

Arkansas Guide To Services For Children With Disabilities



We would like to thank ASMP volunteer Gloria Gordon, who wrote this guide and the DDS Grants Advisory Council, who reviewed the guide.

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One of the goals of the C-Pass Grant is to promote self-determination for adults with disabilities. The information included in this booklet is a starting point in educating and informing caregivers of children about their rights and in creating early expectations and models for self-determination.

One of the primary goals of the Senior Medicare/Medicaid Patrol project is to provide education and information to seniors and people with disabilities to empower them to be active and informed consumers of health care.

This booklet is the result of a collaborative effort between these two state programs that share common goals in serving the citizens of Arkansas.

ARKANSAS GUIDE TO SERVICES FOR CHILDREN WITH DISABILITIES

By Gloria Gordon, MS

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WHERE TO BEGIN?

Adjust Your Attitude:



Jim Eakin, a wise and well-loved Arkansas self-advocate, contrasted the birth of a “normal” child – an event greeted with joy and celebration – with that of a child with disabilities.

New parents of children with disabilities often react with denial, anger, grief, and a feeling of loss for what might have been. They may feel afraid, confused and powerless. Disappointment that a child is not “perfect” can create reluctance [unwillingness] to accept one’s child as a valuable, developing person.*

If your child sees nothing but sadness and resignation in your eyes, it will be an additional challenge for him to reach his full potential.

As you raise your child with a disability, *“remember that most of the regular child-raising issues will apply — children with disabilities will go through the usual childhood stages. They may not go through stages at the same age, at the same rate, or use the same words as children without disabilities,*

“but they are children and kids are kids...they should have the same opportunities.”**

* Smith, PM (2003). *You Are Not Alone: For Parents When They Learn That Their Child Has a Disability*. NICHCY News Digest ND 20, 3rd Ed.

** Brown, Goodman, and Küpper (2003). *The Unplanned Journey: When You Learn That Your Child Has a Disability*. NICHCY News Digest.

“Your child’s development may be different from that of other children, but this does not make your child less valuable, less human, less important, or in less need of your love and parenting. Love and enjoy your child.”



**“The child comes first;
the disability comes second.”***

You are Not Alone.

Although you may feel isolated and overwhelmed by the challenges associated with your child’s disability, many services and supports are available to assist your entire family. Much of the information that you need is *“in the hands, heads, and hearts of other parents like yourself.”***

**Seek out other parents who have
“been there” and “done that.”**



Arkansas has a number of non-profit cross-disability organizations whose members are adults with disabilities and parents of children with disabilities. Two of these are Advocates Needed Today, Inc. and Arkansas People First. They can provide emotional support and a wealth of information on how to get the services you need for your child. They conduct training sessions for parents across the State and provide one on one personal assistance.

**Advocates Needed Today, Inc.
(ANTs)**

**1809 Martha Drive
Little Rock, AR 72212
(501) 227-4278**



"We remind ourselves of the power of love, of compassion, and of the spirit as we do this work."

AND



**2592 North Gregg Avenue Suite 1
Fayetteville, AR 72703
Toll free: 1-888-488-6040**

"Working together for our rights as PEOPLE FIRST, speaking for ourselves as members of the community."

Other organizations provide support and information about specific conditions – like cerebral palsy, autism, or spinal cord injury.

For a complete list of organizations and access to a library of educational materials on disabilities and disability services, contact:

The Arkansas Independent Living Council (AIRC)
8500 West Markham, Ste 215
Little Rock, AR 72205
(501) 372-0607
Toll free: 1-800-772-0607



The Governor’s Developmental Disabilities Council
Freeway Medical Tower, 5800 West 10th Street
Little Rock, AR 72204
(501) 661-2589
Toll-free: 1-800-482-5400, Extension 2589



Be sure to request a “Vital Records Guide” from the DD Council to keep track of important medical and personal care information.

WHAT ARE THE RIGHTS OF A PERSON WITH DISABILITIES?



First and foremost, your child has the same constitutional and legal rights as every other citizen, plus additional rights that have to do with having a disability.

Right to be free from discrimination because you have a disability:*

- To have equal employment opportunities.
- To benefit from public programs such as education, employment, transportation, recreation, health care, social services, courts, voting, and town meetings, etc.
- To have equal access to public transportation (city buses, subways, commuter rails, etc.) that is accessible (within reach, especially for persons in wheelchairs).
- To have access to public buildings and public accommodations such as restaurants, hotels, movie theaters, recreational facilities, etc.
- To have the use of special telephone services** and closed captioning of TV public service announcements for people with hearing and speech disabilities.

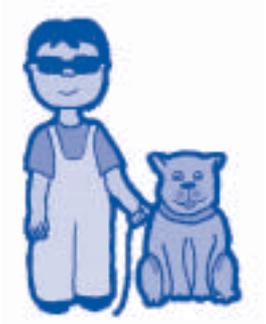
* The Americans with Disabilities Act (ADA)

** Telecommunications relay services (TRS)



Right to equal housing opportunities:*

- Landlords must make exceptions to a “no pets” rule for service animals (like guide dogs or hearing dogs, for example).
- Landlords must allow tenants to make changes to their private living area and common use spaces to make them handicap accessible.



Right to vote:**

- Polling places must be physically accessible to people with disabilities or provide alternate means to cast ballots.
- Voting aids must be provided for elderly and disabled voters, including telecommunications devices for the deaf.



* Fair Housing Act

** Voting Accessibility for the Elderly and Handicapped Act

Right to fly:*



- People with disabilities must be assisted with boarding.
- Airplanes must have accessible features.

Right to free appropriate public education (FAPE):**



- Public schools must develop an appropriate (suitable) **Individualized Education Plan (IEP)** for your child that reflects his or her individual needs, including special education and related services, if necessary.
- The IEP must be developed by a team that includes, among others, your child's teacher and **YOU**.
- If you are not satisfied with your child's IEP, you have the right to an appeal.
- Transition services must be provided to prepare your child for further education, employment and independent living, and must begin no later than age 16. (A transition is a change from one environment or service delivery model to another – for example, leaving early intervention services and entering preschool).



* Air Carrier Access Act

** The Individuals with Disabilities Education Act (IDEA)

- Schools must outline clear and specific transition goals in the IEP based on “*age appropriate transition assessments.*”



Right to be educated in the “least restrictive environment appropriate to the child’s individual needs:”*

- Children with disabilities have the right to associate with non-disabled children in “mainstreamed” classrooms and to take part in the general education course work whenever possible, using supplementary (extra) aides and services, if necessary.



* The Individuals with Disabilities Education Act (IDEA)

- If special education services can be provided in a “non segregated” classroom (with non-disabled students) and the child’s schoolwork benefits, then a segregated (separate) special education placement would be considered “too restrictive.”
- An exception allows separate classrooms for students whose behavior disturbs the education of other students.
- Separate classrooms are also allowed if a child’s disability is so severe that the use of supplementary aides and services in the general classroom cannot meet the child’s educational needs.*



If you feel that your child’s rights are not being honored, contact:

**The Disability Rights Center (DRC)
1100 North University Avenue, Suite 201
Little Rock, AR 72207
(501) 296-1775 v/tty
Toll free: 1-800-482-1174 v/tty
www.arkdisabilityrights.org**

DRC is the Protection and Advocacy System and Client Assistance Program for people with disabilities in Arkansas.

* 20 U.S.C. 1412 (a)(5)

LEARN THE LANGUAGE.

What is a disability?

A disability is *“a physical or mental impairment [injury] that substantially limits a major life function.”* *

For purposes of education, a “child with a disability” is one who has one or more of the following disabilities: *“mental retardation, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.”* **

Once it is determined that a child needs special education and/or related services, the meaning of “child with a disability” will vary somewhat depending on the child’s age and type(s) of “developmental delays” – interruptions in physical growth and the development of intelligence and ability to solve problems.

What is a developmental disability?

A developmental disability is a substantial, long-term disability that begins any time from birth through age 21 and is expected to last for a lifetime. Although you may not always be able to see these disabilities, they can seriously limit your child’s daily activities of life, including self-care, communication, learning, mobility (the ability to move), or being able to work or live independently.

Arkansas law says that a developmental disability is *“an impairment of general intellectual functioning or adaptive behavior”* that is a *“substantial handicap to the person’s ability*

* Arkansas Code 16-123-102(3)

** The Individuals with Disabilities Education Act (IDEA)

*to function without appropriate support services, including, but not limited to, planned recreational activities, medical services such as physical therapy and speech therapy, and possibilities for sheltered employment or job training.” It is caused by mental retardation or a closely related condition; cerebral palsy; epilepsy; autism; or dyslexia (difficulty learning to read and spell) resulting from cerebral palsy, epilepsy, or autism.**

What is mental retardation?

A person is considered to be mentally retarded if: he or she has *“a mental deficit requiring him or her to have special evaluation, treatment, care, education, training, supervision, or control in his or her home or community, or in a state institution for the mentally retarded.” ***

The definition also includes *“a functionally retarded person who may not exhibit an intellectual deficit on standard psychological tests, but who, because of other handicaps, functions as a retarded person.” ***

Other developmental disabilities:

Autism is a complicated developmental disability that has a negative effect on verbal and nonverbal communication, social interaction, and a child’s schoolwork. Autistic children perform repetitive activities and movements, repeat words or phrases just spoken by others, and resist change in their surroundings or in daily routines. Autism usually appears during the first 3 years of life and affects each child differently, which makes early diagnosis and treatment very important.

* Arkansas Code. 20-48-101 and Act 729 of 1993

** Arkansas Code 20-48-202(6)

Cerebral palsy is a group of long-term conditions affecting body movements and muscle control and coordination. It is caused by damage to the brain during fetal development or shortly following birth. Children with cerebral palsy may not be able to walk, talk, eat or play in the same ways as most other children. They may have involuntary movements, problems with sight, hearing or speech, and/or seizures.

Deaf-blindness means having both hearing and vision impairments that are too severe for a child to attend special education programs.

Epilepsy is a brain disorder or ailment that causes seizures where the child may or may not lose consciousness and/or move or behave in an unusual way. It may be hereditary (passed down in families) or related to a brain injury, but most of the time the cause is unknown.

Orthopedic impairments are injuries to bones and muscles and include birth defects (for example, clubfoot, absence of a limb, etc.), impairments caused by disease (for example, polio, bone tuberculosis, etc.), and impairments from other causes (such as cerebral palsy, amputations, and fractures or burns).

Seizures are not a disease. They are a symptom or warning sign of many different disorders that can affect the brain. Some seizures cause loss of consciousness, with twitching or shaking of the body. However, others consist of staring spells that can easily go unnoticed.

Other health impairments include having limited strength, vitality (energy), or alertness that affects the ability to learn. These may result from short- or long-term health problems such as asthma, attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), diabetes, epilepsy, a heart condition, sickle cell anemia, etc.

What is a learning disability?

Simply stated, a learning disability is a problem with listening, speaking, reading, writing, spelling, reasoning and/or doing mathematics that is not caused by a visual or hearing problem, mental retardation, or cultural or economic disadvantage.

Federal law defines it as “a disorder in one or more of the basic psychological [mental] processes involved in understanding or in using language, spoken or written...including conditions such as perceptual disabilities [related to awareness and understanding], brain injury, minimal brain dysfunction [impairment], dyslexia [difficulty learning to read and spell], and developmental aphasia” (See [Dictionary of More Words You May Need to Know](#)) that is not related to environmental, cultural, or economic disadvantage.*

Emotional disturbances:

A child with an emotional disturbance is an individual under the age of 18 (or under the age of 21 if he or she started receiving services before age 18) who has “*inappropriate [unsuitable] emotional, interpersonal, or behavioral problems within the home, preschool program, school, or community given his or her age, intellectual level, and cultural background.*” These behavioral problems are disruptive and often disabling, and continue despite the efforts of family and friends.**

Emotional disturbances have a harmful effect on a child’s performance at school when they continue over a long period of time and have one or more of the following characteristics:

- An inability to learn that cannot readily be explained;

* IDEA

** Arkansas Code 20-47-502

- An inability to build or maintain satisfactory relationships with other children and teachers;
- Inappropriate (out of place) types of behavior or feelings under normal circumstances;
- A general pervasive (over all) mood of unhappiness or depression; and/or
- A tendency to develop physical symptoms or fears related to personal or school problems.

What is a developmental delay?

Developmental delay is a term used to describe an interruption in physical growth, the development of intelligence, or the ability to solve problems in an infant or child who is developing slower than normal in one or more of these areas:

- Physical development;
- Cognitive development (relating to awareness and judgment);
- Communication development;
- Social or emotional development; or
- Adaptive development (the ability to adjust to change).

Children with developmental delays need special education and related services.* A child may be described as “*at risk*” if his development may be delayed unless he receives early intervention services (See [Services For Children With Disabilities](#)).

* IDEA

LANGUAGE YOU SHOULD USE:

In recent years, people with disabilities have acquired a will and a voice of their own. More and more, self-advocates and their families are shaping public policy regarding the rights of people with disabilities and their wishes with regard to self-determination, equal opportunities, and self-respect.

They have made it clear that they want to be viewed as people, rather than problems or conditions. To this end, they prefer the positive perception created by **“people first” language** that puts the person before the disability – “people with disabilities,” not “disabled people.”

Although federal and state law and regulations use the terms “mental retardation” and “mentally retarded,” you should not. People with mental retardation are considered to be “developmentally disabled.” Arkansas law says that developmental disabilities include conditions other than mental retardation (See [Learn the Language](#)). However, it is preferable to always say, “a person has a developmental disability,” rather than “he is mentally retarded.”

Mental illness is another term that creates a negative perception. Instead of saying “mentally ill child,” say “a child with an emotional disturbance” or “behavioral problem.”

Organizations that have been around for a long time – like the ARC (previously the Association of Retarded Citizens) or VOR (previously the Voice of the Retarded) no longer spell out their names. Neither does NAMI (previously the National Alliance for the Mentally Ill). This is similar to the situation with AARP. It is no longer the American Association for Retired Persons because older people are working longer and retiring later. However, they continue to use the name AARP.

People with disabilities view some of the older terminology as derogatory and hurtful, so **WATCH YOUR WORDS!**

SERVICES FOR CHILDREN WITH DISABILITIES:

The good news is that many services are provided to meet the needs of your child with disabilities – primarily through the Arkansas Department of Health and Human Services (DHHS) and the Department of Education (DOE). They work with members of a statewide network of provider organizations that offer a variety of services from evaluations to specialty medical care.

The bad news is that it is up to YOU to learn how the system works, to apply for financial assistance if you need it, and to monitor (supervise) the care your child receives. Only a parent is up to this daunting task.



Needs assessment, the first step:

You know or think your child has a disability. Your first step is to get a diagnostic evaluation or “needs assessment” to find out what kind of disability your child has, what you can do about it, and where to go for help.

Start by contacting your local Department of Health and Human Services (DHHS) County Office. For the address and phone number of the office closest to your home, call:

**DHHS Client Assistance at:
1-800-482-8988**

The county DHHS offices are listed in the blue pages of your phone book under **STATE OFFICES**. Look for **HUMAN SERVICES DEPARTMENT**. The local offices are listed alphabetically in that section. (They are not listed in the section for **COUNTY OFFICES**.)



Ask for the **DDS Children’s Services Specialist**.

Do not be concerned if you are not sure that your child’s disability is a “developmental disability” (See *Learn the Language*) because most of the services for children with disabilities are provided by the DHHS Division of Developmental Disabilities Services (DDS).

The DDS Children’s Services Specialist will:

- Assist you to get a needs assessment of your child, unless this has already been done through a referral from your doctor or your child’s school.
- Determine whether you are eligible for some kind of financial assistance (Medicaid, TEFRA, etc.) to pay for your child’s services (See *Who Will Pay For Your Child’s Services?*).
- Develop a service plan for your child.
- Refer you to the provider organizations that will furnish your child’s services, and coordinate and monitor those services.
- Refer you to your local Community Mental Health Center (CMHC) if your child’s problems are behavioral only.





Early Intervention (EI) Services:*

These are services for infants and toddlers (birth to 36 months) that identify and treat developmental problems as early as possible and assist the family to meet the child's needs through an **Individualized Family Service Plan (IFSP)**.



Early treatment decreases the chance that your child will have to live in an institution and increases the chance that he/she will be able to live independently.

* Sometimes called the First Connections Program, these services are mandated by the federal government (IDEA, Part C).

Services may be provided in the child's home or in integrated day care programs, local health department offices, or clinics – Developmental Day Treatment Clinic Services (DDTCS).

The facility-based program provides one-on-one training for both the child and the parent or caregiver, who is taught how to help with the child's training and work with the child at home.

Services will include training the parent or caregiver to meet the needs of the child and satisfy the goals of the care plan.



The following services are included:

- Identification and evaluation of the child's disabilities or medical condition
- Service coordination, including case management
- Family counseling and/or parent training
- Speech, physical, and/or occupational therapy
- Developmental therapy (special instruction)
- Audiology services (hearing testing and treatment)
- Vision services
- Medical/nursing services (such as tube feeding)

- Consultation services – nutritional, psychological (mental or behavioral health), and social
- Assistive technology – refers to products that meet the needs of children across a wide-range of disabilities (such as blindness, learning difficulties, inability to communicate through speech, etc.). The assistive devices increase, maintain, or improve the ability of the child to function.
- Respite – short-term provision of child care to allow the parents a break away from their child
- Transportation to service locations

Which children are eligible?

Infants and toddlers are eligible for (entitled to) early intervention services if they have a developmental delay* in one or more areas of development or a physical or mental condition that probably will cause developmental delays in the following areas:

- Cognitive skills (relating to awareness and judgment);
- Social/emotional skills;
- Adaptive behavior (the ability to adjust to change);
- Communication skills; and/or
- Physical skills.

For information about the Early Intervention (EI) Program, call the Toll Free Help Line at: 1-800-643-8258

*The delay must be at least 25% of the child's age.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services:

EPSDT is a set of are health services and developmental assessments for children and youth.

Their primary goal is early identification of physical or mental conditions that may impair or harm a child’s natural growth and development.

Once such a condition is discovered, treatment services must be provided to correct or lessen the effect of the condition, whether or not these services are generally covered by Medicaid.*

What does EPSDT stand for?

- Early – services should begin at birth and continue through childhood and adolescence.
- Periodic – children should receive well child check-ups at regular intervals.
- Screening – to identify health and developmental problems.
- Diagnostic – evaluation of health or developmental problems identified during check-ups that may require treatment.
- Treatment – children should receive treatment for health or developmental problems identified during check-ups.

* Section 1905(r)(5) of the Social Security Act requires that medically necessary health care services be provided to children with disabilities even if the service(s) are not available under the State’s Medicaid plan.

The following services are included:

- Health history;
- Assessment of both physical and mental health development;
- Physical examination;
- Immunization against childhood diseases;
- Laboratory tests;
- Lead toxicity screening of all children considered at risk;
- Health education and counseling for parents or guardians;
- Dental services;



- Hearing services, including hearing aids;
- Vision services, including eyeglasses;
- Other necessary health care to correct or treat defects, physical or mental illnesses, or conditions discovered during screening.



Which children are eligible?

All Medicaid eligible children and youth up to age 21.

**For information about EPSDT services,
Call (501) 682-8301**



Preschool Services in Developmental Day Treatment Clinics (DDTCS):

This is a DDS preschool program for children ages 6 weeks through 5 years where the services are provided in a clinic setting on an outpatient basis.

The services must be:

- Medically necessary for the child;
- Prescribed by a doctor; and
- Provided according to a written plan of care.

The following services are included:

- Diagnosis and Evaluation
- Habilitation – instruction in areas of self-help, socialization, communication, etc. that helps the child develop, retain or improve his/her skills related to ability to live the community.



- Optional physical and speech therapy. Therapy is indicated if improvement will occur as a direct result of these services.

The Plan of Care – a written, individualized plan that contains a description of the treatment goals for the child, including:

- The treatment regimen (routine or schedule) – the specific medical and remedial (corrective) services, therapies and activities that will be used to meet the treatment goals;
- A projected schedule for service delivery – how many therapy or training sessions will occur of each type; how often and how long will the planned sessions be;
- Who will provide the services; and
- A projected schedule for reevaluating the child’s condition and updating the plan of care.



Which children are eligible?

The children must be DDS eligible – that is, they must be mentally retarded or have a condition similar to mental retardation that requires similar services (such as traumatic brain injury, for example), or have cerebral palsy, epilepsy or autism.

**For information about Developmental Day
Treatment Center Services,
call Toll Free: 1-800-643-8258**

OR

**Contact the DDS Children’s Services Specialist
at your local DHHS Office**

Children With Special Health Care Needs (Title V/CSHCN):*

This program (which was previously called Children's Medical Services or CMS) serves children with chronic illness, handicapping conditions, or special health care needs. An application for assistance can be made at any DHHS County Office or at Arkansas Children's Hospital.



The following services are included:

- Diagnostic evaluation for children suspected of having physically disabling conditions or chronic illnesses
- Coordination of comprehensive health care services
- Medical care provided by doctors who specialize in one area of medicine
- Case management by Registered Nurses, social workers or service specialists
- Hospital and surgical care
- Physical and occupational therapy
- Rehabilitation services
- Laboratory tests
- X-rays
- Medications and supplies
- Special formulas



* Called the Title V Program because it is funded by Title V of the Social Security Act (The Maternal and Child Health Services Block Grant).

- Appliances or medical devices like hearing aids, durable medical equipment (DME) like wheelchairs, walkers, etc. Also, repairs and adjustments of these devices.
- Other needed equipment such as lifts and ramps
- Transportation and helping families to keep appointments
- Assisting with the **Individualized Education Plan (IEP)**
- Respite



Which children are eligible?

- Children with catastrophic (disastrous) or severely handicapping conditions whose disabilities may be arrested (slowed down or stopped), improved, or corrected. Any child who is presumed to have a condition that is eligible for services under CSHCN will be scheduled to receive an evaluation from a participating provider.
- Children under the age of 21 who require specialized care to achieve their maximum potential.
- All children under the age of 16 who are on Supplemental Security Income (SSI) for a health-related disability, and are not living in an institution such as a nursing home, Human Development Center (HDC), or intermediate Care Facility for the Mentally Retarded (ICF/MR).

**For information about the CSHCN
Program, call
Toll free: 1-800-482-5850,
extension 2277 (in state only)**

DDS Alternative Community Services (ACS):

This is a Medicaid home- and community-based waiver* (See *Who Will Pay For Your Child's Services?*) that serves individuals of all ages with developmental disabilities, who, without these services, would have to live in an institution such as a nursing home or intermediate care facility for the mentally retarded (ICF/MR).

The following services are provided:

- Case management (monitoring the provision of services included in the child's **Multi-Agency Plan of Service (MAPS)**. Case management services include locating, coordinating and monitoring all services and supports.
- Waiver coordination (ensuring the delivery of all direct care services, including making alternate living arrangements)
- Supportive living services (to help children acquire, retain and improve their self-help, socialization and adaptive skills necessary to reside successfully in a home- and community-based setting)
- Community experiences (flexible services to prepare children to function well in a community setting)
- Respite care (to allow parents a break from caring for their children)
- Non-medical transportation



* A Waiver is a tool used by states to get federal Medicaid money for long-term care services for patients who do not live in institutions.

- Adaptive equipment services (purchase, leasing and, as necessary, repair of adaptive, therapeutic and augmentative equipment to help children perform daily life tasks that would not be possible otherwise)
- Environmental modifications
- Supplemental support services (such as emergency medical costs, transitional expenses, fees for activities that are therapeutic in nature and complement and reinforce community living)
- Specialized Medical Supplies
- Consultation Services (provided by psychologists, social workers, counselors, certified parent educators, speech pathologists, occupational therapists, physical therapists, registered nurses, and certified providers of adaptive equipment aids)
- Crisis intervention services (by a mobile intervention team or professional) to provide technical assistance and training in areas of behavior already identified

Who is eligible?

- Persons of all ages, as long as the age of onset of the disability is before to the 22nd birthday.
- The disability must be severe enough that the individual meets the level of care criteria for admission to an ICF/MR.

**For information about ACS Waiver Services
Call (501) 683-0573 or contact the DDS
Specialist at your local DHHS Office.**

The TEFRA Waiver: *

This is another Medicaid home- and community-based waiver** that allows children with disabilities, who would otherwise be served in an institution, to be served in the community **WITHOUT REGARD TO THE FAMILY'S INCOME.**

The TEFRA Waiver is a way to pay for services for your child with Medicaid dollars, even if you, as parents, do not meet the financial eligibility criteria (conditions) to qualify for Medicaid.

Custodial parents pay a sliding scale premium based on their income.

All Medicaid State Plan services are available through the TEFRA waiver.

Which children are eligible?

- Children must be 18 years of age or younger and be disabled according to the SSI definition (See *Who Will Pay For Your Child's Services?*).
- The child must meet the **medical necessity** requirement for institutionalized care (in a nursing home, ICF/MR, acute medical or rehabilitation facility, etc).
- Appropriate (suitable) medical services must be available to provide appropriate care in the home.
- The estimated cost of caring for the child at home may not exceed the estimated cost of care for the child in an institution.



* Named for the Tax Equity and Fiscal Responsibility act of 1982

** A Waiver is a tool used by states to get federal Medicaid money for long-term care services for patients who do not live in institutions.

Child and Adolescent Service System Program (CASSP):

CASSP is a multi-agency program that provides services and supports to “wrap around” children and adolescents with or at risk of developing severe emotional disturbances (See [Learn The Language](#)).



CASSP services are planned together with the child or adolescent’s family, the local Community Mental Health Center (CMHC), the child’s school, and other agencies (for example, Child Welfare, Juvenile Justice, etc).

Services are coordinated by a CASSP Coordinator, who maintains the Multi-agency Plan of services (MAPS).

Community Mental Health Center (CMHC) services:

- Twenty-four-hour emergency care in the outpatient mental health clinic
- Diagnostic evaluation
- Treatment planning
- Individual or group therapy
- Medication management
- Case management



- Crisis services
- Vocational, housing and educational support
- Transportation
- Rehabilitative and day treatment services

CASSP Services should be:*

- **Child-centered** – designed to meet the individual needs of the child
- **Family-focused** – designed to help empower the family to advocate for their child and participate as a full partner in all stages of the decision-making and treatment planning process
- **Community-based**, whenever possible
- **Comprehensive** – addressing the child’s physical, educational, social, and emotional needs
- **Multi-system** – planned in collaboration with all the agencies involved in the child’s life
- **Provided in the least restrictive setting** consistent with effective services and as close to home as appropriate.
- **Culturally and ethnically sensitive** – recognizing and respecting the values, beliefs, customs, language, and practices of a particular group of people.
- **Designed to promote early identification and intervention.**
- **Designed to protect the rights of children.**

**For information about CASSP, contact the
CASSP Coordinator at:
(501) 686-9177**

* Arkansas Code 20-47-503

Together We Can (TWC) Program:

Together We Can is a multi-agency program administered by the Division of Developmental Disabilities Services (DDS) in the Department of Health and Human Services (DHHS), with participation of other DHHS Divisions (Children and Family Services, Youth Services, Health Services, Behavioral Health Services, County Operations, and Administrative Services) and the Department of Education.

The program coordinates individualized services for children (ages birth to 18 years, or 21 years if they are still receiving services from one of the TWC participating agencies) who have multiple needs.

The family-centered services support the family unit and are designed to: (1) prevent removal of children from the community in which they and their family reside, or (2) assist in reunification of children with their families.

Referral to the program may be made by a representative (case manager, counselor, family service worker, nurse, etc.) from any of the participating agencies. The referral to and participation in Together We Can is voluntary on the part of the child and family.



Families are full partners with the agencies in planning services to meet the multiple needs of their children.



The following services are provided:

- Integrated Supports to help a person with a developmental disability live, work, and enjoy recreational opportunities in the community – independently or in a family environment.
- Community Integration Companion: Activities to instruct the individual in daily living and community living skills in integrated settings (for example, shopping, sports, participation, etc.)
- Transportation
- Mentoring
- Tutoring, usually on a one to one basis.
- Respite for the primary family caregiver for an eligible individual who requires intensive care or is in an emergency situation, or to allow the parents/family to attend to other necessary activities of daily life.



Additional services (provided for a child who has no other resources):

- Clothing assistance
- Utility assistance (not including any late fees, fines, etc.)
- Door alarms for homes
- Car Insurance
- Adaptive equipment
- Salon Services (haircut, when item not donated)
- Camp fees



Which children are eligible?

- Any child who requires services from multiple state and local agencies, and
- Who is exhibiting intense or excessive emotional, interpersonal, or behavioral challenges within the home, school, or community inconsistent with his or her age, intellectual level, and cultural background, and
- Whose behavior has not been changed by multiple, unsuccessful efforts; and
- Has no other available resources; and
- Who is at high risk of separation from his or her family unit or removal from the community due to multiple issues that have persisted despite other efforts to help; and
- Who is currently receiving expensive and highly segregated services.

While TWC may serve children with developmental disabilities, a developmental disability is not required in order for a child to receive services from TWC. Any child and family may be eligible for these services regardless of guardianship, legal custody, or income.

TWC Services should be:

- **Integrated** – provided through a joint effort of state and community agencies, organizations, and resources developed within the local community setting.
- **Individualized** – matched to the identified needs of the child and family, based on an assessment in which they participate.
- **Wraparound** – coordinated, integrated, and culturally relevant, to address the multiple individualized needs of the child and family.
- **Community based** – accessible within the local neighborhood, community, or rural area.



For information about TWC, contact a representative from one of the participating TWC agencies, who can refer you to the program if your child is eligible,

OR

Contact your local DHHS County Administrator. For the address and phone number of the DHHS office closest to your home, call DHHS Client Assistance at: 1-800-482-8988

Educational Services:*

A free appropriate public education (FAPE) is provided for all children and youth with disabilities at public expense, under public supervision and direction, and without charge.



These include special education and related services that are:

- Designed to meet the unique needs of your child and prepare him or her for independent living and employment.
- Meet the standards of the State Education Agency (SEA), including the requirements of the IDEA.
- Are provided in keeping with an Individualized Education Plan (IEP) that meets the requirements of the IDEA.



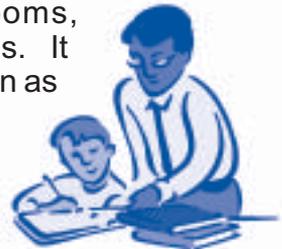
In order to be eligible for special education and related services, a “child with a disability” must have one or more of these disabilities:

- Mental retardation;
- A hearing impairment, including deafness;
- A speech or language impairment;
- A visual impairment, including blindness;

* IDEA

- Deaf-blindness;
- An emotional disturbance;
- An orthopedic impairment;
- Autism;
- Traumatic brain injury;
- Other health impairment;
- A specific learning disability; or
- Multiple disabilities.

Special education is instruction designed to meet your child's unique needs (by adapting the content or teaching methods) that is provided at no cost to you. Instructions may be conducted in the home or in classrooms, hospitals and institutions, or other settings. It can include instruction in physical education as well.



Related services are additional services provided to help children with disabilities benefit from special education. They are tailored to meet the individual needs of the child and may include:

- Speech-language therapy
- Audiology (hearing therapy)
- Vision therapy
- Psychological services
- Physical therapy and occupational therapy



- Recreation, including therapeutic recreation*



- Early identification and assessment of disabilities in children
- Counseling services, including rehabilitation counseling
- Orientation and mobility services
- Medical services for diagnostic or evaluation purposes only
- Social work services in schools
- Parent counseling and training
- School health services



* Teaches people with illnesses, disabilities, and other conditions to develop and use their leisure in ways that enhance their health, independence and well-being

Transition services are a coordinated set of activities for students that help them to move from school to post-school activities, such as post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. They are goal-oriented and based upon the individual student's needs. They also take into account the student's preferences and interests.

Transition services include:

- Instruction;
- Related services;
- Community experiences;
- The development of employment and other post-school adult living skills;and
- Functional vocational evaluation.

They may also be considered as special education (if provided as specially designed instruction) or related services (if required to assist a student with a disability to benefit from special education).



For information about educational services, call the Department of Education, Special Education Department at: (501) 682-4225

OR

the Special Education Supervisor in your local school district office

Educational services for children who are deaf:

Students who are deaf or hard of hearing are served in public schools throughout the state. Services are also provided at:

The Arkansas School for the Deaf (ASD):

Students at ASD receive education in all academic areas and related support services including:

- Educational psychological evaluation
- A full service Audiology program*
- Sign language classes
- Physical and speech therapy
- Counseling to help students through transitions from early childhood to work
- Health care
- A school-based mental health program in partnership with Centers for Youth and Families

ASD also provides free technical assistance to school personnel serving students who are deaf or hard of hearing in all school districts in the State.

**For information about services for the deaf, contact the Arkansas School for the Deaf (ASD)
2400 West Markham
Little Rock, Arkansas 72205
(501) 324-9506 (V/TDD)**

* A licensed audiologist is on campus full time to order earmolds and make recommendations for other equipment.

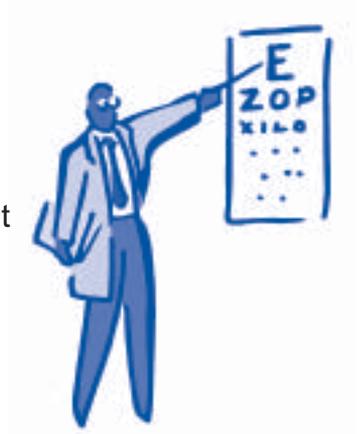
Educational services for children who are blind or visually impaired:

Students who are blind or visually impaired are served in public schools throughout the state. Services are also provided at:

The Arkansas School for the Blind (ASB):

Students at ASB receive education in all academic areas, including music and arts. They also receive related support services including:

- Psychological testing
- Orientation and mobility
- Braille instruction
- Nemith Code*
- Speech and language development
- Physical and occupational therapy
- Adaptive technology
- Adaptive physical education
- A low-vision clinic to provide students with glasses and aids for maximizing their ability to get the most out of their vision.



**For information about services for the blind,
contact the Arkansas School for the Blind**

P. O. Box 668

Little Rock, Arkansas 72207

(501) 296-1810

Toll Free: 1-800-362-4451

* A system for doing mathematics in Braille

Educational services for children who are both deaf and blind:

Students who are both deaf and blind are served in public schools throughout the state. Services are also provided at:

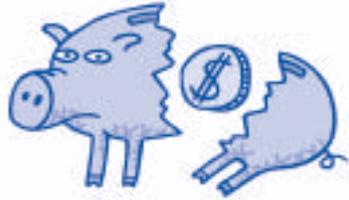
The Deaf/blind Program at ASB and ASD:

Students in the deaf/blind program receive education in all academic areas and related support services including:

- Diagnostic services that ensure identification and services for all students who exhibit combined vision and hearing loss (dual sensory impairments)
- Appropriate and Individualized Educational Plans (IEPs) for all students
- Community-based instruction, home visits, parent training, and specialized training for teachers and staff
- Communication
- Adaptive technology
- Orientation and mobility skills
- Interpersonal and social skills training
- Vocational, domestic, and life skills training
- Compensatory skills related to independent living skills
- Opportunities for a full range of age appropriate social and extra-curricular activities.



WHO WILL PAY FOR YOUR CHILD'S SERVICES?



Some of the services discussed above will be provided for your child at no cost to you. Funding comes from the federal and state government, Medicaid, public schools, and private insurance. Whether you, also, will have to pay something toward the cost depends on the specific services and your income.

To find out if you are eligible for financial assistance with your child's services, contact your local DHHS Office and ask for the **DDS Children's Services Specialist** (See *Services for Children With Disabilities*). For information about funding of special education services for your child, contact the school principal to schedule an evaluation for services.

Supplemental Security Income (SSI) Benefits For Children With Disabilities:



Supplemental Security Income supplements (adds to) a person's income up to a certain level. The level varies from one state to another and can go up every year based on cost-of-living increases. Your local Social Security office can tell you more about the Arkansas SSI benefit levels.



To find your local Social Security office or for information about SSI benefits, call Toll Free: 1-800-772-1213.

OR

**Toll Free tty: 1-800-325-0778
<http://www.socialsecurity.gov>**

Social Security rules for children with disabilities:*

- If your child is under 18, Social Security will consider your income and assets when deciding if he or she qualifies for SSI. This applies to children who live at home, or who are away at school but return home occasionally and are subject to parental control.
- When your child turns age 18, Social Security no longer considers your income and assets in deciding whether he or she gets SSI. A child who was not eligible for SSI before his or her 18th birthday because the parent's income or assets were too high may become eligible at age 18.
- If a disabled child getting SSI turns age 18 and continues to live with his or her parents and does not pay for food or shelter, a lower SSI payment rate may apply.

SSI Definition of "Disability:"

A child under 18 is considered to be disabled if he or she has a physical or mental condition (or a combination of conditions) that results in "marked and severe functional limitations."

If your child's impairment(s) does not meet or medically equal any of the impairments in the official Social Security listing of disabilities, a determination must be made as to whether it "functionally equals" a condition included in the listings. This involves an assessment of your child's condition and comparison of his functioning to that of children the same age who do not have impairments:

- What activities is your child able or not able to perform?
- Which activities are limited in comparison with those of same-age peers?

**Benefits for Children With Disabilities* (August 2001). SSA Publication No. 05-10026, available at:
<http://www.socialsecurity.gov/pubs/10026.html>

- What type and amount of help does your child need to complete age-appropriate activities?

Social Security will make immediate SSI payments if your child's disability fits into the following categories:

- HIV infection;
- Total blindness;
- Total deafness (in some cases);
- Cerebral palsy (in some cases);
- Down syndrome;*
- Muscular dystrophy** (in some cases);
- Mental retardation;
- Diabetes*** (with amputation of one foot);
- Amputation of two limbs; or
- Amputation of leg at the hip.

Which children are eligible?

Children can qualify for SSI if they meet Social Security's definition of disability and if their income and assets fall within the eligibility limits.

There are three eligibility categories for SSI benefits:

- 1) **SSI Benefits For Disabled Children** – payable to disabled children under age 18 who have limited income and

* A congenital disorder, caused by the presence of an extra 21st chromosome, in which the affected person has mild to moderate mental retardation, short stature, and a flattened facial profile.

** A progressive muscle disorder caused by a defect in one or more genes that control muscle function and characterized by gradual loss of skeletal muscle.

*** Any of several metabolic disorders marked by excessive urination and persistent thirst.

resources, or who come from homes with limited income and resources.

- 2) **Social Security Dependents' Benefits** – payable to children under the age of 18 whose parents are collecting retirement or disability benefits from Social Security, or survivors benefits payable to children under the age of 18 whose parents have died. All children under age 18 qualify for these benefits, not just those who are disabled. Further, a child can continue receiving benefits until age 19 if he or she is a full-time student in elementary or high school.
- 3) **Social Security Benefits For Adults Who Have Had a Disability Since Childhood.** If a person received SSI as a child, he or she can continue to receive Medicaid through the local DHHS Office under the Disabled Adult Child program. Although most of the people getting these benefits are in their 20s and 30s (or older), the benefit is considered to be a “child’s” benefit because it is paid on a parent’s Social Security earnings record.

Understanding Medicaid:

MEDICAID is a joint federal and state health care assistance program that pays for medical care and services for people who meet the income and assets eligibility requirements.

If your child is eligible for Medicaid-funded services, Medicaid will pay either for services in a residential setting (long-term care facility) or for home- and community-based services under a waiver. Medicaid waivers are tools used by states to obtain federal Medicaid matching funds to provide long-term care to patients in settings other than institutions.

Arkansas has two home- and community-based waivers for children with disabilities – the Alternative Community Services (ACS) and TEFRA* waivers. They allow children whose medical condition or disability would generally require admission to a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) to receive the same services at home.

Medicaid may also pay for some related school-based services for children with disabilities such as occupational, physical, or speech therapy. Contact the local Special Education Supervisor for information about Medicaid-funded services.



Funding For Specific Programs or Services:

Early Intervention (EI) and diagnostic services under DDS Children’s Services are available to Arkansas children without restriction or requirement as to family income, without requirement for referral of the child by any individual or agency, and without cost to the family.



* Tax Equity and Fiscal Responsibility Act

CSHCN services are funded primarily through federal dollars from Medicaid and the Social Security Act Title V (Maternal and Child Health Services) block grant. A child is financially eligible for CSHCN services if his or her parent, legal guardian or family unit meets the financial criteria determined by DDS Children's Services. Children eligible for Medicaid can get service coordination and services not covered by Medicaid (such as special equipment) through DDS Children's Services.

Together We Can funds are limited and used only when no other resource is available to meet the needs of the child. Funding for TWC comes from three sources: the Social Services Block Grant (SSBG), State General Revenue, and the Safe and Stable Families Act.*

What if you have private insurance?

If you have private health insurance, the cost of some of your child's services may be covered. Your private health insurance must be billed first. However, when these costs exceed your maximum benefit, the DDS Children's Specialist at your local DHHS County Office will assist you to locate and access other resources to pay for these services, including Medicaid.



If your income exceeds the financial eligibility criteria for Medicaid, you may apply for the TEFRA waiver and pay a sliding scale premium based on your income.



* Social Security Act Section 430, Title IV-B, Subpart 2, as amended by the Omnibus Budget Reconciliation Act of 1993; also 45 CFR 1357.

WHERE WILL YOUR CHILD LIVE?

All over the nation, home- and community-based care is increasingly being viewed as a preferable alternative to long term institutional care, not only for the child who may remain among friends and family as he or she grows into an adult, but also for the State, because services may be provided for less than the cost of institutional care.



However, there are residential treatment options for families who do not have the resources or cannot handle the responsibility of raising a child with developmental disabilities, complex health care needs, severe behavioral problems, and/or a combination of these.

Human Development Centers (HDCs):

An HDC is an institution maintained for the care and training of persons with developmental disabilities.*

Arkansas has six HDCs that provide a comprehensive array of services and supports to individuals who, due to developmental disability, are incapable of managing their affairs and require special care, training, and treatment in a sheltered residential setting.

* Arkansas Code 20-48-101(3)

Admission criteria – individuals must:

- Be 18 years of age or older, unless there are significant medical or behavioral challenges;
- Have a developmental disability attributable to mental retardation, cerebral palsy, epilepsy, and/or autism; and
- Have needs that can be met by the facility.

Services provided at HDCs include:

- Medical/nursing
- Physical, occupational, and speech therapy
- Orthotics (which deals with the use of specialized mechanical devices to support or supplement weakened or abnormal joints or limbs)
- Intensive behavioral treatment and support for conditions such as aggression, destruction, self-injury, and noncompliance
- Special education services for children 18 and younger (as discussed in the preceding section (*Services For Children With Disabilities*))
- Adult transitioning skill training
- Placement and follow-up services
- Respite

**For information about Arkansas Human
Development Centers, call
DDS Quality Assurance at: (501) 683-3619**

Intermediate Care Facilities for the Mentally Retarded (ICFs/MR):

Arkansas has ICFs/MR that provide diagnosis, active treatment, and rehabilitation of persons with mental retardation or related conditions in a protective residential setting – small facilities that house 10 residents and larger facilities for 16 or more residents.

**For information about ICFs/MR,
call the Office of Long Term Care
at: (501) 682-8430**

**or contact the DDS Specialist at your local
DHHS Office**

Psychiatric Residential Treatment Facilities (PRTFs):

PRTFs are residential treatment facilities that provide 24 hour psychiatric care for emotionally disturbed children and/or adolescents (6-21 years of age, grouped in an age appropriate manner) in a structured, systematic, therapeutic program of treatment under the supervision of a psychiatrist.

**For information about PRTFs,
call the Division of Behavioral Health
Services (501) 686-9489**

A word about freedom:

Parents have a responsibility to shape the future of their children. That responsibility is far greater for parents of children with disabilities because, in addition to the many decisions that you make every day in raising your child, you will also influence the amount of freedom your child experiences in his/her lifetime.



Freedom is defined as the capacity to exercise choice – free will. Nothing is a greater testament to the importance of free will than the fact that, at any point in history, there have been people fighting and dying for it.

In this country, the civil rights movement was followed by a movement to provide equal rights for people with disabilities. That movement led to the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA), which gave your child the rights discussed in *What Are the Rights of a Person With Disabilities?*

Today the disability movement, composed primarily of people with disabilities and parents like you, is advocating for [The Principles of Self-Determination](#). These are.

- **Freedom** – to live a meaningful life in the community;
- **Authority** – over dollars needed for support;
- **Support** – to organize resources in ways that are life enhancing and meaningful;
- **Responsibility** – for the wise use of public dollars; and
- **Confirmation** – of the important leadership that self advocates must hold in a newly designed system.

*We need to “look at outcomes for people with disabilities and chronic illness in the context of the expectations and aspirations shared by all humans, not just standards specific to the human service system. These values include (but are not limited to): choice and control, valued and enduring relationships, freedom, health and safety and decent places to live, economic security, opportunities for community membership and contribution, and support by nurturing and caring human relationships and committed support personnel.” **

The decisions you make for your child now may determine whether he or she will be able to work at a job, live in the community, attend church, swim in a public pool, or choose which color socks to wear. Every child should have the opportunity to make choices – even little ones. That’s what happiness is all about.



* Nerney, T (2004). *Lost Lives: Why We Need A New Approach to Quality*. The Center for Self Determination at: http://www.selfdetermination.com/pdf/lost_lives.pdf.

WHAT IS HEALTHCARE FRAUD AND WHY YOU SHOULD CARE ABOUT IT?

As a parent of a child with special needs, you have responsibilities that other parents may not have. You begin by finding out everything you can about your child's condition and how to help him or her live life to its fullest. Then you will become an expert on where to find services and supports for your child, you will monitor your child's care with an eagle eye, and you will apply for financial aid, if you need it.

As you learn about the different federal and state programs available to your child, it will become clear that these programs are budget limited – that is, the number of children served and the number of individual services provided for each child depend on availability of state and federal funds (primarily Medicaid and federal block grant dollars).

Like Medicaid programs across the country, Arkansas' Medicaid budget is growing at an alarming rate and competes with other necessary services for the citizens of the State. What happens when the money runs out? The answer is that services your child depends on may be cut and the number of people on waiting lists for waiver services or admission to a long-term care facility may increase.

As a parent of a child with disabilities, you have a major stake in protecting the services and programs that your child may need – possibly for the rest of his or her life. You also have a responsibility to teach your child to become a good steward of the taxpayers' money as he or she grows into an adult.

When providers bill Medicaid for services never performed or medical equipment or supplies not ordered, or bill for a service at a higher rate than is actually justified, it may be fraud.

Healthcare fraud affects everyone who pays taxes by wasting billions of tax dollars. It affects those who depend on Medicaid by diminishing the quality of the treatment they receive and putting their services at risk. Loss of money to fraud and abuse means that less money is available for necessary services and programs to assist caregivers like you. In addition, poor quality of care can impact your child's functional level, which may extend his or her need for services.

So what should you do? You can make a point of finding out whether the services being billed to Medicaid and other programs for your child really match the services he or she receives. For example, are the physical, occupational or speech therapy sessions your child receives in school really one-on-one, or are they group sessions billed at a higher rate? Are your child's therapy sessions a full hour or half hour, or are they only 20 minutes or less. You are entitled to know, so don't be timid about asking. Unethical health care providers count on people not worrying about Medicaid bills – after all, it's not your money.

Generally, people on Medicaid do not receive payment summaries. Therefore, it may be hard for you to check whether Medicaid has been billed correctly for the care and services provided to your child. However, if you suspect that Medicaid is being billed incorrectly on your child's behalf, you can request an Explanation of Medicaid Benefits (EOMB) or Medicaid Summary Notice (MSN) from the State Medicaid Agency.

**To Request a Medicaid Statement
Call Customer Service at 1-800-482-5431 or
1-800-482-8988**

OR

**Write to DHHS-DMS
PO Box 1437, Slot S-401
Little Rock, AR 72203**

Say that you want to receive a **“PAID HISTORY”** and give the following information:

- Your name
- Your child’s Medicaid number
- The types of services, equipment, or supplies involved
- The dates of service
- Any other information that would make the request more specific



You should review your child’s Medicaid statement as you would your bank statement. Ask yourself three questions:

1. Did your child receive the service or product for which Medicaid is being billed?
2. Did your doctor order the service or product for your child?
3. To the best of your knowledge, is the service or product appropriate for your child’s diagnosis or treatment?

Make sure you recognize the date(s) of service, the name of the doctor(s), the location of the doctor's office or clinic, and the services or supplies that your child received.

If you have questions about payments Medicaid or other insurers have made on behalf of your child, call ASMP at 1-866-726-2916.

The Role of the Attorney General:

In Arkansas, the Attorney General's Medicaid Fraud Control Unit (MFCU) investigates and prosecutes health care providers who commit Medicaid fraud.



How Can You Prevent Healthcare Fraud?

- Ask questions! You have a RIGHT to know everything about your child's medical care, including costs billed to Medicaid.
- Educate yourself about what services are paid for by Medicaid and other publicly-funded programs.

It is in your best interest and that of all citizens to report suspected fraud. Healthcare fraud, whether against Medicaid, Medicare, another government program or private insurers, increases everyone's health care costs, much the same as shoplifting increases the costs of the food we eat and the clothes we wear. If we are to maintain and sustain our current health care system, we must work together to reduce costs. If you have reason to believe someone is defrauding the Arkansas Medicaid Program, contact:

**The Arkansas Attorney General's Medicaid
Fraud Control Unit.**

**Office of the Attorney General
323 Center Street, Suite 200
Little Rock, Arkansas 72201
(501) 682-2007
1-800-482-8982
oag@arkansasag.gov**

OR

**Contact ASMP
1-866-726-2916
PO Box 1437, Slot 530
Little Rock, AR 72203
<http://www.state.ar.us/dhs/aging/asmp.html>**

**BE INFORMED
BE AWARE
BE INVOLVED**



DICTIONARY OF MORE WORDS YOU MAY NEED TO KNOW

Aphasia: Loss of the ability to speak or understand words due to a brain injury.

Assistive technology device: Item, equipment, or product that increases, maintains, or improves the ability of a person with a disability to function – in terms of mobility (ability to move), communication, learning, and employment. These devices have made it possible for students with disabilities to be educated in regular classrooms alongside non-disabled students. Some examples are: electronic communication aids, devices to enlarge printed words on a computer screen, devices that help children with hearing impairments to communicate, prosthetic devices (used to replace a missing body part, such as a limb, tooth, eye, or heart valve), Braille (a system of writing for the blind) writers, and keyboards adapted for fist or foot use.

Assistive technology services help a person with a disability to choose, get, or use an assistive technology device.

Developmental (congenital) aphasia is an inability to speak or understand words that becomes apparent during a child's language development process and is not the result of a specific brain damage. This is usually associated with immediate and involuntary repetition of words or phrases just spoken by others, poor attention, hyperactivity, poor eye contact, and difficulty understanding simple yes/no questions.

Diagnosis is the process of determining the nature and cause of a disease or injury by examination of the patient, evaluation of the patient's history, and review of the results of laboratory tests.

Durable Medical Equipment (DME) is medically necessary equipment, prescribed by a doctor, that can withstand repeated use, generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in the home (such as wheelchairs, walkers, hospital beds, etc.).

Dyslexia is difficulty learning to read. Some definitions also include difficulties with: writing; spelling; listening; speaking; and mathematics.

Individuals with Disabilities Education Act (IDEA): A federal law that guarantees the delivery of special education services to all students with disabilities ages 3 through 21.

Individualized Education Plan (IEP): A written educational plan for a student receiving special education services. The plan includes statements of present level of functioning, annual goals, short term instructional objectives, specific educational services needed, dates of service, participation in regular education programs, and procedures for evaluating the child's progress on the IEP.

Individualized Family Service Plan (IFSP): A written plan for each infant and toddler receiving early intervention services that includes goals and objectives for the child and a statement about the family's strengths and needs related to the child's development.

Inclusion: The practice of including children with disabilities in settings or activities along with non-disabled children.

Medically necessary refers to health care products and services that are considered to be appropriate and would assist in the diagnosis or treatment of a disease.

Medically necessary services, durable medical equipment (DME) and supplies are appropriate and required to diagnose or treat a medical condition; meet the standards of good medical practice in the local area, and are not mainly for the convenience of the client or the prescribing physician.

Multidisciplinary refers to a group of qualified people who have different areas of training and experience – generally used when talking about diagnostic evaluations.

Outpatients are individuals who travel to and from a treatment site on the same day, who do not live in an intermediate care facility for the mentally retarded (ICF/MR), and who are not inpatients of a hospital.

Placement: The site where a child receives special education services. Schools are required to provide a continuum of placement options. For a preschooler with special needs, these options may include a community program such as Head Start, a private child-care or nursery school, or a segregated early childhood special education classroom. Decisions regarding placement are made at IEP meetings.

Referral: A formal request to test a child to determine if he or she is in need of special education services.



ALPHABET SOUP

ACS = DDS Alternative Community Services Waiver (See *Services for Children With Disabilities.*)

ADA = Americans with Disabilities Act, a federal law that assures the full civil rights of all individuals with disabilities

ADD = Attention Deficit Disorder, an inability to focus or maintain attention (same as AD/HD)

ADE = Arkansas Department of Education

AD/HD = Attention-Deficit/Hyperactivity Disorder

ASB = Arkansas School for the Blind

ASD = Arkansas School for the Deaf

CASSP = the Child and Adolescent Service System Program

CMHC = Community Mental Health Center

CMS = Children's Medical Services, the old name for CSHCN or Title V; also Centers for Medicare and Medicaid Services

CSHCN = Children With Special Health Care Needs; also called the Title V Program because it is funded by Title V (Maternal and Child Health Services Block Grant) of the Social Security Act. It was previously named Children's Medical Services (CMS) under DDS Children's Services.

DD = developmental disability; also developmental delay

DDS = Developmental Disabilities Services; also Disability Determination Service of the Social Security Administration

DDTCS = Developmental Day Treatment Clinic Services

DME = durable medical equipment

DOE = Department of Education

EI = Early Intervention

EOMB = Explanation of Medicaid Benefits

EPSDT = Early and Periodic Screening, Diagnostic, and Treatment

FAPE = Free Appropriate Public Education

HDC = Human Development Center, a long-term care institution housing people with disabilities

ICF/MR = Intermediate care facility for the mentally retarded

IDEA = Individuals with Disabilities Education Act, a federal law that assures all children with disabilities a free public education (FAPE) in the least restrictive environment (LRE)

IEP = Individualized Education Plan

IFSP = Individualized Family Service Plan

LEA = Lead Education Authority

LRE = least restrictive environment

MAPS = Multi-Agency Plan of Service

MSN = Medicaid Summary Notice

OT = Occupational therapy

PRTF = Psychiatric Residential Treatment Facility

PT = Physical therapy

PWD = People with disabilities

SEA = State Education Agency

SSI = Supplemental Security Income, a federal assistance program

SSDI = Social Security Disability Income, a federal assistance program for disabled people who have paid Social Security taxes or are dependents of people who have paid

ST = Speech therapy

TEFRA = Tax Equity and Fiscal Responsibility Act of 1982

**Division of Developmental Disabilities Services
Donaghey Plaza North,
PO Box 1437, Slot N502
Little Rock, AR 72204-1437
Phone (501) 682-8668 or 682-8689
Fax (501) 682-8687
www.arkansas.gov/dhhs/ddds**

**Division of Aging & Adult Services
Senior Medicare/Medicaid Fraud Patrol
700 Main Street, PO Box 1437, Slot S530
Little Rock, AR 72205-1437
Phone (501) 682-8504, Fax (501) 682-8155
Toll-free Hotline: 1-866-726-2916
www.state.ar.us/dhs/aging/asmp.html**

**To order additional copies of this guide,
contact either of the agencies listed above.**

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DHHS

ARKANSAS DEPARTMENT OF HEALTH & HUMAN SERVICES

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Donaghey Plaza North, PO Box 1437, Slot N502,
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Toll Free Hotline: 1-866-726-2916

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