



May 2011

## STATE LEAD AGENCY UPDATE

### First Steps Provider Matrix

The building of the First Steps Provider Matrix has begun! This matrix will include all Service Coordinators, Primary Level Evaluators and early intervention providers who are enrolled with First Steps. The purpose of the Provider Matrix is to have an easily accessible source for information about the individuals who provide services to children and families. All enrolled providers need to enter information not currently available in TOTS such as availability to accept referrals, personal information related to early intervention and special interests or training. This data entry is to be completed by June 30. For more information, read the memorandum on the First Steps website at <http://chfs.ky.gov/dph/firstSteps/default.htm> . Training on the Provider Matrix is also available on TRAIN (#1027369).

### INSIDE THIS

#### ISSUE:

State Lead Agency Update 2

SLA Training Coordinator Update 3

Provider Training Requirements 5

Professional Development Opportunities 6

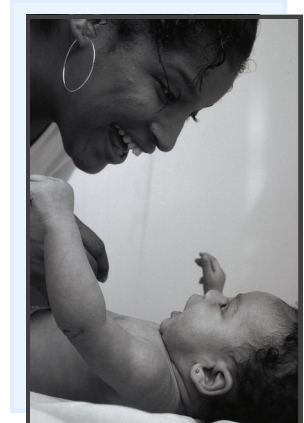
### IDEA Determinations

IDEA Determinations for POEs will be issued in June. This is one of the requirements for general supervision under IDEA. Based on information provided in the SPP/APR, the State Lead Agency determines if the POE --

- ◆ Meets the requirements of IDEA
- ◆ Needs assistance in meeting the requirement of IDEA
- ◆ Needs intervention in meeting the requirement of IDEA
- ◆ Needs substantial intervention in meeting the requirement of IDEA.

POE managers will be cleaning their data prior to the State Lead Agency's analysis. New this year is the inclusion of the child outcomes data from Indicator 3. POEs who do not meet the highest level, "Meets Requirements," have enforcements and/or sanctions applied.

In addition to the determinations, the State Lead Agency will issue citations of noncompliance. Citations of noncompliance are based on SPP/APR Indicators 1, 7, and 8. Correction of the noncompliance must be made as soon as possible and no later than one year of notification.



# STATE LEAD AGENCY UPDATE

## Service Log Documentation

Service logs in TOTS serve two purposes: first, they provide information to the IFSP team members about the continual implementation of interventions with the child and family. Since IFSP teams do not usually work together in the same location at the same time, TOTS provides information that allows each team member prepare appropriately for their visit with the family. Providers who keep up with the interventions that their teammates provide can tailor their own strategies to support, scaffold and enhance developmental skills.

Secondly, service logs are the documentation that services were delivered in accordance with the IFSP. This documentation backs all claims for payment.

First Steps regulations require that “services shall be documented in the First Steps data management system and shall include a list of all those present during the session, a description of each early intervention service provided, the child's response and future action to be taken. Service documentation shall be entered within five calendar days of the service delivery date” (902 KAR 30:200 3 (a) (1)). The service log entry structure for ongoing services was revised to facilitate compliance to regulation. In addition, the new structure provides an easier way to share progress data with interested stakeholders such as school districts.

*Delivery Method:	*Participants in Intervention Visit ( 1000 chars left)	*Caregiver report ( 2000 chars left)	*Response to intervention ( 2000 chars left)	*Plan for next visit ( 2000 chars left)
<input type="checkbox"/> Direct Intervention <input type="checkbox"/> Assessment <input type="checkbox"/> Coached Caregiver <input type="checkbox"/> Provided Resources <input type="checkbox"/> Co-treated?				

Delivery Method: Providers check how the intervention was provided.

Participants in Intervention Visit: List all individuals involved during the visit.

Caregiver Report: Record how the child is doing with the intervention from the caregiver's perspective. Include what is going well and those aspects of the intervention with which the caregiver or child is struggling. Identify if the caregiver has modified or changed the intervention and if there has been any barriers to implementing the intervention.

“Mother reports that Thomas continues showing progress in following directions and routine. She said he seems to understand more of what she tells him even though he is not imitating any words or saying things spontaneously. She also shared that he's been using signs for "more" and "open" consistently after prompt.”

Response to Intervention: Record the child's response the intervention—has the skill increased, decreased, or stayed the same— from the perspective of the provider. Include what this assessment of progress is based on (frequency count, observation, review of anecdotal notes, 5AA assessment items (probes), etc.)

“Thomas was cooperative for most of the session, he tolerated transitions and helped during clean up before moving to next task. He consistently used sign for more, open and please during today's intervention after being prompted. Thomas tried to imitate words: blue, pink, red, go, bang, boo. He would say beginning of words and drop the ending. He was receptive to request of looking at therapist's face to imitate sound/word. When he wanted to change activity, he would pull my hand and take me to stand by other toys. He initiated play several times but assistance was provided to elaborate/expand play. He did not imitate pretend play with stuffed animal after therapist.”

Plan for Next Visit: State what is planned for the next visit, based on the response to intervention and IFSP outcome.

“Recommendations: Try to incorporate more sequencing in the daily routine now that he is more aware of surroundings and the daily routine itself. Continue giving him choices and to increase his focus to a task, make it fun for him by praising him, cheering him when working on and completing activity. Provide play where he needs to interact more with utensils (bath time, sand play, playdoh (pretend play), etc. Will discuss progress on the recommendations at the next session”.

## SLA TRAINING COORDINATOR UPDATE

### Assessment Training:

The following is a list of assessment trainings that are currently being offered.

**PLEASE NOTE:** The training listed below is the last and final assessment training for this fiscal year. Assessment trainings will begin again in August 2011. If you need assessment training to fulfill your First Steps Provider Agreement, you must attend the following training:

**Carolina:**  
June 6, 2011  
Lexington, KY  
TRAIN # 1027815



# SLA TRAINING COORDINATOR UPDATE

## First Steps Face-to-Face Provider Orientation:

June 8  
Frankfort  
TRAIN #1027377



## First Steps Webcast Updates:

First Steps Regs: It's A New Day; It's A New Way!	TRAIN #1026744
First Steps Update #2: Step Me In The Right Direction	TRAIN # 1027002
First Steps Update #3: Step Me In The Right Direction	TRAIN # 1027273
First Steps Update #4: Step Me In The Right Direction	TRAIN # 1027371
First Steps Update #5: Step Me In The Right Direction	TRAIN # 1027753

## First Steps Provider Matrix Training:

Training for the new Provider Matrix is now on TRAIN. TRAIN #1027369



## Coming soon for Service Coordinators only!

Specially designed training for Service Coordinators on the decision-making process for determining if assistive technology is appropriate to support the achievement of IFSP outcomes. This module will lay the foundation for how AT is used, why it is used, where to find it and what resources are available for families in Kentucky plus much more!

Agenda for this module:

### PART ONE:

- What is assistive technology?
- How is it used & why is it important?
- Overview of AT use with infants and toddlers.
- Using AT to encourage participation in daily activities and routines.

### PART TWO:

- When to consider AT and AT Assessment.
- AT and the IFSP Process.
- Will the outcome support the request?

### PART THREE:

- Assistive Technology Provided by First Steps.
- Items not considered AT.
- Equipment request by discipline.
- When to Loan & when to purchase.

### PART FOUR

- How to obtain AT.
- Additional Resources.

Have you heard about the website in the works for First Steps providers, dedicated to sharing information about

**ASSISTIVE TECHNOLOGY?**



# PROVIDER TRAINING REQUIREMENTS

## First Steps Provider Training Requirements:

Every provider (including POE staff) in the Kentucky Early Intervention System (KEIS) signed a Provider Agreement (Form 5A). Current Provider Agreements are active from July 1, 2010 to June 30, 2012. In this Provider Agreement, it lists all requirements that must be fulfilled by the end of the active contract. Provider Agreements are the same for all providers (including the POE). The following is what you will find in your Provider Agreement in regards to training:



Agree to complete all required training prescribed by the Cabinet, including but not limited to the following:

- A. training on at least one Cabinet-approved criterion referenced assessment instrument completed within three months of the date of the face to face orientation, unless documentation or pre-service or in-service training on at least one Cabinet-approved criterion referenced assessment instrument is submitted with this signed Agreement;
- B. First Steps on-line data management system training completed according to a Cabinet-defined schedule; and
- C. a minimum of six clock hours of training specific to typical early childhood development on or before June 30, 2012 . Three hours must address working with the birth to three populations that includes information on child development (typical and atypical). Three hours can be at the provider's choice but suggested topics include cultural diversity, working with families, disability specific interventions, and using assessment data for program planning/monitoring of progress related to early childhood. All trainings taken outside the TRAIN system must have prior approval to count toward this contract requirement.

(A) refers to the assessment training for the HELP, AEPS, and the Carolina. If you completed this training in the past and have proof of attendance, this has been fulfilled. You do not have to attend assessment training for each new contract year.

(B) refers to TOTS training. There is a TOTS online module, TRAIN #1015494 that each provider must complete. Once you have completed this training you do not have to complete this for each new contract year.

(C) refers to the child development training hours. By the end of the contract year (June 30, 2012) you must complete six hours of child development training. Three hours of the six must focus on typical and atypical development for the birth to three populations. This training must target all five developmental domains (communication, motor, personal-social, cognitive, adaptive). The other three hours are considered provider choice. Again, it must target the birth to 3 populations. All training must be approved by the Part C Training Coordinator. In order to receive approval, you must submit course details to the Part C Training Coordinator for review. Once a decision has been made, an email will be sent to you stating the approval decision. The six child development hours must be completed each contract year.

# PROFESSIONAL DEVELOPMENT OPPORTUNITIES

## Interdisciplinary Graduate Certificate Program at Gallaudet University

The Deaf and Hard of Hearing Infants, Toddlers and Families: Collaboration and Leadership (ITF) Interdisciplinary Graduate Certificate Program is a hybrid program (online and on-campus instruction) that provides professionals from a wide range of disciplines with evidence-based knowledge and skills for working with families and their very young children who are deaf or hard of hearing. The content and teaching of the program is interdisciplinary and provides an overview of professional and ethical practices, communication and language(s), families, and developmental assessment and programming. Candidates will acquire leadership, advocacy and collaboration skills that promote age and developmentally appropriate outcomes for infants and toddlers. All coursework and experiences reflect principles of diversity including understanding and appreciation of language diversity (ASL and English, as well as other home languages). This six course graduate certificate can be taken in conjunction with another graduate program at Gallaudet or another university, or as a post graduate program for professionals who have current or prospective employment in a program for deaf and hard of hearing infants, toddlers and their families.

Online courses provide access to information through American Sign Language and English (e.g., presentations will be available through American Sign Language and spoken English or English captions).

The link for more in depth information about the program of studies:

[http://www.gallaudet.edu/Documents/Academic/GSPP/Families\\_education.pdf](http://www.gallaudet.edu/Documents/Academic/GSPP/Families_education.pdf)

Prospective candidates for the certificate must apply: <http://gradschool.gallaudet.edu/gradapp>

Courses may also be taken individually for graduate or PST credit. To take courses individually (Graduate or PST) credit please email [Summer@gallaudet.edu](mailto:Summer@gallaudet.edu)

<http://chfs.ky.gov/dph/firststeps.htm>

Please direct any questions to the program co-directors, Beth S. Benedict or Marilyn Sass-Lehrer at: [ITF@Gallaudet.edu](mailto:ITF@Gallaudet.edu)

## FAMILY SHARE REMINDER

On April 1, the 2011 Federal Poverty Guidelines became effective. The April Family Share participation fee will reflect this update and will adjust the participation fee automatically.

The benefit might be a reduced participation fee for the family!

*Lisa Dorman*

Family Share Administrator

