POLICY II-I: EARLY INTERVENTION REFERRALS AND SERVICES

04/2013

For children who have or are at risk of a developmental delay, appropriate early intervention services are essential. Early intervention services are designed to lessen the effects of any potential or existing developmental delay. Ultimately early intervention services help the child learn and reach his or her individual potential with the support and involvement of the child's family, as appropriate. It is important for such services to begin as early as possible and for biological parents to be involved in decisions related to early intervention services.

REFERRALS TO DIVISION OF DEVELOPMENTAL DISABILITIES FOR EARLY INTERVENTION SERVICES SCREENING

When a child maltreatment investigation involving any children in the home under the age of three is initiated, the Division will consider referring as appropriate all children in the home under the age of three to the Division of Developmental Disabilities Services' (DDS) Children's Services for an early intervention (i.e., First Connections; this program is not the same as the waiver program) screening in an effort to enhance the well-being of these children. Any children under the age of three involved in a substantiated case of child maltreatment (regardless of whether all of the children are named as alleged victims) must be referred to DDS Children's Services for an early intervention screening if not already referred while the investigation was pending. This will not only ~~The referral to DDS will help enhance the well-being of the children referred as well as~~ ensure DCFS~~ivision~~ compliance with the Child Abuse Prevention and Treatment Act (CAPTA) regarding substantiated cases of child abuse and neglect involving children under the age of three, but will further promote the well-being of this population.

DDS Children's Services will screen all of the children under the age of 3 ~~(regardless of whether all of the children are named as alleged victims)~~ who have been referred to First Connections to determine their need and eligibility for early intervention services. If the results of the screening determine that a child will benefit from DDS early intervention services, the person serving as the parent (e.g., biological parent in a protective services case; other individual legally caring for the child involved in a protective services or foster care case including foster parents) must consent to allow his or her child to participate before services are initiated.

For children under the age of 3, eligibility for DDS Children's Services will be determined by a screening assessment to determine the need for additional evaluations (if a child referred to DDS Children's Services is within 45 days or less of his or her third birthday, then DDS Children's services may forward the referral to the Arkansas Department of Education, Special Education (Part B)).

If warranted, a developmental evalution for children under age three will be completed in the areas of cognition, communication, social/emotional, physical, and adaptive as available and appropriate. Based upon the developmental evaluation results, a speech, occupational, and/or physical therapy evaluation may be conducted as available and appropriate. All evaluation results as well as medical information, professional informed clinical opinion(s), and information gathered from biological parents and DCFS will be utilized to determine early intervention eligibility.

While a referral for early intervention services ~~is is required for children under the age of three~~ encouraged for all children under three when an investigation is initiated and is required for children under the age of three in substantiated cases of child maltreatment, a referral for early intervention services on behalf of any child suspected of having a developmental delay or disability may be sent at any time.

DDS EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLANNING

If a child is determined to be eligible for services and the person acting as a parent on behalf of the child (e.g., biological parent involved in a protective services case; other individual legally caring for the child in a protective

services or foster care case including foster parents) consents to services, Individualized Family Service Plan (IFSP) meetings will be held to develop an appropriate service plan for the child. IFSP activities and services must be added to the child's case plan.

Adult participation in the IFSP meetings and related decision-making on the child's behalf is required. If the child is involved in a protective services case or if a child in foster care has a goal of reunification, the child's biological parent(s) should be invited and is encouraged to attend the IFSP meetings to make decisions related to Individualized Family Service Planning and early intervention services for his or her child.

However, a surrogate parent may be assigned by the lead agency to represent the child if:

- **A. The court orders that the child's parent/guardian shall have no involvement in the child's educational planning; or,**
- **B. The child's parents cannot be located; or,**
- **C. The goal is not reunification for those children involved in foster care cases.**

If for one of the reasons listed above or if for any other reason the biological parent(s) is unable or unwilling to attend IFSP meetings and make the decisions related to early intervention for his or her child, one of the following may serve as the parent to make decisions regarding early intervention planning and services for the child (provided the court has not issued a no contact order for the person selected to act as the surrogate parent):

- **A. Foster parent;**
- **B. Guardian, generally authorized to act as the child's parent (but not the state if the child is a ward of the state; i.e., FSW may act as the liaison between DDS and the parent or surrogate parent, but the FSW may not be the sole contact and/or decision-maker for a child);**
- **C. An individual otherwise acting in place of a biological parent (e.g., grandparent, step-parent, or any other relative with whom the child lives);**
- **D. An individual who is legally responsible for the child's welfare;**
- **E. An appointed DDS certified surrogate parent (this is generally the least preferred option since a DDS certified surrogate parent will usually only be appointed by the DDS provider in the event that the child's parent, foster parent, etc. is unable or unwilling to participate in the child's early intervention process and IFSP meetings).**

For any individual serving as a parent in the child's early intervention process, support in the form of DDS Surrogate Parent Training is available. The local DDS Service Coordinator or designee can assist in coordinating the DDS Surrogate Parent Training. After an individual has completed the DDS Surrogate Parent Training, they may serve as a surrogate parent for any child.

In any situation in which an individual other than the biological parent (e.g., foster parent, relative, etc.) is acting on behalf of the child, that individual will be discharged when the child's biological parent is ready and able to resume involvement.

REFERRALS FOR FETAL ALCOHOL SYNDROME DISORDERS (FASD) SCREENING

Fetal Alcohol Syndrome Disorders is an umbrella term used to describe the range of effects or disorders that can occur in an individual whose mother consumed alcohol during pregnancy. All caretakers involved in the delivery or care of infants must contact DHS regarding an infant born and affected with a Fetal Alchohol Spectrum Disorder (FASD). In addition, DCFS FSWs and Health Service Workers will refer children who have known prenatal alcohol exposure and exhibit FASD symptoms and/or behaviors to the DCFS FASD Unit for an FASD screening. The FASD screening will help determine if early intervention services specific to FASD are needed.

In order to conduct an effective FASD screening, the FSW and/or Health Service Worker will gather information regarding the child's in utero and birth history. Depending on the information collected and the results of the screens, a referral for an FASD diagnosis may be provided. If a child is diagnosed with FASD, the following services may be offered to the family:

- **Referral to DDS (early intervention or DDS waiver), if applicable and available**
- **Referral to specialized day care, if applicable**
- **Referral to FASD family support group (available to biological, foster, and adoptive families), if available**
- **FASD parenting classes (available to biological, foster, and adoptive families)**

A plan of safe care must also be developed for any infant born and affected with FASD who is referred to the Division via the Child Abuse Hotline.

PROCEDURE II-I1: DDS Early Intervention Services Referrals

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When a child maltreatment investigation is open involving children in the home under the age of three, the investigator will:

A. Provide an overview of the benefits of early intervention services to the parent/guardian.
B. Make a referral to DDS for each child in the home (victims and non-victims) under age three.
    1) Complete form DHS-3300 available in CHRIS (for confidentiality purposes, state the child maltreatment type only in the comments section of the referral).
        a) The DHS-3300 can be accessed in the Information and Referral Screen.
        b) When the button "DCO-3350/DHS-3300" is selected, a dialog box will open so that staff can select the form to be completed.
        c) Clicking the "OK" button will open up the appropriate form according to the radio button selected.
    2) Provide completed DHS-3300 to the local DDS Services Coordinator.
C. Inform the parent/guardian that their child(ren) will be referred to DDS Children's Services to assess the child(ren)'s need and eligibility for early intervention services.
D. Ask the parent/guardian to complete DHS-4000 for their child(ren) under the age of three for whom the Early Intervention referral has been made.
E. Provide the local DDS Services Coordinator with:
    1) Completed DHS-4000: Authorization to Disclose Health Information.
    2) Court-order, if applicable
    3) Copy of Social Security Card or number
    4) Copy of Medicaid Card or number, if applicable
    5) Referral source contact information (may be DCFS staff or the parent/guardian)
    6) Any other pertinent information related to the request
    7) DMS-800: Children's Medical Services Application (parent must complete)
    8) Copy of EPSDT (parent must obtain)
    9) Copy of all evaluations, if available

If a case is open (protective, or foster care), the FSW caseworker will:

A. Coordinate paperwork and services, as applicable, with the local DDS Service Coordinator. This includes providing a copy of CFS-6009: Family Strengths, Needs, and Risk Assessment (FSNRA) and case plan once they are completed. The FSW may act as the liaison between the DDS Service Coordinator and the parent/guardian/surrogate parent but may not be the sole contact and/or decision-maker for a child.
B. Keep the local DDS Service Coordinator informed of any changes to the case plan that may affect early intervention services and care coordination.
C. Document contacts related to the DDS early intervention services referral in the contacts screen in CHRIS.
D. Update the child's case plan as appropriate.
E. Conference with supervisor as needed regarding the referral to DDS early intervention services.

The Investigative and FSW Supervisors will:

A. Conference with the investigator and/or FSW caseworker as needed regarding the child's DDS early intervention referral and/or any subsequent services.
B. Notify, as necessary, his or her supervisor of any issues related to the child's DDS early intervention referral and/or services.

Upon referral, the DDS Service Coordinator should:

A. Assess and determine the need and eligibility of the child for services and forward a letter to the DCFS Family Service Worker and FSW Supervisor indicating the eligibility status and needs of the child, if applicable.

B. If it is determined that the child needs and is eligible for early intervention services:
    1) Provide a more detailed explanation to the parent/guardian of early intervention services including types, benefits, requirements, etc.
    2) Keep the child's FSW and person serving as the parent informed of the child's progress and any changes in services.

PROCEDURE II-I2: DDS EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLANNING

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The FSW will:

A. Regardless of the type of case (i.e., protective or foster care), include early intervention services and Individualized Family Service Planning (IFSP) meetings in the case plan as appropriate, and, ensure the biological parent participates IFSP and related services as appropriate.
B. If the biological parent is unable or unwilling to participate in IFSP (e.g., court orders that the child's parent/guardian shall have no involvement in child's educational planning, parents cannot be located; goal is not reunification):
    1) Ensure that an appropriate surrogate parent attends the IFSP meetings to act as a decision-maker regarding the child's early intervention services. The surrogate parent is generally the person who is currently caring for the child (e.g., temporary guardian, foster parent, etc).
        a) Ensure that a no contact order from the court pertaining to the surrogate parent does not exist and that the surrogate parent is otherwise appropriate.
        b) If the person selected to serve as the surrogate parent would like to attend a DDS Surrogate Parent Training, contact the DDS Service Coordinator to arrange the training.
        c) If the individual caring for the child cannot serve as an appropriate surrogate parent during the IFSP meetings, the DDS provider will appoint a DDS certified surrogate parent.
C. Continue to update child's case plan accordingly with information from IFSP.
D. Conference with supervisor as needed regarding the child's IFSP.

The FSW Supervisor will:

A. Conference with the FSW as needed regarding the child's IFSP.
B. Notify, as necessary, his or her supervisor of any issues related to the child's IFSP.

PROCEDURE II-I3: FASD REFERRALS AND SERVICES

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Note: This procedure is applicable to those children already involved in an open DCFS case and who DCFS staff or providers suspect may be affected by FASD.This procedure is not applicable to infants born with and affected by FASD and reported to the Child Abuse Hotline by a healthcare provider. Please see Policy II-D and Procedure II-D6 for more information regarding infants born with and affected by FASD.

If child is symptomatic of FASD, the Family Service Worker or Health Service Worker will:

A. Gather information regarding the child's in utero and birth history to determine if the biological mother consumed alcohol (e.g., at what points during the pregnancy, amount consumed, frequency consumed, etc.) and/or any illegal substances while pregnant with child.

B. Complete and submit CFS-099: FASD Screening Referral to the FASD Director via fax (see CFS-099 for the current fax number).
C. Collaborate with the FASD Unit to ensure the child receives any necessary referrals and accesses any needed services as per the results and recommendations of the FASD screening and/or diagnosis.
D. Conference with supervisor as needed regarding FASD referrals and services.

The FSW Supervisor will:

A. Conference with the FSW as needed regarding FASD referrals and services.
B. Notify, as necessary, his or her supervisor of any issues related to the FASD referrals and services.

The FASD Director will:

A. Review the completed CFS-099: FASD Screening Referral.
B. Assign the FASD FSW (or self-assign if FASD FSW is unavailable) to conduct an FASD screening.
C. Collaborate with the FASD FSW and child's FSW to make necessary referrals or access services per the results and recommendations of the FASD screening and/or diagnosis.

The FASD FSW will:

A. Conduct FASD screenings as assigned.
B. Communicate results of FASD screening and/or diagnosis to the child's FSW and FASD Director.
C. For all children screened for and/or diagnosed with FASD, collaborate with FASD Director and child's FSW to make appropriate referrals or access services per the results and recommendations of the FASD screening and/or diagnosis.