention service in the IFSP; and each time consent for services is required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP. In addition, the parent's or child's public benefits will not be used to pay for early intervention services on the IFSP if such use would:

- Decrease available lifetime coverage or any other insured benefit for that infant or toddler or parent under that program
- Result in the infant's/toddler's parents paying for services that would otherwise be covered by the insurance program
- Result in any increase in premiums or discontinuation of insurance for that infant or toddler or that infant's/toddler's parents
- Risk loss of eligibility for the infant or toddler or that infant's/toddler's parents for home and community-based waivers based on aggregate health-related expenditures.

Prior to obtaining consent to use a child's or parent's public benefits to pay for early intervention services, First Connections must provide written notification and a statement of the no cost protection provisions in 34 CFR§303.520(a)(2).

The early intervention service provider must provide the parent with a copy of the written notification of usage of their public insurance, consistent with 34 CFR §303.520(a)(3). This notification includes –

1. A statement that parental consent must be obtained under 34 CFR § 303.414,before the early intervention service provider discloses, for billing purposes, a child's personally identifiable information to the public benefits program (Medicaid);

2. A statement that parental consent is obtained when the lead agency or EIS provider seeks to use the parent's or child's public benefits to pay for initial provision of an early intervention service in the IFSP and each time consent for services is required due to an increase in frequency, duration, or intensity in the provision of the service. If the parent does not provide consent to use the parent's or child's public benefits to pay for Part C services, then the EIS provider must still make available those part C services on the IFSP for which the parent has provided consent;

3. A statement that the parent's or child's public benefits will not be used to pay for early intervention services in the IFSP if such use would:

    - Decrease available lifetime coverage or any other insured benefit for that infant or toddler or parent under that program
    - Result in the infant's/toddler's parents paying for services that would otherwise be covered by the insurance program
    - Result in any increase in premiums or discontinuation of insurance for that infant or toddler or that infant's/toddler's parents

4. Parents have the right to withdraw their consent to disclosure of personally identifiable information to Medicaid at any time.

5. A statement of cost parents may incur when public benefits are used to pay for early intervention services including any premiums for the public insurance plan and the Medicaid requirement of usage of private insurance prior to accessing public insurance;

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6. Public insurance (Medicaid), with parental consent, is utilized for eligible infants and toddlers prior to the utilization of Part C funds. Part C funds are used for payment when there are no other available Federal, State, local or private resources. Pursuant to 34 CFR §303.510, the services, co-pays and deductibles for early intervention services listed on the IFSP which are not paid for by public insurance (Medicaid) or other funding may be paid from the First Connections Part C funds.

For families covered under both public and private insurance, a provider may not use the public insurance (Medicaid) of an infant/toddler or parent to pay for early intervention services unless the early intervention service provider has billed the family's private insurance (with parental informed consent) according to 34 CFR §303.520(b)(1)(i).

Early intervention service providers must accept payment from Medicaid as payment in full for covered services, make no additional charges and accept no additional payment from the family for these services.

8300 USE OF PRIVATE INSURANCE

All early intervention service providers must obtain consent consistent with 34 CFR §303.520(b)(1)(i), to use an infant's/toddler's or parent's private insurance to pay for Part C services initially and at any time there is an increase in the frequency, intensity, or duration of a service. In addition, the provider must give the parent a copy of the State's system of payments contained in the Family Rights Publication. If the parent does not provide consent, First Connections will make available the Part C services on the IFSP to which the parent has provided consent.

All early intervention service providers must meet the no-cost protection provisions and must obtain consent, consistent with 34 CFR §303.7 and §303.420(a)(4), to use an infant's/toddler's or parent's private insurance to pay for Part C services. Parents must be informed that private insurance will not be used to pay for early intervention services in the IFSP if such use would:

- Decrease available lifetime coverage or any other insured benefit for that infant or toddler or parent under that program;
- Negatively affect the availability of health insurance to the infant or toddler or parents or other family members covered under that health insurance policy and health insurance may not be discontinued due to use of private insurance to pay for Part C services; or
- Result in any increase in premiums or discontinuation of insurance for that infant or toddler or that infant's/toddler's parents.

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ARKANSAS FIRST CONNECTION EARLY INTERVENTION INSURANCE FORM

Child's Name		DDS ID #
Date of Birth:	Program Name	Program Phone #:

The Arkansas' First Connections Early Intervention Program provides services to eligible infants and toddlers based on individual Family Service Plans. The services may be paid by reimbursement from private health insurance or Medicaid. If the services are not paid and / or reimbursed by private insurance or Medicaid, federal Part C funds may be utilized as the payor of the last resort.

INSURANCE COVERAGE INFORMATION & PERMISSION

(Please sign and complete the section that applies to your child's insurance coverage)

My child is covered by private health insurance or Medicaid. The State of Arkansas and its authorized agents including Developmental Disabilities Services, Children Services Lead Agency, First Connections Early Intervention Service Providers/Contractors have my permission to bill the insurance carrier(s) identified below for payment in full or in part, for services received by my child referenced above. I authorize the release of any medical or other information necessary in order to process claims. *First Connections Early Intervention Program* and its authorized agents including Service Providers and contractors have my permission to receive reimbursement for claims submitted to my insurance carrier or Medicaid on behalf of my child, who is being evaluated or receiving Early Intervention services. If payment for *First Connections Early Intervention Program* is sent to me directly, I will send that payment to my *First Connections Early Intervention Service Provider*. I understand that if I do not, all direct early intervention services may be suspended until payment is made.

PRIMARY INSURANCE CARRIER*

Policy Holder's Name:	DOB:	Relationship to Child:	Co-pay_____ Deductible_____
Mailing Address:			
Insurance Company Name: Phone #: ( )	Claim Address:		
Member Number:	Plan Name:		
Group Number:	Effective Date:		
Employer:	Employer's Address:		
Parent/Guardian's Signature: _____			Date Signed: _____

SECONDARY INSURANCE CARRIER*

Policy Holder's Name:	DOB:	Relationship to Child:	Co-pay_____ Deductible_____
Mailing Address:			
Insurance Company Name: Phone #: ( )	Claim Address:		
Member Number:	Plan Name:		
Group Number:	Effective Date:		
Employer:	Employer's Address:		
Parent/Guardian's Signature: _____			Date Signed: _____

MEDICAID

Child's Medicaid Number: *(Issued by Dept. of Human Services)*:_____
Check one: ☐ ArKids A ☐ ArKids B ☐ Other _____ Child's PCP Name: _____

Parent Signature _____ Date Signed _____

***Please report all insurance coverage changes to your Service Coordinator immediately**

My child is COVERED by Medicaid at this time, however I DO NOT AUTHORIZE billing my child's medicaid.	**My child is covered by private health insurance, however, I DO NOT AUTHORIZE billing my insurance.**
_____ _____	_____ _____
Parent Signature Date Signed	Parent Signature Date Signed

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INFORMED CONSENT TO BILL HEALTH INSURANCE PLANS

Child's Name	DDS ID #

First Connection's Early Intervention policy specify that no payment made to *First Connections Early Intervention Service Providers/contractors* for children Birth to Three if

(A) Decrease available lifetime coverage or any other insured benefit for that infant/toddler or parent under that parent;
(B) Result in the infant's/toddler's parents paying for services that would otherwise be covered by the public benefits or insurance program;
(C) Result in any increase in premiums or discontinuation of public benefits or insurance for that infant/toddler or his/her parents; or
(D) Risk loss of eligibility for the infant/toddler or his/her parents for home and community-based waivers based on aggregate health-related expenditures.

In addition, First Connections Early Intervention Service Providers/contractors may not require a parent to sign up for or enroll in public benefits or insurance programs as a condition of receiving First Connections services. First Connections Early Intervention Service Providers/contractors must obtain consent prior to using the public benefits or insurance of an infant/toddler or parent if that infant/toddler or parent is not already enrolled in such a program.

In order for you to make a decision that is best for your family, you should know that:

- The decision to allow or not allow billing is completely up to you as the named insured
- Your decision may be changed at any time and for any reason
- Your child and family will continue to receive the services and supports specified on your Individualized Family Service Plan (IFSP) regardless of your decision about insurance billing.
- Your decision will not change the types or amounts of service specified in your IFSP.

If you decide to allow the *Arkansas' First Connections Early Intervention Program* to bill your health insurance plan, you should also consider the following:

- Your health insurance plan may or may not agree to cover Birth to Three services. Their decision will not affect you or your family in any way.

- If your health plan decides to provide coverage, the plan may apply such payments against the maximum annual or lifetime limits of the policy. **If your health plan does not agree to exempt such payments from the maximum lifetime or annual limits of your policy, your family's access to such coverage for** *Arkansas' First Connections Early Intervention Program* **will be affected.**

Please discuss this decision with your service coordinator, employer, and family as needed to achieve full understanding before making your decision.

I hereby grant permission to the *Arkansas' First Connections Early Intervention Program* Lead Agency and its agents as described in this document to receive reimbursement for claims submitted to my insurance carrier on behalf of my child. This permission remains in effect during the time in which my child is enrolled in the *Arkansas' First Connections Early Intervention Program*. I understand I may opt to revise or complete a new agreement at any time.

_____ _____

Parent/ Surrogate Parent *Date*

Mark-Up

FIRST CONNECTIONS
PRIVATE INSURANCE AUTHORIZATION

CHILD NAME'S:_____ BIRTHDATE_____
CHILD'S INSURANCE #:_____ CHILD'S MEDICAID # _____
PARENT(S)/GUARDIAN:_____
ADDRESS:_____ CITY, ZIP:_____
PHYSICIAN'S NAME:_____ PHONE #: _____
PROVIDER'S NAME:_____ PHONE #: _____

PRIMARY INSURANCE CARRIER*			
Policy Holder's Name:	DOB:	Relationship to Child:	Co-pay_____ Deductible_____
Mailing Address:			
Insurance Company Name: Phone #: ( )	Claim Address:		
Member Number:	Plan Name:		
Group Number:	Effective Date:		
Employer:	Employer's Address:		

Authorization (*please read and initial one selection only*)

I understand that early intervention services will be provided to my child, without delay, without regard to public (Medicaid) or private health insurance coverage status during the time frame of the IFSP. If the level of services increases during the duration of the IFSP, a new consent authorization form must be signed. Services to be provided are documented in the child's IFSP. Day Habilitation is not Early Intervention services and is not covered under this agreement. Additional information regarding No-cost Protections for families participating in the First Connections program can be found on the back of this document.

_____**I give my consent.** I hereby give my consent for First Connections providers to submit claims to my private health insurance for covered services. I authorize my private health insurance to make these payments to the First Connections provider. I authorize the release of any information from the First Connections provider to my private health insurance as necessary to request payment of benefits. I understand these costs may increase my premiums and may count against the lifetime cap of my private health insurance. I understand that I may revoke this permission at any time by notifying my First Connections Service Coordinator

_____**I do not give my consent.**

I certify that the information provided on this form is correct and agree that I will notify my First Connections Service Coordinator of any changes in this information.

_____ _____
Signature of Parent or Guardian Date

Mark-Up

First Connections
No-cost Protections for Families

The First Connections program is required by the Individuals with Disabilities Education Act (IDEA) to inform parents of the following no-cost protections regarding payment for early intervention services:

- Parents must provide prior consent to the First Connections program or the early intervention service provider before early intervention services can be billed to the parent's private or public insurance (Medicaid). **Day Habilitation is not an Early Intervention Service and is not covered under this agreement.**
- Parents cannot be required to enroll in a public insurance or benefits program to receive early intervention services from the First Connections program.
- Early intervention services, as specified in the child's Individualized Family Service Plan (IFSP) and to which the parent has consented, cannot be denied due to a parent's refusal to allow either their private or public insurance to be billed for such services.
- Parents must provide prior consent to the First Connections program or the early intervention service provider before a child's personally identifiable information (name, date of birth, policy number, and address) can be submitted for billing purposes.
- Parents have the right to withdraw their consent to disclose their child's personally identifiable information at any time without affecting the First Connections early intervention services their child is receiving as specified in their child's IFSP.
- Parents must be informed that billing their private insurance may affect the premiums and the lifetime cap of their policy. Co-payments are reimbursable by the First Connections program, as early intervention services are provided at no cost to the family. There is no lifetime cap or co-payments associated with billing their public insurance (Medicaid).

Mark-Up

9000 ADMINISTRATION

General

LEAD AGENCY ESTABLISHMENT OR DESIGNATION (§303.120)

The state of Arkansas has designated the Department of Human Services as the Lead Agency for the administration and supervision of the Part C Program in Arkansas. The Division of Developmental Disabilities Services (DDS) is the division within the Department with responsibility for administrative oversight and implementation of the program

DDS is responsible for:

- The general administration and supervision of programs and activities administered by agencies, institutions, organizations, and EIS providers receiving assistance under Part C of the Act.

- The monitoring of programs and activities used by the State to carry out Part C of the Act (whether or not the programs or activities are administered by agencies, institutions, organizations, and EIS providers that are receiving assistance under Part C of the Act), to ensure that the State complies with Part C of the Act, including:

  (a) Monitoring agencies, institutions, organizations, and EIS providers used by the State to carry out Part C of the Act
  (b) Enforcing any obligations imposed on those agencies, institutions, organizations, and EIS providers under Part C of the Act and these regulations
  (c) Providing technical assistance, if necessary, to those agencies, institutions, organizations, and EIS providers
  (d) Correcting any noncompliance identified through monitoring as soon as possible and in no case later than one year after the lead agency's identification of the noncompliance

DDS is responsible for the identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources; the assignment of financial responsibility; the development of procedures to ensure that early intervention services are provided to infants and toddlers with disabilities and their families under Part C of the Act in a timely manner, pending the resolution of any disputes among public agencies or EIS providers; the resolution of intra- and interagency disputes; the entry into formal interagency agreements or other written methods of establishing financial responsibility, consistent with §303.511, that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination.

Mark-Up

9010 PAYOR OF LAST RESORT (§303.500, §303.510, §303.520) NON SUBSTITUTION OF FUNDS

First Connections funds may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of Part C of the Act. Therefore, First Connections funds may be used only for First Connections services that an eligible infant or toddler needs but is not currently entitled to under any other Federal, State, local, or private source.

(1) Interim Payments – Reimbursement

If necessary to prevent a delay in the timely provision of services to an eligible infant or toddler or the infant's/toddler's family, First Connections funds will be used to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

(2) Non-Reduction of Benefits:

Medical or other assistance available to infants/toddlers will not be reduced because the infant or toddler receives services from the Part C Program. Eligibility for other social/medical programs will not be altered due to the fact that the infant or toddler is receiving services from Part C.

9100 GENERAL ADMINISTRATION AND SUPERVISION

1. DHS/DDS ensures that state policy and procedures for the Part C program align with federal requirements and guidelines for Part C programs and meet the requirements of IDEA, Part C as well as OSEP guidelines for providing special education to infants/toddlers with disabilities. In order to meet this administrative requirement, DHS/DDS will:

   (a) Provide notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation;
   (b) Hold public hearings on new policies/procedures (including revision to an existing policy or procedure);
   (c) Provide an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the AICC, to comment for at least 30 days on the new policy or procedure (including revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303. (34 CFR §303.208(b))

2. DHS/DDS determines methods by which required state and federal information will be collected, maintained, and reported.
3. DHS/DDS ensures that accurate data is collected, analyzed, and utilized to guide monitoring efforts, improvement strategies, and decision making.
   DHS/DDS uses data for its reporting requirements, which include:
   - SPP/APR;
   - 618 data (child count, settings, and exit data);
   - Local Reporting; and
   - Local Determinations.

Mark-Up

4. The data processes used for decision-making about program management and improvement include the following:

   - **Collection and verification:** Arkansas First Connections service providing agencies must regularly update the data and ensure that the data submitted to First Connections (DHS/DDS) is accurate and timely
   - **Examination and Analysis:** First Connections (DHS/DDS) examines data to identify and determine patterns and trends, as well as, plan improvement activities.
   - **Reporting of data:** Data of the Arkansas First Connections service providing agencies are reported to the public and aggregate data of the agencies are reported annually to OSEP in the 618 data and the Annual Performance Report (APR)
   - **Status determination:** First Connections (DHS/DDS) uses program data from all sources to make determinations
   - **Improvement:** Data from Arkansas's SPP improvement activities and program performance data are used for program improvement, progress measurement, and to assist in identifying technical assistance needs.

NOTE: *see Arkansas First Connections Monitoring and Certification Manual*

Mark-Up

9200 DATA COLLECTION/REPORTING REQUIREMENTS (§303.701)

DHS/DDS, as lead agency, is responsible for establishing procedures in the state used to compile data on the statewide system including processes for collecting data from various agencies and service providers in the state as well as providing for reporting the data and other information required.

The information will be provided at the time and in the manner specified by the U. S. Secretary of Education, using reporting requirements & other information that the U. S. Secretary requires.

It is the responsibility of service coordinators located across the state to oversee data collection on the statewide system. Each service provider is required to input information/documentation of services an infant/toddler is receiving. Each service coordinator ensures information concerning services infants/toddlers are receiving is input accurately and in a timely manner. This information will be obtained from documentation on the IFSP, uploaded evaluations and other documentation, as well as other information at the intake process. Parent information is also used in surveys sent out yearly.

9300 APPLICATION REQUIREMENTS

1. Each application must include the name of the State lead agency, as designated under §303.120, that will be responsible for the administration of funds provided (34 CFR §303.201).

The Arkansas Department of Human Services, Division of Developmental Disabilities Services (DDS), Children's Services has been designated as the lead agency for Arkansas' comprehensive early intervention network under Part C of IDEA, First Connections. DDS, Children's Services is responsible for the administration of funds provided under Part C (see "Preface" and AR #9000, *ADMINISTRATION*).

2. Each application must include a description of early intervention services to be provided under Part C to infants and toddlers with disabilities and their families through the State's system (34 CFR §303.203(a)).

Arkansas' application for First Connections funding includes a description of early intervention services to be provided under Part C to infants and toddlers with disabilities and their families (see AR #5000, *SERVICE GUIDELINES*; AR #4000 *IFSP & SERVICES*).

3. Each application must include the State's policies and procedures regarding the identification and coordination of all available resources within the State from Federal, State, local, and private sources as required under subpart F of 34 CFR Part 303.

Arkansas' annual application includes policies and procedures regarding the identification and coordination of all available resources (see AR #8010, *IDENTIFICATION & COORDINATION OF RESOURCES*).

3. (a) If the State has adopted a system of payments, each application must include any policies or procedures adopted by the State as its system of payments and those policies and procedures must meet the requirements in §§303.510, 303.520 and 303.521 (regarding the use of public insurance or benefits, private insurance, or family costs or fees). (34 CFR §303.203(b)(1))

Policies and procedures adopted by the State regarding the use of public insurance or benefits, private insurance, or family costs or fees is outlined in First Connections' System of Payments (see AR #8000, *SYSTEM OF PAYMENTS*).

3. (b) Each application must include the methods (State law, regulation, signed interagency or intra-agency agreements or other appropriate written method(s) approved by the Secretary) used by the State to implement the payor of last resort and fiscal responsibility requirements in §303.511(b)(2) and (3). (34 CFR §303.203(b)(2))

Methods used by the State to implement the payor of last resort and fiscal responsibility requirements in §303.511(b)(2) and (3) are outlined in First Connections' System of Payments (AR #8000) (see also AR #9010, *PAYOR OF LAST RESORT NON SUBSTITUTION OF FUNDS;* AR #9000, *ADMINISTRATION;* AR #6100, *COOPERATION BETWEEN SEA AND LEAD*

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AGENCY; ATTACHMENT A).

4. **Each application must include the State's rigorous definition of developmental delay as required under §§303.10 and 303.111 and the statewide system must include the State's rigorous definition of developmental delay, consistent with §§303.10 and 303.203(c), that will be used by the State in carrying out programs under Part C of the Act in order to appropriately identify infants and toddlers with disabilities who are in need of early intervention.**

The definition must –
(a) Describe, for each of the areas listed in §303.21(a)(1), the evaluation and assessment procedures, consistent with §303.321, that will be used to measure a child's development

(b) Specify the level of developmental delay in functioning or other comparable criteria that constitute a developmental delay in one or more of the developmental areas identified in §303.21(a)(1). (34 CFR §§303.203(c) & 303.111)

First Connections policy rigorously defines "developmental delay" as required under 34 CFR §§303.10 and 303.111 and §303.203(c) to appropriately identify infants and toddlers with disabilities who are in need of early intervention and outlines the level of developmental delay in functioning or other comparable criteria that constitutes a developmental delay in one or more of the developmental areas identified in §303.21(a)(1) (see AR# 3000, *ELIGIBILITY, EVALUATION, & ASSESSMENT*).

5. **Each State application must include a description of the State's use of funds under Part C for the fiscal year or years covered by the application. The description must be presented separately for the lead agency and the Arkansas Interagency Coordinating Council (AICC), and include the information required in 34 CFR §303.205.**

First Connections includes in its yearly performance report details of the State's use of funds under Part C for the fiscal year (years) covered. The APR fiscal information is presented to the AICC and includes information required in 34 CFR §303.205.

6. **Each application must include the State's policies and procedures that require the referral for early intervention services under Part C of specific children under the age of three, as described in 34 CFR §303.303(b) and §303.206 (which includes children who are the subject of a substantiated case of abuse or neglect, or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure).**

First Connections policy outlines eligibility requirements and method of referral for children suspected of developmental delay as well as referral per CAPTA requirements (see AR #2000, *REFERRAL/INTAKE PROCEDURES*; AR #2900, *REFERRAL FROM DEPARTMENT OF CHILD AND FAMILY SERVICES (DCFS);* AR #3000, *ELIGIBILITY, EVALUATION, & ASSESSMENT*). Procedures

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ensure that services are provided in a timely manner, and are accomplished through timely referral, evaluation, and development of the IFSP *(see: REFERRAL/INTAKE PROCEDURES, AR# 2000; ELIGIBILITY, EVALUATION & ASSESSMENT, AR# 3000; and IFSP REQUIREMENTS, AR#4000).*

7. Each application must include a description of the procedure used by the State to ensure that resources are made available under Part C for all geographic areas within the State (34 CFR §303.207).

First Connections policy outlines procedures and methods of collaboration with other state agencies to ensure that resources are made available under Part C for children across the state (see "Preface" and "*ARKANSAS FIRST CONNECTIONS POLICIES AND PROCEDURES FOR EARLY INTERVENTION,"* pp 2-3).

8. Each application must include a description of the policies and procedures used by the State to ensure that, before adopting any new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303, the lead agency–

(a) Holds public hearings on the new policy or procedure (including any revision to an existing policy or procedure)

(b) Provides notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation

(c) Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the AICC, to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303. (34 CFR §303.208(b))

The lead agency has the administrative oversight of the State's Part C program. Part of that administrative responsibility is ensuring that policies and procedures are aligned with federal requirements and OSEP guidelines. Arkansas' policy and procedures that comply with 34 CFR Part 303 and a-c above (see AR# 9100, *GENERAL ADMINISTRATION AND SUPERVISION*).

9. A description of the policies and procedures it will use to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from receiving early intervention services under Part C to preschool or other appropriate services (for toddlers with disabilities) or exiting the program for infants and toddlers with disabilities.

The lead agency works under Interagency Agreement with the SEA to ensure smooth transition for toddlers with disabilities and their families into preschool or other appropriate services (see AR# 6000, *TRANSITION*; AR# 10800, *TRANSITIONAL SERVICES*; ATTACHMENT A).

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10. Each application must contain a description of State efforts to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, et seq., as amended), early education and child care programs, and services under Part C (34 CFR §303.210).

The lead agency collaborates with Head Start and Early Head Start programs through Interagency Agreement and by having representatives of these agencies serve on the state's advisory body, the AICC (see AR# 1200, *COORDINATION*; AR# 2400, *REFERRALS FROM EARLY HEAD START*; AR# 3600, *EARLY INTERVENTION PROVIDED IN NATURAL ENVIRONMENTS*; AR# 8100, *IDENTIFICATION & COORDINATION OF RESOURCES* ; AR# 10000, *STATE INTERAGENCY COORDINATING COUNCIL*).

11. Each application must include, as required by Section 427 of the General Education Provisions Act (GEPA), a description of how the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C. (34 CFR §303.212(a))

First Connections policy outlines procedures and methods of collaboration with other state agencies to ensure that resources are made available under Part C for children across the state (see AR# 1000, *COMPREHENSIVE CHILD FIND*; "Preface" and "*ARKANSAS FIRST CONNECTIONS POLICIES AND PROCEDURES FOR EARLY INTERVENTION*," pp 2-3).

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10000 STATE INTERAGENCY COORDINATING COUNCIL

General

In accordance with Arkansas State Acts 658, 937, 1017, and Federal Regulation CFR §303.141, the Arkansas State Interagency Coordinating Council has been established and is operational. The membership of the Council, which is by Governor Appointment, is representative of the population of the State and may include a minimum of fifteen (15) and a maximum of twenty five (25) members. Currently, the AICC consists of twenty (20) members.

10100 COMPOSITION (34 CFR §303.601)

The AICC is composed of the following:

1. At least twenty percent of the members are parents, including minorities, of infants and toddlers with a disability, or parents of an infant or toddler with a disability who is twelve (12) years of age or younger; with knowledge of, or experience with programs for infants and toddlers with disabilities. At least two (2) parent members are parents of an infant or toddler with a disability who is six (6) years of age or under.

2. One member is a member of the State Legislature

3. One member is involved in personnel preparation

4. At least twenty percent of the members (4) are public/private providers of First Connections services

5. One member is the Director of the Arkansas Department of Human Services, agency for First Connections services

6. One member is from the Arkansas Department of Education and is involved in the provision of preschool services to infants/toddlers with disabilities

7. One member is from the agency responsible for the State governance of Insurance

8. One member is a representative from a Head Start Agency or Program in the State

9. One member is a representative from a State Agency responsible for infant or toddler care

10. One member is a representative from the agency responsible for the State regulation of private insurance

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11. One member is a representative from the Office of Coordinator for Education of Homeless Infants/toddlers

12. One member is a representative of State Foster Care

13. One member is a representative from the State agency responsible for infant/toddler mental health

14. One member is a representative from the agency responsible for the State Medicaid program

15. Other members (3) represent appropriate agencies involved in the provision of or payment for early intervention services to infants and toddlers with a disability and their families, and others selected by the Governor.

Each of these members has sufficient authority to do policy planning and implementation on behalf of their agency. Any member of the Council who is a representative of the lead agency for Part C First Connections may not serve as chairperson of the Council.

The operations of the Council are governed by a set of by-laws that meet the Federal and State requirements of Part C and were adopted at the 10/17/2012 meeting. In accordance with the by-laws, the Council meets quarterly to conduct regular business.

No member of the AICC may vote on any matter providing direct financial benefit to self or where there is an appearance of conflict of interest. The business of the Council is inclusive of the terms set out in the By-Laws, Article III; Section 1, 2 and 3 and is consistent with the Federal and State activities.

10200 MEETINGS (34 CFR §303.602)

The Arkansas ICC Coordinator will notify council members of scheduled meetings. The following process will be followed:

1. Notice will be provided two weeks prior to each scheduled meeting.

2. Each council member will RSVP within 3 days of receipt of the notice, indicating his/her ability to attend the meeting. Should a member be unable to attend a scheduled meeting, he/she will arrange for the attendance of a proxy at least 24 hours in advance and notify the State ICC Coordinator.

3. One week prior to the scheduled meeting, the State ICC Coordinator or designee will attempt to contact by phone those members failing to RSVP.

4. It will be the responsibility of each council member to notify the First Connections office in writing should their method of preference for notice change.

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5. Meetings will be publicly announced sufficiently in advance of the dates they are to be held to ensure that all interested parties have an opportunity to attend.

10300 USE OF FUNDS BY THE COUNCIL (34 CFR §303.603)

The Arkansas Interagency Coordinating Council (AICC) utilizes First Connections funds to:

1. Reimburse members of the council for reasonable and necessary expenses for attending council meetings and performing council duties(including child care for parent representatives);

2. Conduct hearings and forums

10400 FUNCTIONS OF THE COUNCIL (34 CFR §303.605)

The Arkansas Interagency Coordinating Council (AICC) shall

1. Advise and assist the Lead Agency in the development and implementation of the policies that constitute the statewide system

2. Assist the Lead Agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State

3. Assist the Lead Agency in the effective implementation of the statewide system, by establishing a process that includes:

    - Seeking information from service providers, service coordinators, parents and others about any Federal, State, or local policies that impede timely service delivery
    - Taking steps to ensure that any policy problems identified are resolved
    - To the extent appropriate, assist the Lead Agency in the resolution of disputes.

4. Advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at risk infants and toddlers regardless of whether at risk infants and toddlers are eligible for First Connections services in the state.

5. Advise and assist the SEA and the Lead Agency regarding the transition of toddlers with disabilities to preschool and/or other appropriate services.

6. Prepare & submit an annual report to the Governor and to the US Secretary of Education

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10500 ANNUAL REPORT TO THE SECRETARY

The AICC advises and assists the lead agency in the preparation of the annual report to the Governor and to the U.S. Secretary of Education on the status of First Connections services provided for infants/toddlers eligible under this part and their families within the State. Each annual report must:

- Be submitted to the Secretary by a date established by the Secretary
- Contains information required by the Secretary for the reporting year

10600 ADVISING AND ASSISTING THE LEAD AGENCY IN ITS ADMINISTRATIVE DUTIES (34 CFR §303.600)

The AICC advises and assists the lead agency in the:

- Identification of sources of fiscal and other support for services for First Connections services
- Assignment of financial responsibility to appropriate agency
- Promotion of Interagency Agreements

10700 APPLICATIONS

The AICC advises and assists the lead agency in the preparation of the application and the amendments to the application.

10800 TRANSITIONAL SERVICES

The Arkansas Interagency Coordinating Council (AICC) advises and assists the State education agency regarding the transition of infants and toddlers with disabilities to services provided under Part B of IDEA to preschool and other appropriate services.

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APPENDIX

EARLY INTERVENTION ACRONYMS

ADA	Americans with Disabilities Act
AICC	Arkansas Interagency Coordinating Council
AT	Assistive Technology
BIE	Bureau of Indian Education
B	Part B of IDEA
C	Part C of IDEA
CAPTA	Child Abuse & Prevention Treatment Act
CHIP	Children Health Insurance Program
CHMS	Children Health Maintenance Service

CSPD	Comprehensive System of Personnel Development
DDS	Developmental Disabilities Services
DDTCS	Developmental Day Treatment Center Services
DX	Diagnosis
EC	Early Childhood
EDGAR	Education Department General Administration Regulations
EHDI	Early Hearing Detection & Intervention
EI	Early Intervention
EIS	Early Intervention Service
EPSDT	Early, Periodic, Screening, Diagnosis & Treatment
FAPE	Free appropriate Public Education
FERPA	Family Education Rights & Privacy Act
GEPA	General Education Provision Act
HIPAA	Healthcare Information Portability & Accountability Act
HS/EHS	Head Start /Early Head Start
ICC	Interagency Coordinating Council
IDEA	Individuals with Disabilities Education Act
IDEIA	Individuals with Disabilities Education Improvement Act
IEP	Individualized Education Program
IFSP	Individual Family Service Plan
LEA	Local Educational Agency
LICC	Local Interagency Coordinating Council
NE	Natural Environment
MCH	Maternal & Child Health
PA	Prior Authorization
PCP	Primary care Physician
RX	Prescription
SEA	State Education Agency
SSA	Social Security Administration
SSI	Supplemental Security Income
TA	Technical Assistance
Title V	Maternal & Child Health (Rehabilitation Act of 1973)
Title XIX	Medicaid/EPSDT
Title XVI	SSI Supplemental Security Income under Social Security Act

Mark-Up

Definitions: First Connections Terminology

Advocate -- A person who speaks or writes in support or defense of a person, cause, etc.

Annual Performance Report (APR) -- Report including data on the progress and/or slippage in meeting the 'measurable and rigorous targets' in the SPP and may serve as the state's annual report to the public/secretary.

Assessment – A process of evaluation to determine progress and programming needs.

Case Manager – An ongoing service coordinator chosen at the IFSP meeting to assist the infant/toddler and his/her family in accessing needed services, setting goals and planning the IFSP, and monitoring to ensure that the infant/toddler and family receive the services included in the IFSP and that goals/outcomes are met and services remain appropriate.

Case Notes – Narrative documentation of service coordination activities and/or service provision.

Certified Occupational Therapy Assistant (COTA) -- Health paraprofessional who, under the direction of an occupational therapist, directs an individual's participation in selected tasks to restore, reinforce, and enhance performance; facilitates learning of skills and functions essential for adaptation and productivity; diminishes or corrects disorders; and promotes and maintains health.

Child Health Management Services (CHMS) -- Multi-disciplinary diagnosis, evaluation and treatment of infants/toddlers with special health care needs. Must be provided by Arkansas Foundation for Medical Care, Inc. (AFMC).

Comprehensive System of Personnel Development (CSPD) – Training/support consistent with the CSPD as established by Part B of IDEA:

- Provides for pre-service and in-service training to be conducted on an interdisciplinary basis, to the extent appropriate;
- Provides for the training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals and persons who will serve as service coordinators; and
- Ensures that the training provided relates specifically to;
- Understanding the basic components of early intervention services available in the state,
- Meeting the interrelated social or emotional health, development, and educational needs of eligible infants/toddlers under this part, and
- Assisting families in enhancing the development of their infants/toddlers, and in participating fully in the development and implementation of IFSP's.

Conversion Plan – A plan outlining the steps and timeframe necessary to transition a child who is receiving an early intervention service (or services) outside his/her natural environment back to his or her natural environment. Timeframe is generally a review period (3-6 months).

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Determinations -- U.S. Department of Education Review and §616 Determination Criteria For States Section 616(d) of the IDEA requires the U.S. Department of Education Office of Special Education Programs (USDE/OSEP) to review each state's APR annually. Based on the information provided in the State's APR, information obtained through monitoring visits, and any other public information, the USDE/OSEP will determine if the State: Meets the requirements; Needs assistance; Needs intervention or Needs substantial intervention.

Developmental Delay -- a significant delay in one or more of the following areas of development: physical, including gross and fine motor, hearing and vision; cognitive; communication; social or emotional; and adaptive skills. The informed clinical opinion of qualified professionals, in conjunction with evaluation results and quantitative data, will be the primary basis for determining that a developmental delay or disability exists that constitutes eligibility for the program. Qualified delays in the general range of a 25% or greater delay on assessment instruments that yield scores in developmental ages (months) should be considered a primary factor for eligibility determination. However, eligibility should not be based solely on one determining factor.

Developmental Disabilities Treatment Clinic (DDTC) – Facility licensed as a Developmental Day Treatment Clinic by Division of Developmental Disabilities Services/Department of Human Services. Services are provided on an outpatient basis, determined medically necessary for the beneficiary, provided pursuant to a written prescription by a physician, and provided in accordance with an individualized written plan of care.

Early Intervention Service Provider or **EI provider** -- An individual or an entity whether public, private, or nonprofit providing early intervention services under Part C of the Act, whether or not the entity or individual receives Federal funds under Part C of the Act, and may include, where appropriate, the lead agency and a public agency responsible for providing early intervention services to infants and toddlers with disabilities in the State under Part C.

Evaluation – A multidisciplinary process of assessment used to determine eligibility and needed services.

Family Concerns – The needs, issues or problems the parent wishes to address.

Family Priorities – Areas which the family identifies as essential to their infant's/toddler's development and important to the family.

Family Resources – The family's strengths and abilities, which include formal/informal supports that they can use to address their concerns and to achieve desired outcomes.

FASD – Fetal Alcohol Syndrome Disorder, an umbrella term to describe a wide range of affects associated with infants born to mothers who consumed alcohol during gestation. The FASD Unit of DCFS screens infants/toddlers known to be affected or those exhibiting traits and/or behaviors associated with FASD and makes referrals as appropriate to First Connections.

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FISP Facilitated IFSP Meeting -- can be requested as a first option for resolution or during a complaint or due process hearing process. A trained facilitator works to help parents, providers, and service coordinators talk about the infant's/toddler's needs in a meeting place that is nearby, convenient, and comfortable for both parties, using effective problem-solving focused on the needs of the infant/toddler to guide all involved to a speedy, mutually agreeable resolution.

IDEA Individuals with Disability Education Act -- A United States federal law that governs how states and public agencies provide early intervention, special education, and related services to infants/toddlers with disabilities.

IDEIA Individuals with Disability Education & Improvement Act of 2004 -- Act created to ensure that all infants/toddlers with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for *further education, employment, and independent living*.

Inability to pay -- If a parent or family of an infant or toddler with a disability is determined unable to pay under the State's definition of inability to pay under §303.521(a)(3) and does not provide consent under paragraph (b)(1), the lack of consent may not be used to delay or deny any services under this part to that infant/toddler or family.

Individualized Family Service Plan (IFSP) -- A written document developed with the family as part of a multidisciplinary team specifying the services necessary to meet the agreed upon developmental outcomes for the infant/toddler and goals for his/her family.

Informed Consent -- Parent(s) have been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication. The parent (s) must understand and agree in writing to the carrying out of the activity for which consent is sought; the consent describes the activity and lists the records (if any) that will be released and to whom. The parents understand that granting consent is voluntary on their part and may be withdrawn at any time.

Initial Service Coordinator -- Person assigned by the county to assist the family identify their resources, priorities, concerns and to assist the infant/toddler and his/her family through the evaluation process along with the IFSP development. A family may choose to continue with the initial service coordinator but has the right to change service coordinators at any time.

Intellectual Disability -- Limitations in mental functioning and in skills such as communication, self-care, social skills, learning. These limitations will cause an infant/toddler to learn and develop more slowly than a typical infant/toddler. As consistently established by scores of intelligence which fall two or more standard deviations below the mean of a standardized test of intelligence, administered by a licensed professional, generally for persons over the age of five. As established by developmental scales, administered by qualified personnel authorized in the manual accompanying the instrument used, which indicate impairment of general functioning,

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similar to that of a person with an intellectual or developmental disability, generally for children from birth to age five.

Local educational agency (**LEA)** -- A public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties as are recognized in a State as an administrative agency for its public elementary schools or secondary schools.

Natural Environment – Home or community-based culturally appropriate settings where same-aged typically developing infants/toddlers are usually found (examples: home, park, library, community center, grocery store).

Parent – A person able to make health and educational decisions for a child and acting as guardian of an infant/toddler either by birth, adoption, legal guardianship, or foster placement. A surrogate parent appointed by an official of First Connections also acts in the place of a parent in granting consent and IFSP development, review, and program participation.

Physical Therapy Assistants – Individuals who perform a variety of tasks under the direction and supervision of a physical Therapist. They provide part of a patient's treatment. This might involve exercises, massages, electrical stimulus, paraffin baths, hot and cold packs, traction, and ultrasound. Physical Therapy Assistants record the patient's responses to treatment and report the outcome of each treatment to the Physical Therapist.

Prior Authorization -- Pre approval for funding under Part C grant for First Connections services for infants/toddlers with disabilities birth to 3 years of age.

Service Coordinator (SC) – A qualified individual knowledgeable about infant and toddler development, federal and state regulations and the range of services available within First Connections, the state's early intervention system who serves as a single point of contact to work with families to help them locate appropriate resources/services to better meet their child's developmental needs and family concerns/priorities.

Service Provider – The local individual or agency that provides a specific service to an infant/toddler or family.

Speech-Language Pathology Assistant -- A Speech-Language Pathology Assistant (SLP-Assistant) is an individual who, following academic and on-the-job training, performs tasks as prescribed, directed, and supervised by licensed Speech-Language Pathologist.

State Lead Agency – Entity designated by each state to administer and oversee all aspects of First Connections. Lead agency means the agency designated by the State's Governor under section 635(a) (10) of the Act and §303.120 that receives funds under section 643 of the Act to administer the State's responsibilities under Part C of the Act.

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State Performance Plan (SPP) -- A tool designed to evaluate the State's efforts to implement the requirements and purposes of Part C and describe how the state will improve its implementation.

Surrogate Parent – A trained, qualified adult appointed to represent an infant/toddler when the parents are unknown, parental rights have been terminated, and/or the parent cannot be located. An infant/toddler is in need of a surrogate parent when the infant/toddler is a ward of the state or court without a foster parent. The position requires making informed decisions about the infant's/toddler's education needs, attending meetings, and monitoring programs, much like a parent or guardian would.

Transition Conference – A meeting of the toddler's IFSP team (which includes the family) and a representative of an organization to which the toddler may transition for 3-5 year old services or special education services under Part B (if eligible). The Transition Conference is conducted with parent approval and held at least 90 days prior to the toddler's third birthday.

Transition Plan – A written plan incorporated into every toddler's IFSP more than 90 days prior to the third birthday to assist the toddler and family in a smooth transition from First Connections (birth – three services) to other appropriate 3-5 services. The plan is developed with the family and other members of the IFSP team and consists of a series of well-planned steps and any needed services.

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Interagency Agreement for Part C to Part B Transition
By and Between
Arkansas First Connections and
Arkansas Department of Education Special Education

Purpose:

The purpose of this agreement is to identify policies and procedures to meet the transition requirements under IDEA in order to ensure an orderly and smooth transition for any eligible toddler with disabilities from Arkansas First Connections (Part C) to Arkansas Early Childhood Education (Part B) and to clarify responsibilities of the participating agencies. In addition, this agreement will define the relationships and areas of cooperation related to the transition of toddlers who have been served under Part C to:

- early childhood services under Part B
- other appropriate services for preschool aged children with disabilities, or
- exit from Part C

PART C REQUIREMENTS

The Arkansas Department of Human Services has policies and procedures in place to ensure that each infant and toddler with a disability exiting the Part C program experiences a smooth and effective transition. Part C is required to complete certain requirements for the transition of all toddlers with an active IFSP potentially eligible for services at least ninety days, but at the discretion of all parties, not more than 9 months before the toddler's third birthday:

A. LEA/SEA Notification
B. Transition Plan in the IFSP
C. Transition Conference

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A. LEA/SEA Notification

In accordance with 34 CFR §303.209(b) and (c), Arkansas' Part C program notifies the SEA and LEA for the area where the toddler resides when a toddler is between the ages of 2 years, 3 months and 2 years 9 months of his/her potential eligibility. Arkansas considers all toddlers receiving services under First Connections as "potentially eligible" for early childhood special education services.

1. The service coordinator will notify the SEA (state educational agencies) and the LEA (local educational agencies) for the area in which the toddler resides that the toddler may be eligible for early childhood services under Part B not fewer than 90 days or at the discretion of all parties, not more than nine months prior to the third birthday of the toddler with a disability. This notice will serve as a referral.

2. The notification provided by the service coordinator shall include the following personally identifiable information:
   - The toddler's name.
   - The date of birth.
   - Parent contact information (including parents' name(s)).
   - Phone number(s).
   - Address(es).

3. With parental consent, the transmission of additional information needed by the LEA to ensure continuity of services from the Part C program to the Part B program, including a copy of the most recent IFSP, evaluation(s) and assessments of the child and the family. 34 CFR §303.344(h)(iii)

4. If the IFSP team determines that the toddler is eligible for First Connections services more than 45 days but less than 90 days before the toddler's third birthday, the service coordinator, as soon as possible after determining the toddler's eligibility, will notify the SEA and the LEA for the area in which the toddler with a disability resides that the toddler may be eligible for services under Part B.

5. If a toddler is referred to Part C fewer than 45 days before that toddler's third birthday and that toddler may be eligible for early childhood services under Part B, the Part C service coordinator, with parental consent, refers the toddler to the SEA and the LEA for the area in which the toddler resides; but, the Part C provider is not required to conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances.

B. Transition Plan in the IFSP

In accordance with §303.209 (d)(2), a transition plan must be included in the IFSP not fewer than 90 days, but at the discretion of all parties, not more than 9 months before the toddler's third birthday.

1. Each family of a toddler with a disability is included in the development of the transition plan included in the IFSP. The service coordinator will discuss with the parent the options available and facilitate:
   - the review of program options for the toddler from the toddler's third birthday through the remainder of the school year,
   - steps for the toddler to exit Part C, and
   - any services needed to help the family and toddler adjust to, and function in, a new setting. (e.g.: the toddler and family visit the selected program before transition)

2. First Connections will ensure that there is a transition plan in the IFSP for all toddlers with disabilities exiting Part C. Families are to be actively involved in developing the transition plan as a member of the IFSP team. The meeting to develop the transition plan must meet the requirements of §303.209(e), §303.342 and §303.343.Transition plans in the IFSP must meet the following guidelines:

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A. A transition plan must be incorporated into the IFSP not fewer than 90 days, and at the discretion of all parties, not more than nine (9) months before the toddler's third birthday.

B. The transition plan in the IFSP must include, consistent with §303.344(h) and §303.209 (d)(3) appropriate steps for the toddler with a disability and his/her family to exit from First Connections Program under Part C and any transition services or activities that the IFSP team identifies as needed by that toddler and his/her family. The plan also includes:

- Discussions with and training of parents regarding future placements and transition
- Identification of transition services and activities that the IFSP team determines are necessary to support the toddler's transition
- Specific steps that will be taken to prepare toddler for changes in service delivery and/or learning environment to help toddler adjust
- Confirmation of LEA and SEA Notification
- (if parent has provided consent) Confirmation that other records have been transmitted to the LEA, including a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP developed.
- Options for the toddler for the period from the toddler's third birthday through the remainder of the school year §303.209(d)

C. Transition Conference

Interagency collaboration for toddlers potentially eligible for services through Arkansas Early Childhood Education (Part B) includes conducting a transition conference at least ninety days before the toddler's third birthday, and at the discretion of all parties, not more than 9 months before the toddler's third birthday. The LEA representative attends the transition conference if the toddler will transition to Part B early childhood services, consistent with Part B regulation §300.124(c).

1. With parental approval, the Part C service coordinator convenes a transition conference between Part C, the family, and the LEA to discuss the Part B services the child may receive as consistent with 34 CFR §303.209(c). The transition conference is held at a time and location convenient for the family to meet the requirements of 34 CFR §303.342(d) and (e). The LEA representative must be invited to the conference and shall participate.

2. The transition conference team members must include, at a minimum, the family and anyone the family wishes to invite, the Part C service coordinator, and the LEA representative, as consistent with 34 CFR §303.343(a). If a person listed in this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including one of the following:

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- Participating in a telephone conference call
- Having a knowledgeable authorized representative attend the meeting
- Making pertinent records available at the meeting

The transition conference team members may also include current and/or future service providers, person or persons directly involved in conducting evaluations, and an advocate or person outside of the family, if the parent requests that the person participate.

3. The service coordinator will work with the family, the LEA representative and other potential providers when scheduling meetings to enable attendance of appropriate participants. In the case of a toddler who may not be eligible for Part B services at age three, reasonable efforts should be made to include providers of appropriate services in the community such as Head Start, child care, HIPPY, etc.

4. The transition conference may coincide with the periodic IFSP review, if appropriate, and as agreed to by all persons required to attend the conference. If combined, the meeting must meet all the regulatory requirements of 34 CFR §303.209(e) – transition conference; including the requirements in 34 CFR §303.342(d) – accessibility of meeting; and (e) – parental consent; and 303.343(a) – initial and annual IFSP Team meeting as it relates to the transition to Part B.

5. If a parent does not give consent to convening a Transition Conference, the service coordinator should make the parent aware that a delay in referring the toddler to the LEA may cause a delay in obtaining written consent to evaluate and a delay in receiving services if the parent reverses the decision upon the toddler's third birthday.

PART B REQUIREMENTS

The Arkansas Department of Education (ADE) has policies and procedures in place to ensure a smooth and effective transition for toddlers who received Part C services and are eligible for Part B Early Childhood services.

1. The receipt of the SEA and LEA notification from First Connections shall serve as a referral to Part B Early Childhood Special Education and ECSE shall provide parents with the procedural safeguards notice under section §300.504 (a)(1).

2. The LEA shall be responsible for reviewing the evaluation data transmitted from Part C or others to determine if it is appropriate or sufficient to assist in determining the eligibility of a particular toddler for special education and

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related services. The LEA shall utilize this information whenever appropriate to avoid unnecessary reassessment and delays in services.

3. The LEA shall evaluate the toddler within 60 calendar days of receiving parental consent. The 60-day instructional timeline cannot be used to deny services to the toddler who is three years old and in transition from Part C to Part B services.

4. Within 30 calendar days of completion of all evaluations, the LEA shall convene an evaluation/programming conference. The IEP team must consider the IFSP content consistent with §300.323(b). The Part C service coordinator must be invited to the initial evaluation/programming conference if the parent so requests. The Part C service coordinator will make every effort to attend evaluation/programming conferences to which he/she is invited.

5. The Individualized Education Program (IEP) shall be in effect on the third birthday.

6. If a toddler turns three during the summer and the Evaluation/Programming Conference Team determines the need for extended school year services based on the IEP, the local education agency must provide the service. Otherwise, the services may be initiated at the beginning of the upcoming school year.

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Fiscal Issues

- First Connections funds are no longer expended on behalf of toddlers upon their 3rd birthday.
- Under IDEA, the Part C Program, Arkansas First Connections is responsible for assuring that provisions for early intervention services are available at the local level. The provision of early intervention services occurs through a system of local service coordinators and service providers, including toddlers enrolled in Early Head Start. Under IDEA, LEAs are responsible for assuring the identification, evaluation and provision of a free appropriate public education (FAPE) to children aged 3-5 found to be in need of special education and related services, including those toddlers enrolled in Head Start. First Connections must assure that early intervention services are provided and the LEA must assure that special education and related services are provided, nevertheless neither system is responsible for providing all services directly. IDEA stresses the role of multiple agencies and assumes that the efforts of other agencies will be maintained.

Dispute Resolution

The parties to this agreement are committed to cooperatively plan and work together to meet the needs of toddlers with disabilities and their families. In instances of the interagency conflict, every effort will be made to resolve the differences at the lowest level position.

The parties mutually agree to resolve disputes in a cooperative manner by meeting to confer and discuss issues which may arise, recognizing that the purpose of the MOU is to promote and ensure collaboration between the agencies for the benefit of the toddlers and their families. Issues which may arise will be immediately directed to the applicable agency personnel in order to resolve matters as expeditiously and informally as possible at the lowest appropriate level.

The dispute resolution procedures in this agreement do not apply to individual infant/toddler complaints, i.e., complaints that generally affect only a single toddler or a toddler's family. In IDEA, these types of complaints are the responsibility of the agency responsible for establishing and maintaining procedural safeguards (due process procedures) in accordance with federal and state laws. These procedures do not apply to allegations of technical violations of the law. Each agency is responsible for receiving and resolving complaints when one or more requirements of the law are allegedly not being met by a public or private agency providing EI services or a LEA providing EC Special Education services.

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Effective Date, Changes, Life of This Agreement

- This agreement will become effective October 1, 2014 when all parties' signatures are affixed thereto.
- Changes made during its effective life will be added as formal amendments, which all parties must acknowledge, by signature.
- This agreement will continue until requirements are changed under the IDEA. If no revisions are requested by either party, no action or renewal is necessary and the effective life of the agreement continues.

ADHS Division of Developmental Disabilities
Children's Services

Interim Director, DDS
Title

10/17/14
Date

Arkansas Department Education
Special Education

Associate Director
Title

10-14-14
Date

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~~Arkansas Department of Human Services~~

~~Division of Developmental Disabilities Services~~

~~DDS CERTIFICATION STANDARDS~~

~~*FOR EARLY INTERVENTION SERVICES*~~

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DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

PHILOSOPHY & MISSION STATEMENT

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

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

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

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INTRODUCTION

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

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

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

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

Administrative Rules and Regulation Sub-Committee of the Arkansas Legislative Council: October 4, 2007

Effective Date: November 1, 2007

Implementation Date: November 1, 2007

Grandfathering Period: November 1, 2007-October 31, 2008

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100 GOVERNING BOARD/ORGANIZATION / LEADERSHIP

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

101 The organization shall be legally incorporated under the appropriate federal, state or local statues as defined by its official Articles of Incorporation and registered to do business in the State of Arkansas.

A. The governing body should periodically review the appropriateness of its governing documents. (Ark. Code Ann. §§ 20-48-201 – 20-48-211). This shall include the organizations mission statement as filed with the Secretary of State, and the Articles of Incorporation.

B. Any changes in the Articles of Incorporation must be filed with the Secretary of State. This includes name changes, amendments, or any reconstitution of the Governing Board/organization. The organization shall provide copies of any changes to DDS upon filing.

102 Bylaws shall be established which govern the internal affairs of the organization and will address each of the following areas as applicable:

A. Composition of Board

1. This shall include the number of Board members and the eligibility criteria (i.e. citizenship and residency).

2. Selection of Board members

a. Twenty percent (20%) consumer and advocate representation on the Board is required. *(Note: defined as a consumer, immediate family member or guardian of a consumer receiving services or has received services at the organization or person in a qualified position that advocates on behalf of the population served)*

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B. Term of membership:

1. Number of years as dictated by the organization's Articles of Incorporation.

Note: It is recommended that membership on the governing body be rotated periodically.

C. Replacement/removal of directors:

1. Refers to written criteria for Board membership. Shall include any contingency to include but not be limited to resignation of Board/organization members and removal for non-attendance or other reasons.

D. Election of officers and directors:

1. Describe the election process

E. Duties and responsibilities of Board officers are described in writing

1. Must document each position's purpose, structure, responsibilities, authority, if any, and the relationship of the advisory committee of Board members to other entities involved with the organization.

F. Appointment of committees, if applicable;

1. Duties and functions of standing committees are described in writing, if applicable.

G. Meetings of the Board/organization and its committees. All meetings shall be planned, organized, and conducted in accordance with the organization's by-laws, policies, procedures, applicable statutes, or other appropriate regulations. In no event shall the full Board/organization meet less than four times per year.

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

H. The Board/organization shall adopt written procedures to guide the conduct of its meetings (i.e. Parliamentary Procedure, Robert's Rules of Order, etc.);

I. The Board/organization shall maintain minutes of all actions taken by the Board/organization for review by DDS. Minutes shall accurately document all members present and any action taken at the committee meetings to include any committee recommendations to the Board/organization.

1. Written minutes of previous Board/organization meetings should be made available by posting the adopted minutes in a location convenient to the staff and individuals served, and made available to members of the public upon request, as required under the Freedom of Information Act.

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

103.1 The Board/organization shall establish a procedural statement addressing conflict of interest

Note: The intent of the standard does not rule out a business relationship, but does call for the governing body to decide in advance what relationships are in the best interest of the organization.

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

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B. Directors of organizations may serve as non-voting ex officio Board/organization members.

104 Board/organization meetings and public meetings as defined by Ark. Code Ann. §§ 25-19-106 shall be conducted at a time and place which make the meetings accessible to the public. Specifically, except as otherwise specifically provided by law, all meetings, formal or informal, special or regular, of the governing bodies of all municipalities, counties, townships, and school districts and all boards, bureaus, commissions, or organizations of the State of Arkansas, except grand juries, supported wholly or in part by public funds or expending public funds, shall be public meetings.

A. Board/organization meetings and Executive sessions shall be announced to be in compliance with Ark. Code Ann. §§ 25-19-101 – 25-19-107 –Freedom of Information Act‖

B. All local media are to be notified one week in advance and a notice posted in a prominent place by the organization. Called meetings shall be announced to the local media and others who have requested notification at least two hours in advance of meeting. Documentation of Notification may include newspaper clippings, copy of item posted on bulletin board, radio contact forms, etc.

D. If the meetings are held each month at the same time and location, one notification and posting shall be sufficient..

105 The Board/organization of Directors shall adopt a mission statement to guide its activities and to establish goals for the organization. The plan shall show evidence of participation by stakeholders (evidence of open meeting, letters of input, survey, questionnaire, etc.).

105.1 The Board of Directors shall review the mission statement annually and shall make changes as necessary to ensure the overall goals and objectives of the organization are reflected in its mission.

106 The Board/organization maintains a plan which shall identify annual and long range goals; the plan should address community needs and target populations and should be reviewed and updated annually.

A. Each Board/organization will develop and implement a long-range plan of action for that organization. Examples include, but are not limited to starting a new component, accessing individualized services in the community, etc.

B. Development and implementation of the plan shall include stakeholder input. The organization shall maintain evidence of this input (i.e., letters of input, minutes of open meetings, questionnaires, surveys, etc.)

C. The plan shall be reviewed annually and updated as needed. The Board/organization shall approve the initiation, expansion, or modification of the organization's program based on the needs of the community and the capability of the organization to have an effect upon those needs within its established goals and objectives.

Note: The Board of Directors, at its discretion, may assign this responsibility to staff.

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107 The Board/organization shall demonstrate corporate social responsibility while maintaining overall accountability for the administration and direction of the organization, and shall delegate authority and responsibility to executive leadership as deemed appropriate by the organization.

A. The organization shall identify:
   1. Its leadership structure.
   2. The roles and responsibilities of each level of leadership.

B. The identified leadership shall guide the following:
   1. Establishment of the mission and direction of the organization.
   2. Promotion of value/achievement of outcomes in the programs and services offered.
   3. Balancing the expectations of both the persons served and other stakeholders, as defined by the organization's policies.
   4. Financial solvency.
   5. Compliance with insurance and risk management requirements.
   6. Ongoing performance improvement.
   7. Development and implementation of corporate responsibilities.
   8. Compliance with all legal and regulatory requirements.

C. The organization shall respond to the diversity of its stakeholders with respect to:
   1. Culture.
   2. Age.
   3. Gender.
   4. Sexual orientation.
   5. Spiritual beliefs.
   6. Socioeconomic status.
   7. Language.

108 The Board/organization shall create a mechanism for monitoring the decisions and operations of the organization's programs which includes provisions for the periodic review and evaluation of its program in relation to the program goals. Documentation of the review must be maintained on file for review. Documentation may include but not be limited to Board/organization minutes, reports, etc.

109 The Board/organization shall maintain a general plan for Board/organization training and will ensure that all items listed as required topics are covered in the required three-hour training.

A. Training shall be provided for all Board/organization members. Where the Board, because of its size, lacks sufficient resources to conduct a training program, it will make arrangements with another Board, organization, agency, appropriate community resource, or training organization to provide such training.

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109.1 New Board Members must participate in a minimum of three hours of training.

A. The following topics shall be required during the first year of service

1. Functions and Responsibilities of the Board
2. Composition and Size of the Board
3. Legal Responsibilities
4. Funding Sources and Responsibilities,
5. Equal Employment Opportunity/Affirmative Action,
6. Due Process
7. Ark. Code Ann. §§ 25-19-101 – 25-19-107 – Freedom of Information Act of 1967‖
8. U. S. C. § 12101 et. seq. – Title 42 THE PUBLIC HEALTH AND WELFARE – CHAPTER126 – EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES – § 12101. Findings and purpose‖
9. DDS Service Policy 3004-I Maltreatment Prevention, Reporting and Investigation;
10. DHS Policy 1090, Incident Reporting.
11. DDS Administrative Policy 1077
12. Chemical Right to Know
13. The Health Insurance Portability and Accountability Act (HIPAA)

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

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

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

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

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

Mark-Up

111 The Board/organization shall establish and approve policies and procedures which define Eligibility criteria, Readmission criteria, and transition/discharge/exit criteria

112 The Board/organization shall establish policy regarding financial oversight of the organization that addresses the following:

A. The organization's financial planning and management activities reflect strategic planning designed to meet:

1. Established outcomes for the persons served.
2. Organizational performance objectives.

B. Budgets are prepared that:

1. Include:
   a. Reasonable projections of revenues and expenditures.
   b. Input from various stakeholders, as required.
   c. Comparison to historical performance.
2. Are disseminated to:
   a. Appropriate personnel.
   b. Other stakeholders, as appropriate.
3. Are written.

C. Actual financial results are:

1. Compared to budget.
2. Reported to:
   a. Appropriate personnel.
   b. Persons served, as appropriate.
   c. Other stakeholders, as required.
3. Reviewed at least quarterly.

D. The organization identifies and reviews, at a minimum:

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

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

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

Mark-Up

PERSONNEL POLICIES AND PROCEDURES

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

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

114.1 Personnel procedures shall be clearly stated and available in written form to employees as required by 42 U.S.C. § 2000a – 2000 h-6 –Title VI of the Civil Rights Act of 1964‖ and U.S.C. § 1201 et. Seq. Americans with Disabilities Act. These include but are not limited to:

A. Hiring and promotional procedures which are nondiscriminatory by reason of sex, age, disability, creed, marital status, ethnic, or national membership

B. A procedure for discipline, suspension and/or dismissal of staff which includes opportunities for appeal

C. An appeals procedure allowing for objective review of concerns and complaints

114.2 One copy of the organization's Personnel procedures must be available in the personnel or administrator's office. This copy must be readily accessible to each employee.

114.3 The organization shall develop and implement steps to voice grievances within the organization. All grievances are subject to review by the Governing Board and Court of Law (29 U.S.C. §§ 706(8), 794 – 794(b), the –Rehabilitation Act of 1973 Section 504; 20 U.S.C. § 1400 et. Seq. Section 615 –The Individual Disabilities Education Act‖.

A. All steps in the Grievance Procedure should be time-bound and documented, including initial filing of grievance.

114.4 The organization shall develop and implement policies regarding whether pre-employment and random drug testing will be required. If the organization chooses to do drug testing they must establish guidelines for actions to be taken when the drug test results are obtained, whether positive or negative. (The organization may contact Arkansas Transit Association for further information on drug testing)

115 Prior to employment, a completed job application must be submitted which includes the following documents.

A. The organization shall obtain and verify PRIOR to employment and maintain documentation of the following:

1. The credentials required
2. That required credentials remain current
3. The applicant has completed a statement related to criminal convictions
4. A criminal background check has been initiated. Refer to DDS Policy 1087.
5. Declaration of truth of statement on job application.
6. A release to complete reference checks is signed and reference checks have been completed

Mark-Up

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

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

B. The organization shall obtain and verify within 30 days of employment and maintain documentation of the following:
1. Adult Maltreatment Central Registry Ark. Code Ann. §§ 5-28-201 has been completed and the response is filed, or a second request submitted
2. Arkansas Child Maltreatment Central Registry Ark. Code Ann. §§ 12-12-501 – 12-12-515 has been completed and the response is filed, or a second request submitted. This check will provide documentation that prospective employee's name do not appear on the statewide Central Registry.
   a. The organization should adopt policy requiring subsequent criminal checks and registry checks. The organizations that provide licensed daycare services must adhere to Child Care Licensing regulations regarding Criminal background checks and central registry checks.

   Note: Staff holding professional licenses may be used in lieu of criminal background and adult and child maltreatment checks.
3. TB skin test
   a. Renewed yearly for ALL STAFF.
4. Hepatitis B series or signed declination
5. The results of criminal background check of the will be on file.
6. Employment reference verification and signed release
   a. On file within thirty (30) days of hire date

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

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

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

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

B. The organization shall demonstrate:
1. Reviews of all contract personnel utilized by the organization that:
   a. Assess performance of their contracts
   b. Ensure all applicable policies and procedures of the organization are followed
   c. Ensure they conform to DDS standards applicable to the services provided
   d. Are performed annually

Mark-UP

117 The organization shall develop, implement and monitor policies and procedures for staff recruitment and retention so that sufficient staff is maintained to ensure the health and safety of the individuals served, according to their plans of care.

A. The organization must ensure there are an adequate number of personnel to:
   1. Meet the established outcomes of the persons served.
   2. Ensure the safety of persons served.
   3. Deal with unplanned absences of personnel.
   4. Meet the performance expectations of the organization.

B. The organization shall demonstrate:
   1. Recruitment efforts.
   2. Retention efforts.
   3. Identification of any trends in personnel turnover.

118 The organization shall develop and implement procedures governing access to staff members' personnel file.

A. An access sheet shall be kept in front of the file to be signed and dated by those who are examining contents, with stated reasons for examination.

B. The policy shall clearly state who, when, and what is available concerning access to personnel files and be in compliance with the Federal Privacy Act and Freedom of Information Act. At no time shall the policy allow access that violates the provisions of the Health Insurance Portability and Accountability Act (HIPAA).

119 The organization shall develop written job descriptions which describe the duties, responsibilities, and qualifications of each staff position.

A. The organization shall:
   1. Identify the skills and characteristics needed by personnel to:
      a. Assist the persons served in the accomplishment of their established outcomes.
      b. Support the organization in the accomplishment of its mission and goals.
   2. Assess the current knowledge and competencies of personnel at least annually.
   3. Provide for the orientation and training needs of personnel.
   4. Provide the resources to personnel for learning and growth.
   5. Identify the supervisor of the position and the positions to be supervised.

B. Performance management shall include:
   1. Job descriptions that are reviewed and/or updated annually.
   2. Promotion guidelines.
   3. Job posting guidelines.
   4. Performance evaluations for all personnel directly employed by the organization shall be:
      a. Based on measurable objectives that tie back to specific duties as listed in the Job Description.
      b. Evident in personnel files.
      c. Conducted in collaboration with the direct supervisor with evidence of input from the personnel being evaluated.

Mark-Up

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

e. Performed annually.

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

A. The organization shall define who has and what constitutes regular, routine contact with consumers.

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

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

Mark-Up

200 CERTIFICATION OF ENTITIES

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

201 The provider must be registered to do business in the state of Arkansas and must obtain a federal tax identification number.

202 The provider must complete DDS Early Intervention Orientation training within 90 days of initial certification.

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

A. The provider shall ensure that sub-contractors providing direct care services are in compliance with DDS policies and must have verification and documentation of all applicable items listed in 205.

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

B. The provider shall demonstrate:

1. Reviews of all contract personnel utilized by the organization that:
   a. Assess performance of their contracts
   b. Ensure all applicable policies and procedures of the organization are followed
   c. Ensure they conform to DDS standards applicable to the services provided
   d. Are performed annually

204 The provider shall establish employment practices for students, interns, volunteers and trainees utilized by the organization.

A. The provider shall define who has and what constitutes regular, routine contact with children and their parents/guardians.

B. If students, interns, volunteers or trainees are used by the organization, the following shall be in place:

Mark-Up

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

205 The provider shall maintain documentation of the following:

A. Adult Maltreatment Central Registry Ark. Code Ann. §§ 5-28-201 has been completed and the response is filed, or a second request submitted. Registry checks shall be completed every two years.

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

C. Criminal Background check completed by Arkansas State Police if the applicant has resided in the State for the last two years, or FBI check if not residing in the state. Criminal background checks shall be completed every five years.
Note: Staff holding professional licenses may be used in lieu of criminal background and adult and child maltreatment checks.

D. TB skin test
    1. Renewed yearly.

E. Hepatitis B series or signed declination

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

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

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

Mark-UP

300 MINIMUM QUALIFICATIONS SERVICE COORDINATION

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

301 Service Coordination

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

A. Have a Bachelor's degree (or higher) in Education, Social Work, or a related field, or DDS Certification as a Case Manager. Documentation shall be maintained on file for review by DDS.

B. Documentation of two years of previous experience in working with individuals with developmental disabilities

C. Documentation of completion of the First Connections Early Intervention Service Coordination Block Courses (30 hours) with a minimum of 70% proficiency.

Mark-Up

400 MINIMUM QUALIFICATIONS DEVELOPMENTAL THERAPY/THERAPY ASSISTANT SERVICES

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

401 Developmental Therapist:

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

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

OR

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

OR

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

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

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

402 Developmental Therapy Assistant

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

A. Documentation of completion of the Developmental Therapy, Evaluation Interpreter, and Report Writing training courses. (initial certification only)

B. Copy of the supervising Developmental Therapists certification

C. Supervision agreement signed by the Developmental Therapist and Developmental Therapy Assistant as specified in the First Connections Service Guidelines.

D. Copies of 1st, 2nd, and 3rd quarter observation reports as completed by the supervising Developmental Therapist (for re-certification only)

E. Copy of DTA's annual evaluation by the DT (for re-certification only)

F. Documentation of 30 hours of in-service training specific to children or children with disabilities (for re-certification only)

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

Mark-Up

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

Mark-Up

500 MINIMUM QUALIFICATIONS SPEECH THERAPY SERVICES

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

501 Speech Therapy

A. In order to be certified in Speech Therapy, the individual must provide documentation of a current license in Speech Therapy by the Arkansas Board of Audiology and Speech-Language Pathology.

B. Documentation of completion of the Report Writing and Therapeutic Services courses within 90 days of initial certification

C. In order to be certified as a Speech Therapy Assistant, the individual must provide documentation of current certification as a Speech Therapy Assistant.

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

Mark-Up

600 MINIMUM QUALIFICATIONS PHYSICAL THERAPY SERVICES

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

601 Physical Therapy

A. In order to be certified in Physical Therapy, the individual must provide documentation of a current license as a Physical Therapist by the Board of Physical Therapy Examiners.

B. Documentation of completion of the Therapeutic Services and Report Writing training courses within 90 days of initial certification.

C. In order to be certified as a Physical Therapy Assistant, the individual must provide documentation of a current license as a Physical Therapist Assistant by the Arkansas Board of Medicine.

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

Mark-Up

700 MINIMUM QUALIFICATIONS OCCUPATIONAL THERAPY SERVICES

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

701 Occupational Therapy

A. In order to be certified in Occupational Therapy, the individual must provide documentation of a current license in Occupational Therapy by the Arkansas State Medical Board.

B. Documentation of completion of the Therapeutic Services and Report Writing training courses within 90 days of initial certification.

C. In order to be certified as an Occupational Therapy Assistant, the individual must provide documentation of a current license as an Occupational Therapy Assistant by the Arkansas Board of Medicine.

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

Mark-Up

800 MINIMUM QUALIFICATIONS CONSULTATION SERVICES

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

801 Consultation Services

A. Vision

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

B. Psychology

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

C. Social Work

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

D. Nutrition

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

E. Audiology

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

F. Attendant/Nursing

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

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

Mark-Up

900 MINIMUM QUALIFICATIONS ASSISTIVE TECHNOLOGY/ADAPTIVE EQUIPMENT

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

901 Assistive Technology/Adaptive Equipment
In order to provide assistive technology/adaptive equipment, the provider must provide documentation as a Durable Medical Equipment provider with the Arkansas Medicaid Program.

902 Providers of Assistive Technology/Adaptive Equipment must be registered with the office of the Arkansas Secretary of State to do business in Arkansas.

903 Adaptive Equipment must be approved and authorized by DDS and must be included in the consumer's plan of care.

904 A unit of services is the item purchased or rented, and the unit rate is the purchase, installation and/or rental price authorized for the item by DDS.

A. The provider must assure professional, ongoing assistance when needed to evaluate and adjust products delivered and/or to instruct the consumer or the consumer's caregiver in the use of an item furnished.

B. The provider must have the prior approval of DDS for any adaptive equipment items purchased and delivered.

905 The provider must assume liability for equipment, warranties and must install, maintain, and/or replace any defective parts or items specified in those warranties. Replacement items or parts for adaptive equipment are not reimbursable as rental equipment.

906 The provider must, in collaboration with the case manager, ascertain and recoup any third-party resource(s) available to the consumer prior to billing DDS or its designee. DDS or its designee will then pay any unpaid balance up to the lesser of the provider's billed charge or the maximum allowable reimbursement.

907 The provider must submit the price for an item to be purchased or rented within five (5) business days of the service coordinator's request. The provider must maintain a record for each order. The documentation shall consist of:

A. The date the order was received and the name of the service coordinator placing the order

B. The price quoted for the item

C. The date the quote was submitted to the case manager.

Mark-Up

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.

Mark-Up

1000 INDIVIDUAL/PARENT/GUARDIAN RIGHTS

A. The provider shall implement a system of rights that nurtures and protects the dignity and respect of the persons served. The organization shall protect and promote the rights of the families served.

B. This commitment shall guide the delivery of services and ongoing interactions with the families served.

C. All information is transmitted in a manner and fashion that are clear and understandable to the family.

1001 The provider shall implement policies promoting the following rights of the persons served in compliance with state and federal regulations:

A. Confidentiality of information.

B. Privacy.

C. Freedom from:

1. Abuse.
2. Financial or other exploitation.
3. Retaliation.
4. Humiliation.
5. Neglect.

D. Access to information pertinent to the person served in sufficient time to facilitate his or her decision making.

E. Informed consent or refusal or expression of choice regarding:

1. Service delivery.
2. Release of information.
3. Concurrent services.
4. Composition of the service delivery team.
5. Involvement in research projects, if applicable.

F. Access or referral to legal entities for appropriate representation.

G. Access to self-help and advocacy support services.

H. Adherence to research guidelines and ethics when persons served are involved, if applicable.

I. Investigation and resolution of alleged infringement of rights.

1. The organization ensures that the individual has been notified of their right to appeal according to DDS Policy 1076.

1002 Records of persons served

A. The provider shall maintain complete records and treat all information related to persons served as confidential.

B. The provider shall develop and implement policy for the sharing of confidential billing, utilization, clinical and other administrative and service-related information, and the operation of any Internet-based services that may exist.

1. Information that is used for reporting or billing shall be shared according to confidentiality guidelines that recognize applicable regulatory requirements such as the Health Insurance Portability and Accountability Act (HIPAA).

Mark-Up

2. Any release of confidential information must be authorized in writing by the parent/guardian and is limited to the specific information identified in the authorization.

C. The organization shall comply with its own service delivery design for the development of the record. Electronic records are acceptable.

D. The location of the case record, and the information contained therein, shall be controlled from a central location as defined by the agency, shall be stored under lock and with protection against fire, water, and other hazards in an accessible location at each site.

E. Records maintained on computer shall be backed up at a minimum weekly and the duplicate copy shall be stored under lock and with protection against fire, water, and other hazards.

F. A list of the order of the file information shall either be present in each individual case file or provided to DDS staff upon request. The documents in active individual case records should be organized in a systematic fashion. An indexing and filing system shall be maintained for all case records.

G. Each provider shall have written procedures to cover destruction of records. Procedures must comply with all state and federal regulations

H. Access sheets shall be located in the front of each file. If there is a signed release for a list of authorized persons to review the file, only those not listed will need to sign the access sheet with date, title, reason for reviewing, and signature. If there is not a signed release for authorized persons to review, all persons must sign the access sheet whenever the file is reviewed or any material is placed in the file.

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

A. Access to case records shall be limited to Parent/Guardian, professional staff providing direct services to the person served, plus such other individuals as may be authorized administratively or by the family.

B. Confidentiality of records means limited access and that only those staff members who have a need to know information have access to the records of persons served.

C. Individual service records shall be maintained according to provisions of the Privacy Act: Access sheets shall be located in the front of the file to maintain confidentiality according to 5 U.S.C. § 552a.

D. Access to computer records shall be limited to those authorized to view records

E. The Parent/Guardian can access their own records.

F. The Parent/Guardian knows how to access their records and the provider ensures that appropriate equipment is available.

G. An organization does not prohibit the Parent/Guardian from having access to their own records, unless a specific state law indicates otherwise. Some information within the file may not be released to the individual unless authorization has been given by the originating individual, such as the psychologist records.

Mark-Up

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

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

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

1003 Grievances and Appeals

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

Mark-Up

C. These procedures shall be explained to personnel and parents/guardians in a way that meets their needs. This explanation may include a video or audiotape, a handbook, interpreters, etc.

D. The provider document that parents/guardians have been advised of their right to appeal to DHS/Office of Fair Hearings and Appeals in accordance with DDS Policy 1076.

E. The provider shall annually review all formal complaints filed.

A. A written review of formal complaints:

1. Determine:

a. Trends.

b. Areas needing performance improvement.

c. Action plan or changes to be made to improve performance and to reduce complaints

F. The provider shall document a review of any action plan or changes made to determine if the plan/changes were effective in reducing complaints and shall make adjustments to the plan as deemed necessary to ensure quality services.

1004 Health Related Issues

A. A successful health and safety program goes beyond compliance with regulatory requirements and strives to manage risk and to protect the health and safety of persons served, employees, and visitors. A successful health and safety program addresses both minimizing potential hazards and compliance activities.

B. The rights of individuals who have or who are perceived as having Acquired Immunodeficiency Syndrome (AIDS), Human Immune Virus (HIV) related condition, Hepatitis B or who are identified as carriers of Hepatitis B. These same individuals shall not be discriminated against in accordance with 29 U.S.C. §§ 706 (8), 794 – 794(b); U.S.C. § 12101 et. seq. A copy of the policies/procedures shall be provided to each family.

C. Confidentiality shall be maintained for all information, concerning whether that family admitted for services or anyone proposed for admission has been the subject of an HIV related test, has had an HIV infection, has an HIV related condition or has AIDS or Hepatitis B. Each provider will protect the confidentiality of records or computer data that is maintained which relates to HIV or AIDS or Hepatitis B.

1005 Incident / Accident Reporting

A. This standard applies only to incidents occurring during service delivery

The provider shall report the following incidents to DDS. This report shall contain: date, accident/injury, time, location, persons involved, action taken, follow-up, signature of person writing the report. The provider must notify the parent/guardian anytime an incident/ injury report is submitted.

1. Maltreatment or abuse as defined in statutes (See Ark. Code Ann. §§ 12-12-501 – 12-12-515 (503); Ark. Code Ann. §§ 5-28-101 – 5- 28-109 (102))

2. Incidents involving injury:

a. Accident/injury reports shall be completed for each accident/injury that requires the attention of an EMT, Paramedic or Physician.

1. Accident is defined as an event occurring by chance or arising from unknown causes.

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2. Injury is defined as an act that damages or hurts and results in outside medical attention.

3. Communicable disease

4. Violence or aggression

5. Sentinel events including ALL deaths regardless of cause.

6. Elopement and/or wandering defined as anytime the location of a child cannot be determined within 30 minutes

8. Vehicular accidents

9. Biohazardous accidents

10. Use or possession of illicit substances or use or possession of licit substances in an unlawful or inappropriate manner (i.e., possession of prescription drugs by a person to whom the drugs have not been prescribed and who has no legitimate interest in possession of prescription drugs, such as a parent or guardian)

11. Any condition or event that prevents the delivery of DHS services for more than 2 hours (i.e., power outages, natural disasters, etc.)/

12. Other areas, as required

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1100 SERVICE PROVISION STANDARDS

A. Written procedures and records for intake, evaluation, and diagnosis necessary to determine the eligibility of a person to receive services shall be documented.

B. Specific staff positions will be assigned responsibility for intake, evaluation, assessment, family contact, planning, updating, and alternate placement.

C. Services and information will be provided in the family's natural language.

1101 Face sheets are completed at intake and shall be updated as needed, and at least annually as documented by date of signature by appropriate personnel designated by provider.

1101.1 Every person receiving services shall have a service record face sheet that contains the information in 501.1 A-O and will be filed in a prominent location in the front of the file.

A. Full name of individual

B. Address, county of residence, telephone number and email address, if applicable

C. Race and gender

D. Birth date

E. Social Security number

F. Medicaid Number

G. Parents or guardian's name and address and relationship, if applicable

H. Name, address, telephone number and relationship of person to contact in emergency, someone other than item G

I. Health insurance benefits and policy number

J. Primary language

K. Admission date

L. Statement of primary/secondary disability

M. Physician's name, address and telephone number

N. Current medications with dosage and frequency, if applicable

O. All known allergies or indicate none, if applicable

1102 A DDS certified service coordinator shall be designated in writing and shall organize the provision of services to every individual served.

A. For every individual served, the service coordinator shall:

1. Assume responsibility for intake and offering provider choice for evaluation and services

2. Coordinate assessment, developmental and therapy evaluation planning and services to the person

3. Coordinate the Individual Family Service Plan

4. Cultivate the Family/Guardian's participation in the services

5. Monitor and update services to assure that:

a. The family/guardian is adequately oriented

b. Services proceed in an orderly, purposeful and timely manner

c. The transition and/or discharge decision and arrangements for follow-up are properly made.

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1103 Intake

A. The provider shall follow the established procedures for intake as in the DDS First Connections Service Guidelines. A written intake procedure shall be available upon request, shall be understandable to the family/guardian of the child receiving the services, shall be presented to the family/guardian requesting services, and shall be followed by the certified entity in the evaluation of a person to determine eligibility for services.

B. The provider shall follow the criteria for admission as outlined in state and federal regulations.

C. If the family is determined ineligible for Early Intervention services, the provider shall:

1. Refer the family to other community-based resources.
2. Advise family of their right to file an appeal of the determination with DDS under DDS Policy 1076.
3. Notify medical referral source/Early Head Start referral source that the child is ineligible for EI services
4. Provide the name and telephone number of the DDS Service Coordinator for that area.

1104 DDS Demographic Information

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

B. The demographic information shall include information about benefits for Medicaid eligibility and for individuals who may not be eligible for Medicaid.

1105 Developmental Assessment / Evaluation

1. A prescription for each evaluation must be obtained prior to conducting the evaluation and a copy maintained on file for review by DDS.
2. Initial evaluation shall include 2 developmental assessments; 1 standardized and 1 criterion based.
3. Documentation must include:
   a. A written summary that includes standard deviation and/or percentage of delay as determined by the test protocols
   b. An informed clinical opinion
4. Must be in a format that is understandable to the parent.
5. Must be signed by the evaluator.

B. An annual assessment must be conducted using a criterion based test.

C. A developmental profile report shall be on file within 45 days of referral, unless there is written documentation in the file demonstrating a need for an additional period.

1. Staff shall complete the developmental profiles if they possess the required qualifications as established by each profile.

D. Family Assessment

1. Must be a personal interview
2. Must determine the resources, priorities, and concerns of the family

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3. Must identify social and family supports and services necessary to enhance the family's capacity to meet the developmental needs of the child

Any assessment shall be voluntary on the part of the family, and written permission of the parent(s) must be reflected in the file.

1106 A developmental evaluation report shall be obtained and provided to the service coordinator in accordance with state and federal regulations.

A. If a need is obvious prior to the developmental evaluation, other evaluations can be scheduled **in conjunction with** the developmental evaluation.

B. If there has been a significant life change, the Interdisciplinary Team will decide whether a new developmental evaluation is necessary

1107 Early Intervention -Individual Family Service Plan

Every individual shall have a written Individual Family Service Plan

A. The provider shall include the person served as an active participant giving direction in all aspects of the planning and revision processes

B. Services shall be provided based on the IFSP team decision and on the strengths and needs of the individuals to be served by the organization

C. Assessments must include:

1. Relevant medical history (Evidence of an Early Periodic Screening Diagnosis Treatment shall be documented on the IFSP)
2. Relevant psychological information
3. Relevant social information
4. Information on previous direct services and supports
5. Strengths
6. Abilities
7. Needs
8. Preferences
9. Desired outcomes
10. Cultural background
11. Other issues, as identified

D. IFSP must be on the form approved by Arkansas First Connections and cannot be altered.

E. An Interim IFSP shall only be used under extenuating circumstances and must be justified with written documentation. (EX: child is ill)

F. The IFSP shall include a statement of the specific early intervention services necessary to meet the identified needs of the child/family.

G. At a minimum the IFSP must include:

1. Frequency- Number of days or sessions that a service will be provided
2. Intensity- The length of time the service is provided during each session, and whether the service is provided on an individual or group basis
3. Location- Where the service is provided (e.g., in the child's home, early intervention center, or other setting) as appropriate to the age and needs of the child. If services are not provided in the natural environment, justification must be documented.
4. Method- How a service is provided

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5. Dates and duration- Projected dates of initiation of the services, a target date for completion and/or review and the anticipated duration of those services.
6. IFSP services needed to achieve the expected major outcomes identified.
7. Annual goals and action steps

E. The team must be present for the initial plan and to revise annual goals/outcomes. Parent, service coordinator and the evaluation representative must be included.

F. The IFSP must include, to the extent appropriate, medical and other services that the child needs, but which are not required. If necessary, the steps required to secure the services through public or private resources.
1. The requirements of this IFSP standard do not apply to routine medical services (e. g. immunizations).

G. Plans for individuals from birth to 3 (three) years of age will be based on the individual needs of the child and family.

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

A. Each Action Step must have criteria for success that states what the child must do to complete the Action Step.

B. Action Steps shall have the person responsible for implementation of each Action Step which could be the parent/guardian or caregiver, a start date, a target date, and, when completed, a completion date. (mm,dd,yyyy)

C. Target dates –
1. The target date shall be individualized and noted at the same time of the start date and is the date when the individual can realistically be expected to achieve an Action Step.
2. The target date shall be used as a prompt to see if expectations for the individual are realistic in relation to attainment and appropriateness of goals and Action Steps. If the starting or target dates need to be revised, mark through, initial and put in a new date.
3. The ending date shall be entered in as the person completes each objective.

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

A. To the parent, surrogate parent and/or guardian.

B. To the staff responsible for implementing the plan.

1108 Medical prescription for services shall be obtained, if applicable

A. A current prescription for all services by Primary Care Physician shall be obtained prior to delivery of services.

B. If a written prescription for services is not attainable, documentation of attempts to obtain prescription must be on file in the child's record.

1109 Prior Authorizations

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

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1110 Updating

A. The provider shall develop and implement policies and procedures that are in accordance with state and federal regulations for updating individual program plans. Updates shall be done at least annually and more often if monitoring reports indicate a need or if federal regulations require more frequent updates.

B. The organization shall have policies and procedures in place for revising individual program plans when goals change.

C. Annual update – financial, if applicable, social, medical, medical prescription for services, evaluations as applicable, IFSP's, and service needs assessment

1111 Termination of services

A. An exit and/or discharge summary shall be prepared by the service provider and submitted to the service coordinator each time a person leaves a service, not just when the person is leaving the organization.

1. The report shall summarize the results of the services received by the person and makes recommendations for follow up to continue the achievement of the person's life goals
2. Complete the exit section of the demographics form when the child leaves Early Intervention Services.
3. The plan may suggest referrals to other services that are not available through the organization

1112 Data Collection Requirements

A. Data collections shall provide specific information on annual goals and Action Steps and should be designed to measure and record the progress on each Action Step.

B. Data Collection shall contain sufficient written documentation to support each medical or remedial therapy or service for which billing is made. *Daily* service documentation must, at a minimum, include:

- The specific services furnished;
- The date and actual beginning and ending time of day the services were performed;
- Name(s) and title(s) of the person(s) providing the service(s);
- The relationship of the services to the goals and objectives described in the person's individualized plan of care and
- Daily progress notes, signed or initialed by the person providing the service(s) and the parent or direct care giver, describing each individual's status with respect to his or her goals and objectives.

C. Child Outcomes shall be completed and documented as required by DDS First Connections Service Guidelines.

D. Data collection must be filed in the child's individual file within 10 working days of the end of each month.

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1113 Early Intervention IFSP Reviews

A. Review of plans must include Family Rating which must be documented by the parent/guardians initials on the IFSP.

B. Provider Rating must be initialed in the appropriate place.

C. Provider must document if Family Rating could not be obtained due to lack of family participation.

1114 Children in Early Intervention (IFSP) must have a transition plan at the age of three (3) or upon exiting the program. The process shall be initiated at least180 days prior to age 3 and a referral/transition conference shall be held at least 90 days prior to the third birthday as per State and Federal guidelines.

A. Must be child specific and must include specific steps to ensure a smooth transition for the child and family, must be in accordance with State and Federal Guidelines, and must be documented on the IFSP.

B. Documentation on the IFSP must include the steps to be taken to support the transition of the child upon reaching age three.

C. Provider must demonstrate contact with the designated agency in the transition plan which will provide services following the transition, and must demonstrate an attempt to involve that agency in the transition planning.

D. All children who continue to qualify upon turning 3 years of age must be referred to the LEA (Local Educational Agency) in the school district of family's residence, regardless of chosen provider.

1115 The provider must ascertain and document attempts to recoup any third-party resource(s) available to the consumer, to include private insurance and Medicaid, prior to billing Early Intervention Part C funding. DDS or its designee will then pay any unpaid balance up to the lesser of the provider's billed charge or the maximum allowable reimbursement.

Note: Documentation shall include copies of claims filed, explanation of benefits (EOB) notices received, and correspondence from third party sources regarding claims or benefits.

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APPENDIX A

SUGGESTED BOARD/ORGANIZATION TRAINING TOPICS

Policy Development and Implementation

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

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

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

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

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

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

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ARKANSAS CODE ANNOTATIONS		ACTS
Ark. Code Ann. SS	6-41-201 - 6-41-222	102 of 1972 Handicapped Children's Act
Ark. Code Ann. SS	20-48-201 - 20-48-211	265 of 1969 AR Mental Retardation Act
Ark. Code Ann. SS	25-19-101 - 25-19-515	AR Freedom of Information Act
Ark. Code Ann. SS	12-12-501 - 12-12-515	397 of 1975 Child Abuse and Neglect Act
Ark. Code Ann. SS	5-28-101 - 5-28-109, 5-28-201 - 5-28-215, 5-28-301 - 5-28-305	452 of 1983 Adult Abuse
Ark. Code Ann. SS	28-65-101 - 28-65-109, 28-65-201 - 28-65-220, 28-65-301 - 28-65-320, 28-65-401 - 28-65-403, 28-65-502, 28-65-601 - 28-65-602	940 of 1985 Guardianship Law
Ark. Code Ann. SS	25-10-102 - 25-10-116, 20-46-202, 20-46-310, 25-2-104, 25-2-105, 25-2-107	348 of 1985 DHS Reorganization
Ark. Code Ann. SS	20-48-601 - 20-48-611	611 of 1987 Location of Community Homes
Ark. Code Ann. SS	12-12-501 et. Seq.	Child Maltreatment
Ark. Code Ann. SS	27-34-101 - 27-34-107	Child Safety Seat Use
Ark. Code Ann. SS	20-78-215	1050 of 1985 Federal Funds for Child Sexual Abuse
Ark. Code Ann. SS	6-21-609	854 of 1987 Exposure to Smoke

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UNITED STATES CITATIONS	ACTS
42 U.S.C. S2000a – 2000 h-6	Title VI of the Civil Rights Act of 1964
20 U.S.C. S1400 et. Seq.	P. L. 94-142 Individuals with Disability Education (IDEA) P.L. 99-457 Part H
29 U.S.C. SS 706(8), 794 – 794(b)	Rehabilitation Act of 1973 Section 504
42 U. S. C. S 552	Federal Freedom of Information Act
42 U.S.C. S 6000 – 6083	Developmentally Disabled Assistance and Bill of Rights Act of 1984 and Amendments of 1987
5 U.S.C. S 552a	Federal Privacy Act
42 U.S.C. S 12101 et. Seq.	Americans with Disabilities Act of 1990 P. L. 101-336
42 U. S. C. S 6000 – 6009 6021 – 6030 6041 – 6043 6061 – 6064 6081 – 6083	P. L. 98-527 Developmentally Disabled Assistance & Bill of Rights Act of 1984

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