Early Intervention

• Individuals with Disabilities Act (IDEA)
  - Part C (Birth to Three yrs)
  - Part B (Early childhood Special education)
    - 3-5 years old (in some states the age is birth to 5)
Eligibility: Early Intervention

• States MUST provide services to:
  - Children with Developmental Delays
  - Children with established mental and physical risk conditions (e.g., very low birth weight)

• States MAY provide services to:
  • Children at risk of experiencing a developmental delay

• Each state is required to establish a definition of eligibility for services for 5 developmental domains: Motor, Communication, Cognitive, Daily living, Social-emotional
Part C: Early Intervention

- Services offered through a state agency-state to state variability and variations
- Individual Family Service Plan (IFSP) developed
- PCP can refer patients directly to the state agency (AzEIP)
- Agency evaluates to determine whether the patient qualifies for services
AzEIP: Arizona Early Intervention Program

- Statewide interagency system of supports and services for infants and toddlers with developmental delays or disabilities and their families.
- Partners with community providers to support families
- Each state is required to establish an Interagency Coordinating Council (ICC) made of family members, providers, and state agency representatives
- ICC advises and assists the Department of Economic Security (DES), AzEIP, and partner agencies to administer, promote, and coordinate EI for families and professionals
- ICC provides support for both IE and federal, state, and local policies that effect timely service
AzIEP

- Referrals can be made by anyone in contact with the child who has concerns about the child’s development
- Parents will be contacted for permission
- Call or online referrals
- IPP (Initial Planning Process) includes assessment, eligibility determination, and if eligible, the development of an IFSP
AzEIP Eligibility

1. Child 0-36 months has not reach 50% if the developmental milestones expected for his/her chronological age:
   - Physical: fine and/or gross motor and sensory (includes vision and hearing)
   - Cognitive
   - Language/Communication
   - Social/Emotional
   - Adaptive
2. Established conditions that have a high probability of developmental delay including but not limited to:

- Chromosomal abnormalities
- Metabolic disorders
- Hydrocephalus
- Neural tube defects
- IVH grade 3 or 4
- PVL
- Cerebral palsy
- Auditory/Visual impairments
- FTT
- Inborn Errors of metabolism
- Congenital Infections
- Toxic exposures: FAS
- Severe Attachment Disorders
AzEIP

• Five State Participation Agencies:
  • AZ Department of Health Services
  • Dept. of Economic Security
  • AZ State Schools for the Deaf and Blind
  • AZ Dept. of Education
  • AZ Healthcare Cost Containment System
AzEIP

- AzEIP Service participation agencies
  - Arizona Schools for the Deaf and Blind
  - DES/DDD
  - DES/AzEIP

- Service coordinator: Assists the family of eligible child by coordinating all supports and services across agency lines and serves as a single point of contact.

- Early intervention provider: All who work with the family: service coordinator, therapists, developmental special instructionist.

- Transition: Planning and preparation for the move from AzEIP to eligibility for Part B.
AzEIP cont.

- Types of Services Available
  - Occupational, physical, speech therapy
  - Developmental special instruction
  - Social work and psychological services
  - Other services based on outcomes

- Cost for EI
  - Consider resources available to family and may require family to pay a percent of the costs of services based on family size and income

- Child stays in EI until 3 years old or no longer needs EI. Transition plans begins when child is 2 1/2 years old
Division of Developmental Disabilities (DDD)

- AzEIP and DDD are Divisions of Department of Economic Security (DES)
  - DDD eligibility is diagnosis based (lifetime)
  - AzEIP eligibility is delay based (0-3 yrs)
- Arizona Long Term Care System (ALTCS) is a program under Arizona Health Care Cost Containment System (AHCCCS)
  - providing LTC for AHCCCS eligible developmentally disabled, elderly, and physically disabled.
DDD Eligibility

• Developmental Disability:
  • Cognitive disability
  • Cerebral Palsy
  • Epilepsy
  • Autism
• Before 18 years
• Likely to continue indefinitely
• Results in substantial functional limitations in 3 or more:
  • self care, language, learning, mobility,
  • independent living, economic self-sufficiency
Cognitive/Intellectual Disability

• Intellectual functioning and adaptive behavior 2 or more standard deviations below mean

• Testing and documentation by licensed psychologist with accepted instruments: WISC, KABC, Stanford-Binet, WPPTI

• Adaptive measures: Vineland, etc

• In general as score of 70 or below in both

• Documented on AXIS II: i.e. NOT a result of AXIS I diagnosis
Cerebral Palsy/Epilepsy

• Documentation with specific diagnosis of CP and Epilepsy or Seizure Disorder
• Unacceptable Dx include: muscular dystrophies, arthrogryposis, and secondary impairments as a result of TBI or illness after age 6 yrs
• Febrile seizures not eligible
Autism

- Acceptable documentation by psychiatrist, licensed psychologist, or developmental pediatrician with experience in the area of autism
- Documentation of meeting the DSM IV criteria: DSM V soon
- Unacceptable: autistic tendencies, autism spectrum, PDD.NOS, Asperger’s Disorder
Eligibility cont.

- In addition to Dx, must verify substantial functional limitations in at least 3 of the following major life activities:
  - Self care
  - Receptive and Expressive language
  - Learning
  - Mobility
  - Self-direction: eg. finances
- Documentation: Comments, IEP, ALTCS PAS, Vineland, Adaptive Behavior Assessment System (ABAS)
Eligibility Birth to 6 yrs

• Strong demonstrated potential child will have a developmental disability:
  • Spina bifida with Arnold Chiari
  • Periventricular leukomalacia
  • Chromosomal abnormalities with high risk of intellectual disabilities: i.e. DS
  • Autism Spectrum Disorders
  • Shaken Baby or near drowning
  • Hydrocephaly, Microcephaly
  • FAS or drug related birth defects
  • BW under 1000 grams
Eligibility: Birth to 6 yrs

- At least a 50% delay in one or 25% delay in two or more of the following domains:
  - Physical (fine and gross motor, vision or hearing)
  - Cognitive
  - Communication
  - Social/Emotional
  - Self Help
Referrals

• Variety of sources: Family, public schools, hospitals, physicians, state agencies such as ALTCS, CPS

• For children birth to three years, the intake worker will coordinate with AzEIP who is responsible for eligibility process

• Requirement to cooperate with ALTCS screening and application process

• Eligibility should be determined within 60 days
Eligibility cont.

• Support coordinator assigned
• Reevaluation of eligibility made prior to age 6 yrs and 18 yrs, or anytime it’s determined child may no longer be at risk or have a developmental disability
• Newly eligible members shall be screened for referral to the ALTCS: No state funded DDD services until AHCCCS determines eligibility for ALTCS
AHCCCS: ALTCS Services

- Complicated: Resource and Functional Screening
- Resource: Financial criteria
- Functional: Age appropriate Pre-PAS (Pre-Admission Screen) performed to determine medical/functional eligibility
  - Measures level of functional and medical disability and risk of institutional placement.
**Individual Family Service Plan: IFSP**

- When a child is determined eligible for AzEIP:
  - IFSP is developed by Planning Team
  - Therapies including Speech, Occupational, Physical
  - Developmental Specialist
  - Behavioral Specialist
  - Respit care
  - Transition to IEP and preschool special education before age 3 yrs
Individualized Education Plan: IEP

• Part B of IDEA: Age 3 to 5 years
• Offered through the school system
• Preschool special education
• Eligibility based on delays vs categories
• Parents can request an IEP through the school: School will evaluate for eligibility
• Services include: SP, OT, PT, assistive technology, special instruction, counseling, audiology etc.
IEP: 6 yrs and older

• IDEA Part B
• Eligibility is categorical: variation in states in determining eligibility
  • Discrepancy formula: IQ vs standardized academic, language, motor scores
  • Emotional Disorders
• Other health impaired: Medically based diagnoses affecting academic performance
IEP

• Structured process with specific goals and outcome measures reviewed yearly
• Re-evaluation every three years
• Least restrictive environment
• Services include: OT, PT, SP, counseling, special education, Adaptive skills, vision and hearing services etc.
• Transition plan begins in 10th grade for adult services
• Can elect to stay in school system until 21 yrs
IEP

• Parents can request an evaluation
  • Multidisciplinary process including information from teachers, counselors
  • Psycho-educational evaluation for academic concerns
  • Possible evaluations by Occupational, Speech, and Physical Therapies
  • Behavioral Assessment with rating scales including BASC and CBCL; possibly including a Functional Behavioral Assessment (FBA): a structured observation and evaluation of behavior
IEP

• Categories LD are: Math, Written Language, and Reading
• Other Categories included: Speech/Language Disorder, Fine and Gross Motor Disorders, Emotional Disorder, Autism, Intellectual Disability
• Definition of LD is controversial: School have adopted 2 different models used in varying degrees to determine if a child has LD
1. Discrepancy Model

- Formal psychoeducational testing used to determine if there is a >1.5 standard deviation difference between higher cognitive (potential) and academic (performance)
- Usually 15-20 point difference is necessary
- Criticized because of measurement errors and unreliable classification
2. Response to Intervention (RTI)
   - Latest revision of IDEA 2004
   - Tiers (often 3) with increasing levels of support and special education
     - Tier 1: environment
     - Tier 2: Computer based programs
     - Tier 3: One-to-one education by special-education teacher
   - Failure to show progress results in an IEP using data collected during the process
     - Often a psychoeducational evaluation is done
IEP: Pediatrician Role

- PE, Hearing and Vision Exams, and Family History: No Labs usually
- Guide and advocate for families through the process
- A letter from and parents: Also from PCP may be beneficial
- Collaborate with local school districts and foster professional relationships
- If unsuccessful, Pediatricians can help parents engage in due process and make appeal to the school district special education department
- State and national parenting support networks
IEP: Private Schools

- IDEA requires local school districts to identify students with disabilities who qualify for Special Education
- Private schools
  - “Child Find” is the responsibility of the district in which the private school is located—regardless of where the child lives
- ADA requirements: cannot exclude based on disability
- Not required to provide programs for disabilities
- If receive federal funding, must follow Section 504: minor adjustments, LRE, equal opportunity for extracurricular activities
IEP: Private Schools

• IDEA requires districts to use a portion of federal IDEA funds based on the number of eligible students to provide services to private school students with disabilities.

• District where the private school is located is responsible and must participate with the district consultation to determine the evaluation process and who and where the special education will be provided: but the district where the child lives is responsible making FAPE available.

• Not entitled to receive all of the services they would in a public school.
IEP: Charter Schools

• Tuition-free public schools with freedom from many of the regulations of traditional public schools

• May not refuse on the basis of their disability who otherwise meet enrollment criteria

• Children with disabilities retain the full rights provided by IDEA and Section 504

• How they are carried out varies from state to state: Either part of LEA (local educational agency), usually the district, or its own LEA
Section 504

- Rehabilitation Act (Section 504)
- Protects students with disabilities from discrimination and requires public school to evaluate and offer services needed
- Eliminate barriers to ensure access to education for students with disabilities
- FAPE is defined as meeting educational needs as adequately as those without disabilities
- IDEA defines FAPE as more specific in meeting the students “unique needs” as detailed by the IEP
Section 504 cont.

• Defines disability more broadly than IDEA: A physical or mental impairment the substantially limits one or more major life activities:
  • walking, seeing, learning, bodily functions
• Requires evaluation but much less specific than an IEP: i.e., no specific documentation or times for re-evaluations
• No federal funding
• Often used with ADHD
• Not needed if student has an IEP