

# ERC Child Development Centers Developmental Day Treatment Clinic Service Procedures

Purpose
To define eligibility and enrollment guidelines into the Developmental Day Treatment Clinic Service (DDTCS) for children with developmental delays and/or disabilities. The goal of the program is to enhance the quality of life by assisting each child in reaching his or her physical, cognitive, and social potential.

Scope
<ul style="list-style-type: none"><li>• ERC Child Development Centers offer services that include day habilitation, occupational therapy, physical therapy, and speech therapy to children with developmental delays and/or disabilities.</li><li>• This procedure applies to persons served in <b>the Children’s Services Programs</b>.</li><li>• All ERC employees and volunteers will be expected to comply with this procedure.</li></ul>

Definitions
ERC’s Early Childhood program is a Developmental Day Treatment Clinic Service (DDTCS) licensed for children ages six weeks to five years of age, who have developmental delays and/or disabilities, and who require intense special education and enhanced therapies.

Policy
<p>I. Eligibility DDTCS Eligibility Criteria is defined according to age and DDS criteria.</p> <p>A. Day Habilitation: the applicant must have a developmental delay in two or more developmental areas:</p> <ol style="list-style-type: none"><li>1. Testing results must show a 25% or greater developmental delay in two or more areas of their chronological age on two tests for children ages six weeks to 36 months.</li><li>2. Testing results must show a -2.0 Standard Deviation in two or more developmental areas on one standardized test and a criterion referenced test used to develop an individualized program for children ages three to five years of age.</li></ol> <p>B. Occupational, Physical, and Speech Therapies:</p> <ol style="list-style-type: none"><li>1. Child must be six weeks to 36 months of age and qualify for therapy through required evaluation(s).</li><li>2. Children three to five years of age must demonstrate a delay with a -1.50 standard deviation.</li></ol> <p>C. Additional Eligibility Requirements:</p> <ol style="list-style-type: none"><li>1. A current funding source such as Medicaid, SSI, TEFRA (134(a) a provision of the Tax Equity And Fiscal Responsibility Act), or private insurance that will pay for all services the applicant may need. DDTCS is provided to eligible children at no cost</li></ol>

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to the family; however, the parent/guardian is responsible for any financial obligation and any other requirements of the funding source to ensure eligibility and continued services.

2. Applicants from the age of six weeks up to three years of age must be able to receive services in a 1:4 staff to child ratio.
3. Applicants from age three years to five years must be able to receive services in a 1:7 staff to child ratio.
4. Applicant must be able to attend 80% of scheduled days and five (5) hours of habilitation per day
5. Applicant must have all the required immunizations or notarized Arkansas Department of Health immunization exemption.
6. Applicant must have an assigned Primary Care Physician (PCP) and have been seen by their doctor for the most recent required Early Periodic Screening, and Diagnostic and Treatment (EPSDT).
7. Applicant must be medically eligible and DDTCS must be an appropriate placement for the child (i.e. no medical needs that require skilled nursing care and/or pose a potential barrier to program participation.)
8. A prescription for service, a treatment DMS 640, is required from the Primary Care Physician prior to beginning DDTCS and must be renewed annually.

### D. Referral Procedures

1. Service Coordinator or designee will have initial contact regarding services for applicant.
2. Contact may come from family, physician, Department of Human Services or other human service agency, or other provider.
3. Initial information may come via telephone contact, email, fax or mail.
4. The Service Coordinator will gather and ensure that the following information is considered when working with the family and team in developing the child's Individual Program Plan:
  - a. Parent Interest Sheet information
  - b. Previous direct supports
  - c. Culturally sensitive issues
5. ERC staff will make every effort to have written materials that are easily understood. (NOTE: If there is a language barrier, every effort will be made to have material translated or a translator present to interpret.)
6. If the referral inquiry comes from a physician or human service agency, the Service Coordinator must make contact with family to complete the Parent Interest sheet.
7. If Parent Interest sheet shows the applicant has involved medical needs, the RN consultant will review the interest sheet to determine if child's medical needs may be met at ERC and request additional information from the parent/guardian if necessary.
8. Parent Interest information will be reviewed by the Center Coordinator and Service Coordinator. Service Coordinator will offer evaluation services through ERC if appropriate or will assist applicant with finding other service providers.
9. Parents will be informed of potential service options.
10. Based on responses from the family, service coordinator will make appropriate referral or consideration for services offered by ERC.
11. Service coordinator will attempt to contact family via phone. If no direct phone contact is made and phone calls are not returned within ten (10) business days,

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referral/admission process will be terminated.

12. If there are no age appropriate openings in any of the requested child development centers at the time of referral, the referral source may request for the child to be placed on an interest list and/or information for other service providers'.
  - a. A "Parent Interest Binder" will be maintained for all interested families and Parent Interest sheets will be kept for one (1) year.
  - b. If everything is determined to be equal and the applicant meets all of the eligibility criteria, order of acceptance will be based on date the Parent Interest is completed.
  - c. Service coordinator will make notes of contact and family's interest. Notes will have dates, time and brief description of the contact.
  - d. Service Coordinators will contact interested parents/guardians on a monthly basis at minimum.
  - e. The family will be contacted within 24 hours of an age appropriate classroom opening becoming available.
13. Wait-time for enrollment varies on an individual basis. If all eligibility criteria is met and there is an age appropriate opening, the minimum wait time from referral to admission is approximately fifteen business days.

### II. Admission Procedures

#### A. Admission Overview

1. All individuals requesting child services from ERC will be given due consideration.
2. Clinical information on all referrals, admissions, and discharges will be kept current and accurate for each child development center on the Clinical form. The clinical documents will be continually maintained by Service Coordinators and/or Certified Teachers.
3. The interdisciplinary admissions team will meet as established by each Child Development Coordinator or designee and at minimum as enrollment changes occur and when classroom openings become available.
4. Admissions decisions will be made by the following:
  - a. Child Development Coordinator
  - b. Certified Teacher(s)
  - c. Nursing Staff
  - d. Service Coordinators
  - e. Therapist(s) (as needed)
5. All active Parent Interest Sheets will be reviewed for eligibility and determine if ERC can meet the needs of the applicant.
6. Admission/Enrollment will be communicated to the parent/guardian by the Certified Teacher or Service Coordinator.
7. All information gathered to determine eligibility and to be admitted to the ERC program will be kept in the client's file.
8. If it is determined that ERC is an appropriate option for the applicant, the Service Coordinator will contact the parent/guardian to schedule a conference, if another provider would best fit the individual needs of the child, then provider options and their information will be provided to the parent/guardian.
9. The program for each child includes a referral conference, evaluation programming, separate programming (if there are any needed changes to the IPP), quarterly reviews, transition (as required for children six weeks to 3 years of

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age and kindergarten transitions for children entering kindergarten), and an exit conference.

10. The admission date on the Face Sheet will be the date when the child actually begins receiving DDTCS services.

### B. Referral/Intake Conference

1. Referral Conference membership is comprised of:
  - a. The Service Coordinator(s),
  - b. Certified Teacher(s),
  - c. Parent/Guardian
  - d. Nursing Staff
2. All DDS and ERC referral conference packets that include social and medical history, due process, programming and consent forms are completed during the Referral Conference and prior to evaluation.
3. The parent/guardian will complete a tour of the facility
4. Current evaluations and Individual Program Plans from other providers will be reviewed to determine the need for further evaluations and must meet Arkansas Medicaid Requirements and DDS requirements.

### C. Evaluation-Day Habilitation

1. Applicant will have Developmental testing done by a Certified Teacher.
2. ERC will follow DDS testing guidelines
3. Evaluations will determine eligibility and scope of services.
4. If therapeutic testing has not been completed by the time of the programming conference, a separate programming conference will be held if applicable.
5. The interdisciplinary team is required to review the evaluation at a scheduled conference with the parent/guardian regardless of testing results whether the child is eligible or ineligible for DDTCS services.
6. Copies of the evaluation(s) will be provided to the child's PCP and parent/guardian, whether the result of testing was eligible or ineligible for services.
7. Service Coordinator will schedule programming conference according to DDS/ADE due process time lines if a child qualifies for DDTCS services through testing and PCP has provided required DMS-640.

### D. Evaluation-Occupational, Physical, and Speech Therapies

1. Parental consent and a DMS-640 signed by the Primary Care Physician must be received prior to ERC providing any therapy Evaluation.
2. Criteria for eligibility is based on current Arkansas Medicaid requirements.
3. Physical Therapy
  - a. To Qualify for Physical Therapy, a -1.50 z-score is required on the primary standardized test. A child may qualify with an overall -1.50 z-score in one area on one test if there is a second test (may be criterion based) supporting the findings; the second test requires that there be a - 1.50 standard deviation or a 25 percent or greater delay.
  - b. Physical Therapy tests are completed annually at minimum and may be completed due to parent request and for transition of the child from the birth to two program to the three to five year old program.
  - c. Adjusted age for prematurity to score the tests is required if the child is 12 months or younger and premature.
4. Occupational Therapy

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- a. To Qualify for Occupational Therapy, a -1.50 z-score is required on the primary standardized test. A child may qualify with an overall -1.50 z-score in one area on one test if there is a second test (may be criterion based) supporting the findings; the second test requires that there be a -1.50 standard deviation or a 25 percent or greater delay.
  - b. Occupational Therapy evaluations are completed annually at minimum and may be completed due to parent request and for transition of the child from the birth to two program to the three to five year old program.
  - c. Adjusted age for prematurity to score the tests is required if the child is 12 months or younger and premature.
5. Speech Language Pathology
- a. Qualification for Speech Therapy requires -1.50 z-score on two evaluations in Language (receptive or expressive) or articulation.
  - b. Qualification for feeding (oral motor) requires a comprehensive checklist that indicates a moderate or severe deficit as identified in age levels. The score must indicate 50% or greater deficit in oral motor skills.
  - c. Adjusted age for prematurity to score the tests is required if the child is 12 months or younger and premature.
- E. Programming Conference
1. Programming Conference membership is comprised of:
    - a. The Service Coordinator(s)
    - b. Certified Teacher(s)
    - c. Parent/Guardian
    - d. Nursing Staff
    - e. Therapist(s), if applicable
    - f. The conference requires an evaluation interpreter which will be either the Certified Teacher or Therapist. Three people must be present at all conferences to include: CT, nurse or therapist, and parent/guardian at minimum.
  2. Evaluation results are reviewed by the team to include: recommendations, program options, and testing scores.
  3. A daily schedule that reflects the daily routine of the classroom will be provided to the parent and will include:
    - a. Activity Schedule
    - b. Therapies
    - c. Meal times
    - d. Quiet times
  4. An individualized program plan is developed by the interdisciplinary team for each child enrolled in DDTCS.
    - a. An Individual Service Plan (ISP) is developed for each child six weeks to 36 months of age.
    - b. An Individual Program Plan (IPP) is developed for each child three to five years of age.
    - c. IPPs and ISPs are reviewed on a quarterly basis and updated plans are provided to the parent/guardian on a quarterly basis.
    - d. IPPs and ISPs are evaluated annually and a new plan is developed each

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- year that the child qualifies for DDTCS..
- e. Assistive technology and reasonable accommodations, must be addressed in the individualized plan.
  - f. Risk assessment results must be documented in the individualized plan.
5. Consideration for special diets will be addressed on an individual basis if applicable.
  6. The Individual Health Plan (IHP) is developed by an ERC Registered Nurse (RN) in consultation with the child's physician prior to the child receiving services.
    - a. The IHP requires the Primary Care Physician and Parent/Guardian signature.
    - b. The ERC RN is responsible for IHP documentation.
    - c. Any needed revisions for the IHP may include input from:
      - Parents/guardians,
      - Nursing Staff (R.N. or L.P.N.)
      - Physician
      - Professional services (i.e. nutritionist, OT, PT, SLP).
  7. The RN, LPN or CNA (under supervision of RN) will be responsible for training all staff involved in implementing the IHP and all revisions, as applicable.
    - a. All DDS timelines will be followed
    - b. If timelines are not followed, the nursing staff will document reasons in child's chart.
  8. The Individual Program Plan (IPP) or Individual Service Plan (ISP), and Individual Health Plan (IHP) will be reviewed on a minimum of a quarterly basis or more frequently if changes in the child/family status occur or by parent/guardian request.

### III. Ineligibility

- A. Individuals determined not to be eligible will be informed in a scheduled conference to include:
  1. The reason(s) for not admitting
  2. Name(s) of alternative service(s)
  3. Referral information
  4. Application packet will be returned to applicant or kept on file for one year.

### IV. Discharge

- A. The following are criteria for a child to be discharged from the ERC DDTCS program:
  1. Individual has met goal(s) and no longer requires ERC service(s)
  2. Individual no longer meets Child Development Services eligibility criteria
  3. Individual moves out of ERC service area
  4. Individual's parent/guardian withdraws client from ERC services.
  5. A family member/guardian or personal acquaintance interferes with the delivery of services by being generally disruptive or through verbal or physical threats or acts of violence to ERC personnel.
  6. Attendance falls below 80% or consistently attends less than 5 hours a day without extenuating circumstances.
  7. Individual does not complete or follow through with required medical and/or financial reporting requirements.
  8. Individuals funding source no longer covers program costs.

- B. When a child leaves the Child Development program, the Certified Teacher or Service

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Coordinator will make every effort to facilitate an exit conference with the parent(s) or guardian of the child.

1. A transition will be completed and a conference held for any child six weeks to 36 months of age upon leaving the 0-3 program (whether the child transitions to the Early Childhood program and remains with ERC or completely exits services from ERC).
  2. A kindergarten transition conference will be held for every child entering into public school for kindergarten.
  3. An Exit/Discharge summary will be completed for each child that exits.
- C. Parent/Guardian will provide ERC with a two week advance notice, prior to withdrawal of a child from services.
- D. Loss of funding
1. Procedure for loss of funding will be considered on an individual basis by the Director of Children's Services and the Executive Director as indicated.
  2. A funding source that is not reinstated within 30 days from the discontinuation date may result in suspension and/or dismissal from the DDTCS program.

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Reviewed / Approved by

- Program Directors and COO or Director of Administration has reviewed and approved procedures on 01/13/2014, 3/2017.

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