ARKANSAS REGISTER

Proposed Rule Cover Sheet

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Name of Department Arkansas Department of Education

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Name of Rule DESE Rules Governing The First Connections Program Under Part C of the Individuals with Disabilities Education Act

Newspaper Name Arkansas Democrat-Gazette

Date of Publishing May 4-6, 2025

Final Date for Public Comment June 5, 2025

Location and Time of Public Meeting 10:00 am, Arkansas Department of Eduction, Arch Ford Building, Four Capitol Mall, Little Rock, AR 72201, ADE Auditorium.

Proposed Rulemaking

Title

Promulgated by:

Title 20. Public Health and Welfare

Chapter XIV. Division of Developmental Disabilities Services, Department of Human Services

Part 534. First Connections Program Under Part C of the Individuals with Disabilities Education Act

Codification Notes. This part as promulgated prior to codification into the Code of Arkansas Rules of 2024 provided as follows:

101. Authority.

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

(b) The Arkansas Department of Education (ADE), Division of Elementary and Secondary Education (DESE), Office of Early Childhood (OEC) 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.

Subpart 1. General

20 CAR § 534-102. Purpose.

The purpose of these rules is to:

(1) Serve as the minimum guidance for Local Provider Programs and early intervention service providers; and

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

Authority. Arkansas Code § 20-76-201.

Codification Notes. Part C of the Individuals with Disabilities Education Act (IDEA) is codified at 20 U.S.C. § 1431 et seq.

20 CAR § 534-103. Definitions.

As used in this part:

(a) "ADE" means the Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Special Education, the Governor-appointed Lead Agency for Arkansas' early intervention program under Part C of IDEA, First Connections.

(b) "Adverse agency action" means:

(1) Any enforcement action taken by ADE pursuant to Section 803 to 807; and

(2) Any other adverse regulatory action or claim covered by the Medicaid Fairness Act, Ark. Code Ann §§ 20-77-1701 to -1718.E

(c)(1) "Assistive technology and adaptive equipment" means an item or product used to increase, maintain, or improve the functional capabilities of the child. Adaptive equipment may include off-the-shelf products or items that have been modified to meet the needs of the child with a disability.

(2) "Assistive technology and adaptive equipment" does not mean a device that must be surgically implanted or any therapy equipment typically found in clinics;

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

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

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(f) “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 local provider program;

(g) “CMDE” means the comprehensive multidisciplinary 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 and needs in all five areas of development and assess the impact of a child’s disability on the child’s participation in typical child and, or, or both family activities.

(h) “Conversion Plan” means the plan listing the steps, activities, supports, timelines, and individual(s) responsible for moving an IFSP service back to a child’s Natural Environment within an IFSP Review period of three (3) to six (6) months and is part of the Developmental Justification of Need documented in the child’s electronic record in the State-approved Data System.

(i) "Delivered Services Note” means the documentation in the child’s electronic record in the State-approved data system of a service session.

(j) “Determination Rating” means the annual rating of Local Provider Programs based on their Annual Performance Report (APR) data, results of monitoring and, or, or both any dispute resolution actions, and data completeness and other measures selected by the Lead Agency to assess if each Local Provider Program is “meeting requirements” of IDEA, Part C or “needs assistance,” “needs substantial assistance,” or “needs intervention” in meeting the requirements of IDEA, Part C.

(k) “Developmental Justification of Need” means the documentation in a child’s electronic record in the State-approved Data System that describes the work done with the child and the child’s Parent or other Caregivers in the Natural Environment, modifications done to the approach, activities, strategies, consultation and coaching within the Natural Environment and why that work failed to support the child in making progress in achieving IFSP objectives and, or, or both goals linked to that service. The Developmental Justification of Need cannot be submitted for a service on an initial IFSP or a service newly added to an existing IFSP. Developmental Justification of Need must include a Conversion Plan listing the steps, timeline,

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activities, supports, and individual(s) responsible for moving the IFSP Service linked to unmet IFSP goals and objectives back to the child's Natural Environment within a typical IFSP Review period.

(l) "ECSE" means Early Childhood Special Education services for preschool aged children 3-5 under Part B-619 of the IDEA.

(m) "Educational Surrogate" means an individual appointed by the Part C Coordinator and, or, or both other Lead Agency representative to serve in the place of Parent for purposes of accessing early intervention for a child who is a ward of the State. The Educational Surrogate is solely responsible for protecting and representing the child's rights and interests during the child's participation in First Connections when there is no other individual who meets the description of "Parent" under Part C of the IDEA.

(n) "Evaluation Interpreter" means an individual qualified to interpret the results of the CMDE at the Meeting to Determine Program Eligibility in place of the evaluating therapist and carry out all other duties of an IFSP Team member to support the family in completing the initial Child Outcome Summary (COS) 1-7 Number Rating, Determine Program Eligibility and write the Statement of Program Eligibility, Develop child-participation goals for the IFSP and the action steps or developmental sequence of objectives to meet each goal, and select the Early Intervention service(s) necessary to reach the goals and objectives on the IFSP.

(o) "Evaluation Report" means a written report to share the results of a child's evaluation with the family and other IFSP Team members that is used to better understand the child's functional ability and ability to participate in typical child and family activities as well as the child's strengths and needs and how any documented delays impact the child's ability to participate in typical child and family activities. This information supports the IFSP Team, which includes the Family, in developing appropriate Child-Participation Goals for the IFSP.

(p) "Early intervention services" means the seventeen (17) Federally-identified developmental services outlined in IDEA, Part C that build parent and caregiver capacity to promote their child's participation, early learning, and development, including:

(1) Assistive technology and adaptive equipment and services;

(2) Audiology services;

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(3) Family training, counseling, and home visit services;

(4) Health services;

(5) Medical services including Specialized Evaluation Services;

(6) Nursing services;

(7) Nutrition services;

(8) Occupational therapy evaluations and services;

(9) Physical therapy evaluations and services;

(10) Psychological services;

(11) Service Coordination Services;

(12) Sign language and cued language services;

(13) Social work services;

(14) Special Instruction (Developmental Therapy Service and Developmental Evaluation);

(15) Speech-language pathology evaluations and services;

(16) Transportation services;

(17) Vision services;

(q) "Employee" means an employee or other agent of a local provider program who has direct contact with a child participating in First Connections including without limitation any employee, independent contractor, subcontractor, intern, volunteer, trainee, or agent.

(r) "Exceptional Family Circumstance" means events beyond the control of the Family, the Local Provider Program, the First Connections Administration, and, or, or both the local educational agency (LEA). Including (but not limited to): the child's or parent's illness, the hospitalization or illness of an immediate family member, a natural disaster, parent military deployment, and the family's absence from the geographical area in order to participate in the observance of a commemoration including cultural or religious holiday. The following do not constitute an Exceptional Family Circumstance: delays caused by the failure to obtain a prescription, delay in obtaining copies of existing records, provider shortages, or other administrative issues. The exceptional circumstance must be documented in the child's

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electronic record, and the action that has been delayed by the circumstance must occur as soon as practicable after the exceptional circumstance has been resolved.

(s) "Family assessment" means the family-directed assessment performed by a service coordinator conducted via a personal interview to identify family strengths, needs, resources, priorities, and concerns; the child's natural environment; and the typical child and family activities that will assist the family and other IFSP team members in developing the IFSP;

(t) "Family Goal" means the statement of the goal or activity the Parent, a family member, or other Parent-identified Caregiver will work on and accomplish. Every IFSP must have at least one active Family Goal; the Family Goal on the IFSP does not have to be directly related to the Program-Eligible child with a disability and may be anything the Parent determines would improve family life.

(u) "FC STANDS" is the current "State-approved Data System" used by all First Connections Providers in its entirety to ensure the timely and accurate maintenance of child and family Early Intervention records.

(v) "Financial Impact Statement" means the ADE, Office of Special Education, Division of Elementary and Secondary Education form used as part of the documentation reviewed when an individual or entity requests reconsideration of adverse action in compliance with Ark. Code Ann. § 25-15-204(e).

(w) "First Connections" means the ADE Program providing early intervention as defined by Part C of the Individuals with Disabilities Education Act (IDEA) that carries out all IDEA General Supervision activities to ensure implementation of and adherence to the IDEA requirements, mandates, and guidelines in the Statewide network of Early Intervention; plans and carries out all activities and responsibilities of IDEA Child Find requirements to 8 identify infants and toddlers from birth to thirty-six (36) months of age (and their families) that are suspected of having a developmental delay; and ensures the provision of quality early intervention to families of all Program Eligible infants and toddlers.

(x) "First Connections Central Intake Unit" means the unit that processes referrals to First Connections and serves as the single referral point of entry for First Connections;

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(y) “IDEA” means the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.;

(z) “IFSP” means an Individualized Family Service Plan as defined by Part C of the IDEA which is a written and individualized plan developed with the family around their routines, priorities, interests, and concerns. The IFSP must include a description of the Early Intervention and other services necessary to meet the developmentally appropriate child-participation goals and objectives on the IFSP, the natural environment location of each IFSP service, the funding source of each service, and the duration, frequency, and intensity of each service necessary to ensure parents and other identified caregivers have the support and skills needed to support their child’s participation, early learning, and development.;

(aa) “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 responsible for Early Childhood Special Education (ECSE) services under Part B-619 of the IDEA.

(bb) “Local Provider Program” is the EI Provider Program, organization, or agency approved to Provide Part C Early Intervention services after completion of an application process to be an Early Intervention Provider Program or agency.

(cc)(1) “Market” or “marketing” means the accurate and honest advertisement of a Local provider Program or Individual Service Provider that does not also constitute solicitation.

(2) “Marketing” includes without limitation:

(i) Advertising using traditional media;

(ii) Distributing brochures or other informational materials regarding the services offered by the local provider program or individual service provider;

(iii) Conducting tours of the Local provider Program or individual service provider’s place of practice to interested children and parents;

(iv) Mentioning services offered by the local provider program or individual service provider in which the child or parent might have an interest; and

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(v) Hosting informational gatherings during which the services offered by the local provider program or Individual Service Provider are described;

(dd) "Native language" means the language and primary mode of communication used by an individual;

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

(2) "Natural environment" does not mean:

(i) A clinic, hospital, local provider program or individual service provider's office, early intervention day treatment center (EIDT), or other facility in which the majority of individuals are not typically developing; or

(ii) A place in the community that the child and family do not typically frequent or an activity in a commonly frequented location in which the child does not typically participate.

(iii) Removing a child from peers, family, or familiar people and the typical activities and interactions occurring in that setting to provide early intervention services in an isolated setting or room;

(ff) "Notice of Meeting Outcome" means a written notice that summarizes what took place in a meeting that is sent to the Parent as soon as possible after each meeting. The Notice of Meeting Outcome must include: the names and roles of each person who participated in the meeting, outline next steps to be taken as a result of that meeting, information about the Parent's right to disagree, and how to access dispute resolution options. Each Notice of Meeting Outcome must be documented in the child's electronic record.

(gg) "PASSE" means Provider-Led Arkansas Shared Savings Entity ("PASSE"); A child enrolled with and receiving Tier II or Tier III services through a PASSE is not eligible to participate in First Connections, have an IFSP developed, receive an IFSP service, or access and, or, or both utilize Part C Federal funding.

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(hh) “Payor of Last Resort” means that all other Federal, State, and Local funding options for an Early Intervention service on a current IFSP have been determined unable to fund an Early Intervention service and with that documentation, Part C Federal funds may be used when no other pay source exists.

(ii) “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:

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

(B) A legal guardian;

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

(D) An individual legally responsible for the child’s welfare; or

(E) An Educational Surrogate appointed by the Part C Coordinator and, or, or both other Lead Agency representative when the child is a ward of the state and there is no other individual with whom the child lives who can serve as Parent.

(jj) “Parental consent” means the Parent’s informed approval of a proposed activity documented in writing on a State-approved form.

(kk) “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 local provider program or individual service providers for the delivery of those early intervention services included on a child’s IFSP;

(ll) “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

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

(mm) "Prior Written Notice" means delivery of written notice to the Parent in their Native Language and in language that is understandable to the general public at least 7 calendar 11 days in advance of an action, proposed action, or refusal to act, which must include without limitation:

(1) The proposed action, reason for the action, and individuals involved;

(2) The action taken, a summary of the action taken and reason for taking the action;

(3) The action not taken and explanation of the reason why the action was not taken;

(4) All applicable dispute resolution and appeal rights, or instructions on where to find all applicable dispute resolution options; and

(5) Any applicable procedures and timelines for exercising dispute resolution and, or, or both appeal rights, or where to find any applicable procedures and timelines for exercising dispute resolution or appeal rights.

(nn) "Service and County Form" is the process and documentation used by Local Provider Programs to identify which of the 17 Part C Early Intervention Services the Local Provider Program will provide and in which county or counties the Local Provider Program will provide each service they are certified to provide.

(oo) "Service coordinator" means an early intervention professional certified by First Connections to perform service coordination services as outlined in Part C of IDEA.

(pp) "Service provider" means an individual meeting all State licensing or credentialling requirements and has been certified by First Connections to provide one (1) or more Early Intervention Services to the family or other caregiver of a Program-Eligible child participating in First Connections.

(qq)(1) "Solicit" or "solicitation" means the initiation of contact with a child or their family by a Local Provider Program and, or, or both an EI Service Provider, when the child

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is currently receiving IFSP services from another Local Provider Program and, or, or both EI Service Provider, with the purpose of persuading the child or Parent to switch to or otherwise use the services of the Local Provider Program.

(2) "Solicit" 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 local provider program or individual 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;

(iv) Making negative comments to a child or their family regarding the quality of services performed by another local provider program or individual service provider;

(v) Promising to provide services in excess of what is necessary to reach the goals and objectives on a current IFSP;

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

(vii) Engaging in any activity that ADE reasonably determines to be solicitation; or

(viii) Collaborating with a childcare program in such a way that limits parent choice of Provider or a child's ability to work with their current Provider in their childcare setting.

Authority. Arkansas Code § 20-76-201.

Codification Notes. Part C of the Individuals with Disabilities Education Act (IDEA) is codified at 20 U.S.C. § 1431 et seq.

Subpart 2. Certification

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20 CAR § 534-201. Certification General.

(a) All Local Provider Programs and Individual Service Providers must meet minimum State licensure requirements and be certified by First Connections to provide any Early Intervention Service.

(b) All Local Provider Programs and individual Service Providers must comply with all applicable requirements to maintain Part C Program certification for a particular Early Intervention Service.

(c) A Local Provider Program operates under a signed Voucher Agreement of other contract or document that outlines the terms of the agreement in order to receive an Allocation or award of Federal Part C funds.

(d) A Local Provider Program is expected to manage their Allocation of Federal Part C funds and only request additional allocation when there is evidence of increased referrals and, or, or both number of children served.

(e) A Local Provider Program agrees to provide quality early intervention services that meet all IDEA, Part C requirements; when a Local Provider Program serves no children (has no data, billing, active IFSPs, etc.) for two consecutive years, the Local Provider Program may:

(i) Be required to complete a survey and, or, or both Technical Assistance or other training and support;

(ii) Have their Allocation of Part C funding reduced or not dispersed until the Local Provider Program begins serving children and families; and

(iii) Be placed on “inactive” status until the Local Provider Program begins serving children and families.

(f) An individual or organization that is on the Medicaid excluded provider list is prohibited from being a local provider program or individual service provider.

Authority. Arkansas Code § 20-76-201.

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20 CAR § 534-202. Application for a Local Provider Program, Entity, or Organization

(a)(1) To apply to become an Early Intervention Provider Program, a completed application must be submitted to First Connections during periods of Open Enrollment.

(2) A complete application includes without limitation:

(i) Documentation demonstrating the applicant'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 applicant's management, including without limitation the management structure and members of the management team;

(iii) Documentation of the applicant's current contractors and the contractors that the applicant intends to use as part of providing Early Intervention Services;

(iv) Documentation of all required state and national criminal background checks
for all employees and contractors;

(v) Documentation of all required drug screens, registry checks and searches for
employees and contractors;

(vi) Documentation of active Medicaid Provider number; if providing developmental therapy (provider type 78) Medicaid developmental rehabilitation services (DRS) required in order to bill Medicaid for developmental therapy services;

(vii) Secretary of State registration, if using a doing business as (dba) name;

(viii) IRS SS4 approval letter, (501C3 if the facility is non-profit);

(ix) Fiscal year end date (if not provided, it will default to December);

(x) Disclosure of Significant Business Transactions form DMS 689;

(xi) Ownership and Conviction Disclosure form DMS 675; and

(xii) All other documentation or other information requested by ADE.

203. Application Approval Process.

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(a) First Connections notifies an Early Intervention Provider Program applicant in writing of Acceptance and, or, or both application approval to become a First Connections Provider Program when:

(1) The Potential Local Provider Program (applicant) submits a complete application under section 202;

(2) All employees and contractors of the Potential Local Provider Program have successfully passed all required drug screens and criminal background, maltreatment, and other registry checks and searches; and

(3) The Potential Local Provider Program (applicant) satisfies these Rules.

(b) First Connections may approve an application involving a change of ownership for an existing Local Provider Program if:

(1) The applicant submits required documentation within 30 days of change of ownership;

(2) All employees, owners, and contractors have successfully passed all required criminal background, maltreatment, and other required registry checks and searches;

(3) All employees, owners, and contractors who are not currently certified as Part C Providers for their role complete certification within 90 days of the date of the transfer of ownership;

(4) All employees, owners, and contractors documentation of all required criminal background, maltreatment, and other required registry checks and searches have been submitted;

(5) First Connections determines that the Provider Program under new ownership satisfies these Rules and meets all requirements.

204. Certification of Individual Early Intervention Service Providers.

(a) All individual Service Providers must meet minimum State licensure requirements for their Early Intervention role in order to be certified by First Connections to provide any Early Intervention Service.

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(b) Each individual Service Provider must complete the Core Competencies Certification course for their specific role (therapist, service coordinator, evaluation interpreter, etc.) in order to be certified by First Connections to provide any Early Intervention Service. See section 206(1)(b) for Local Provider Program non-certified Personnel and, or, or both Staff.

(c) New hires have ninety calendar days (90) days from date of hire to complete initial Certification requirements.

(d) Individual Service Providers are re-certified every 3 years and must comply with all applicable requirements to maintain Part C Program certification for their particular Early Intervention role(s).

(e) An individual that is on the Medicaid excluded provider list is prohibited from being an Early Intervention Service Provider.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-205. Organization and ownership.

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

(b)(1) If the local provider program 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 local provider program 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 Local Provider Program cannot certify their own Service Providers.

(2) A local provider program cannot complete a change in ownership unless First Connections approves the application of the new ownership pursuant to 20 CAR § 534-203.

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(3) A local provider program cannot change its name or otherwise operate under a different name than the one listed on record with First Connections without submitting prior thirty-day (30) Written Notice to the Part C Coordinator.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-206. Local Provider Program Personnel and Staffing.

(a)(1) A local provider program must comply with all requirements applicable to employees under these rules, including without limitation drug screens, criminal background checks, adult and child maltreatment registry checks, and sex offender registry searches.

(2) A local provider program must verify that an employee continues to meet all requirements upon the request of First Connections or whenever the local provider program receives information after hiring that would create a reasonable belief that an employee no longer meets all requirements, including without limitation requirements related to drug screens, criminal background checks, adult and child maltreatment registry checks, and sex offender registry searches.

(3) Local Provider Program Personnel and Staff in roles that do not require First Connections Certification (clerical, schedulers, billers, Administrators, etc.) are required to complete an Orientation and, or, or both Introduction to IDEA, Part C within 90 days of hire and meet all required ongoing professional development requirements for noncertified EI Professionals.

(b)(1) A local provider program must conduct criminal background checks for all employees as required pursuant to Arkansas Code § 20-38-101 et seq.

(2) A local provider program must conduct a Child Maltreatment Central Registry check on each employee prior to hiring and at least every two (2) years thereafter.

(3) A local provider program must conduct an Arkansas Adult and Long-term Care Facility Resident Maltreatment Central Registry check on each employee prior to hiring and at least every two (2) years thereafter.

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(4) A local provider program must conduct at least a (5)-panel drug screen on each employee prior to hiring and as required by Ark. Code Ann § 20-77-128(b).

(5) A local provider program must conduct an Arkansas Sex Offender 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 subsection 206 of this section.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-207. Employee records.

(a) A local provider program must maintain a personnel file for each employee in State-approved Data System including without limitation:

(1) Evidence of all required criminal background checks;

(2) All required Child Maltreatment Central Registry checks;

(3) All required Adult and Long-term Care Facility Resident Maltreatment Central 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 rules as well as any professional licensures, certifications, or credentials held by that employee.

(b) A local provider program 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 State-approved Data System.

(c) A local provider program must make all employee personnel files available to First Connections upon request.

208. Document Destruction.

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(a) Local Provider Programs, EI Service Providers, and other Early Intervention Professionals are not required to maintain or keep hard copies or paper records.

(b) If a Local Provider Program elects to maintain hard copies or paper records, all applicable state and federal laws and rules governing the destruction of child records and Personally Identifiable Information, including without limitation Part C of IDEA and the General Education Provision Act (GEPA) and any other requirements of the Lead Agency.

209. Marketing and Solicitation.

(a) A Local Provider Program can Market its services.

(b) A Local Provider Program and, or, or both an EI Service Provider cannot Solicit a child or the child's family.

(c) A Local Provider Program and, or, or both an EI Service Provider cannot enter into a collaboration or other type of partnership with a childcare program in such a way that Parent Choice of Provider is disrupted or in such a way that prevents a child's Service Provider on record access to the child in a childcare or other early learning program or setting.

210. Third-party Service Agreements.

(a) A Local Provider Program must notify the Part C Coordinator in writing when contracting with a third-party vendor(s) to provide services or otherwise satisfy requirements under these Rules.

(b) A Local Provider Program must notify the Part C Coordinator no later than fourteen (14) Calendar Days in advance of the provision of any IFSP service that will be provided by a third-party vendor.

(c) Third-party vendors who are not First Connections certified may be required to complete an EI Orientation or other technical assistance program overview or orientation that supports them in meeting the requirements of Part C of the IDEA prior to IFSP service provision.

(d) Provider Program must ensure that all third-party vendors and contractors comply with these Rules and all other applicable laws, rules, and regulations.

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211. System of Payments.

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

(b) Part C Funds may only be used as the Payor of Last Resort when there are no other federal, state, local, or private resources available to pay for the Early Intervention Service necessary to reach the goals and objectives on a current IFSP.

(c) Part C Funds may be used to provide an urgently needed service on an Interim (temporary) IFSP prior to CMDE for an urgently needed Early Intervention service for a maximum of forty-five (45) Calendar Days if public or private insurance denies payment for that service prior to evaluation and Rx for service. See Section 508, Interim IFSP.

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

(2)(i) A Local Provider Program and, or, or both EI Service Provider must have Parent Consent on the State-approved form to submit a claim for payment for Early Intervention Services through a child or Parent's public or private insurance.

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

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

(ii)(A) Any co-payments and deductibles in connection with Early Intervention Services that are not covered by public or private insurance 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.

(4) 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.

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(e) A Local Provider Program and, or, or both EI Service Provider must accept the Medicaid payment for an Early Intervention Service as payment in full regardless of amount.

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

212. Refusal to Serve a Specific Family and, or, or both **Child.**

(a) If the Local Provider Program the Parent selected to provide an evaluation or IFSP service is unable or unwilling to provide the service outlined in the child's electronic record for which the Parent granted consent, the Service Provider must inform the Service Coordinator within two (2) Business Days of being notified in the State-approved Data System of selection by a Parent for that evaluation or service.

(b) The Service Provider is responsible for documenting the reason for refusal in the State approved Data System within these established timelines.

(c)(1) A Local Provider Program is prohibited from selecting the children they do or do not serve based on child and, or, or both family demographics including but not limited to the or other location of the residence or service setting (if a teleintervention service delivery option is available for an IFSP service or services) or the perceived complexity of the child's needs.

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

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-301. Client service records and personally identifiable information.

301. Use of State-approved Data System

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(a) All local provider programs, El Service Providers, and other Early Intervention Professionals must use the State-approved Data System in its entirety to maintain timely, accurate, and complete electronic records for each child referred for Early Intervention.

(b) If a local provider program and, or, or both an El Service Provider elects to maintain its own set of electronic records in addition to the electronic record maintained for each child in the State-approved Data System, then the service provider must maintain electronic 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), Privacy Act of 1974, and Family Educational Rights and Privacy Act (FERPA) of 1974.

(c)(1) A local provider program must provide access to, and at least one (1) copy of, a child's electronic 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 local provider program must explain and interpret the contents of a child's electronic record when requested by a parent.

(3) Local Provider Programs and, or, or both EI Service Providers may not charge parents for copies of their child record, evaluation report(s), etc. at any time for any reason.

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

(ii) A Local Provider Program and, or, or both EI Service Provider must respond to a parent's child electronic record amendment request within ten (10) calendar days of receipt of the request.

(iii) If a parent's child electronic record amendment request is denied, the local provider program must:

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

(B) Provide parental notice of the parent's dispute resolution options outlined in the Child and Family Rights Guide to challenge the challenge the denial through First Connections dispute resolution procedures.

(5) Local Provider Programs and Individual EI Service Providers must participate in and respond to Data Verification and Data Inquiries from the First Connections Data Manager within thirty (30) Calendar Days of the date of the request.

Authority. Arkansas Code § 20-76-201.

Codification Notes. Part C of the Individuals with Disabilities Education Act (IDEA) is codified at 20 U.S.C. § 1431 et seq.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is codified generally at 42 U.S.C. § 1320d et seq.

20 CAR § 534-302. Referral for Early Intervention.

(a) All local provider programs and, or, both EI Service Providers must enter referrals into the State-approved referral portal within two (2) business days of receipt of a referral of any infant and toddler from birth to thirty-six (36) months of age for whom there is a suspicion of a developmental delay or disability or those children who have a diagnosed condition likely to result in developmental delay, including prenatal exposure to toxic substances.

(b) A CMDE or other evaluation(s) cannot be conducted when a referral to First Connections occurs forty-five (45) days, or fewer, before the child's third birthday (see 20 CAR § 534-303 regarding LEA referral).

Authority. Arkansas Code § 20-76-201.

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20 CAR § 534-303. LEA referrals and notifications.

(a)(1) If a child is referred to First Connections forty-five (45) days or fewer 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 to release and, or, both share information with the LEA or ECSE Coordinator 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 follow the Part C process of CMDE and Part C Program Eligibility Determination 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 active IFSP, the LEA notification must be sent to the appropriate LEA no later than ninety (90) days prior to a child's third birthday.

(c) The Service Coordinator on record for each child is required to enter documentation in State-approved Data System evidencing that any required referral or notification to the LEA was completed in a proper and timely manner.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-304. Transition plan in the IFSP.

(a)(1) Each child exiting Early Intervention at any age and for any reason must have a Transition Plan developed with the family and included in the IFSP to support the child's and family's exit from Early Intervention.

(2) For children exiting early Intervention prior to 27 months of age, the Transition Plan in the child's record is only required to include requirements in Section 304 (2) below.

(3) For children exiting Early Intervention at age 3, the child must have a transition plan developed with the family and included in their IFSP no later than ninety (90) days prior to their third birthday. At the discretion of all parties, the Transition Plan may be developed as early as nine (9) months prior to the child's third birthday.

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(4) The Transition Plan for a child exiting Early Intervention at age three (3) must include:

(i) A minimum of five (5) specific steps to facilitate the smooth transition from First Connections to other appropriate early learning experiences, settings, programs, or services for children ages three through five (3-5);

(ii) At least one (1) specific step that directly prepares the child for the changes in learning environment and opportunities;

(iii) At least one (1) specific action step that will be taken by the parent or other caregiver to prepare for the changes in learning environment and opportunities;

(iv) Any supports and, or, or both service(s) determined necessary to support the smooth transition of the child and family;

(v) Documentation that the service coordinator provided the parent with a copy of the First Connections Transition Guide;

(vi) Documentation that the service coordinator provided the parent with the guide or brochure to Early Childhood Special Education (ECSE) services under Part B-619 of the IDEA; and

(vii) Documentation that the service coordinator referred the child to the DHS and, or, or both Division of Developmental Disabilities Services Title V Children with Chronic Health Conditions Program or that the parent declined consent to release information in order to make the referral.

(viii) Documentation that the Service Coordinator supported the family in planning for and scheduling the Transition Conference within required timelines.

(b) The transition plan development process must include:

(1) A parent;

(2) A service coordinator;

(3) Other IFSP team members; and

(4) Other individuals the Parent has granted consent to release information to and who can assist the IFSP Team in developing a Transition Plan, such as service providers outside of Part C, including PCP, childcare provider, MIECHV Program Home Visitors, etc.

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Authority. Arkansas Code § 20-76-201.

Codification Notes. "Part B" refers to Part B of the Individuals with Disabilities Education Act (IDEA) and is codified at 20 U.S.C. § 1411 et seq.

20 CAR § 534-305. Transition conference.

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

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

(i) Exceptional Family Circumstance documented in the child's electronic record in the State-approved data system;

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

(2) The transition conference must be held as soon as practicable after the circumstances causing Exceptional Family Circumstance no longer exist or, in the case of late referral to Early Intervention, the Transition Conference is held as soon as possible after the child's Part C Program Eligibility has been determined by the IFSP Team.

(c) The service coordinator must send the child's early intervention record (with documentation of Parent consent to release information) to the LEA at least twenty-one (21) Calendar Days prior to the Transition Conference.

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

(1) A parent;

(2) A service coordinator;

(3) An LEA representative, representative of another program, or three to five (3-5)
age service to which the child may transition;

(4) Other IFSP Team members; and

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(5) Individual(s) the parent has identified to include and has granted consent to release information to who are familiar with options for children ages three through five (3-5).

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

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

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

(3) It must be documented in the child's electronic record if the parent requests that a transition conference be held before receiving prior written notice.

Authority. Arkansas Code § 20-76-201.

Authority. Arkansas Code § 20-76-201.

Codification Notes. Part C of the Individuals with Disabilities Education Act (IDEA) is codified at 20 U.S.C. § 1431 et seq.

20 CAR § 534-306. Written notice.

(a) Prior Written Notice must be sent to the Parent at least seven (7) Calendar Days prior to the proposed action, meeting, or refusal to act described in the Written Notice, except in situations where more time is required under IDEA, Part C, such as Prior Written Notice of a Transition Conference.

(b) Prior Written Notice must be provided to the Parent in their native language; written in
language understandable to the general public; identify the proposed action, meeting, or refusal to act; and must include information about the Parent's right to disagree and how to access their dispute resolution options to appeal.

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(c) When a Parent elects to meet or pursue an action before receiving Prior Written Notice, documentation of Parent Choice to act before receiving the Prior Written Notice must be uploaded and documented in the child's electronic record in the State-approved data system. This documentation must include parent signature and date.

(d) Service providers must upload documentation into the State-approved Data System demonstrating the delivery of all prior written notices and meeting outcomes in the manner required by these Rules.

Authority. Arkansas Code § 20-76-201.

307. Notice of Meeting Outcome.

(a) Written Notice of Meeting Outcome must be sent to the Parent as soon as possible but no later than seven (7) Business Days after any meeting.

(b) Written Notice of Meeting Outcome must be provided to the parent in their native language and written in language understandable to the general public to clearly identify:

(1) The individuals present at the meeting and their role(s);

(2) What took place at the meeting (meeting summary);

(3) Any next steps; and

(4) Information about the Parent's right to disagree and how to access their dispute resolution options to appeal.

(c) Written Notice of Meeting Outcome should be accompanied with a copy of any documentation (example: completed Family Engagement Meeting, IFSP, etc.).

20 CAR § 534-308. Parental consent.

(a)(1) A Local Provider Program and, or, or both EI 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;

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

(B) The purpose of releasing the information;

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

(D) Specific information for the Parent on how to revoke or withdraw consent.

(2) A Local Provider Program and, or, or both EI Service Provider must fully answer all parent questions for parental consent to be valid.

(3) A Local Provider Program and, or, or both EI 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 Local Provider Program and, or, or both EI Service Provider cannot use lack of parental consent as justification for failing to meet a requirement under these rules unless there is documented repeated attempts to obtain Parent Consent, documentation of an Exceptional Family Circumstance making it impossible to obtain Parent Consent, or documentation of Parent refusal to grant consent.

(5) Parent Consent must be obtained prior to any action that would impact the child and, or, or both family. Parent Consent is documented by the Parent's signature and date on State-approved forms.

(b) A Local Provider Program and, or, or both EI Service Provider must ensure that documentation of Parent Consent is in the child's electronic record prior to taking any action for which Parent Consent was granted.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-309. Exiting children.

(a) Prior to the child's and family's exit from First Connections, the service Providers on the IFSP Team must ensure the following are entered into the child's electronic record in the State-approved Data System:

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(1) The reason for exit;

(2) The final Child Outcomes Summary Rating

(3) Documentation of Transition Conference convened no later than 90 days prior to the child's third birthday and Notice of Transition Conference Meeting Outcome (when applicable); and

(4) All required documentation and any needed case notes.

(b)(1) If a child exits First Connections more than six (6) months prior to the child's third birthday and does not have a transition conference, then the service coordinator must convene an exit conference to meet exit requirements.

(2) An exit conference must include the:

(i) Parent;

(ii) Service coordinator;

(iii) Service provider; and

(iv) Any other individual(s) the parent grants consent to share information with requests to attend.

(3) The only justification for failure to convene an exit conference prior to the child's exit from First Connections is a documented Exceptional Family Circumstance. The Exit Conference must be held as soon as possible after the Exceptional Family Circumstance has been resolved.

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

Authority. Arkansas Code § 20-76-201.

Subpart 4. Eligibility and Program Eligibility

20 CAR § 534-401. Program Eligibility generally.

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(a) Children suspected of having a developmental delay must be referred to the State's Part C early intervention program, First Connections as soon as possible but no later than seven (7) calendar days after a delay is suspected; anyone can make a referral for early intervention.

(b) The child must have an individual who can fulfill the role of Parent or have an Educational Surrogate appointed by the Part C Coordinator or other Lead Agency representative. A child enrolled with and receiving Tier II or Tier III services through a Provider-Led Arkansas Shared Savings Entity ("PASSE") is not eligible to participate in First Connections, have an IFSP developed or receive an IFSP service, or access and, or, or both utilize Part C Federal funding.

(c) Children are potentially Program Eligible between the ages of birth and 46 days prior to the child's third birthday when suspected of having a developmental delay. Children in this age range with a medically diagnosed condition or prenatal exposure to toxic substances are automatically program eligible without the existence of a significant delay at the time of referral for early intervention.

Authority. Arkansas Code § 20-76-201.

402. Initial Program Eligibility.

(a) Every child referred for Early Intervention 46 days (or more) prior to the child's 3rd birthday must have a Comprehensive Multidisciplinary Developmental Evaluation (CMDE) as part of the Initial Program Eligibility process; the only exception to the CMDE requirement is when:

(1) The child is referred for Early Intervention with a recent Developmental Evaluation from a non-Part C organization, program, or entity (example: Dennis Developmental Center) in which the Developmental Evaluation was conducted within 6 months of the date of the child's referral to Early Intervention.

(2) The IFSP Team provides a conversion of the scores on the Developmental

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Evaluation conducted by a non-Part C organization, program, or entity into the percent of chronological age delay in order to determine Initial Program Eligibility.

(3) A copy of the Developmental Evaluation is uploaded as documentation into the child's electronic record in the State-approved data system.

(4) The CMDE must be completed and entered into the child's electronic record within 21 Calendar Days of Parent Consent for evaluation.

(5) The CMDE must be completed prior to the Meeting to Determine Program Eligibility.

(6) The Meeting to Determine Program Eligibility must take place no later than fortyfive (45) calendar days from the date of the child's referral for early intervention unless there is documentation of an Exceptional Family Circumstance in the child's electronic record. The meeting must take place as soon as possible after the Exceptional Family Circumstance has been resolved.

(7) The meeting to determine initial Program Eligibility must meet IDEA, Part C requirements for an IFSP Meeting and include, at minimum, three (3) different individuals representing 3 different roles including:

(i) The parent or person serving as Parent;

(ii) The Initial Service Coordinator; and

(iii) The Developmental Therapist who completed the CMDE or an Evaluation Interpreter who has the knowledge and skills to serve as member of the IFSP team for a Program-Eligible child and family.

(8) The Parent may invite and include anyone they choose to participate in this meeting and serve on the IFSP Team. The EI Professionals on the Family's IFSP Team are responsible for assisting the family in identifying adults familiar with the child's abilities, strengths, and needs that the family wishes to include and obtaining documentation of Parent Consent to share information to invite and include these individuals.

(9) The child's Program Eligibility is determined as a Team that includes the Parent and, or, or both Family and anyone the family chooses to include and signs documentation of consent to share and, or, or both release information for these individuals to

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participate on their IFSP Team.

(10) The child's Program Eligibility may not be determined based solely on one source of information such as an evaluation report and must at a minimum include a review of the following information:

(i) Parent Priorities and Concerns from the Family-directed and voluntary Family Assessment;

(ii) Functional child assessment results gathered from Parent and, or, or both other caregiver interview that describes the child's engagement, independence, and use of age-level skills within typical child and, or, or both family routines;

(iii) Child's initial COS 1-7 number rating;

(iv) Observation of child engaging in typical activities;

(v) Results of the CMDE;

(vi) Results of any other developmental screening, assessment, or evaluation (if available); and

(vii) Other information (example: medical or educational record review).

(11) A child is Part C Program Eligible if the child meets Program Eligibility in any one (1) of the First Connections' Program Eligibility Categories:

(i) **Medical Diagnosis Program Eligibility Category (MD):** A documented medically diagnosed condition that has a high probability of resulting in a developmental delay (in accordance with Section 502) regardless of whether the infant or toddler is experiencing a significant developmental delay as defined in Section 404 at the time of the child's referral for early intervention;

(ii) **Developmental Delay Program Eligibility Category (DD):** A significant developmental delay as documented by a score on the CMDE that demonstrates a developmental delay of twenty-five percent (25%) of the child's chronological age (or greater) in anyone (1) of the five (5) development domains, in accordance with Section 404;

(iii) **Informed Clinical Opinion of the IFSP Team Only Program Eligibility Category (ICO Only):** The child is Program-Eligible without a diagnosed condition or a significant developmental delay in any one area of development as documented on the CMDE based on a

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review of additional information by the Team, which includes the parent (in accordance with Section 504).

(12) When a child is Program Eligible in both the MD and DD Program Eligibility categories, the IFSP Team will record the child's Program Eligibility in the MD category whenever there is documentation of a medically diagnosed condition that meets the criteria for this category of Program Eligibility.

403. Ongoing Program Eligibility.

(a) The IFSP Team (which includes the Parent) must re-determine Part C Program Eligibility annually at the Annual IFSP Review.

(b) Annual re-determination of program eligibility does not require an annual re-evaluation and may be based on the IFSP Team's assessment of child progress including, but not limited to:

(1) Annual COS 1-7 Number rating

(2) MEISR Results sorted and, or, or both filtered by each of the five (5) developmental domains showing that the child is not yet using age-level skills across routines

(3) IFSP Goals and, or, or both objectives status update and progress

(4) Any developmental screenings, assessments, or recent evaluations conducted as part of ongoing assessment and service delivery (if available)

(c) Annual re-Evaluation is only conducted when required by Public, Private or other Non-Part C Pay Source in order to fund that service.

(d) Annual re-Evaluations (when required by funding source) are conducted as part of regularly scheduled delivered services sessions.

(e) Each of the following requirements must be met for a child to be re-determined program eligible:

(1) The child must be under three (3) years of age;

(2) The child and, or, or both family must be receiving at least one (1) Early Intervention Service but may receive only Service Coordination as an IFSP Service; and

(3) The child must meet at least one of the Program Eligibility categories outlined in Section 402 above.

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20 CAR § 534-404. Medically Diagnosed Condition Likely to Result in a Developmental Delay.

(a) A child is Program Eligible with a medically diagnosed 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:

(A) Fetal alcohol syndrome;

(B) Intra-uterine drug exposure;

(C) Prenatal rubella; and

(D) 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 Medically Diagnosed Condition must be diagnosed by a licensed physician.

20 CAR § 534-405. Significant Developmental delay.

(a) A child is Program Eligible with a significant developmental delay documented by a score on the initial Comprehensive Multidisciplinary Developmental Evaluation (CMDE) performed within the past six (6) months that indicates a delay of twenty-five percent (25%) of the child's chronological age or greater in any one (1) of the five (5) developmental domains:

(1) Physical;

(2) Cognitive;

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(3) Communication;

(4) Social or emotional; and

(5) Adaptive or selfhelp.

(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.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-406. Informed clinical opinion of the IFSP Team Only.

(a) When a child does not meet Program Eligibility criteria in the MD or DD categories of Program Eligibility but there are still concerns about the child's functioning and ability to participate and, or, or both use age-appropriate skills, the child may be determined Program Eligibility using the Informed Clinical Opinion (ICO) of the IFSP Team Only as defined and outlined in Part C of IDEA.

(b) The Informed Clinical Opinion of the IFSP Team includes a review of additional information and documentation to include (but not limited to):

(1) Child's initial COS 1-7 number rating demonstrating a concern (rating of 6 or below in any one area);

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(2) Child's ability to engage in and participate in typical activities as determined by MEISR results (independence and engagement) and parent or other caregiver report;

(3) Results of any developmental screening conducted during the Program Eligibility process;

(4) Delays documented on the CMDE below 25% in any developmental domain but still demonstrating a concern or delay and, or, or both delays above 25% in a communication or physical subdomain when the developmental domain score is below 25%.

(c) The Informed Clinical Opinion of the IFSP Team cannot be used to negate the results of the CMDE.

(d) The Informed Clinical Opinion of the IFSP Team must also include a statement of how the child is Program-Eligible in the ICO Only category of Program Eligibility (ie: includes a descriptive statement of why this child qualifies for Early Intervention).

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-407. Evaluations generally.

(a)(1) Parental consent documented in the child's electronic record in the State-approved Data System is required prior to scheduling and conducting an evaluation.

(2) Prior written notice is required prior to conducting an evaluation.

(3) A parent or other caregiver has the right to be present with the child for the evaluation and has the right to participate in the for the evaluation process.

(4) Evaluations take place in the child's Natural Environment and young children may not be separated from the Parent or other familiar Caregiver for the purpose of evaluation or assessment.

(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 present; young children are not to be separated from familiar caregivers for the purpose of evaluation or IFSP Service Provision.

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

(4) Evaluations must be conducted in the Native Language of the child, which may or may not be the native language or primary mode of communication of the Parent and Family.

(c)(1)(i) Each evaluation performed must have its own evaluation report.

(ii) The evaluation report must be prepared by the licensed and certified therapist 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 and useful to the child's family.

(2) The completed evaluation report must be keyed into the child's State-Approved Data System record within twenty-one (21) calendar days of the of Parental Consent for the Evaluation and a copy of the Evaluation Report attached.

(3) The evaluation report must include, at a minimum:

(i) The child's name, birthdate, and native language;

(ii) The name of the participating parent or other caregiver and their native language;

(iii) The name of the evaluation instrument and date administered;

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

(v) The date and location where the evaluation was administered;

(vi) The referral source and why the child was referred for Early Intervention;

(vii) A 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's ability to participate in typical child and family activities, daily routines, child and family interests, and the places the child and family go;

(D) The family's concerns about the child's ability to participate and to use age-level skills;

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(E) The child's early educational and service history; and

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

(viii) A 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, and IFSP 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;

(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; and

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

(xi) Description of child's strengths and needs based on evaluation results, initial COS 1-7 number rating; parent and, or, or both caregiver report, and observation; and

(xii) Description of how the child's delay and, or, or both disability impact the child's ability to participate in typical child and family activities.

(4) The Early Intervention Service(s) needed to reach the goals and objectives on the

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IFSP are determined by the IFSP Team after the IFSP has been developed; Recommendations for a specific service or the frequency and intensity of a service are not appropriate for evaluation reports conducted for children referred for Early Intervention.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-408. Comprehensive multidisciplinary developmental evaluation (CMDE).

(a)(1) Every child referred to the First Connections Family Engagement Unit at least forty-six (46) calendar days prior to their third birthday or more must receive a complete CMDE that assesses the child's strengths and needs in all five areas of development.

(b) Parent Consent must be documented in writing in the child's electronic record prior to scheduling or conducting the CMDE or developmental evaluation. If a Parent refuses to grant Consent for the CMDE, the referral process is on hold until the Parent provides consent. The Service Provider must document Parent Refusal to grant Consent and must explain to the family that the results of the decision involves not moving forward with Program Eligibility, development, or Early Intervention service provision. Service Coordination support in identifying other appropriate programs and services for which the Parent does Consent to participate and making that referral or connection for the Parent will be provided and the referral to Early Intervention will be closed.

(c) In addition to those evaluation requirements contained in 20 CAR § 534-407, each CMDE must also:

(1) Be conducted by a multidisciplinary team that consists of one (1) or more individuals certified in two (2) or more separate disciplines including Service coordination and development therapy; and

(2) Involve the administration of:

(A)(i) An age-appropriate standardized norm-referenced developmental evaluation instrument and an age-appropriate criterion-referenced developmental evaluation instrument that measures the child's functioning in each of the five (5) developmental areas

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administered in the child's Natural Environment by an Individual licensed and First Connections Certified to provide Developmental Therapy Evaluations and Services; or

(B) The MEISR-COS Functional Child Assessment and a voluntary Family-directed Assessment of Priorities, Interests, Concerns, and Family-identified Needs and Goals via Parent interview by an individual certified to provide Service Coordination services.

(C) IFSP Team completion of the initial Child Outcomes Summary (COS) 1-7 Number Rating using the State-approved tool prior to Program Eligibility Determination, IFSP development, and selection of Early Intervention services necessary to reach IFSP goals and objectives.

Chapter 5. IFSP Requirements.

501. Natural Environment Service Settings.

(a)(1) All Evaluations must be provided in a child's natural environment with familiar caregiver present and participating.

(b) All Early Intervention Services listed on an initial IFSP must be performed in within typical child and family activities in the child's Natural Environment; no justification can be provided for service provision outside of the child's Natural Environment on an initial IFSP.

(c) All Early Intervention Services listed on a current IFSP that is not the Initial IFSP must be performed within the typical child and family activities and in the places the child and family frequent (Natural Environment) unless the requirements of Section 502 below are documented in the Developmental Justification of Need in the child's electronic record in the State-approved data system and a Conversion Plan is created by the IFSP Team.

502. Documentation Required for Service Provision Outside of the Natural Environment.

(a) Developmental Justification of Need may be developed by the Direct Service Provider responsible for providing the IFSP service most closely related to unmet IFSP goals and, or, or both objectives with the support and assistance of the full IFSP Team only when all

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of the following criteria have been met:

(1) The child has not made progress towards mastery of objectives for at least **two (2) child-participation goals** on a current IFSP;

(2) The service directly associated with the unmet IFSP goals and objectives has been provided for an IFSP review period of **six (6) months** in the child's Natural Environment; and

(3) A parent or other parent-identified caregiver has been present and participating with the Direct Service Provider in delivered service sessions.

(b) With Developmental Justification of Need in the child's electronic record in the State-approved data system, the IFSP service directly associated with at least two unmet child-participation goals on a current IFSP may be temporarily moved outside of the child's Natural Environment for an IFSP review period of 3-6 months.

(c) When the criteria in 502(1)(a-c) have been met, the IFSP Team, which includes the Family and anyone the Family wants to include will convene to use a team approach to support the Direct Service Provider in developing the Developmental Justification of Need and the required Conversion Plan for documentation in the child's electronic record. This meeting must meet all IFSP meeting requirements.

(d) The Developmental Justification of Need documented in the child's electronic record must include a description of:

(1) Modifications made by the IFSP Team in an IFSP review meeting to the child's IFSP goals and objectives to more closely align them with the child's interests, abilities, routines, typical activities and why those modifications failed to support the child's progress toward mastery of objectives linked to unmet IFSP goals.

(2) Modifications to IFSP Service Provision in the Natural Environment to include:

(i) Adjusting the child and, or, or both family activity or activities (routines) in which early intervention is provided and, or, or both adjusting the day, time, and location of service sessions and a description of why these modifications failed to support the child in making progress toward IFSP goals and objectives;

(ii) Modifying the intervention strategies and techniques used in Home and

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Community Visits (Delivered Services Sessions) within typical activities in the child's Natural Environment and a description of why the modified approaches failed to support the child in making progress towards IFSP goals and objectives; and

(iii) Modifying the approach used by the Direct Service Provider to coach, train, or consult with the Parent or other caregiver who is present and participating in Home and Community Visits (Delivered Services Sessions) to improve the caregiver's ability to implement strategies to support the child's participation, skill development, and learning and a description of why these modifications failed to support the child's adult caregivers in having the tools to support their child's participation, learning, and sessions).

(3) Documentation that the modifications and adjustments described above (b)(i-iii) progress in achieving the action steps or objectives to reach at least two (2) goals on the IFSP directly related to that service.

(4) A Conversion Plan is documented in the child's electronic record at the time the IFSP service will be provided outside of the child's Natural Environment.

(5) The Conversion Plan is developed using a Team Approach in an IFSP Meeting (that includes the family and anyone the family wants to invite and, or, or both include);

(6) The Conversion Plan developed with the family outlines the process for moving the IFSP Service (and the child) back to a Natural Environment within an IFSP review period (not to exceed six (6) months).

(7) The Conversion Plan must list:

(i) Specific steps or activities needed to transition the child and IFSP service back to a Natural Environment;

(ii) Timeline for each step and, or, or both activity; and

(iii) Individuals involved

(8) An IFSP Service cannot be provided outside of the child's natural environment for more than six (6) months; all steps on the Conversion Plan must ensure the smooth transition of the child's IFSP Service back to the Natural Environment within this six-month timeframe.

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Authority. Arkansas Code § 20-76-201.

20 CAR § 534-503. Initial IFSP meeting.

(a) The Initial IFSP Meeting for a Program-Eligible child may be combined with the Meeting to Determine Program Eligibility.

(b)(1)(i) The initial IFSP meeting to develop the initial IFSP must be held within forty-five (45) calendar days of the date of the child's referral for Early Intervention;

(ii) CMDE, Program Eligibility Determination, and an initial IFSP meeting is not required if the referral was received by the First Connections Family engagement unit less than forty-six (46) calendar days from the child's third birthday as the CMDE will not be conducted and Program Eligibility will not be determined; the child and family are supported in accessing Early Childhood Special Education services under Part B-619 of IDEA provided through the LEA in which the child resides. Parent Consent to share and, or, or both release information must be documented in order to make the referral for the child and family.

(2)(i) Documentation of an Exceptional Family Circumstance is the only justification for failure to hold the initial IFSP meeting within forty-five (45) calendar days of the date of the child's referral for Early Intervention.

(ii) The reason for Exceptional Family Circumstance must be documented in the child's electronic record in the State-approved Data System.

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

(3) A child must have a completed CMDE and initial COS 1-7 number rating prior to the initial IFSP meeting.

(c) 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

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(4) Any other individuals that the parent would like to attend and for which there is documentation of Parent Consent to share and, or, or both release information with these individuals.

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

(e)(1) Written notice of the initial IFSP meeting must be provided to the parent and any other participants.

(2) It must be documented in the child's electronic record in the State-approved data System if the parent requests the initial IFSP meeting be held before receiving prior written notice.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-504. Individual family service plan.

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

(1) The statement of the Child's Program Eligibility and the Program Eligibility Category;

(2) The Child's Initial COS 1-7 Number Rating;

(3) The CMDE results outlining 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;

(4) The family's resources, priorities, and concerns related to their child's participation in typical child and family activities;

(5) One (1) or more family outcomes (Family Goal on the IFSP) stating what the parent or other Parent-identified caregiver will work on and accomplish;

(6) A minimum of at least five (5) specific child-participation goals (child outcome statements), which must be clearly linked to one of the three (3) Federal Child Outcome Areas, clearly linked to typical child and family activities and interests and the Parent's Priorities and Concerns documented on the IFSP, are developmentally appropriate and reasonably expected

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to be achieved in a span of time not to exceed six (6) months, and measurable in a real-world way so that all IFSP Team members know when the child outcome has been met;

(7) The specific action step(s) or objectives in a developmental sequence necessary to

reach each IFSP goal (child outcome statement) written in such a way that the Parent and, or, or both other caregivers understand how to work with their child within typical child and family activities, to reach each functional outcome;

(8) The list of early intervention services necessary to reach the IFSP goals and objectives 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 documentation in the child's electronic record in the State-approved Data System of Developmental Justification of Need and a Conversion Plan (not allowable for an initial IFSP);

(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 local provider Program selected by the Parent to provide each IFSP service;

(iv) Identification of the funding source for each IFSP Service;

(9) 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;

(10) If a child is between twenty-seven (27) and thirty-three (33) months of age, a Transition Plan is required to be included in the IFSP no later than ninety (90) calendar days prior to the child's third birthday, unless the child was referred for Early Intervention between one hundred and thirty-five (135) and forty-six (46) calendar days prior to their third birthday; and

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

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(b) An IFSP expires at the earlier of either the child's third birthday or after twelve (12) months.

(1) The IFSP can only be renewed after the child's Re-determination of Program Eligibility has been established by the IFSP Team at at an annual IFSP review meeting.

(2) Early intervention services must stop when an IFSP expires.

(i) Parental choice to withdraw from Early Intervention, Refusal of the Parent to grant consent, or Exceptional Family Circumstance are the only justifications for allowing an IFSP to expire before the child's third birthday.

(ii) The parent's choice to withdraw from Early Intervention or the Exceptional Family Circumstance must be documented in the child's electronic record in the State-approved Data System.

(iii) If Exceptional Family Circumstance is the cause, then the annual IFSP review meeting must be held to re-determine the child's Program Eligibility and, if program-eligible, to develop the new IFSP as soon as practicable after the circumstances causing Exceptional Family Circumstance no longer exist.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-505. IFSP review Meetings General.

(a) An IFSP review meeting must meet the requirements of an IFSP meeting.

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

(c) The Parent has the right to meet at a time and location convenient to the family.

(d) The Parent has the right to request a review meeting any time priorities, concerns, needs, or interests change or the Parent feels a progress update is needed.

(e)(1) Prior Written Notice of an IFSP review meeting must be provided to the Parent and any other participants at least seven (7) calendar days before a scheduled meeting.

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(2) Signed and dated documentation of Parent Choice to meet before receiving Prior Written Notice must be included in the child's electronic record in the State-approved Data System.

(3) Prior Written Notice must be documented in the child's electronic record in the State- approved Data System.

(f)(1) A Notice of Meeting Outcome must be sent to the Parent no later than ten (10) days after the completion of an IFSP review and an updated copy of the IFSP provided to the family as soon after the meeting as possible.

(2) The Notice of Meeting Outcome must be documented in the child's electronic record in the State-approved Data System.

Authority. Arkansas Code § 20-76-201.

506. IFSP Bi-Annual Reviews.

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

(b) The parent may request an IFSP review prior to the bi-annual review, if needed to address changing interests, concerns, priorities, needs, etc.

(c) The bi-annual IFSP review must meet the same requirements as an IFSP meeting.

(d) The bi-annual review will use both formal and informal methods of assessing child progress and must also include an interview and, or, or both voluntary Family Assessment of the family's changing needs, strengths, interests, goals, priorities, and concerns.

(e) The IFSP must be updated to reflect child progress and changing Family strengths, needs, and priorities.

(f) When new goals and objectives are added to the IFSP or existing IFSP goals modified to meet the child's progress and needs, the IFSP Team will review the goals and objectives to re-determine the service or services needed to reach the updated plan goals and objectives.

(g) At the bi-annual review, the IFSP Team will assess Parent and, or, or both caregiver

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progress in implementing intervention strategies that promote their child's learning and development within typical child and family activities to determine if the existing service frequency and intensity is still the level of Provider training, consulting, and coaching needed to support them in helping their child learn and develop.

(h) At the bi-annual review, the parent must be provided choice of Local Provider Program for each IFSP service and, or, or both evaluation.

507. IFSP Annual Review.

(a) The Annual IFSP Review Meeting must meet the requirements of an IFSP Meeting.

(b) An annual IFSP review meeting must be held at least every twelve (12) months after the initial IFSP meeting in order to determine the child's ongoing Program Eligibility.

(c) The COS Rating must be completed as part of the process for re-determining Program Eligibility using the Program-approved tool.

(d) Results of the functional child assessment using the Program-approved tool must be considered in the re-determination of the child's Program Eligibility and used to support the family and other IFSP Team members in developing the new IFSP if the child maintains ongoing program eligibility. The functional child assessment must include (but is not limited to):

(1) Assessment of the child's engagement in typical child and family activities;

(2) Assessment of the child's ability to use age-level skills independently across routines; and

(3) Assessment of the child's progress in all five (5) areas of development.

(e) A new IFSP will be developed with the family after ongoing Program Eligibility has been determined by the IFSP Team, which includes the Family.

(f) The Early Intervention service(s) necessary to reach the goals and objectives on the new IFSP will be determined by the IFSP Team.

(g) The frequency and intensity of the IFSP service(s) necessary to support the Parent and other participating caregivers in having the support, training, coaching, and consultation needed to promote their child's participation and development between therapy sessions is determined by the family and their IFSP Team.

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(h) The Parent must be provided choice of Local Provider Program for each service and, or, or both evaluation on the Annual IFSP.

(i) The new IFSP created at IFSP Annual Review must meet all requirements for an IFSP.

20 CAR § 534-508. Interim IFSP.

(a) A child can begin receiving an urgently needed early intervention services under an interim IFSP prior to completion of the CMDE and Initial IFSP process when:

(1) The child is Program Eligible at the time of the referral for Early Intervention with a diagnosed condition likely to result in a developmental delay (MD category of Program Eligibility) or referred with a recent evaluation (other than a developmental evaluation) that documents a significant developmental delay in any one of the five (5) developmental domains (DD category of Program Eligibility);

(2) The parent confirms an urgent need for an immediate service to meet a Parent Concern or documented child need at the time of referral that cannot wait for the completion of the CMDE and Initial IFSP 45-day Timeline and process; and

(3) The available documentation demonstrates the child is eligible for First Connections in either the MD or DD Program Eligibility categories; Informed Clinical Opinion of the IFSP Team Only 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 child's referral for early intervention and the determination of immediate need and must include the following individuals:

(1) The parent

(2) The service coordinator; and

(3) Evaluation Interpreter or Direct Service Provider from the Discipline most closely related to the area of concern or urgent need.

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

(1) Name of the service coordinator;

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(2) One (1) or more child-participation IFSP outcomes (goals) and the action steps (objectives) that will be taken to reach each 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 or services determined to be needed immediately to meet the outcomes;

(5) The name of the local provider program selected by the parent to provide the IFSP service(s);

(6) The location for the urgently needed early intervention service(s) or services will be performed in a natural environment;

(7) A schedule of service delivery that includes the frequency and intensity of the urgently needed early intervention service session and whether sessions are on an individual or group basis;

(8) Funding source for the urgently needed early intervention service or service(s);

(d) The use of an interim IFSP does not excuse, delay, extend, or toll the forty-five-calendar-day requirement in 20 CAR § 534-503(a)(i).

(e) The Local Provider Program may use Part C funding to provide the urgently needed service on the IFSP while attempting to obtain any needed Rx from the child's PCP for that service and document all efforts and activities in the child's electronic record.

(f) The urgently needed service on the IFSP may not be provided in excess of 45 days from the date of the child's referral for early intervention, at which time the full Initial IFSP must be developed.

Authority. Arkansas Code § 20-76-201.

Subpart 6. Early Intervention Services

601. IFSP Services General.

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(a) All Early Intervention Services must:

(1) be provided by highly qualified EI Professionals under public supervision;

(2) be developmental services selected through a team approach that includes the family;

(3) be determined according to IDEA, Part C requirements to align with the child's developmental outcomes defined in the IFSP, the child's and family's typical activities, and the child's unique interests, strengths, and needs;

(4) support a child's ability to participate in typical daily activities with familiar caregivers and peers; and

(5) enhances the ability of the child's adult caregivers to support child participation, early learning, and development between therapy sessions.

(b) All Early Intervention Services must support children in making gains in each of the Federally identified Child Outcomes (results) areas:

(1) Children have positive social relationships;

(2) Children have the ability to acquire and use knowledge and skills; and

(3) Children use age-appropriate behaviors to meet their needs.

(c) All Early Intervention Services must support the Family in making gains in each of the Federally identified Family Outcomes (results) areas:

(1) Families know their rights under IDEA;

(2) Families can communicate their child's strengths and needs; and

(3) Families know how to help their child learn and develop.

(d) No early intervention service may be provided prior to the development of an IFSP (Interim or temporary IFSP or full IFSP) or prior to documentation of Parent Consent for each service listed on the IFSP on the required form in the child's electronic record in the State-approved Data System.

(e) Only those services documented on an Interim (temporary) IFSP or full IFSP will be Funded or reimbursed by First Connections.

(f) Early Intervention Services on the IFSP for which there is documentation of Parent Consent must begin as soon as possible but no later than thirty (30) Calendar Days from the

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date of Parent Consent, unless there is documentation of Exceptional Family Circumstance in the child's electronic record.

(g) Early Intervention Services on the IFSP must begin as soon as possible after the resolution of an Exceptional Family Circumstance. When the delay of commencement of an evaluation or an IFSP service is due to lack of Parent Consent, the evaluation or service is provided as soon as Parent Consent is obtained. Parent Refusal to Provide Consent for a specific Service does not justify a delay in the commencement of the IFSP Service or Services for which the Parent has granted Consent.

(h) All Early Intervention Services are provided within typical child and family activities (Natural Environments) unless there is Developmental Justification of Need and a Conversion Plan documented in the child's electronic record in the State-approved data system.

(i) Parent Consent documented in the child's electronic record in the State-approved Data System is required prior to the delivery of any Early Intervention Evaluation or Service.

(1) A parent may revoke Parent Consent at any time for any reason.

(2) A Parent may decline any Early Intervention Service or any other service or activity at any time without jeopardizing any other Early Intervention Service outlined on the IFSP for which the parent has granted consent.

(3) A Parent has the right to change the Local Provider Program selected for any IFSP Service at any time and for any reason and without providing a specific reason.

(4) A Parent has the right to select a new Service Coordinator at any IFSP meeting or IFSP Review Meeting without submitting additional documentation. When the Parent elects to select a new Service Coordinator at a time other than an IFSP Meeting or IFSP Review when Providers are selected for any IFSP Service including Service Coordination Services, a "Student Move" form must be completed. The Service Coordinator cannot be changed during the initial 45-Day Timeline without the prior consent of First Connections.

(j) A Parent or other parent-identified caregiver is required to attend and participate in each Home or Community Visit (service session) as outlined in the First Connections Parent Participation Agreement.

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(k) At each Home or Community Visit (service session), 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 in such a way that the Parent or other caregiver has the knowledge and skills to support their child's participation and early learning in daily activities between Home or Community visits (service sessions).

(l)(1) A Local Provider Program must perform Early Intervention Services listed on a current IFSP at the scheduled time unless:

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

(ii) There is Exceptional Family Circumstance; or

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

(2) The Local Provider must document one (1) of the justifications described in Section 601(l2)(a)(i-iii) above in the child's electronic record in the State-approved data system.

(m) Each Home or Community Visit (service session) or IFSP service provided outside of a child's Natural Environment must be entered into the child's electronic record in the State-approved Data System as a "Delivered Services Note" within thirty (30) days of each delivered service in accordance with Section 602.

602. Documentation of Delivered Service Session

(a) Delivered Services Notes are the required documentation verifying that a service on a child's and family's current IFSP was provided as described in the IFSP and delivered in a way that supports Parent and caregiver capacity to help their child learn and develop.

(b) The Local Provider Program or their delegate must key in the Delivered Services Note in the child's electronic record in the State-approved Data System within thirty (30) calendar days from each Home or Community Visit (service session) or service session provided in a nonnatural environment with required justification. The Delivered Services Note must include at minimum, the following documentation:

(1) The date of the Home or Community Visit (service session) and beginning and

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ending time;

(2) The name and credentials of the Therapist or Therapy Assistant providing the service;

(3) The name of the Parent and, or, or both other caregiver(s) who participated in the visit (session);

(4) A description of the consulting, coaching, or training provided to the participating Parent or other caregiver on how to apply the early intervention strategies described in the child's IFSP within typical daily activities;

(5) The IFSP goal(s) and objectives worked on or addressed in the Home or Community Visit (service session);

(6) A description of child progress, participation, successes, needs in that visit and, or, or both service session; and

(7) A description of what the Parent or other caregiver(s) present and participating will work on between visits and, or, or both service sessions.

(c) The Lead Agency may refuse to fund or reimburse Early Intervention services that have not been documented in the child's electronic record.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-603. Service coordination.

(a) Service coordination services are required by Part C of IDEA to be provided to the family of each child referred for Early Intervention.

(1) Service Coordination Services support the families of children referred for Early Intervention in understanding their options and in navigating the State's system of supports, resources, and services for families of children birth to three (3) regardless of the child's Program Eligibility.

(2) Service Coordination Services ensure that the family of a Program Eligible child understands the purpose and process of an Early Intervention program under IDEA, Part C and that the family learns their rights under the IDEA in the context of this process.

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(3) Service Coordination Services ensure that the family of a Program Eligible child has support and guidance in directing their child's Early Intervention, developing an IFSP that aligns with their interests, priorities and goals, child and family strengths and needs, and typical daily routines, and in accessing the Early Intervention service(s) identified as necessary to reach the goals and objectives on their IFSP.

(4) Service Coordination services support the Parents and other caregivers of a Program Eligible child in planning for and experiencing a smooth Transition out of Early Intervention at age three (3).

(5) Service coordination services must be provided by a Local Provider Program who is Certified by First Connections to provide Service Coordination Services.

(b) Use of the term "service coordination" or "service coordination services" does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the Social Security Act—Medicaid), for purposes of claims in compliance with the requirements of 34 CFR §§303.501 through 303.521 (payor of last resort provisions).

(c)(1) To be Certified as an Early Intervention service coordinator by First Connections, an Individual must have:

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

(B)A high school diploma, GED, or the equivalent, and have completed the First Connections Alternative Certification training.

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

(iii) Completed the First Connections Core Competencies for Service Coordinators Certification training and met annual ongoing professional development and other training requirements.

(2) A Local Provider Program service coordinator may only provide service coordination services for one (1) local provider program.

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(3) A local provider program service coordinator is limited to a maximum service coordination caseload of fifty (50) active IFSPs without written approval from First Connections.

(d)(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:

(i) Making initial contact with the parent and supporting Parent Participation in early intervention;

(ii) Discussing with the parent the Child and Family Rights under IDEA, Part C and discussing the procedural safeguards;

(iii) Discussing and obtaining Parent signature on Parent Participation Agreement;

(iv) Providing the parent first and second choice of Provider to perform the CMDE;

(v) Determining need for and eligibility for Interim IFSP;

(vi) Initiating the child's electronic record in the State-approved Data System;

(vii) Scheduling the Family Engagement Meeting (intake) at a time and place convenient to the family and within seventeen (17) calendar days from the date of the child's referral for early intervention;

(viii) Sending Prior Written Notice of the Family Engagement Meeting (FEM) at
least seven (7) calendar days in advance of the meeting or obtaining documentation of parent choice to meet before receiving Prior Written Notice of the FEM;

(ix) Explaining the purpose and process of the CMDE and next steps and obtaining Parent Consent for the required CMDE;

(x) Assisting the family in identifying who they'd like to include on their IFSP Team and obtaining parent consent to release and, or, or both share information with any individuals, agencies, organizations who may need to be included on the family's IFSP Team;

(xi) Sending Notice of Meeting Outcome summarizing steps and results of the

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FEM along with a printed copy of the FEM (intake) paperwork;

(xii) Monitoring the provision and completion of the CMDE within twenty-one (21) calendar days of parent consent for the evaluation to ensure the Meeting to Determine Program Eligibility is scheduled no later than forty-five (45) Calendar Days of the date of the child's referral to Early Intervention;

(xiii) Sending Prior Written Notice of the Meeting to Determine Program Eligibility at least seven (7) calendar days in advance of the meeting;

(xiv) Convening and facilitating the Meeting to Determine Program Eligibility with the family and their IFSP Team and working as a team to determine the child's initial Child Outcome Summary (COS) 1-7 Number rating and documenting this data in the child's electronic record;

(xv) Working with the IFSP Team to Determine Initial Program Eligibility in one of the Program Eligibility Categories in accordance with Section 402(11);

(xvi) Supporting the Family in developing the Family Goal on the IFSP in accordance with Section 504(a)(5);

(xvii) Supporting the IFSP Team in writing the Program Eligibility Statement for the Initial IFSP;

(xviii) Supporting the IFSP Team (which includes the Family and anyone the Family wants to include) in developing a well-developed Initial IFSP with a minimum of five child-participation goals (outcome statements) clearly linked to child and family interests and the family's priorities, goals, concerns, and daily routines;

(xix) Supporting the IFSP Team in developing the developmental sequence of Action Steps (objectives) to reach each IFSP goal written in family-friendly language and clearly linked to child and family interests and routines;

(xx) Supporting the IFSP Team in selecting the Early Intervention Service(s) necessary to reach the child-participation goals on the Initial IFSP;

(xxi) Supporting the IFSP Team in identifying the Natural Environment service setting for each Early Intervention Service on the Initial IFSP;

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(xxii) Supporting the IFSP Team in determining the amount of support, consultation, coaching, and training the Parent or other adult caregiver who will be present and participating in Home and Community Visits (service sessions) will need in order to know how to promote their child's participation, early learning and development in order to determine service frequency and intensity for each IFSP Service;

(xxiii) Obtaining Parent consent (on required form) for each IFSP Service;

(xxiv) Providing the Parent with first and second choice of Local Provider Program
for each IFSP Service (including Service Coordination Services);

(xxv) Entering all documentation into the child's electronic record in the State-approved Data System;

(xxvi) Sending Notice of Meeting Outcome to summarize what took place in the Meeting to Determine Program Eligibility and the Initial IFSP development; and

(xxvii) Informing the Parent of next steps and timeline for IFSP Service provision and what to do if their initial service session is not scheduled within two (2) weeks.

(e)(1) The parent will be offered their choice of an ongoing service coordinator at the initial IFSP meeting when selecting their choice of Provider for each IFSP Service.

(2) The ongoing service coordinator's responsibilities include without limitation:

(i) Monitoring the Provision of Early Intervention Services on the IFSP to ensure they are occurring as outlined on the Individualized Family Service Plan (IFSP);

(ii) Updating and maintaining timely and accurate electronic records for each child and family on their case load in the State-approved Data System as required;

(iii) Assisting the Parent in obtaining access to supports, information, and services outside of Part C Early Intervention to meet family-identified needs, wants, interests, and goals and obtaining Parent Consent on required form to make referrals to outside agencies, programs, services, or organizations;

(iv) Coordinating any evaluations after the initial CMDE process determined necessary;

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

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

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

(viii) Coordinating the funding source(s) for Early Intervention services determined necessary to reach the goals and objectives on a child's and family's plan;

(ix) Conducting follow-up activities to ensure the timely provision of IFSP Services;

(x) Supporting Parent and, or, or both Family participation in all aspects of their child's early intervention;

(xi) Scheduling and convening IFSP Team meetings at times and places convenient to the Parent and, or, or both Family;

(xii) Sending Prior Written Notice, Notice of Meeting Outcome, and other required notices and procedural safeguards and documenting in the child's electronic record in the State-approved Data System;

(xiii) Teaching Families their rights in the context of the Early Intervention process;

(xiv) Informing families of their Dispute Resolution options (when applicable);

(xv) Facilitating the IFSP Team's annual Re-determination of Program Eligibility;

(xvi) Facilitating the IFSP Team's timely and accurate collection of Indicator 3 Child Outcomes data (COS Rating) at annual IFSP Review and at child exit;

(xvii) Facilitating the development of a transition plan to preschool or, if appropriate, to other services. Coordinating the funding sources for services on the IFSP; and

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

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(3) If through adoption or otherwise there is a change in the parent, then the service coordinator must close out the child's electronic record in the State-approved Data System under the former parent and open a new electronic record under the new parent.

(f) A service coordinator must maintain the following documentation in the case notes of the child's electronic record in the State-approved Data System for activities conducted on behalf of children and families and other service coordination service provided including, but not limited to:

(1) A Summary of specific activities performed on behalf of the child and, or, or both family;

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

(3) Calls or other contracts made with the family; and

(4) Written notices or information sent to the family;

Authority. Arkansas Code § 20-76-201.

Codification Notes. "GED" refers to General Educational Development test.

20 CAR § 534-604. Assistive technology and adaptive equipment.

(a) Assistive Technology or an Adaptive Equipment device means any item, piece, of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. 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.

(b) Adaptive Equipment or Assistive Technology devices may be provided to Program-Eligible children when the device (and service) is determined by the IFSP Team to be necessary to reach Child-Participation goals and objectives on the IFSP and necessary to expand or enhance the functional capabilities of an infant or toddler to be able to participate in a typical

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child and, or, or both family activity (for example, ankle-foot orthotics, braces, or similar types of equipment may be needed by a child with cerebral palsy to increase, maintain, or improve the child's functional mobility).

(c) 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.

(d) An assistive technology or adaptive equipment device local provider program must be enrolled as a durable medical equipment provider with the Arkansas Medicaid Program.

(e) 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 of a Program-Eligible child. as required;

(2) Provide ongoing assistance to adjust any assistive technology or adaptive equipment as needed;

(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.

(f) A local provider program must maintain the following documentation in the child's electronic record for each assistive technology or adaptive equipment device order:

(1) The date the order was received;

(2) The name of the service coordinator or other EI Professional who placed the order;

(3) The price quoted for the order;

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(4) The date the quote was submitted to the service coordinator or other EI Professional;

(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.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-605. Audiology services.

(a) Audiology services focus on the development of language and functional communication skills for a program-eligible child with diagnosed hearing loss and their Parents and other parent-identified caregivers. Audiology service also includes:

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

(2) Assessment and follow up regarding the range, nature, and degree of hearing loss and communication function through audiological evaluation procedures;

(3) Is auditory training, speech reading, listening device orientation or training, or other auditory service;

(4) Is hearing loss prevention service;

(5) Assessing the appropriateness of amplification devices, including the selecting, fitting, and dispensing of listening and vibrotactile devices, and the evaluation of the effectiveness of those devices;

(6) Supporting the Parent and, or, or both Family in knowing how to maximize language and communication development within typical child and family activities; and

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(7) Supporting the Parent and, or, or both Family in assessing and accessing options including amplification devices, sign and, or, or both cued language, support groups, and other local resources

(b) Audiology services must be performed by a Speech-Language Pathologist or an Audiologist with a license in good standing from the Arkansas State Board of Examiners for Speech Language Pathology and Audiology (ABESPA).

(c) A local provider program must maintain the following documentation in the child's electronic 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 or other caregiver who were present and participated in the audiology service;

(3) The name or names and credential or credentials 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;

(6) 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.

(7) Description of what the Parent or other caregiver(s) who were present and participating in the audiology service session will do between service sessions to support their child's participation, skill acquisition, early learning, and development (may be included in the narrative requirement in (4) above or in the Written Progress Notes described in (6) above).

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-606. Family training, counseling, and home visits.

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(a)(1) Family training, counseling, and home visits train and assist the parent, family or other caregiver to improve family functioning and meet the needs of the child with a disability when this level of support is determined necessary by the IFSP team to reach the goals and objectives on the IFSP.

(b) Family Training, Counseling, and Home Visits Services include (but are not limited to):

(1) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

(2) Preparing a social-emotional developmental assessment of the infant or toddler within the family context;

(3) Working with those problems in the living situation (home, community, and any childcare or other early education program where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services and supports;

(4) Providing individual and family-group counseling with parents and other family Members to support them in attachment and parent-child interactions that support the child's social-emotional development and use of age-appropriate behavior to meet needs; and

(5) Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive the maximum benefit from early intervention services.

(c) Family Training, Counseling, and Home Visit services are Family Support Services provided by social workers, psychologists, and other qualified Home Visiting personnel and exclude the required family training, consultation, and coaching that takes place at Home and Community Visits (service sessions) for all IFSP Services;

(d) Family Training, Counseling, and Home Visit services cannot duplicate service provided under Social Work Services or include services that can be provided by the family's Service Coordinator and, or, or both EI Service Provider(s).

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(e) A local provider program of Family Training, Counseling, and Home Visit must maintain the following documentation in the child's electronic 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 name(s) of the parent, family member, and other caregivers that participated in Family training, counseling session, or Home Visit;

(3) The name and credentials of the individual conducting the Family training, counseling session or home visit and, if the individual is not credentialed, the experience or other knowledge that qualifies them to conduct the Family training, counseling session, or home visit (example: individual endorsed to provide the Safe Sleep Training in Home Visits);

(4) List of topics covered and any specific materials, curricula, or instruction received during the Family training, Counseling session, or Home visit;

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

(6) Written progress notes on each Family training, Counseling session, or Home visit, dated and signed by the individual conducting the Family training, Counseling session, or Home visit;

(7) If applicable, the receipt for the actual cost of any curricula or other instructional materials, used in the Family training, counseling Session, or home visit;

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

(9) Verification of the parent or other caregiver participation such as a completed and signed Home Visit Checklist, certificate of completion, sign-in sheet, or signature on Written Progress Notes(s); and

(10) Description of carry over activities or strategies the Parent, Family member, or other caregiver(s) present and participating in each session will do between service sessions to support the child's early learning, development, skill acquisition, and participation in home and community activities (may be included in Written Progress Notes described in (6) above).

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Authority. Arkansas Code § 20-76-201.

20 CAR § 534-607. Health services.

(a)(1) A Health Service is a service that is determined necessary in order for an otherwise Program-Eligible child with an active IFSP to receive, participate in, and benefit from other Early Intervention Services on the child's IFSP during the time of the child's Program-Eligibility.

(2) Health Services on an IFSP include such services as:

(i) Clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other Health Services identified as necessary to support the child's participation in Early Intervention services and, or, or both an early learning program or classroom with their typically developing peers;

(ii) Consultation by physicians with EI Service Provider(s) and, or, or both classroom teacher and, or, or both childcare provider, Parents, or other caregivers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.

(3) Health Services do not include:

(i) Services that are surgical or purely necessary to control or treat a medical condition.

(ii) Medical services such as immunizations or other care that is routinely for all infants and toddlers.

(b) A local provider program providing Health Services must maintain the following minimum documentation in the child's electronic record for each health service performed:

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

(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;

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(4) A narrative of the instruction, training, and interaction provided to the participating parent or other caregiver (may be included in Written Progress notes described in (8);

(5) The other early intervention services on the IFSP that the health services enable the child to participate in, receive, and benefit from;

(6) A description of the relationship of the health service to the goals and objectives described in the child's IFSP;

(7) A description of carry over activities or strategies and activities the Parent or other caregiver(s) present and participating in the Health Services Home and Community Visit will do between Health Services sessions (may be included in the Narrative of Instruction described in (4) above or in the Written Progress Notes described in (8) below);

(8) Written progress notes on each Family Training, Counseling session, or Home Visit, dated and signed by the individual conducting the Family Training, Counseling session, or Home Visit; and

(9) Verification of the Parent and, or, or both other caregiver participation such as a completed and signed Home Visiting checklist, certificate of completion, sign-in sheet, or signature on Written Progress Note(s).

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-608. Medical services.

(a) A medical service on the IFSP is a diagnostic service provided by a licensed physician to determine a child's health and, or, or both developmental status and need for early intervention and may include specialized evaluation services.

(b) Medical Services on the IFSP may be provided when determined necessary by the IFSP Team to:

(1) Determine a child's initial Program Eligibility for a child who is not Program Eligible in either the MD or DD Program Eligibility categories but for whom the Family (and, or, or both others) have concerns;

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(2) Support the child with a disability in reaching the goals and objectives on a current IFSP;

(3) Support the Parent and, or, or both Family or other parent-identified caregivers in meeting an IFSP Family Goal or in understanding their child's unique strengths and needs in order to know how to promote their child's participation, early learning, and development within typical child and family activities;

(4) Assist the IFSP Team in developing an IFSP that aligns with the child's unique needs, interests, daily routines, and Parent concerns and priorities.

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

(d) A local provider program 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, clinic, organization, or facility;

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

(5) A description of the relationship of the medical service to either the Family Goal(s) on the IFSP or goals and objectives described in the child's IFSP;

(6) A copy of the diagnostic testing, specialized evaluation, or other screening or assessment uploaded into the child's electronic record in the State-approved data system; and

(7) A description of how the IFSP Team will use this information to accomplish any one of the requirements in 607(2)(1-6).

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-609. Nursing services.

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(a) Nursing services provided to a Program-eligible child may include:

(1) 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;

(2) The provision of nursing care to prevent health problems, restore or improve the child's functioning and, or, or both functional abilities;

(3) Instruction, training, coaching, and consultation with Parents and other caregivers to support them in understanding how to promote their child's optional health and development;

(4) The administration of medications, treatments, and regimens prescribed by a licensed Physician when such services are identified as necessary to support a child with a disability in participating in early intervention and, or, or both other learning programs or classrooms with their typically developing peers.

(5) Instruction, training, coaching, and consultation with Childcare providers and classroom teachers to support them in understanding how to promote the child's participation, health, and development.

(6) The administration of screenings, assessments, services, and medication or treatment administrations that are necessary to enable a child to participate in and 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) Nursing Services must be listed as a service on the IFSP and be determined necessary for the child to receive in order to reach IFSP goals and objectives and to participate in other early intervention services on the IFSP.

(d) A Local provider program must maintain the following documentation in the child's electronic record for each nursing service performed:

(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;

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(3) The name of the registered nurse providing the nursing service and the name of their employer;

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

(5) A description of how the nursing service supports the Program-Eligible child in participating in the specific goals and objectives described in the child's IFSP;

(6) A description of how the Nursing Service supports the Program-Eligible child to participate in the specific other early interventions listed on the IFSP;

(7) Description of carry over activities or strategies the Parent or other caregiver(s) present and participating in the Nursing Service Home and Community Visit will do between Nursing Services service sessions to support the child's participation, development, and early learning (may be included in the Written Progress Note described in (h) below);

(8) Written Progress Note(s) for each Nursing Service provided that are dated and signed by the Registered Nurse providing the Nursing Service.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-610. Nutrition services.

(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 include:

(i) Conducting individual assessments in:

(A) Nutritional history and dietary intake;

(B) Anthropometric, biochemical, and clinical variables; and

(C) Feeding skills and feeding problems as well as food habits and food preferences;

(ii) Developing and monitoring appropriate plans to address the nutritional needs of a program-eligible child;

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(iii) Parent and, or, or both caregiver education and training in nutritional and dietary needs and feeding practices of a program-eligible child with a disability to reach clearly defined IFSP goals and objectives;

(iv) Making referrals to appropriate community resources to carry out nutrition goals on the child's and family's IFSP;

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

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

(1) A registered dietician in good standing with the Academy of Nutrition and Dietetics;

(2) A provisionally certified registered dietician by the Academy of Nutrition and Dietetics; or

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

(c) A local provider program must maintain the following documentation in the child's electronic 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 caregiver(s) who participated in the nutrition service;

(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) A description of the relationship of the nutrition service to the goals and objectives described in the child's IFSP;

(6) A description of carry over activities and strategies the Parent or other caregiver(s) participating in the Nutrition Services Home and Community Visit will do between Nutrition Services service sessions to support the child in reaching IFSP goals and, or, or both objectives (may be included in the narrative described in (4) above or the Written Progress Notes described in (7) below); and

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(7) Written Progress Notes that are dated and signed by the Local Provider Program providing Nutrition Services.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-611. Occupational therapy evaluations and services.

(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) Occupational therapy supports the child's ability to participate in typical daily activities in the home, childcare or early learning setting, and in the community locations the child and family frequent and enhance the capacity of the child's adult caregivers to promote the child's participation, early learning, and development between therapy sessions in accordance with Section 601.

(3)(i) Occupational therapy evaluations require documentation of a written prescription signed by the child's primary care provider (PCP) or attending licensed physician, documentation of PCP or attending physician's refusal, or documentation of three (3) valid attempts to obtain the prescription.

(ii) Occupational therapy services require a written prescription signed and dated
by the Child's primary care provider (PCP) or attending licensed physician, documentation of PCP or attending physician's refusal, or documentation of three (3) valid attempts to obtain the prescription.

(4)(i) Each completed occupational therapy evaluation and report must be keyed into the child's electronic record in the State-approved Data System within twenty-one (21) calendar days of Parent Consent for the evaluation with a copy of the evaluation report attached. See Section 407.

(ii) Each Home or Community Visit (service session) or IFSP service Provided

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outside of a child's Natural Environment must be entered into the child's electronic record in the State-approved Data System as a "Delivered Services Note" within thirty (30) days of each delivered service in accordance with Section 602.

(5)(i) Occupational therapy evaluations must be performed by a licensed occupational therapist in good standing who has been Certified by First Connections to provide Occupational Therapy Evaluations and Services.

(ii) Occupational therapy services must be performed by a licensed occupational therapist or occupational therapy assistant in good standing who has been Certified by First Connections to provide Occupational Therapy Evaluations and Services.

(6) Occupational therapy evaluations and services must be performed by an individual who is a certified occupational therapy service provider.

(7) Any occupational therapy evaluation instrument administered must be from the State-approved list.

(b) To be Certified by First Connections as an occupational therapist and occupational therapy assistant, an individual 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 Core Competencies Therapist Certification course and be up to date on all annual ongoing professional development requirements and other training; and

(3) Enroll with the Arkansas Medicaid Program.

(c)(1) An occupational therapy assistant must be supervised by an occupational therapist

(2) An occupational therapy assistant must have their supervising occupational therapist's certification uploaded into the State-approved Data System.

(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 local provider program as any occupational therapy assistant they are supervising, unless the Part C Coordinator provides

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a documentation in writing of an exception to this policy to meet an urgent need of the Statewide system of Early Intervention;

(2) An Occupational Therapist must Upload into the State-approved Data System 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-month period must be an annual written evaluation.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-612. Physical therapy evaluations and services.

(a)(1) Physical therapy services address the promotion of sensorimotor function through enhancement of their musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective enviromental adaptation and include (but are not limited to):

(i) Screening, evaluation, and assessment of children to identify movement dysfunction;

(ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems in order to support child participation in typical child and family activities in the home, early learning environments, and community settings the child and family frequent;

(iii) Providing individual and, or, or both group services or to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and

(iv) Provide consultation with Parents and other caregivers to identify challenges, needs, interests, priorities, and child and family strengths in order to design

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intervention and Parent and, or, or both caregiver training, education, coaching, and mentoring that enhances the capacity of the child's adult caregivers to promote the child's participation, early learning, and development between therapy sessions in accordance with Section 601.

(2) Physical therapy services require a written prescription signed and dated by the Child's primary care provider or attending licensed physician, documentation of PCP or attending physician's refusal, or documentation of three (3) valid attempts to obtain the prescription.

(3) Physical Therapy services sessions (Home and Community Visits or IFSP service provided outside of a child's Natural Environment) must be entered into the child's electronic record in the State-approved Data System as a "Delivered Services Note" within thirty (30) days of each delivered service in accordance with Section 602.

(4) Physical therapy services must be performed by a licensed Physical Therapist or Physical Therapy Assistant in good standing who has been Certified by First Connections to provide Physical Therapy Evaluations and Services and works under the supervision of a licensed and certified Physical Therapist.

(b)(1) Physical therapy evaluations assess the child's functional motor abilities and ability to participate in typical daily activities as well as assess sensory motor function, musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective adaptation of a child to their Natural Environment. Physical therapy evaluations assess the child's strengths and needs as it relates to the child's ability to participate in typical activities.

(i) Any physical therapy evaluation instrument administered must be from the State- approved list.

(ii) Physical therapy evaluations require a written prescription signed by the child's primary care provider or attending licensed physician, or documentation of PCP or attending physician denial, or documentation of three (3) valid attempts to obtain the Rx.

(iii) Physical therapy evaluations must be performed by a licensed Physical Therapist in good standing who has been Certified by First Connections to provide Physical Therapy Evaluations and Services.

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(2) Each completed Physical therapy evaluation and report must be keyed into the child's electronic record in the State-approved Data System within twenty-one (21) calendar days of Parent Consent for the evaluation with a copy of the evaluation report attached. See Section 407.

(b) To be Certified by First Connections as a physical therapist or a physical therapy assistant, the individual must:

(1) Hold a physical therapy or physical therapy assistant license in good standing with the Arkansas State Medical Board;

(2) Complete First Connections Core Competencies for Therapists Certification Course and be up to date on ongoing annual professional development and other training requirements; and

(3) Enroll with the Arkansas Medicaid Program.

(c) A physical therapy assistant must:

(1) Be supervised by a physical therapist; and

(2) Have their supervising physical therapist's certification uploaded into State-approved Data System.

(d)(1) A physical therapist may supervise a maximum of three (3) physical therapy assistants at any time.

(2) A physical therapist must:

(A) Work at the same local provider program organization as any physical therapy assistant he or she is supervising unless the Part C Coordinator provides a documentation in writing of an exception to this policy to meet an urgent need of the Statewide system of Early Intervention.

(B) Upload into State-approved Data System the certification of any physical therapy assistant they are supervising.

(C)(i) 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.

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

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-613. Psychological services.

(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.

(b) Psychological Services may include but are not limited to:

(1) Administering psychological and developmental tests and other assessment procedures not provided through or by other disciplines and, or, or both IFSP Services;

(2) Interpreting evaluation or other assessment results and providing guidance, information, and recommendations useful to the IFSP Team;

(3) Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to participation in typical child and family activities, early learning, infant and, or, or both toddler mental health, and overall child development not provided through or by other disciplines and or, or both IFSP Services;

(4) Observation of child-caregiver and child-peer interactions in the child's Natural Environment and, or, or both other assessments of child attachment and functional behavior;

(5) Consultation on child development, functions of behaviors, Parent-child attachment to support the child's social-emotional development and use of age-appropriate behaviors to meet needs in such a way that promotes child participation in Early Intervention, home and community, life and early learning opportunities and settings;

(6) Planning and managing a program of Psychological Services, including Psychological Counseling for children and parents, family counseling (not covered by or

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provided under Family Training, Counseling, and Home Visits Services), consultation and training with Parents, Family, and other caregivers on child development and behavior; and

(7) Parent training and education, including without limitation Parent-Child Interaction Therapy and, or, or both coaching Parents and other Caregivers in the use of therapeutic parenting practices proven to decrease problematic behaviors.

(c) A local provider program of psychological services must meet one (1) of the following:

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

(2) A licensed psychological examiner in good standing with the board.

(3) An Individual with a current State or National Infant Mental Health Certification who has been certified by First Connections to provide Early Intervention Psychological Services.

(d) A local provider program 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; and

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

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-614. Sign language and cued language services.

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(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.

(1) American Sign Language (ASL) Cued Language Interpreters, and Language Transliterators who facilitate communication between deaf, hard of hearing and hearing individuals must maintain appropriate certification with the Arkansas Department of Health.

(b) A local provider program of sign language or cued language 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;

(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;

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

(6) Description of what the Parent or other caregiver(s) who were present and participating in the Home and Community Visit (service session) will do to apply the information, training, education, consultation, and coaching between service sessions.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-615. Social work services.

(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

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coordinate community resources and services that enable a child to a child to participate in early learning experiences, settings, and opportunities and to receive the maximum benefit from early intervention services on a current IFSP.

(2) Social work services do not include any activities that are able to be performed by the family's service coordinator or EI Service Provider(s) and cannot constitute a duplication services with Services provided under Family Training, Counseling, and Home Visits.

(b) Social work services must be performed by a licensed clinical social worker in good standing with the Arkansas Social Work Licensing Board.

(c) A local provider program 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

(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.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-616. Developmental therapy evaluations and services.

(a)(1) Developmental Therapy Services provide specialized instruction as outlined in IDEA, Part C to the Parent and, or, or both caregiver present and participating and to the child to promote the caregiver's ability to promote child development, participation, and skill acquisition and to support the child's development across developmental domains including participation in typical child and, or, or both family routines, use of age-appropriate behavior to meet needs, daily living activities, and social interactions.

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(2) Special instruction (developmental therapy) includes (but is not limited to):

(i) Ongoing assessment of child interests, strengths and needs, and functional skills in the context of child and family life;

(ii) The design of learning environments, strategies, and activities that promote child's participation and acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;

(iii) Instructional and, or, or both curriculum planning, including the planned interaction with peers, caregivers, family, personnel, materials, and time and space, that leads to achieving the IFSP goals and objectives;

(iv) Providing families with information about child development and the progression of developmental skill acquisition;

(v) Consulting with the family to support Parent-identified concerns, interests, strengths, and needs to address in Home and Community Visits (service sessions); and

(vi) Training, coaching, and mentoring Parents and other caregivers to equip them with the support, knowledge, and skills needed to enhance their child's participation in daily activities to promote early learning and development in accordance with Section 601.

(3) Developmental Evaluation: Under IDEA, Part C, the family of each child referred for early intervention has the right to receive a timely, Comprehensive Multidisciplinary Developmental Evaluation (CMDE) to assesses the child's strengths and needs and functional abilities in all five (5) areas of development in accordance with Section 408.

(4) The CMDE is one piece of information the IFSP Team, which includes the Parent, uses to determine initial Program Eligibility and must be completed prior to Eligibility Determination and IFSP Development.

(5) Parent Consent must be documented in writing in the child's electronic record prior to scheduling or conducting the CMDE or developmental evaluation (see Section 408(2), Parent refuses to grant Consent for the CMDE).

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(6) Developmental evaluations must be performed by an individual who has been certified by First Connections as a Part C Developmental Therapist.

(7) Developmental evaluations require a written prescription signed and dated by the Child's primary care provider or attending licensed physician, documentation of PCP or attending physician's refusal, or documentation of three (3) valid attempts to obtain the prescription.

(8) Each completed CMDE report must be keyed into the child's electronic record no later than twenty-one (21) calendar days from the date of parent consent for the evaluation. See Section 407.

(b) A Developmental Therapist or Developmental Therapy Assistant must key in the Delivered Services Note in the child's electronic record in the State-approved Data System within thirty (30) calendar days to document each Home or Community Visit (service session) in accordance with Section 602.

(c) Developmental therapy services must be performed by an individual who has been certified by First Connections as a Developmental Therapist or Developmental Therapy Assistant.

(d)(1)(i) To be certified by First Connections as a developmental therapist, an individual 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 Department of Education.

(ii) To be certified by First Connections as a developmental therapist, the individual must have completed all First Connections Core Competencies for Therapists certification course and be up to date on all annual ongoing professional development and other training requirements.

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

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(2)(i) To be certified by First Connections as a developmental therapy assistant, an individual must have one (1) of the following:

(A) Associate 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 the State-approved Data System;

(iii) To be certified by First Connections as a Developmental Therapy Assistant must have completed all First Connections Core Competencies for Therapists Certification course and be up to date on all ongoing professional development and other training requirements;

(iv) A developmental Therapy Assistant must be enrolled with the Arkansas Medicaid Program as both a division non-Medicaid service provider (type 76) and also as a First Connections Medicaid service provider (type 86).

(e) 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 local provider program as any developmental therapy assistant they are supervising, unless the Part C Coordinator provides a documentation in writing of an exception to this policy to meet an urgent need of the Statewide system of Early Intervention.

(2) A developmental Therapist must upload into the State-approved Data System the certification of any developmental therapy assistant they are supervising.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-617. Speech-language pathology evaluations and services.

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(a)(1) Speech-language Pathology evaluations and services assess a child's functional communication or language abilities and functional use of language to express emotions, needs, and wants and to respond to others. Speech-language Pathology evaluations identify disorders and delays in the development of age-appropriate communication skills and provide Parent and, or, or both caregiver training, consultation, coaching, and education on ways to enhance the child's language and communication development within typical daily activities. Speech-language Services support children in making gains in each of the three federally-identified outcomes areas in accordance with Section 601.

(2)(i) Speech-language Pathology evaluations require a written prescription signed by the child's primary care provider or attending licensed physician, or documentation of the PCP or attending physician's denial, or documentation of three (3) valid attempts to obtain the prescription.

(ii) Speech-language Pathology services require a written prescription signed and dated by the Child's primary care provider or attending licensed physician, or documentation of the PCP or attending physician's denial, or documentation of three (3) valid attempts to obtain the prescription.

(3)(i) Each completed Speech evaluation and report must be keyed into the child's electronic record in the State-approved Data System within twenty-one (21) calendar days of Parent Consent for the evaluation with a copy of the evaluation report attached. See Section 407.

(ii) Each Home or Community Visit (service session) or IFSP service provided outside of a child's Natural Environment must be entered into the child's electronic record in the State-approved Data System as a "Delivered Services Note" within thirty (30) days of each delivered service in accordance with Section 602.

(4)(i) Speech-language pathology evaluations must be performed by a licensed speech-language pathologist in good standing who has been Certified by First Connections to provide Speech Therapy Evaluations and Services.

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(ii) Speech-language pathology services must be performed by a licensed speech-language pathologist or speech-language pathology assistant in good standing who has been Certified by First Connections to provide Speech Therapy Evaluations and Services.

(5) Speech-language pathology services can only be performed by an individual who is a certified speech-language pathology local provider program.

(b) To be Certified by First Connections as a speech-language pathologist or a speech-language pathology assistant, an individual must:

(1) Hold a speech-language pathologist or speech-language pathology assistant license in good standing with the Arkansas State Medical Board;

(2) Complete First Connections Core Competencies Certification Training for therapists and meet all First Connections ongoing professional development and training requirements; and

(3) Enroll with the Arkansas Medicaid Program.

(c) A speech-language pathology assistant must:

(1) Be supervised by a speech-language pathologist; and

(2) Have their supervising speech-language pathologist's certification uploaded into the State-approved Data System.

(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:

(A) Work at the same local provider program organization as any speech-language pathology assistant they are supervising;

(B) Upload into the State-approved the State-approved Data system the certification of any speech-language pathology assistant he or she is supervising, unless the Part C Coordinator provides a documentation in writing of an exception to this policy to meet an urgent need of the Statewide system of Early Intervention.

(C) Upload into the State-approved Data System any in-person observation documentation related to a speech-language pathology assistant they are supervising.

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Authority. Arkansas Code § 20-76-201.

20 CAR § 534-618. Transportation services.

(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.

(b) A local provider program 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 the parent or other caregiver of the amount of the transportation service payment.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-619. Vision services.

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

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

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

(2) A certified orientation mobility specialist.

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(c) A local provider program 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 20 CAR § 534-407); and

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

(7) A description of carry over activities and, or, or both strategies the participating Parent or other caregiver(s) will do to support the child's participation, skill acquisition, early learning and development between service sessions (may be included in the Narrative described in (5) above or in the Written Progress Notes described in (8) below);

(8) Written Progress Notes on each delivered service session, signed or initialed by the individual providing the Vision Service, describing the child's status with respect to their goals and objectives.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-620. Specialized evaluation services.

(a)(1) Specialized evaluation services relate to the performance of evaluations and assessments necessary for diagnostic purposes to assist the Family in understanding their child's unique strengths and needs in order to promote their child's early learning, participation, and development and, or, or both to support the IFSP team in developing and implementing the IFSP.

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

(b) A local provider program 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 developing and implementing the child's IFSP.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-621. Parent education services.

(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 local provider program 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;

(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

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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.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-622. Tele-Intervention services.

(a) Tele-Intervention services are one (1) of the following early intervention services conducted via a live interactive video capable telecommunication device in accordance with the requirements of this section:

(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 may not be provided via teletherapy and must be performed through Home and Community Visit in-person methods.

(c) The child electronic record in the State-approved Data System must include the following documentation for Tele-intervention Services:

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(1) An assessment of the child and family that determines they are an appropriate candidate for tele-intervention services based on the participating Parent's or Caregiver's availability to participate and engage in the sessions with their child throughout each remotely delivered service session;

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

(i) The effectiveness of tele-intervention service delivery is equivalent to face-to-face parent consultation, training, coaching, and mentoring in traditional Early Intervention Home and Community Visits service delivery methods; and

(ii) A plan and estimated timeline for returning to Home and Community Visits (in person) service delivery if a Child is not progressing towards IFSP goals and outcomes through remote tele-intervention service delivery.

(3) Parent Consent for Tele-Intervention (teletherapy) as well as the traditional for services form.

(d) The local provider program is responsible for ensuring tele-intervention services are the equivalent to in-person, face-to-face Home and Community service delivery.

(1) The local provider program is responsible for ensuring the calibration of all clinical instruments and the proper functioning of all video-capable telecommunications equipment.

(2) All tele-intervention services must be delivered in a synchronous manner, meaning through real-time interaction between the practitioner and the parent or other caregiver working with their child throughout the session.

(3) A store and forward telecommunication method of remote Tele-intervention 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.

(4) A telecommunication method of remote Tele-intervention Service delivery that does not have two-way video capability (Parent and, or, or both caregiver can see the therapy Local Provider Program modeling and, or, or both demonstrating and therapy Local

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Provider Program can see the Parent and, or, or both caregiver modeling and, or, or both demonstrating) is prohibited.

(e) Teleservices are subject to all the same limits and requirements as in-person, face-to-face Home and Community Visit style of delivery of the early intervention service.

(f) Tele-Intervention Services may be combined with in person Home and Community Visit service delivery with Parent Consent and when a child is making adequate progress toward IFSP goals and objectives.

Authority. Arkansas Code § 20-76-201.

Subpart 7. Incident and Accident Reporting

20 CAR § 534-701. Incidents to be reported.

(a) A local provider program must report all alleged, suspected, observed, or reported occurrences of any of the following events while a child is receiving an Early Intervention Service:

(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.

(8) Any local provider program may report any other occurrences impacting the health, safety, or quality of life of a child.

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Authority. Arkansas Code § 20-76-201.

20 CAR § 534-702. Reporting requirements.

(a) A local provider program must:

(1) Submit 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 local provider program 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 a weekend or holiday that prevents reporting within forty-eight (48) hours.

(b) A local provider program must enter the incident report into the child's electronic record in State-approved Data System.

(c) Reporting under these Rules does not relieve a local provider program of complying with any other applicable reporting or disclosure requirements under state or federal laws, rules, or regulations.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-703. Notification to guardians and legal custodians.

(a) If not present at the time of the incident, a local provider program must notify the guardian or legal custodian of a child of any reportable incident involving a child.

(b) A local provider program should maintain documentation evidencing notification required in subsection (a) of this section.

704. Service Concern.

(a) A Local Provider Program Administrator, an Individual Service Provider, or a First

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Connections staff member may file a "Service Concern" regarding an action they believe does not adhere to these guiding rules or IDEA, Part C requirements when:

(1) The action or incident is not subject of a Parent Dispute (Mediation, Formal State Complaint, or Due Process Hearing); and

(2) The action or incident is not subject of a required Incident Report under this Section.

(b) A Service Concern may be submitted by a Referral source (related agency representative) but not by a Parent (Parent concerns and complaints are handled through the Dispute Resolution options available to families).

(c) A Service Concern may be submitted (reported) when an EI Professional (individual or agency) is not meeting these guiding rules such as (but not limited to):

(1) Providing an Early Intervention Service prior to the Determination of Program Eligibility and development of the initial IFSP or after an IFSP has expired;

(2) Failure to enter referrals of children under the age of three (3) into the Referral Portal within two (2) business days of child's referral for early intervention as outlined in Section 302;

(3) Failure to complete the CMDE (and providing services or developing an IFSP);

(4) Failure to complete the initial COS 1-7 Number rating and consider this data in the Program Eligibility Determination;

(5) Evaluation Reports that do not meet the Requirements outlined in Section 407;

(6) Providing an IFSP Service outside of the Natural Environment without Developmental Justification of Need and a Conversion Plan as outlined in Section 502;

(7) Separating a child under three (3) from the Parent or other familiar caregiver for the purpose of evaluation or IFSP service provision as outlined in Section 407(1)(c);

(8) Providing Services outside of the scope of the IFSP, when no current IFSP exists, or using a separate plan of care or other plan outside of the child's and family's IFSP to provide early intervention services;

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(9) Determining and, or, or both communicating Program Eligibility without an IFSP Team meeting (which includes the family) to determine Eligibility;

(10) Requesting that a Service Coordinator "add an evaluation" or "add a service" to an existing IFSP without convening an IFSP meeting;

(11) Failure to certify direct service provision personnel or staff;

(12) Solicitation of families currently receiving services from another EI Provider;

(13) Solicitation of families of children approaching Transition by communicating unfavorable or inaccurate information about Early Childhood Special Education services under Part B;

(14) Solicitation and, or, or both collaboration with a childcare or other early learning program in such a way that limits or prohibits Parent Choice of Provider or a Provider's access to a child they currently provide IFSP services to;

(15) Falsification of documentation in a child's electronic record;

(16) Recommending IFSP Services prior to the development of the IFSP with the family;

(17) Recommending IFSP Services in excess of what is necessary to reach the goals and objectives on a current IFSP;

(18) Refusing to serve a family and, or, or both child due to their geographic location of residence, the nature of the family's living conditions, or the child's disability as outlined in Section 212;

(19) Failure to convene a Transition Conference or make referral to the LEA for a child approaching the 3rd birthday;

(20) Not using First Connections required forms for documentation;

(21) Not using the State-approved tool for conducting the COS 1-7 number rating;

(22) Failure to use the data system to create and maintain timely and accurate child records as outlined in Section 301;

(23) Failure to capture exit COS 1-7 number rating for children exiting the program.

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(d) A Service Concern is reported on the First Connections Service Concern form to the Part C Coordinator.

(e) A Service Concern is reviewed by the First Connections Unit Manager most closely aligned with the area related to the issue. First Connections Administration will review and investigate and manage the concern internally with the goal of supporting all involved in understanding and meeting Program requirements, guidelines, and best practices; Technical Assistance, guidance, and support may be provided.

(f) During the review and internal investigation of a Service Concern, if a Child and, or, or both Family right under IDEA has been violated, the First Connections Administrator must contact the parent, and offer the parent information about their rights and resolution options and document the contact in the child's electronic record.

(g) During the review and internal investigation of a Service Concern, if the First Connections Administrator conducting the review identifies noncompliance with an IDEA, Part C requirement, a Finding of Noncompliance will be issued.

Authority. Arkansas Code § 20-76-201.

Subpart 8. Enforcement

20 CAR § 534-801. Monitoring.

(a)(1) First Connections is responsible for General Supervision and monitoring activities to ensure compliance with these Rules and IDEA, Part C requirements.

(2)(i) A local provider program and, or, or both Individual Service Provider must cooperate with all monitoring and other regulatory activities performed or requested by First Connections or other representative of the Lead Agency.

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

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(b) General Supervision monitoring includes without limitation:

(1) On-site record reviews, surveys, and other visits including without limitation annual reviews, parent and, or, or both Personnel interviews, and Parent and, or, or both Personnel surveys;

(2) State-approved Data System review of electronic records, documentation, and other data;

(3) Written requests for the submission of documentation and records required under these Rules;

(4) Written requests for information, documentation, and, or, or both data verification;

(5) Investigations related to complaints received;

(6) Quality and Compliance monitoring conducted remotely via electronic record and data review and, or, or both via on site record review or a combination of methods;

(7) Fiscal monitoring and retrospective review including but not limited to allocation utilization reviews; and

(8) Local Provider Program Annual Performance Report data reviews and Local Provider Program Determinations as required by IDEA, Part C.

(c) First Connections may elect to contract with a third party to monitor, enforce, or take other regulatory action on behalf of the Lead Agency.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-802. Written notice of enforcement remedy.

(a)First Connections shall provide written notice of any enforcement remedies taken against any local provider program and, or, or both Individual Service Provider to the manager appointed pursuant to 20 CAR § 534-205.

Authority. Arkansas Code § 20-76-201.

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20 CAR § 534-803. Remedies.

(a)(1) Neither First Connections nor ADE shall impose any enforcement remedies unless:

(i) The local provider program and, or, or both Individual Service Provider is provided written notice and appeal rights pursuant to 20 CAR § 534-802 and 20 CAR § 534-1001 et seq.; or

(ii) If either ADE or the First Connections Part C Coordinator determine that public health, safety, or welfare imperatively require emergency action be taken prior to the issuance of Written Notice;

(2) If First Connections or a Lead Agency representative impose an enforcement remedy as an emergency action before the local provider program and, or, or both Individual Service Provider has notice and appeal rights pursuant to Subchapter 10, the Lead Agency shall:

(i) Provide immediate written notice to the local provider program manager or administrator of the enforcement action; and

(ii) Provide the local provider program manager or administrator with its appeal rights pursuant to 20 CAR § 534-1001 et seq.

(b) If a provider program and, or, or both Individual Service Provider fails to comply with the rules, First Connections and, or, or both the Lead Agency may impose any of the following enforcement remedies for the local provider program and, or, or both Individual Service Provider failure to comply with the Rules:

(1) Finding of Noncompliance;

(2) Plan of correction;

(3) Directed in-service training plan or Required Technical Assistance;

(4) Removal as choice of provider;

(5) Transfer;

(6) Monetary penalties;

(7) Suspension of service provider certification;

(8) Revocation of service provider certification;

(9) Report to the Office of Medicaid Inspector General (OMIG);

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(10) Recoupment of Federal Part C Funding; and

(11) Any remedy authorized by law or rule including without limitation Arkansas Code § 25-15-217.

(c) First Connections and, or, or both the Lead Agency shall determine the imposition and severity of these enforcement remedies on a case-by-case basis using the following factors:

(1) Frequency of noncompliance and, or, or both the number of non-compliance issues;

(2) Impact of noncompliance on a child's health, safety, or well-being;

(3) Responsiveness in correcting noncompliance and completing any required Assistance, training, or other corrective and supportive measures;

(4) Timeliness of correction of non-compliance;

(5) Repeated noncompliance in the same or similar areas;

(6) Noncompliance with previously or currently imposed enforcement remedies;

(7) Noncompliance involving intentional fraud or dishonesty; and

(8) Noncompliance involving violation of any law, rule, or other legal requirement.

(d)(1) First Connections and, or, or both the Lead Agency shall report any noncompliance, action, or inaction by the service provider to appropriate agencies for investigation and further action.

(2) First Connections and, or, or both the Lead Agency 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 First Connections and, or, or both the Lead Agency for First Connections may apply multiple enforcement remedies simultaneously for a failure to comply with these Rules.

(f) The failure to comply with an enforcement remedy imposed by First Connections and, or, or both the Lead Agency for First Connections constitutes a separate violation of these Rules.

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Authority. Arkansas Code § 20-76-201.

20 CAR § 534-804. Removal as choice of provider.

(a) First Connections may cease to offer the local provider program as a choice for one (1) or more early intervention services.

(b) A local provider program that is no longer offered as a choice of service provider may continue to provide early intervention services to children they are already serving.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-805. Transfer.

(a) First Connections or a Lead Agency representative may require a local provider program to transfer a child to another service provider if First Connections or the Lead Agency finds that the local provider program (or the Individual Service Provider) is not adequately providing early intervention services to the child as outlined on the child's and family's current IFSP.

(b) If directed by First Connections and, or, or both a Lead Agency representative, a local provider program and, or, or both the Individual Service Provider must continue providing services until the child is transferred to their new provider.

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

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-806. Monetary penalties.

(a) ADE may impose a civil monetary penalty on a service provider, not to exceed five hundred dollars ($500) for each violation of the Rules.

(b)(1) ADE may file suit to collect a civil monetary penalty assessed pursuant to these Rules if the service provider does not pay the civil monetary penalty within sixty (60) days from

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the date First Connections and, or, or both the Lead Agency provides written notice of the imposition of the civil monetary penalty to the manager on record for the Local Provider Program.

(2) ADE may file suit in Pulaski County Circuit Court or the circuit court of any county in which the service provider is located.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-807. Suspension and revocation of certification.

(a)(1) First Connections may temporarily suspend a Local Provider Program's status as an Early Intervention Provider in good standing or suspend an Individual Service Provider's certification if the entity or individual fails to comply with these Rules.

(2) If an individual Service Provider's certification is suspended, that provider must immediately stop providing early intervention services until First Connections reinstates its certification.

(3) If a Local Provider Program's status as an Early Intervention Provider is determined "not in good standing," the Local Provider Program and all Individual Service Providers on staff must immediately stop providing Early Intervention Services until the Local Provider Program returns to a status of "in good standing."

(b)(1) First Connections may permanently revoke a service provider's certification if the service provider fails to comply with these Rules.

(2) If a service provider's certification is revoked, the service provider must immediately stop providing early intervention services.

(3) First Connections may permanently remove a Local Provider Program as a Part C Provider (revoking their status).

(4) If a Local Provider Program has had their status revoked and can no longer be a Part C Provider, that Provider Program must immediately stop providing all IFSP Services.

Authority. Arkansas Code § 20-76-201.

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20 CAR § 534-808. Recoupment.

(a) First Connections and, or, or both the Lead Agency for First Connections may recoup any Part C funding if it is determined that the service provider failed to comply with these rules.

(b) The Arkansas Department of Human Services, Division of Medical Services may recoup any Medicaid payments made to a Local provider program and, or, or both an individual Service Provider for any IFSP Service if it is determined that the local provider program and, or, or both an individual Service Provider failed to comply with these Rules or Medicaid requirements.

Authority. Arkansas Code § 20-76-201.

Codification Notes. Part C of the Individuals with Disabilities Education Act (IDEA) is codified at 20 U.S.C. § 1431 et seq.

Subpart 9. Closure

20 CAR § 534-901. Closure.

(a)(1) A local provider program's status as a Part C Provider Program ends if a service provider permanently closes, whether voluntarily or involuntarily, and is effective the date of the permanent closure as determined by First Connections and, or, or both other Lead Agency representative.

(2) A local provider program that intends to or does permanently close, whether voluntarily or involuntarily, must:

(i) Provide written notice of the closure to the Part C Coordinator for First Connections at least thirty (30) calendar days prior to the effective date of the proposed closure; and

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(ii) Arrange for the storage of any paper on site child and family records to satisfy Records Destruction requirements of 20 CAR § 534-208(2).

(b)(1) A local provider program that intends to voluntarily close temporarily may request to maintain its status as a Part C Provider for up to one (1) year from the date of the request.

(2) A local provider program temporarily closed must still comply with requirements for storage of paper files and personally identifiable information in Section 208.

(3)(i) First Connections may grant a temporary closure if the local provider program demonstrates that it is reasonably likely to reopen after the temporary closure.

(ii) First Connections shall direct that the local provider program permanently close if the service provider fails to demonstrate that it is reasonably likely to reopen after the temporary closure.

(4)(i) First Connections may end a local provider Program's temporary closure if the provider program demonstrates that it is in full compliance with these Rules.

(ii) First Connections shall end a local provider Program's temporary closure and direct that the service provider permanently close if the service provider fails to become fully compliant with these Rules within one (1) year from the date of the request.

Authority. Arkansas Code § 20-76-201.

Subpart 10. Appeals

20 CAR § 534-1001. Reconsideration of adverse regulatory action.

(a)(1) The manager or administrator on record for a Local provider Program and, or, or both an Individual Service Provider may ask for reconsideration of any adverse regulatory action taken First Connections and, or, or both the Lead Agency by submitting a written request for reconsideration to:

Director of Special Education

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Division of Elementary Education and Secondary Education, Office of Special Education, 1401 West Capitol Avenue, Suite 450

Little Rock, Arkansas 72201

(2) The written request for reconsideration of an adverse regulatory action taken by First Connections and, or, or both the Lead Agency must be submitted by the local provider program manager, owner, or administrator on record (or by the Individual Service Provider when the adverse regulatory action was against an individual and not against a Provider Program) and must be received by ADE within thirty (30) calendar days of the date of the written notice of the adverse regulatory action.

(3) The written request for reconsideration of an adverse regulatory action must include without limitation the specific adverse regulatory action taken, the date of the adverse regulatory action, the name of the local provider program (or the Individual Service Provider when the adverse action was not against a Local Provider Program) against whom the adverse regulatory action was taken, the address and contact information for the manager on record for the local provider program against whom the adverse regulatory action was taken, and the legal and factual basis for reconsideration of the adverse regulatory action.

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

(2) First Connections and, or, or both the Lead Agency 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 Rules.

(c)(1) The ADE Lead Agency 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, whichever is later.

(2) The ADE Lead Agency shall issue its determination to the manager, owner,

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or administrator on record for the Local provider Program using the address and contact information provided in the request for reconsideration.

(d) The ADE Lead Agency 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.

Authority. Arkansas Code § 20-76-201.

20 CAR § 534-1002. Appeal of regulatory actions.

(a) A local provider program and, or, or both an Individual Service Provider may administratively appeal any adverse regulatory action to the ADE, Office of Legal Services, Four Capitol Mall, Room 301-A, Little Rock, AR 72201, except for appeals related to the payment for Medicaid claims and services governed by the Medicaid Fairness Act, Arkansas Code § 20-77-1701 et seq., which shall be governed by the Medicaid Fairness Act.

(b) ADE, Office of Legal Services shall conduct administrative appeals of adverse regulatory actions pursuant to ADE and other applicable laws and rules.

(c) A local provider program and, or, or both and, or, or both an Individual Service Provider may appeal any adverse regulatory action or other adverse agency action to circuit court as allowed by the Arkansas Administrative Procedure Act, Arkansas Code §§ 25-15-201 – 25-15-220.

Authority. Arkansas Code § 20-76-201.

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FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT Department of Education
BOARD/COMMISSION State Board of Education
PERSON COMPLETING THIS STATEMENT Brianne Franks
TELEPHONE NO. 501-683-0960 **EMAIL** brianne.franks@ade.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE DESE Rules Governing the First Connections Program Under Part C of the Individuals with Disal

1. Does this proposed, amended, or repealed rule have a financial impact?
   Yes ☐ No ☑

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
   Yes ☑ No ☐

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☑ No ☐

   If no, please explain:

   (a) how the additional benefits of the more costly rule justify its additional cost;

   (b) the reason for adoption of the more costly rule;

   (c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

   (d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:

   (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue_____
Federal Funds_____
Cash Funds_____
Special Revenue_____
Other (Identify)_____

Total $0.00

Next Fiscal Year

General Revenue_____
Federal Funds_____
Cash Funds_____
Special Revenue_____
Other (Identify)_____

Total $0.00

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue_____
Federal Funds_____
Cash Funds_____
Special Revenue_____
Other (Identify)_____

Total $0.00

Next Fiscal Year

General Revenue_____
Federal Funds_____
Cash Funds_____
Special Revenue_____
Other (Identify)_____

Total $0.00

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year
$ $0.00

Next Fiscal Year
$ $0.00

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year
$ $0.00

Next Fiscal Year
$ $0.00

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars ($100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☐ No ☑

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:
(a) justifies the agency's need for the proposed rule; and
(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
(a) the rule is achieving the statutory objectives;
(b) the benefits of the rule continue to justify its costs; and
(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

SUMMARY OF RULE AMENDMENT

DIVISION OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF EARLY CHILDHOOD RULE GOVERNING THE ARKANSAS BETTER CHANCE PROGRAM

This rule is amended pursuant to Act 237 of 2023, to reflect the state regulatory authority as the Arkansas Department of Education, Office of Early Childhood instead of the Department of Human Services Division of Childcare and Early Childhood Education. The Rule has been updated to reflect changes in state assessment and reporting technology. The Rule has been amended to further define a payable day and to include pro-rated daily rates. The Rule has been amended to increase professional development hours.

Notice of Rulemaking

Pursuant to Arkansas Code Annotated § 25-15-201 et seq., notice is hereby given that the Division of Elementary and Secondary Education is considering the following new administrative rules or amendments to administrative rules: the DESE First Connections Program under Part C of the Individuals with Disabilities Education Act. Public comment hearings will be held for the forgoing rules on May 7, 2025, at 10:00am at the Arkansas Department of Education, Arch Ford Building, Four Capitol Mall, Little Rock, AR, 72201 in the ADE Auditorium. The public comment period for these rules ends on July 5, 2025. Written comments regarding these proposed rules may be mailed to ADE Legal Services, Four Capitol Mall, Room 302A, Little Rock, AR, 72201. Comments also may be emailed to ADE.RulesComments@ade.arkansas.gov. A copy of the proposed rules can be found on the Division of Elementary and Secondary Education's website at: https://dese.ade.arkansas.gov/Offices/legal/rules/pending. Copies also may be obtained by contacting ADE's Office of Legal Services at the above address or via phone at (501) 683-1390.

From: Legal Ads
To: Brianne Franks (ADE)
Subject: Re: Notice of Rulemaking--Department of Education
Date: Thursday, May 1, 2025 10:43:46 AM
Attachments: image001.png

Caution: This is an external email and may contain a suspicious subject or content. Please take care when clicking links or opening attachments. When in doubt, contact ADE IT Services.

Thanks, Brianne. Will run Sun 5/4, Mon 5/5, and Tues 5/6.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Brianne Franks, ADE" <Brianne.Franks@ade.arkansas.gov>
To: "Legal Ads" <legalads@arkansasonline.com>
Cc: "Daniel Shults, ADE" <Daniel.Shults@ade.arkansas.gov>
Sent: Wednesday, April 30, 2025 1:54:40 PM
Subject: Notice of Rulemaking--Department of Education

Good afternoon,

Please find attached a notice of rulemaking for Department of Education's First Connections administrative rule and confirm receipt. Please run for three consecutive days beginning on May 4, 2025, through May 6, 2025.

Thank you,

ARKANSAS DEPARTMENT OF EDUCATION

Brianne Franks
Associate Legal Counsel
Arkansas Department of Education
4 Capitol Mall, Suite 302
Little Rock, Arkansas 72201
Office: (501) 683-0960
Email: Brianne.Franks@ade.arkansas.gov