Florida Department of Children & Families

State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Secretary

DATE: October 1, 2010

TO: Regional Directors

THROUGH: Pete Digre, Assistant Secretary for Operations
David L. Fairbanks, Assistant Secretary for Programs

FROM: Alan Abramowitz, State Director, Office of Family Safety

SUBJECT: Part C of Individuals with Disabilities Education Act (IDEA)
ACTION REQUIRED: Notification to Lead Agencies and Sheriff Grantees
DUE DATE: None

PURPOSE: This memorandum is in reference to federal requirements regarding appropriate individuals to give consent for services provided by Florida's Early Steps system.

BACKGROUND: The Infants and Toddlers with Disabilities Program (Part C of IDEA) is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, from birth up to 36 months of age, and their families. Florida's Early Steps is the lead agency for this federal program as administered by Florida's Department of Health.

Part C eligibility is determined in part through an evaluation process for infants and toddlers (from birth up to 36 months) which includes informed clinical opinion of professionals experienced with the development of very young children. If a child is determined eligible, the next step is to create an Individualized Family Service Plan (IFSP) which outlines the services necessary to facilitate the child's development and to enhance the family's capacity to care for the child. The IFSP is a multidisciplinary assessment of the unique strengths and needs of the infant and/or toddler and the identification of early intervention services appropriate to meet their needs.

Early Steps, as the designated lead agency, must provide assurances to the federal government's Office of Special Education Programs that Florida's state policy regarding consent for children in foster care is in compliance with the federal regulations specific to Part C of IDEA.

Part C of IDEA requires parents to provide consent for early intervention services. The Act (34 34 CFR § 303.19) defines "parent" to include **a natural, adoptive, foster, surrogate, or an individual acting in the place of a natural or adoptive parent (including grandparent, stepparent or other relative) with whom the child lives**. A parent, as defined by Part C of

IDEA, must sign consent for early intervention services under the "Informed Consent Parent/Guardian" signature block on Form H of the Individualized Family Support Plan (IFSP) document.

In some areas of the state it has been noted that child welfare case managers are providing consent for early intervention services in place of a parent, which is a direct violation of Part C of IDEA. Please refer to the following link for information on allowable individuals to consent to early intervention services: http://www.cms-kids.com/home/resources/es_policy_0710/8-ProceduralSafeguards/Comp8_Handbook.html.

In the context of family centered practice, it is suggested that both the birth and foster parents actively participate in the development of an IFSP if the child is in out-of-home care and if parental rights are intact. Early Steps will obtain a copy of the court order for children placed in foster care. In cases where the case management agency is working toward reunification, every effort should be made to include the child's parent or future caregiver in the development of the IFSP. If receiving consent from the natural parent and foster parent will delay service delivery, either signature will be sufficient for consent. If consent by either party is not achievable, child welfare case managers should notify Early Steps which will identify a surrogate parent.

Early Steps will be depending on the expertise of the child welfare case manager to identify the most appropriate individual(s) to participate in the development of the IFSP and provide consent on the "Informed Consent Parent/Guardian" section on Form H of the IFSP. The policies are intended to ensure that all eligible children and their families have a plan of supports and services that is based on shared assessment information and knowledge, meets the unique needs of each child and family, and is developed in an open forum that supports the collaborative partnership between parents and professionals.

In cases where children are potentially eligible or enrolled in Early Steps and in custody of the Department, both the parent(s), as defined by Part C of IDEA (see page 1, bottom paragraph) **and** the case manager or the DCF designee, must participate in the development of and consent for Early Steps services. Consent for services by the case manager, or their designee, is documented on the signature block of Form H of the IFSP entitled "Consent for Services for Children in Custody of Department of Children and Families under Chapter 39, F.S." This is in addition to the required signature of the parent, as defined by Part C of IDEA.

ACTION REQUIRED: We request that each Region/Circuit notify the CBC Lead Agencies of this clarification and review any current memoranda of agreement among the Child Protection Teams (CPT) and the Department for any discrepancies in adherence to the stated policy.

CONTACT INFORMATION: If you have any questions regarding this information, please contact Johana Hatcher at (850) 488-1929 or johana_hatcher@dcf.state.fl.us.

cc: DCF Contract Managers
CBC CEOs
Circuit Administrators
CPT Managers

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DATE: October 1, 2010

TO: Regional Directors

THROUGH: David L. Fairbanks, Assistant Secretary for Programs
Pete Digre, Assistant Secretary for Operations

FROM: Alan Abramowitz, State Director, Office of Family Safety

SUBJECT: Guidelines to Consider in Moving Infants and Young Children
ACTION REQUIRED: Disseminate to front line child protective investigators and community-based care case managers and their supervisors
DUE DATE: None

PURPOSE: The purpose of this memorandum is to share information to assist child protection and child welfare staff in making the best decisions regarding placement of young children.

BACKGROUND: As emphasized below, this content is not a rule but instead includes factors for consideration. This practice guidance was developed in consultation with nationally renowned medical, child development, and infant mental health researchers and practitioners. Please view "The Science of Attachment" training at this link: http://centerforchildwelfare.fmhi.usf.edu/videos/Pages/rebrand.aspx#science.

PRACTICE GUIDANCE: Guidelines to Consider in Moving Infants and Young Children

Abundant research demonstrates that babies begin to form a strong attachment to a caregiver at around seven months of age. These attachments form rapidly. From that period of time through age two, moving a child from the caregiver, who is the psychological parent, is emotionally very difficult for the child and should be approached carefully. Disruptions are also difficult for children who are slightly older because they do not have the cognitive ability to understand what is happening or why. According to researchers, the child experiences the removal as a death and suffers through a grieving process made more difficult by the adults' failure to appreciate what is happening.

For this reason, when dealing with young children, the first placement should be the best placement. While kin clearly have an interest in taking care of family members that interest should be expressed and acted on early in the process. A move from a foster

home to kin has emotional costs and should not be undertaken lightly. These costs are not mitigated by the fact that "the foster parent knew all along that this was the plan," since the child is not capable of knowing or anticipating a change.

The key to good child welfare practice is making decisions that are appropriate for each individual child rather than working according to inflexible rules. Accordingly, this document does not provide "answers" or "rules" for practice, rather it lists factors to be considered when contemplating a move.

1. How old is the child and what developmental tasks is s/he accomplishing? If the child is 6 months of age or younger, it may be better to act sooner rather than later. If the child is a year to two years old, it may be a particularly bad time to move the child.
2. How long has the child lived with the current family? Is this the only family the child has known? Does the child have a healthy attachment to the current foster parent? How does the harm of disrupting a healthy attachment compare to the possible advantage of an extended family placement?
3. What, if any, relationship does the child have with the relative or foster parent who will be taking the child? Children may know the potential caregiver well, or may never have met him or her. The relationship may or may not be positive.
4. Is the foster parent willing to maintain a relationship with the relative while the child lives with the foster parent? Is the relative willing to allow the foster parent to maintain a relationship?
5. What is the transition plan? Is there agreement on its implementation? Is it flexible and adapted based on the child's reactions?
6. What is the new parent's level of commitment to the child? Is the commitment to the child or to the birth parent?
7. How likely is the new placement to succeed?
    a. History of relationship
    b. Prior interest in taking the child
    c. Resources available for the child
    d. Willingness to participate in supportive activities
    e. Thoughtfulness about undertaking the responsibility of the placement

ACTION REQUIRED: Please ensure wide dissemination to front line staff (investigations and case management) and their supervisors making placement decisions. Managers are encouraged to take opportunities to share this information in staff meetings, on conference calls, in staffings, local training sessions, etc. The goal is to provide critical thinking tools for staff making complex decisions on a routine basis.

ADDITIONAL INFORMATION: If you have additional questions, please contact Gay Frizzell at 850-921-3005 or by email Gay_Frizzell@dcf.state.fl.us.

cc: Mary Cagle, Children's Legal Services
Carole Shauffer, Youth Law Center

From: State of Florida Agency for Health Care Administration [medicaid_alert@ahca.myflorida.com]
Sent: Friday, September 17, 2010 4:35 PM
To: Burch, Carol D
Subject: Medicaid Implements National Correct Coding Initiative (NCCI)

Follow Up Flag: Follow up
Due By: Monday, September 20, 2010 12:00 AM
Flag Status: Red

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Health Care Alerts & Provider Alerts Messages September 2010

Provider Type(s): 1, 2, 6, 8, 25, 26, 27, 28, 29, 30, 31, 34, 35, 50, 51, 60, 61, 62, 63, 64, 66, 68, 69, 77, 78, 83, 90

Medicaid Implements National Correct Coding Initiative (NCCI)

Florida Medicaid has adopted the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) standard payment methodologies. Medicaid will implement the NCCI on October 1, 2010. This significant change complies with the federal Patient Protection and Affordable Care Act, signed into law March 2010. This law requires that state Medicaid agencies integrate the NCCI payment methodologies into their claims payment systems by October 1, 2010.

Medicaid providers who bill Medicare and certain private payers are already familiar with the billing implications of the NCCI, since these insurers have already implemented this program. Beginning October 1, 2010, Medicaid will be aligned with these insurers in adjudicating claims based on NCCI editing. This will mainly affect CMS 1500 claims submitted with Level I Current Procedural Terminology (CPT) and Level II Health Care Procedure Coding System (HCPCS) codes, but will also affect CPT codes billed on UB-04 claims.

NCCI will enhance code editing and identify claims where coding methods do not adhere to guidelines established by CMS. It will include edits for services that are mutually exclusive, as well as component code edits. Mutually exclusive means the codes cannot be reported together because they cannot occur during the same operative session. NCCI will also edit the number of units billed on the same day. The same will apply for those procedures where CPT allows no more than one unit of service per day. Providers should continue to report services with the most comprehensive CPT code that describes the service(s) being performed. Multiple codes should not be used when a single comprehensive code is available. Incidental procedures that are not bundled in another service will not be payable separately.

Provider usage of NCCI modifiers to indicate that a procedure or service was distinct, separate, or independent from other services performed on the same day, will be monitored. NCCI modifiers should NOT be used to bypass an edit unless the proper criteria for the use of the modifiers are met. Providers are required to document in the medical record any usage of modifiers and clearly explain the reason why modifiers were used.

For more information regarding the proper use of modifiers and correct coding, please consult the NCCI Web site: https://www.cms.hhs.gov/NationalCorrectCodInitEd/.

The NCCI implementation will ensure that services are paid correctly in accordance with state and federal policy and regulations. By working together, we can ensure the most efficient use of limited health care dollars, as well as timely processing and payment of claims.

LINKS

Florida Medicaid Web Portal | Florida Medicaid Health Information Network | Florida Medicaid HIPAA Information | HIPAA Transactions & Code Sets Standard | National Identifiers

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QUESTIONS ABOUT FLORIDA MEDICAID?

Please direct questions about Medicaid policies to your local Medicaid area office. The Medicaid area offices' addresses and phone numbers are available on the Area Offices Web page.

ALERTS INFORMATION

The Florida Medicaid program has created an e-mail alert system to supplement the present method of receiving Provider Alerts information and to alert registered subscribers of "late-breaking" health care information. An e-mail will be delivered to your mailbox when Medicaid policy clarifications or other health care information is available that is appropriate for your selected area and provider type.

Visit the Florida Medicaid's Health Care Alerts page to subscribe now. You may unsubscribe or update your subscription at any time by clicking on the "Manage your subscription" icon in the footer of each e-mail. Other questions regarding the e-mail alert system can be sent to the Florida Medicaid Alerts Administrator.

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Medical Services
SEP 24 2010
Central Office

CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

09/30/2010

THOMAS W. ARNOLD
SECRETARY

AUTO3-DIGIT 323

DOH- CHILDRENÆS MEDICAL SERVICES (CMS), PHYLLIS SLOYER
BIN A06
4052 BALD CYPRESS WAY
TALLAHASSEE FL 32399-1707

Dear Therapy Services Provider:

Florida Medicaid is developing a utilization management program for therapy services as mandated by the Florida Legislature in Section 409.912 (42), Florida Statutes. The purpose of this program will be to ensure recipients receive appropriate care in line with the standards set forth in the Florida Medicaid Therapy Services Coverage and Limitations Handbook. We intend to start this program in October 2010 to pave the way for prior authorization of therapy services, which we expect to implement in 2011.

The utilization management program will not incorporate capitated payments or a prepaid program. Instead, this program will utilize a retrospective records review of a small claims sample. The review will be performed by a contracted therapist in the discipline corresponding to the type of therapy provided.

Training opportunities will be provided prior to launching the program. The training date and locations will be sent via a provider alert when details become available and will also be listed on the Medicaid Child Health Services Therapy Services Web page at: http://ahca.myflorida.com/Medicaid/childhealthservices/therapyserv.

If you have questions, please call your Florida Medicaid Local Area Office or contact John Loar of my staff at (850) 412-4003.

Sincerely,

Beth Kidder, Chief
of Medicaid Services

BK/jl

cc: Medicaid Field Office Managers, Areas 1-11

From: State of Florida Agency for Health Care Administration [medicaid_alert@ahca.myflorida.com]
Sent: Monday, September 27, 2010 11:07 AM
To: Burch, Carol D
Subject: Medicaid's National Correct Coding Initiative (NCCI) System Edits

Follow Up Flag: Follow up
Due By: Monday, October 04, 2010 12:00 AM
Flag Status: Red

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Health Care Alerts & Provider Alerts Messages September 2010

Provider Type(s): 01, 02, 06, 08, 25, 26, 27, 28, 29, 30, 31, 34, 35, 50, 51, 60, 61, 62, 63, 64, 66, 68, 69, 77, 78, 83, 90

Medicaid's National Correct Coding Initiative (NCCI) System Edits

Florida Medicaid announced the October 1, 2010, system integration of the National Correct Coding Initiative (NCCI) in the September 13, 2010, Provider Alert titled: "Medicaid Implements National Correct Coding Initiative (NCCI)." As stated in the provider alert, NCCI will identify and edit Medicaid claims for coding that does not adhere to guidelines established by the Centers for *Medicare* & Medicaid Services (CMS). NCCI is comprised of edits for services that are mutually exclusive; component code edits; and units billed edits. The edits will apply to professional and outpatient claims only. Medicare is already using CCI so most providers should be familiar with this process.

The units billed edit is referred to as the Medically Unlikely Edits (MUEs). The definition and parameters for this edit and the other edits can be found on the CMS Web site located at: http://www.cms.gov/NationalCorrectCodInitEd/.

As part of the NCCI system integration, an Explanation of Benefits (EOB) code will post on the Provider Remittance Advice for those claims that have coding that is not compatible with the CMS established parameters. The NCCI EOB codes that will post as part of this initiative are as follows:

NCCI

5924 – Invalid NCCI Billing Combination

Related HIPAA Codes

Claim Status Code	448
Claim Adjustment Reason Code	96
Remittance Advice Remark Code	N59

MUE

3396 – Units of Service Exceed Medically Unlikely Edit

Related HIPAA Codes	
Claims Status Code	259
Claim Adjustment Reason Code	222
Remittance Advice Remark Code	N362

The NCCI will ensure that services are paid correctly in accordance with state and federal policy and regulations. By working together, we can ensure the most efficient use of limited health care dollars as well as timely processing and payment of claims.

LINKS

Florida Medicaid Web Portal | Florida Medicaid Health Information Network | Florida Medicaid HIPAA Information | HIPAA Transactions & Code Sets Standard | National Identifiers

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Overview of Early Steps Policy Updates

For Implementation 11/1/2010

FLORIDA DEPARTMENT OF HEALTH

Conference Call Etiquette

- We have muted your phone until the end of the call
- Do not put phone on hold
- Be aware that noises are heard by everyone on the call
- If your phone line is making noises, please hang up and redial

About the Q & A period

- Brief Q&A period at end, *if time allows*
- Write down questions during presentation, by slide number

Purpose of Today's Call

- Introduce updates to policy documents *(not a training session)*
- Focus on what field is expected to do differently, change or cease
- Point out what was previously unclear, misinterpreted, etc.

Policy Review / Revision Process

- Questions and requests for clarification from the field and general supervision activities prompt *Policy Handbook* and *Operations Guide* updates
- Updates to policy documents will occur every six months unless there is an urgent need for correction or revision
- Possible eligibility changes to become effective January 1, 2011 – may require public participation
- Spring 2011 policy review for any July 1 updates, involves public participation along with annual Part C Application

Today's Presenters

- Renee Jenkins
- Carol Burch
- Catherine Duncan
- Dawn Lynch
- Kelly Purvis

Resource Documents

- **Early Steps Website**

http://www.cms-kids.com/home/resources/policies.html

Component 3 – First Contacts/Evaluation/Assessment

Autism Spectrum Disorder (ASD)

- Clarifies that although screening is not required, there are instances when screening children who might have ASD would be helpful and appropriate. (*3.3.1C Guide*)
- Clarifies that the LES may conduct a second confirmation screening if the child fails the first screening, but is not required to do so. *(3.3.1D Guide)*

Evaluation

- Clarifies that children functioning at an age appropriate level are not required to have an evaluation. *(3.5.1 Policy)*
- Clarifies that, although not required, an LES may evaluate a child for ASD if a diagnosis is necessary. *(3.5.1G Guide)*

Sensory Impairment

- *Criteria for Vision Loss* and *Criteria for Hearing Loss* attachments have been revised.
  - Replaced outdated language
  - Removed outdated links
  - Added language to hearing loss criteria to clarify that the child only needs to meet one of the listed criteria

(Component 3 Attachments)

Component 5 – Individualized Family Support Plan (IFSP)

FLORIDA DEPARTMENT OF HEALTH

IFSP Forms

- Revisions to IFSP Forms (Component 5 Attachments):
  - *Form A:* Race questions have been deleted
  - *Form B:* "y*our* child" has been changed to "*the* child"
  - *Form H:* A signature block has been added to document consent for children in care and custody of DCF
- Corrections to formatting issues

Instructions for Completing the IFSP

- Revisions to IFSP Instructions (Component 5 Attachments):
  - Clarifies that information and history from medical providers, when available, is captured on *Form B*
  - Clarifies that informed clinical opinion is documented on *Form D*
  - Explains the process for providing consent for children in custody of Department of Children and Families on *Form H* (in accordance with revised language in *5.3.16 Guide*)

Component 7 – Early Childhood Transitions

FLORIDA DEPARTMENT OF HEALTH

Appropriate Uses of Part C Funds after Child's Third Birthday

- Clarifies that compensatory services can be provided if determined as a result of a finding through other (state or local) general supervision activities. *(7.8.1 C.4 Policy)*

Component 8 – Procedural Safeguards

FLORIDA DEPARTMENT OF HEALTH

Parental Consent

- Requires a child's DCF caseworker or designee to also sign consent for services for children in DCF custody.
- Clarifies that every effort should be made to include the participation of the child's parent or identified future caregiver in the development of the IFSP when DCF is working toward reunification. *(8.5.1D Guide)*

Component 13 – Developmental Evaluation and Intervention (DEI)

FLORIDA DEPARTMENT OF HEALTH

DEI IFSP

- *Form C: Eligibility, Consent* (Component 13 Attachments)
  - Under “Your Insurance Information”, /PSN added after Medicaid HMO
  - At the bottom of the form, added a signature block to document consent for children in the care and custody of DCF

Component - Definitions

FLORIDA DEPARTMENT OF HEALTH

Definitions

- Revised "*Consultation*"
- Added "*Specialist*"

CREOLE TRANSLATIONS

- The following documents are now available in Creole:
  - *Component 3*
    - Shine Parent Interview Protocol
  - *Component 5*
    - IFSP Forms – Print Version
  - *Component 7*
    - Understanding Notification Brochure
  - *Component 8*
    - Due Process Hearing Brochure for Parents
    - Mediation Brochure
    - Parties Confidentiality Agreement
    - Procedural Safeguards Summary
    - Request for Mediation (Form 1067)
    - Written Prior Notice (Form 1065)

ESSO NEXT STEPS

- Ensure implementation November 1, 2010
- Incorporate changes into training materials
- Ensure performance standards are consistent
- Update policies and guidance as an on-going process
- Other

LES NEXT STEPS

- Review all policy documents
- Orient staff, providers, families, and other stakeholders
- Inform program manager of questions or need for further clarification
- Make changes to local systems as necessary to implement revised policies and forms on November 1, 2010
- Others

Q and A Period
(if time allows)

- Questions will now be taken in the order of the slides
- Do not put your phone on hold !!!
- After call – contact your program manager to ask implementation questions, report inconsistencies, etc.

More Information at

Early Steps website

www.cms-kids.com/families/early_steps/early_steps.html

FLORIDA DEPARTMENT OF HEALTH

Thank You!

From: State of Florida Agency for Health Care Administration [medicaid_alert@ahca.myflorida.com]
Sent: Tuesday, September 28, 2010 12:16 PM
To: Burch, Carol D
Subject: Therapy Services Procedure Code 29799 HA

Follow Up Flag: Follow up
Due By: Monday, October 04, 2010 12:00 AM
Flag Status: Red

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Health Care Alerts & Provider Alerts Messages
September 2010

Provider Type(s): 83

Therapy Services Procedure Code 29799 HA

Please hold all claims for Therapy Services procedure code 29799 HA. Procedure code 29799 HA is currently denying pending system corrections. We estimate the corrections will take two to three weeks. We will send you a provider alert as soon as the necessary changes have been made.

If you have any questions, please contact your local Medicaid area office. Contact information for your local Medicaid area office can be found at the following Web address: http://ahca.myflorida.com/Medicaid/Areas/index.shtml.

LINKS

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From: State of Florida Agency for Health Care Administration [medicaid_alert@ahca.myflorida.com]
Sent: Thursday, September 30, 2010 1:48 PM
To: Burch, Carol D
Subject: Therapy Services Web Page Update

Follow Up Flag: Follow up
Due By: Tuesday, October 05, 2010 1:00 PM
Flag Status: Red

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Health Care Alerts & Provider Alerts Messages
September 2010

Provider Type(s): 83

Therapy Services Web Page Update

The Medicaid Therapy Services Web page has been updated with the following additions:

- New Utilization Management Program section
- New mailbox for questions on the Utilization Management Program
- New Therapy Provider Checklist tool
- Meeting summary from the quarterly Therapy Provider Forum held September 1, 2010
- New link to the Florida Medicaid Summary of Services (in the Useful Links section)

The Medicaid Therapy Services Web page can be viewed at the following address: http://ahca.myflorida.com/Medicaid/childhealthservices/therapyserv.

LINKS

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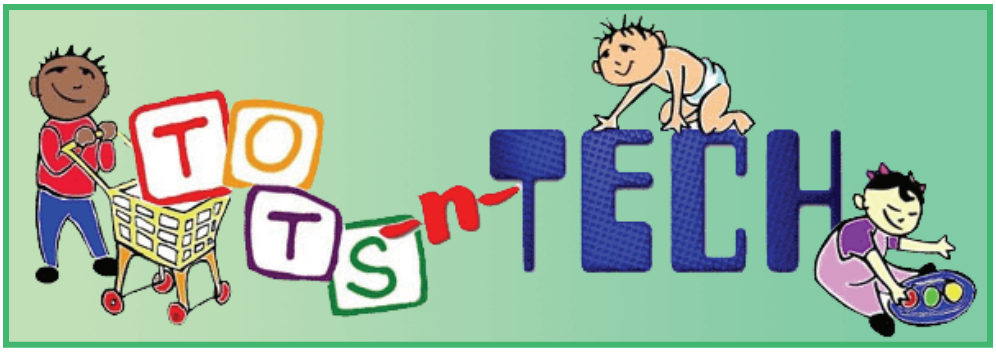
Thomas Jefferson University

October 2010



Arizona State University

E-Newsletter

Assessing the Need for Assistive Technology

Assistive technology (AT) and adaptations are great tools to use with young children to promote participation and independence. There are a lot of options available for young children, which is great, but may make the process of trying to find out what a child needs seem overwhelming. In this newsletter we will provide you with tools to identify ways in which AT might be used to assist children.

The first step in determining a needs for AT is to assess the child's daily activities and routines to find out what is going well and what is not going well. This can be done through informal conversations, structured interviews, guided interviews, checklists, and observation. These assessments should answer the following questions:

- What can the child already do without adaptations/AT? (i.e., don't change something that works well)
- Which activities and routines are and are not going well (as identified by the caregiver or the day care provider)?
- How does the child behave in his/her natural environment?
- What barriers prevent the child from performing a developmentally appropriate skill required for participation?
- In what activities/routines do the caregivers want the child to participate?
- What does the child like or dislike? What motivates him/her?
- What are the adult's perceptions of how well the child performs functional skills (e.g., communication, using arms and hands, socialization, getting around)?
- Have any adaptation/AT interventions ever been used with the child? If so, how are they working (or not)?

In This Issue

Assessing the Need for Assistive Technology 1

Assessment of Caregiver Activities and Routines 2

Adaptation/AT Planning & Brainstorming Form 4

Caregiver-Child Interaction Plan 6

Caregiver-Child Interaction Plan Resource Guide 7

AT Assessment: Helpful Websites 11

In addition to the questions listed on page 1, the following questions may also be used to assess the child's environment. Some children who appear to have delays may be in an environment that does not support their developmental competencies and skills. Ensuring that the child's environment is set up in a way that supports development is important. When observing the child's environment, ensure that:

- The child is able to interact with toys and engage in activities.
- The environment is stimulating, but not too stimulating.
- Adults attend to children when they are distressed.
- The child has opportunities to interact with other children/adults.
- The environment and people in the environment are predictable and not chaotic

Assessment and Planning Tools

The following tools have been developed to help collect the information needed for assessment and use of adaptation/AT interventions:

- Assessment of Caregiver Activities and Routines
- Adaptations/AT Planning & Brainstorming form
- Caregiver-Child Interaction Plan

Each of these tools and examples can be found on this website: http://jeffline.jefferson.edu/cfsrp/pbs.html

Assessment of Caregiver Activities and Routines

The Assessment of Caregiver Activities and Routines assesses the degree to which the child's participation in daily activities/routines is meeting the caregiver's expectations and how satisfied the caregiver is with the child's participation in these activities/routines. Based on the caregiver's responses, the provider will have a better understanding of which activities/routines are not going well (and focus on improving them) and which activities/routines are going well (and focus on embedding strategies for learning functional skills). Ideally, this assessment tool should be used as an interview so that the provider can gain a richer understanding of the family's activities and routines. However, the provider may also use this tool as a checklist. On page 3 is an example of what this assessment might look like. For a blank assessment form and a complete example please visit this website: http://jeffline.jefferson.edu/cfsrp/pbs.html.

Assessment of Caregiver Activities and Routines

	EXPECTATIONS					SATISFACTION				
ROUTINE/ ACTIVITY	Exceeds	Meets	Occasionally Meets	Does not meet	COMMENTS	Very	Is OK	Somewhat	Not	Did Not Ask
Night Time (getting ready for bed, going to bed, sleeping)	☐	☒	☐	☐	Watches video and then we read a book in his rocking chair; he enjoys both of these activities and falls asleep easily.	☒	☐	☐	☐	☐
Mealtime (appetite, level of assistance)	☐	☐	☐	☒	Does not finger or spoon feed; can help a little with cup; chews ok but not big pieces; Eats with us and can stay in highchair until everyone is done.	☐	☐	☒	☐	☐
Playtime (with family members, other caregivers, friends)	☐	☐	☒	☐	Can't play by self with toys. Can watch video or TV if propped in sitting; has so much trouble moving arms & hands that even big toys need assistance. Likes being read to and watching someone else do the toy.	☐	☐	☒	☐	☐
Leaving the house	☒	☐	☐	☐	He enjoys going out, riding in car. Does take longer to get him ready, carry to car, put in seat, etc. Does not help at all but does not fuss.	☐	☒	☐	☐	☐

Based on your answers above, list the routines/activities that do not meet your expectations.	
ROUTINE/ACTIVITY	What would you like to *see* happening: What would the child be doing? What would you or other family members be doing? What strategies have you tried?
Mealtimes	Would like to see PG sit next to me or his dad during dinner and try to feed himself either with his fingers or spoon or both and to eat a wider variety of foods other than junior foods or food that I blend or grind.
Playing with Family Members (Caregiver)	PG is an only child but we visit my sister(s) quite a bit and both of them have children – one 4 and one 3 and 5. I would like to be able to take him to my sisters and see him playing with his cousins and at home to play with me or his dad with toys without our having to do everything while he just watches.

Based on your answers above, list the routines/activities that are enjoyable for your family and child.	
ROUTINE/ACTIVITY	
Evening Routine	He especially enjoys being read to and watching an evening DVD to unwind from the day.
Leaving the House & Outings	Enjoys going in the car, on visits to my sisters, parents, and to places like the zoo or Children's museum. We often go to the park, zoo, etc. with my sisters and their children and as long as he can be in his stroller, everything goes well although he participates primarily by watching/looking.

Additional Comments: Functional skills of using hands and arms and getting around currently limit PG's participation in some activities and routines. As expectations change as he gets older, these limitations may even further interfere with participation. While he communicates sufficiently with family and child care personnel at this time, his lack of words may eventually become more of a challenge for participation and may influence his ability to participate and socialize with other children.

Adaptation/AT Planning & Brainstorming Form

Once the child's participation in activities/routines has been assessed, the team can begin to brainstorm ideas for increasing the child's participation in activities/routines that are not going well and ideas for embedding learning opportunities into activities that are going well. Current best practice recommends use of a hierarchy of intervention strategies that go from least intrusive to most intrusive. These strategies include: modifying the environment, adapting the schedule, adapting the activity, adapting materials, adapting requirements/instructions, and providing assistance. Least intrusive strategies modify or adapt the child's environment to promote increased participation in activities/routines. For instance, a caregiver could reduce potentially distracting background noise by turning the TV or radio off to increase a child's ability to pay attention. More intrusive strategies emphasize modifications that impact direct interactions with the child. For instance, a caregiver who wants a child to complete a multi-step process could provide the child with instructions/directions one-at-a-time.

The Adaptations/AT Planning & Brainstorming form was developed to assist providers/ caregivers with thinking about different intervention strategies along the hierarchy mentioned above. The provider/caregiver can note what is currently happening in a particular activity/routine and determine an expected outcome. Using the form, they can list possible ideas for each of the strategies along the hierarchy. AT devices will generally fall into two categories on the hierarchy, environmental modifications involving equipment or positioning and adapting materials. Other types of adaptations, such as adapting an activity or adapting requirements/instructions, help children learn and participate but are not specifically considered AT.

Providers/caregivers should consider the following questions when brainstorming ideas:

- Why am I making the adaptation/AT?
- How will the adaptation/AT improve the activity/routine?
- What steps will I take to make the adaptation/AT?
- How will I know if the adaptation/AT is working?
- What will I see and hear that will tell me the adaptation has improved or changed the situation?

Once the providers/caregivers have come up with ideas for all of the intervention strategies they should start to implement them into the families' activities/routines, beginning with the least intrusive intervention ideas (environmental modifications). Once an idea has been implemented, the providers/caregivers should review the activity/routine to see if there has been a positive change in what is currently happening. If the activity/routine has changed for the better, great! If not, try another idea, continuing from least intrusive to most intrusive until something works.

On the page 5 we have provided an example of an Adaptation/AT Planning & Brainstorming Form. A blank form can be found at this website: http://jeffline.jefferson.edu/cfsrp/pbs.html

ADAPTATION/AT PLANNING & BRAINSTORMING FORM

What is happening now? AF will not stay in bed once we have tucked her in. She likes to get out of bed and play with her toys or leaves her room and comes downstairs.

What would I like to see happen? Once we have tucked her in, I would like her to stay in bed and fall asleep without having to put her back in bed.

Environmental Modifications

- Play soothing music in her room to relax her
- If mom/dad are talking, watching tv., etc. make sure it is at a low volume
- Only allow her to have either the hallway light on with the door cracked or a nightlight
- Make sure all of her toys are put away and not visible from the bed
- Put bedrails on the sides of her bed to make it difficult to climb out
- Set up a cozy area, other than the bed, that the child can sleep in (e.g., sleeping bag on the floor).

Adapt Schedule

- Try adjusting her bedtime, a slightly later time may make her tired and fall asleep faster
- Establish and consistently implement a bedtime routine at a specific time

Adapt Activity

- Give her a specific bedtime task to perform (e.g., pulling down covers of bed)
- Give her extra time before bed to play with a few toys in her room
- Include a relaxing activity that the child enjoys as a part of the bedtime routine (e.g., singing her a song, taking a warm bath, etc.)
- Read a book about bedtime or sleeping
- Have her lay down in your room or her sibling's room until she falls asleep; move her to her own room once she is asleep

Adapt Materials

- Have her sleep with a special 'bedtime' stuffed animal, doll, toy, etc.
- Adapt a tape/CD player with a switch, place the switch in the child's bed so she can turn on/off bedtime music (lullabies, ocean sounds, etc.)
- Add page turners (popsicle sticks, paper clips, etc.) to the bedtime book so she can look at the book independently.

Adapt Requirements/ Instructions

- Create a visual schedule for her to follow that illustrates the steps in her bedtime routine. Emphasize the steps where she gets tucked in and then falls asleep
- Establish a point or sticker system; every time she stays in bed she gets a point or a sticker; once she gets a certain number of points she gets a special treat

Provide Assistance

- Lie down with her until she falls asleep
- Have a sibling model bedtime behavior

Expected Outcome

AF will stay in bed and fall asleep without having to be put back into her bed.

CAREGIVER-CHILD INTERACTION PLAN

The Caregiver-Child Interaction Plan (CCIP) is used to guide and monitor the development and use of intervention strategies. The CCIP is a written plan for how adaptation/AT interventions will be embedded into families' activities and routines. Having a written plan helps the caregiver and provider know what to do and when to provide opportunities for AT use. The first step in the CCIP is to identify individual steps in a particular activity/routine. Next, determine if any of these steps are a problem. If the step is identified as being a problem, determine whether an adaptation/AT intervention would be helpful. Finally, decide what the caregiver will do and what is expected from the child. By going through the steps of an activity/routine, the caregiver and provider will be able to determine where the problems are occurring during the routine and come up with multiple types of AT to help the child participate in the activity/routine. Once the CCIP has been created, the family should implement the changes to the activity/routine to figure out which options will work best in which situations. See below for an example of a complete CCIP.

Routine/Activity: Meal-time **Location** (if outside the home): _____

Is this routine going well? Yes **No** (circle one) **Focus:** **Routine** or Creating Opportunities (circle one)

What I would like to see happen during this routine: I would like Brian to be able to participate in mealtime by sitting in his highchair.

What is the current situation? Brian does not like to sit in his high chair. He is uncomfortable and cries to be taken out of the chair.

Steps in the Routine	Problem (y/n)	Adaptations that will be used	What I will do	What my child is expected to do
Put Brian in his high chair.	Y	Foam insert for stability.	Put Brian in his high chair and insert the foam around his legs and at his back to keep him seated comfortably.	Nothing.
Position toys on Brian's tray	Y	Double sided Velcro tape to keep toys on the tray	Tape a favorite toy of Brian's onto the high-chair tray.	Nothing.
Play with toy with Brian.	N		Play with the toy with Brian for as long as he is enjoying it (no longer than 5 minutes). Reinforce Brian when he plays (or tries to play) with the toy.	Play with the toy.
Feed Brian	N	Food will be cut into small pieces Use shelf liner to secure plate/bowl to tray	Leave toy on tray for Brian to play with. Put food either directly on tray or in a bowl/plate. Feed Brian food that requires utensils.	Eat finger food
Clean Up	N		Leave toy for Brian to play with. Take food away. Wipe Brian's face/hands.	Play with toy
Take Brian out of the high chair.	N		Take Brian out of the high chair.	Nothing.

Note: If the routine is not going well, planning focuses on completing the routine; if the routine is going well, planning focuses on embedding learning opportunities within the routine.

CAREGIVER-CHILD INTERACTION PLAN RESOURCE GUIDE

A CCIP Resource Guide was created to assist early intervention providers in creating CCIPs with their families. The guide is divided into 12 activities and routines that many families use each day. It contains examples of possible steps in each of the 12 activities/routines that that can be used as starting points in creating families' personal CCIPs. The examples can be used to help families brainstorm the steps that occur in their own routines. The resource guide and blank CCIP form can be found at this website: http://jeffline.jefferson.edu/cfsrp/pbs.html. Below and on the following pages we have provided a few examples of the steps that may occur in different activities or routines and potential AT/adaptations to use for each step. Many of the AT/adaptations in the examples below are linked to Tots-n-Tech's Ideas to Share database, you can click on the link for directions on how to make a particular idea. Download the resource guide for additional examples.

MEALTIME

Steps in the Routine	Adaptations that could be used
Child goes to kitchen	• Use a scooter for moving to the kitchen. • Have the child hold on to a hula hoop to increase stability. • Stabilize the child while walking by tying magazines or newspapers around their legs. • Build a Scoot-a-bout so the child can independently move from one place to another. • Perform a short activity that the child likes to do before or after; create a schedule so he/she can anticipate the reward. • Create a schedule to help the child transition. • If your child is in a wheelchair, create a seatbelt cover so he/she is more likely to stay fastened in the chair on the way to the table.
Parent prepares meal	• Use a plastic desk to keep an eye on the child while preparing a meal. Place the child in a laundry basket for support and place a small plastic desk over the laundry basket. Bring some toys for the child to play with • If the child uses a stander, attach a tray and bring toys to play with while preparing a meal. • To have the child help with meal preparation use a homemade stander that is positioned in front of the sink or countertop. • To interact with the child during meal preparation, create an object calendar with steps in the preparation process to let the child know what is happening and what is going to come next. • Create a list of tasks to perform and have the child put the finished tasks in the 'done' pile. • Create a schedule to help the child stay on task; cover up old tasks when done.
Parent or child sets the table	• Use a plastic desk to keep an eye on the child while setting the table. Place the child in a laundry basket for support and place a small plastic desk over the laundry basket. Bring some toys for the child to play with • If the child uses a stander, attach a tray and bring toys to play with while setting the table. • Have the child help set the table by creating an object calendar with steps for setting the table. This may help the child remember what things need to be put out. • Create a list of tasks to perform and have the child put the finished tasks in the 'done' pile. • Create a schedule to help the child stay on task; cover up old tasks when done.
Child goes to table	• If your child is in a wheelchair, create a seatbelt cover so he/she is more likely to stay fastened in the chair on the way to the table. • Use a hula hoop to help the child walk to the table. • Stabilize your child while walking by tying magazines or newspapers around their legs. • Build a Scoot-a-bout so the child can independently move from one place to another. • Use a masking tape to create a path for the child to follow that leads to their chair. • Create a schedule or use My Day Board to help the child transition. • Create a list of tasks to perform and have the child put the finished tasks in the 'done' pile • Create a schedule to help the child stay on task; cover up old tasks when done.

MEALTIME (continued)

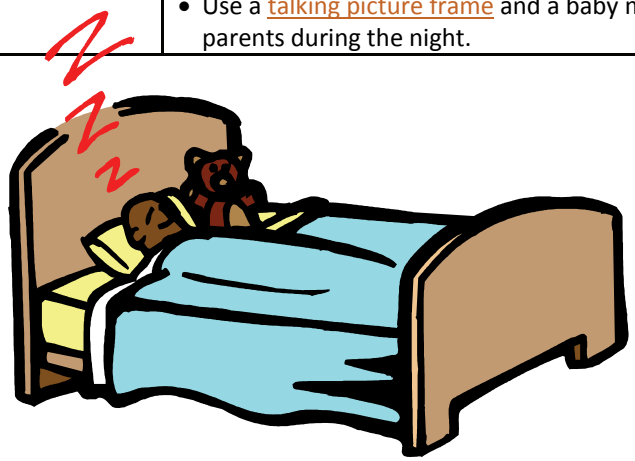
Steps in the Routine	Adaptations that could be used
Child sits down	• Use bolsters to position the child in their chair. • Decrease fidgeting while sitting down by putting a box underneath children's feet who don't reach the floor. • Create a schedule or use My Day Board to help the child transition. • Create a list of tasks to perform and have the child put the finished tasks in the 'done' pile. • Create a schedule to help the child stay on task; cover up old tasks when done.
Child/ parent puts on bib	• Decrease fidgeting while putting the child's bib on by putting a box underneath their feet if they don't reach the floor. • Create a schedule or use My Day Board to help the child transition. • Create a list of tasks to perform and have the child put the finished tasks in the 'done' pile. • Create a schedule to help the child stay on task; cover up old tasks when done.
Child eats food	• Use different household objects to build up the child's utensils so they can grasp their fork and spoon better (Grippers, Shower curtain rings, Built up handle grips) • Decrease fidgeting while eating by putting a box underneath children's feet who don't reach the floor. • Use a communication device to have a conversation with the child during mealtime and to select food choices, ask to pass food, say are "finished", etc. • Create a schedule or use My Day Board to help the child transition. • Create a list of tasks to perform and have the child put the finished tasks in the 'done' pile. • Create a schedule to help the child stay on task; cover up old tasks when done. • To prevent the child's plate from sliding around the table while eating use a suction cup, damp washcloth, or plastic place mat.
Child wipes hands and face	• Decrease fidgeting while cleaning up by putting a box underneath children's feet who don't reach the floor • Create a list of tasks to perform and have the child put the finished tasks in the 'done' pile. • Create a schedule to help the child stay on task; cover up old tasks when done. • Use a communication display to communicate with the child through pictures.
Child/parent remove bib	• Decrease fidgeting while removing the child's bib by putting a box underneath children's feet who don't reach the floor. • Create a list of tasks to perform and have the child put the finished tasks in the 'done' pile. • Create a schedule to help the child stay on task; cover up old tasks when done. • Use a communication display to communicate with the child through pictures.
Child gets down from chair	• Use the box or stool to help child step down from chair if it is too high. • Create a schedule to help the child stay on task; cover up old tasks when done. • Use a communication display to communicate with the child through pictures.
Child/parent clears table	• Create a list of tasks to perform and have the child put the finished tasks in the 'done' pile. • Create a schedule to help the child stay on task; cover up old tasks when done. • Use a communication display to communicate with the child through pictures.
Child/parent cleans up kitchen	• Create a list of tasks to perform and have the child put the finished tasks in the 'done' pile. • Create a schedule to help the child stay on task; cover up old tasks when done. • Perform a short activity that the child likes to do before or after; create a schedule so he/she can anticipate the reward. • Use a communication display to communicate with the child through pictures.
Child goes to next activity	• Use a communication board to let the child know what will be happening next • Scooter for moving around. • Have the child hold on to a hula hoop to increase stability. • Stabilize your child while walking by tying magazines or newspapers around their legs. • Build a Scoot-a-bout so the child can independently move from one place to another. • Create a schedule to help the child transition. • If your child is in a wheelchair, create a seatbelt cover so he/she is more likely to stay fastened.

PLAYTIME WITH TOYS

Steps in the Routine	Adaptations that could be used
Parent and child decide what the child will play with	• Use a communication board to make decisions and choices • Program a voice recording switch to say "Yes", give the child choices of activities, he/she can hit the switch when they want to do an activity • Create a list of activities the child may perform, have the child pick one activity out during t he beginning of play time. Keep this card out during play, when done have them put the finished activity in the 'done' pile.
Child goes to play area	• Scooter for moving around. • Have the child hold on to a hula hoop to increase stability. • Stabilize child while walking by tying magazines or newspapers around their legs. • Build a Scoot-a-bout so the child can independently move from one place to another. • Create a schedule to help the child transition. • If child is in a wheelchair, create a seatbelt cover so he/she is more likely to stay fastened
Child plays	• Ideas for playing with toys – add film canisters, old prescription bottles, shower curtain rings, etc. to toys for easier grasping; attach knobs to puzzle pieces; outline edges puzzle pieces so child can see more easily; wrap fabric, foam, tape, etc. around toys with handles for an easier grip; use Velcro bracelet so the child doesn't loose toys • Ideas for drawing/painting – use an old/clean roll-on deodorant for painting, melt crayons in a cupcake pan to make them easier to grasp, add foam, tape, fabric, etc. to crayons, pencils, markers, etc., use a slant board • Ideas for table top games – Use a clean hairbrush as a card holder, turn a Styrofoam tray upside down and cut card sized slits in it to hold cards • Use a communication board so the child can communicate during play • Use bolsters to position the child during play
Child cleans up	• Use a communication board to say "all done" • Create a schedule to help the child transition. • Perform a short activity that the child likes to do after play; create a schedule so he/she can anticipate the reward. • Use a tape recorder or switch with the 'cleanup' song recorded on it, have the child press the switch when it is time to clean up.
Child goes to next activity	• Use a communication board to let the child know what will be happening next • Scooter for moving around. • Have the child hold on to a hula hoop to increase stability. • Stabilize your child while walking by tying magazines or newspapers around their legs. • Build a Scoot-a-bout so the child can independently move from one place to another. • Create a schedule to help the child transition. • If your child is in a wheelchair, create a seatbelt cover so he/she is more likely to stay fastened in the chair

BEDTIME

Steps in the	Adaptations that could be used
Parent and child go into child's room	• Use a scooter or push toy walker for moving to the bedroom. • Have the child hold on to a hula hoop to increase stability. • Stabilize the child while walking by tying magazines or newspapers around his/her legs. • Build a Scoot-a-bout so the child can independently move from one place to another. • Perform a short activity that the child likes to do before bedtime; create a schedule so he/she can anticipate the reward. • Create a schedule to help the child transition. • If the child is in a wheelchair, create a seatbelt cover so he/she is more likely to stay fastened in the chair on the way to the bedroom.
Child undresses and puts on pajamas	• If the child's clothing or pajamas have zippers or buttons use a dressing stick, sew easy or grippers for more independence while grasping. • Create a schedule to help the child transition. • Wear a communication bib that illustrates what comes next. • Perform a short activity that the child likes to do before undressing; create a schedule so he/she can anticipate the reward. • Let the child pick out their pajamas using a choice making device. • Provide a child sized bench to sit on while undressing. • Make a barrel seat for the child to sit on. • Use a communication display to communicate with the child through pictures.
Child gets into bed & lies down	• Create a schedule to help the child transition. • Wear a communication bib that illustrates what comes next. • Have the child hold on to a hula hoop to increase stability while moving to the bed. • Use the box for decreasing the child's fidgeting to help the child climb into bed. • Position your child in bed using bolsters.
Parent reads child a story	• Use a Velcro bracelet to help child turn pages of book • Use a variety of page turners to help the child turn the pages of the book (Page turners)
Parent tucks child in	• Create a schedule to help the child transition. • Wear a communication bib that illustrates what comes next. • Use a communication display to say goodnight to the child.
Parent turns lights out	• Create a schedule to help the child transition. • Wear a communication bib that illustrates what comes next. • Use taction pads to allow the child to turn off the light. Or use a clapper or push light that the child can use independently.
Child goes to sleep	• Use taction pads, a clapper, or push light to allow the child to turn on the light or alert parents they are awake during the night. • Use a talking picture frame and a baby monitor to allow the child to communicate with his/her parents during the night.



AT Assessment : Helpful Websites

READ ABOUT IT:

Using Assistive Technology with Infants and Toddlers (http://tnt.asu.edu/files/Brief_5_ATUse_8-24-09_final.pdf) - this document is a detailed resource guide developed by Tots-n-Tech about using AT with infants and toddlers. The guide covers information detailed in this newsletter as well as some additional assessment tools.

SEE IT:

Promoting Young Children's Participation in Activities & Routines Through Adaptations & Assistive Technology, OSEP-NECTAC Presentation (http://tnt.asu.edu/files/Nectac_12-08-08_Campbell.pdf) - this document is a presentation about AT and includes information on working with families to find out about their daily activities/routines.

Project TaCTICS (http://tactics.fsu.edu/modules.html) - this website contains four training modules that cover routines based assessments, linking assessments to intervention, using daily routines as contexts for interventions, and involving the caregiver.

FIND IT ONLINE:

SEEDS Assessment Links (http://www.scoe.net/SEEDS/resources/at/atInfants/assessment.html) - this website contains a list of helpful assessment resources that are available online. The list contains links to assessment tools, information about the assessment process, assessment models, and reports about AT assessment.

Please feel free to forward this newsletter to any individuals or agencies that may benefit from information on assistive technology.
Questions? Comments? Want to have the newsletter sent directly to your inbox?
Email Jill at jill.mcleod@jefferson.edu