Working with Infants and Young Children in DBMD

Deaf Blind with Multiple Disabilities, HHSC Medicaid/CHIP Policy Development Support Long Term Services and Supports (LTSS) Policy Unit

TEXAS Health and Human Services
Agenda

♦ **DBMD General Information**: Jackie Souhrada
♦ **DBMD Utilization Review**: Patrick Koch & Camryn Burner
♦ **STAR Kids**: Kari Brock
♦ **Early Childhood Intervention: Working with Families of Young Children**: Stephanie Powitzky
♦ **Deafblind Services HHS Blind Children’s Program**: Cassondra Glausier
♦ **Deafblind Services Texas Workforce Solutions**: Elaine Sveen
♦ **Helen Keller National Center and iCanConnect**: Molly R. Sinanan
♦ **Texas Deafblind Outreach**: Holly Cooper and David Wiley
♦ **What is Orientation and Mobility**: Heidi Anderson and Ryan Conlin
♦ **Intervener for Orion**: Heather Withrow
♦ **Resources**: Jackie Souhrada
DBMD—Serving Infants and Young Children

Jackie Souhrada, DBMD Policy Specialist
Lauren Chenoweth, DBMD/CLASS Policy Lead
DBMD = Long Term Services and Supports

♦ Infants and Young Children who are Deafblind will likely have life-long needs for services and supports

♦ We want to explore and identify what services DBMD providers can offer their youngest consumers

♦ Deafblindness is a low-incidence disability, but the community is strong—please call upon other providers and our external partners for support with long-term service planning
DBMD Eligibility §42.201

♦ The individual:
  ♦ Has deafblindness, has a progressive medical condition that will result in deafblindness, or functions as a person with deafblindness
  ♦ Has one or more additional disabilities that result in impairment to independent functioning
  ♦ Meets the Level of Care VIII criteria
    ♦ Has a primary diagnosis by a licensed physician of a related condition that is included on the list of diagnostic codes approved by HHSC
    ♦ Has an adaptive behavior level of II, III, or IV (moderate to extreme deficits in adaptive behavior)
DBMD Eligibility §42.201

♦ The individual requires:

♦ The provision of at least one DBMD Program Service per month or monthly monitoring

♦ At least one DBMD Program Service during an Individual Plan of Care (IPC) period
Selecting a Provider

♦ Families do not know which DBMD providers have experience serving individuals who are Deafblind
♦ They are encouraged to ask questions when calling to select a provider
  ♦ Are you currently serving any individuals who are deafblind?
  ♦ Do you know what an intervener is? Have you worked with one before and how did your agency learn about the intervener?
  ♦ Are you familiar with resources for working with children who are Deafblind?
What Providers can do

♦ Think about who you are already serving or served in the past
  ♦ What characteristics did these individuals have in common?
  ♦ Their differences?
  ♦ Write that experience down!
What Providers can do

♦ Familiarize yourselves with language of and services for Deafblindness:
  ♦ Intervener, O&M, DBMAT, ECI, TSBVI, HHSC/TWC Deafblind Services
  ♦ Tactile sign, low vision, hard of hearing, turn-taking, object symbols
  ♦ Communication partners/preferences, contrast, modifications, calendar systems.....too many to list
  ♦ But if you can speak with parents about their child’s present and future services, they will feel more confident in selecting you.
DBMD Utilization Review

Patrick Koch MAHS, CTCM, Program Supervisor VI
Camryn Burner LMSW, Program Supervisor V
UR Unit Overview

♦ DBMD Reviewers
  ♦ Assess enrollments, annual renewals, revisions, suspensions, transfers, ID/RCs, and terminations

♦ Field Review Nurses
How do services get authorized?

♦ Case Manager submits paperwork for review via mail or fax
♦ Form 3594 details submission standards and can be found here: https://hhs.texas.gov/sites/hhs/files/documents/laws-regulations/forms/3594/3594.pdf
♦ Once packets are received, they are date stamped and logged into a tracking system
♦ Paperwork is distributed to reviewers for processing
♦ After UR processing, Provider Claims data enters budget for service authorization
Packet submitted to HHS Programs includes the following forms. Those with an asterisk are “if applicable.”

<table>
<thead>
<tr>
<th>IPC Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 5000, Individual Plan of Care (IPC) – DBMD/CFC</td>
</tr>
<tr>
<td>Form 5078, Intellectual Disability/Related Condition Assessment</td>
</tr>
<tr>
<td>Form 8588, Non-Waiver Services</td>
</tr>
<tr>
<td>Form 8582, Related Conditions Eligibility Screening Instrument</td>
</tr>
<tr>
<td>Form 5001, Individual Program Plan</td>
</tr>
<tr>
<td>Form 1576, Documentation of Provider Choice</td>
</tr>
<tr>
<td>Form 5015, CLASS/DBMD Nursing Assessment</td>
</tr>
<tr>
<td>Form 5004, Prior Authorization for Dental Services*</td>
</tr>
<tr>
<td>Form 5006, Specifications for Minor Home Modifications*</td>
</tr>
<tr>
<td>Form 3596, Individual Transportation Plan*</td>
</tr>
<tr>
<td>Form 5003, DBMD Summary of Services Delivered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IPC Renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 5000, Individual Plan of Care (IPC) – DBMD/CFC</td>
</tr>
<tr>
<td>Form 5078, Intellectual Disability/Related Condition Assessment</td>
</tr>
<tr>
<td>Form 8588, Non-Waiver Services</td>
</tr>
<tr>
<td>Form 8582, Related Conditions Eligibility Screening Instrument</td>
</tr>
<tr>
<td>Form 5001, Individual Program Plan</td>
</tr>
<tr>
<td>Form 1576, Documentation of Provider Choice</td>
</tr>
<tr>
<td>Form 5015, CLASS/DBMD Nursing Assessment</td>
</tr>
<tr>
<td>Form 5004, Prior Authorization for Dental Services*</td>
</tr>
<tr>
<td>Form 5007, Rationale for Adaptive Aids, Medical Supplies, and Minor Home Modifications*</td>
</tr>
<tr>
<td>Form 5089, Specifications for Minor Home Modifications*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IPC Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 5000, Individual Plan of Care (IPC) – DBMD/CFC</td>
</tr>
<tr>
<td>Form 5001, Individual Program Plan</td>
</tr>
<tr>
<td>Form 8580-T, IPC Service Delivery Transfer Worksheet</td>
</tr>
<tr>
<td>Form 1576, Documentation of Provider Choice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IPC Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 5000, Individual Plan of Care (IPC) – DBMD/CFC</td>
</tr>
<tr>
<td>Form 8588, Non-Waiver Services</td>
</tr>
<tr>
<td>Form 5001, Individual Program Plan</td>
</tr>
<tr>
<td>Form 5006, Individual Transportation Plan*</td>
</tr>
<tr>
<td>Form 5004, Prior Authorization for Dental Services*</td>
</tr>
<tr>
<td>Form 5007, Rationale for Adaptive Aids, Medical Supplies, and Minor Home Modifications*</td>
</tr>
<tr>
<td>Form 5089, Specifications for Minor Home Modifications*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IPC Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 5000, Individual Plan of Care (IPC) – DBMD/CFC</td>
</tr>
<tr>
<td>Form 8588, Non-Waiver Services</td>
</tr>
<tr>
<td>Form 5001, Individual Program Plan</td>
</tr>
<tr>
<td>Form 3596, Individual Transportation Plan*</td>
</tr>
<tr>
<td>Form 5004, Prior Authorization for Dental Services*</td>
</tr>
<tr>
<td>Form 5007, Rationale for Adaptive Aids, Medical Supplies, and Minor Home Modifications*</td>
</tr>
<tr>
<td>Form 5089, Specifications for Minor Home Modifications*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider Comments:</th>
</tr>
</thead>
</table>

Submitter Information:

- Name:
- Address:
- Phone:
- Email:
Considerations

♦ Parental Barriers
  ♦ What hours are they working?
  ♦ How many other children are there requiring their attention and care?
♦ Natural supports?
♦ Available non-waiver services?
Considerations

♦ Deafblindness and its impact on assessment and service planning
  ♦ A child who is visually impaired may be able to perform some tasks fairly well in a familiar environment with good lighting,
  ♦ What about in the community?
♦ What else in the service array may help this child with their development and ability to benefit from present and future services?
Service Descriptions and Requirements

♦ TAC Part 1 Chapter 42 Subchapter F Divisions 3 and 4 address service descriptions, billable activities, and requirements and can be found here:


♦ Services discussed include:

♦ Behavioral support, chore services, case management,
♦ Dental treatment, employment services, day habilitation, residential habilitation,
♦ CFC PAS/HAB, intervener, nursing, orientation and mobility, residential services
♦ Respite, therapies, and non billable activities.
Case Management § 42.623

♦ Billable Activities:
  ♦ Face-to-face, email, phone call, or text message contact with an individual, LAR, primary caregiver, or actively involved family member and friends regarding the individual’s services
  ♦ Phone calls, text messages, emails, letters, or meetings with HHSC or community resources regarding the individual’s services
  ♦ Working with service providers to review services and goals described in the IPP and IPC
  ♦ Training specific to an individual described in TAC § 42.403
  ♦ Monitoring strategies used by service providers to carry out goals described in the IPP
  ♦ Participating in the SPT
An intervener:

- Works with one individual at a time
- Makes sights, sounds, and activities accessible to the individual by learning the specific communication style of the individual
- Develops and prepares activities for the individual
- Participates on the individual’s service planning team
- Transports the individual to gain access to community services and resources required by the IPP
An intervener:

- Instructs and supports the individual in skills related to community involvement.
- Uses interpersonal communication including sign language, speech, tangible communication symbols, gestures, calendars, and augmentative communication devices.
- TAC § 42.402 discusses the Intervener Career Ladder.
Orientation and Mobility §42.629

♦ An O&M service provider evaluates:
  ♦ An individual’s use of their existing senses to determine the individual's position within their environment (home, school, community, etc.)
  ♦ Develops a plan with measurable goals and objectives
  ♦ Enables the individual to acquire skills to safely move from one place to another
Orientation and Mobility §42.629

♦ Must have either:

♦ Certification from the Academy for the Certification of Vision Rehabilitation and Education Professionals

♦ Certification from the National Orientation and Mobility Certification (NOMC) through the National Blindness Professional Certification Board (NBPCB)

♦ A bachelor's or master's degree in orientation and mobility from a college or university accredited by a state agency or a non-governmental entity recognized by the United States Department of Education.
Orientation and Mobility §42.629

Billable activities:

- Assessing and evaluating need for services
- Developing and implementing treatment plan
- Evaluating progress towards stated goals
- Providing direct intervention
- Interacting and consulting with SPT members regarding progress towards goals
Orientation and Mobility §42.629

♦ Billable activities:
  ♦ Participating in SPT meetings when requested
  ♦ Training other service providers to carry through on O&M goals and objectives
  ♦ Participating in a fair hearing at SPT request to provide information concerning O&M goals and objectives
Therapies §42.632

- Include PT, OT, ST, and dietary services
- Billable activities:
  - Screening and assessment
  - Development and implementation of a treatment plan (must address related condition[s])
  - Direct therapeutic intervention
  - Participating in the SPT meeting(s)
  - Informing physician and other appropriate professionals of changes in the individual’s health status that may require an IPC change
Therapies §42.632

♦ Billable activities:
  ♦ Preparing a report to case manager as described in subsection (f)(3) of this TAC
  ♦ Supervising and training an unlicensed service provider within the scope of applicable state statues and rules
  ♦ Conduction assessments and preparing specifications for the procurement of an adaptive aid or minor home modification (sections 1000 and 2000 of DBMD provider manual which can be found online: https://hhs.texas.gov/laws-regulations/handbooks/deaf-blind-multiple-disabilities-dbmd-program-manual/appendices)
Adaptive Aids

♦ Only items on the all-inclusive Adaptive Aids list may be purchased through the program (section 1000 of DBMD provider manual, https://hhs.texas.gov/laws-regulations/handbooks/deaf-blind-multiple-disabilities-dbmd-program-manual/dbmd-section-1000-adaptive-aidsvehicle-modification-services)

♦ The appropriate professional must provide justification
  ♦ Form 6507 (evaluation may be required and added to the IPC)
  ♦ If the requested item is over $500, 3 bids must be obtained and the SPT must choose the cheapest bid
Adaptive Aids

♦ If a vehicle modification, specifications must be provided
  ♦ Requirements can be found in TAC §42.603

♦ More information and steps a program provider must take to procure and deliver an adaptive aid are found in TAC §42.601 - TAC §42.606

♦ Cost limit of $10,000 per IPC period
Minor Home Modifications


♦ The appropriate professional must provide justification
  ♦ Form 6507 (evaluation may be required and added to the IPC)
  ♦ If the requested modification is over $1,000, specifications and 3 bids must be provided
    ♦ Specifications are not to exceed $200 and are documented on Form 6508
Minor Home Modifications

♦ An inspection must be included for all home modifications (not to exceed $150)

♦ More information and steps a program provider must take to procure and deliver an adaptive aid are found in TAC §42.611 - TAC §42.620


♦ Lifetime cost limit of $10,000
Considerations for AA/MHM

♦ DBMD is utilized as a last resort
  ♦ Check non-waivers
  ♦ Check Medicaid availability and provide denials if applicable
♦ Must be cost effective
♦ Only items on the lists can be purchased
  ♦ Some items may be rented or repaired in lieu of purchasing a new item
♦ Refer to Texas Administrative Code and the Provider Manual for instructions, forms, list of purchasable AA items or services / MHM
♦ There are limits as to what the program can offer
Contact Information

♦ Reviewer Hotline
  ♦ 512-438-4896

♦ Marcy Little-Kocen, Lead UR Nurse
  ♦ 512-438-4916 marcy.little-kocen@hhsc.state.tx.us

♦ Patrick Koch, Program Supervisor VI
  ♦ 512-438-4553 patrick.koch@hhsc.state.tx.us

♦ Camryn Burner, Program Supervisor V
  ♦ 512-438-4690 camryn.burner@hhsc.state.tx.us
STAR Kids

Kari Brock
Policy and Program

February 3, 2017
Overview

♦ Senate Bill (S.B.) 7, 83rd Legislature, Regular Session, 2013
♦ Capitated Medicaid managed care program
  ♦ Children and young adults (under age 21) with disabilities
♦ Implemented November 1, 2016
Population and Enrollment

- November 2016 member total – 163,713 lives
  - Supplemental Security Income (SSI)
  - Medically Dependent Children Program (MDCP)
  - Intellectual and Developmental Disability (IDD) waivers
    - Home and Community-based Services (HCS)
    - Texas Home Living (TxHmL)
    - Deaf Blind with Multiple Disabilities (DBMD)
    - Community Living Assistance and Support Services (CLASS)
  - Youth Empowerment Services (YES)
Service Coordination

♦ Levels 1 to 3 determined by member need
  ♦ Level 1 – greatest need (includes MDCP)
  ♦ Level 2 – moderate need (includes personal care, nursing)
  ♦ Level 3 – lowest need

♦ Named service coordinator
♦ Face-to-face and telephonic contact frequencies
STAR Kids Screening and Assessment (SK-SAI)

Comprehensive Needs Assessment

- Goals for care
- Acute services, including behavioral health
- Long term services and supports (LTSS)
- School, work, and caregiver supports
- Medical Necessity and RUG (replaces MN/LOC)
  - Approved by Texas Medicaid Health Partnership (TMHP)
- Completed annually, at minimum
STAR Kids Screening and Assessment (SK- SAI)

A Modular Assessment

- The Core
  - Required, identifies most needs, may trigger other modules
- Personal Care Assessment Module (PCAM)
- Nursing Care Assessment Module (NCAM)
  - Also helps determine Medical Necessity (MN) for select programs
- Medically Dependent Children Program Module (MDCP)
  - Calculates RUG level only for member’s budget
STAR Kids Individual Service Plan (ISP)
Comprehensive Person-Centered Plan

- A “living” document that changes as needs change
- Includes findings from SK-SAI
- Short and long-term care goals
- Member and family preferences
- Uses in MDCP
  - Replaces and incorporates old program Individual Plan of Care (IPC)
- Completed annually, at minimum
Continuity of Care

♦ Authorizations ending October and November 2016
♦ Existing prior authorizations
♦ Out of network providers
♦ Young adults turning 21 before January 2017
What is next?

♦ Completion of SK-SAI for all members
♦ MCOs will continue to identify and contract with providers
♦ HHSC will continue monitoring the MCOs and assisting providers and families
  ♦ ICHP STAR Kids Quality Survey
♦ STAR Kids Advisory Committee
Resources

♦ Medicaid and CHIP Services STAR Kids website
  ♦ https://hhs.texas.gov/services/health/medicaid-chip/programs/star-kids

♦ STAR Kids Managed Care Contract
Questions

Please submit any questions or comments related to the managed care regulations to:

managed_care_initiatives@hhsc.state.tx.us
Early Childhood Intervention: Working with Families of Young Children

Stephanie Powitzky, Training and Personnel Development Specialist
HHS Early Childhood Intervention
Families of Infants, Toddlers and Preschoolers:

♦ Are often overwhelmed
♦ Are still learning about being parents
♦ May have multiple young children at home
♦ Are often juggling multiple priorities
♦ Are more focused on what’s happening right now than planning for the future
Families of Young Children with Disabilities

♦ Are just learning about their child’s condition
♦ Are often grieving the “perfect” child they expected
♦ May have difficulty bonding with their child
♦ May be hopeful their child’s condition is temporary
♦ May be afraid to think about the future
♦ Are probably getting a lot of information online (of varying reliability)
♦ Often don’t know any other families dealing with what they are
Families of Young Children with Disabilities:

♦ Are navigating changing family dynamics
♦ May have multiple medical appointments each month or even week
♦ May be overwhelmed by lots of people in their home
♦ May be learning to operate specialized equipment
♦ Are usually not familiar with medical or social service terminology
ECI by the Numbers

♦ Families with children 0-3 years
♦ 47 contractors
♦ 53,072 infants and toddlers served in fiscal year 2016
Pre-Enrollment Process

The Steps in ECI

This is an overview of the steps you and your child will take in an ECI program.

First Steps:
Getting Started in ECI

Step 1: Referral
Step 2: First Visit
Step 3: Evaluation and Assessment
Primary Referral Sources

♦ Physicians and other healthcare professionals
♦ Parents, caregivers, and family members
♦ Other Texas Health and Human Services programs
♦ Child care providers
♦ Social Service agencies
♦ Child Protective Services (CPS)
Program Search Page

https://dmzweb.dars.state.tx.us/prd/citysearch

ECI PROGRAM SEARCH

Find your nearest ECI program

If you have a child age birth to 36 months with a developmental delay or disability, Early Childhood Intervention Services (ECI) may be able to help you and your child. Services are provided in the home and in other places where your child goes regularly, for example, a childcare center, park, library, or other community setting.

ECI services feature:

- Individualized Planning Process
- Family-Centered Services
- Case Management
- Familiar Settings
- Professional Providers
- Plans for Continuing Services

ECI programs provide services in every Texas county.

To locate the ECI program that serves your area, you may select the city or county where you live from the drop-down menu and click the "Search" button.

One or more ECI programs will appear along with the address, phone numbers, email and Web site (if available). There may be several ECI programs in your city or county.

To narrow your search, enter your home zip code and click the "Search" button. If more than one ECI program serves this zip code, you may contact any ECI program from the list and they will either forward your information to the correct ECI program or provide you the contact information so you may directly contact the program that serves your zip code.

Search By:

- City
- County
- Zip

View ECI program list alphabetically by county:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z
Eligibility Determination

- Qualifying medical diagnosis 17.2%
- Auditory or visual impairment 1.7%
- Developmental delay 81.1%
- Younger than 3
- Resides in Texas
Next Steps: ECI Services

Step 4: Individualized Family Service Plan (IFSP) Meeting and Development
The IFSP must be written within 45 days of the referral to ECI.

Step 5: ECI Service Delivery Begins
Services begin within 28 days of signing the IFSP.

Step 6: Review of Your Child’s Progress
Reviews occur regularly, but you can request a review of your child’s progress at any time.
What is included in the IFSP?

1. The team which includes the parent, ECI service coordinator, and other providers
2. Present level of development, services to be provided to meet the needs, identifies the people responsible for each service
3. The family’s concerns and priorities
Service Provider

- Early intervention specialists
- Speech-language pathologists
- Physical therapists
- Social workers
- Service coordinator

- Licensed professional counselors
- Occupational therapists
- Orientation and mobility specialists
- Teachers of children with:
  - Visual impairments
  - Auditory impairments
- Registered dieticians
- Nurses
Transition
Legislation for ECI Services

U.S. Congress → Texas Legislature → Health and Human Services System (HHS) → Health and Human Services Commission (HHSC) → Local ECI staff provide services to families
Confidentiality Requirements

IDEA, FERPA, & HIPAA

♦ Requirements apply to all of the child’s record

♦ Consent must specify what information and which records are being released.

♦ Each release of information requires informed, written consent
Questions

Stephanie Powitzky
(512) 424-6785
Stephanie.Powitzky@hhsc.state.tx.us

ECI website:
hhs.texas.gov/eci
Deafblind Services with the Blind Children’s Vocational Discovery and Developmental Program

Cassondra Glausier, Deafblind Specialist
Blind Children’s Program
Health and Human Services
Deafblindness

- Deafblindness affects more than 10,000 children between birth and 21 years of age in the United States.
- Deafblindness has over 70 known causes, including:
  - Usher Syndrome
  - CHARGE Syndrome
  - Meningitis and rubella.
- Education is charged with addressing:
  - Both the vision and hearing loss at the same time
  - Any other disabilities that may be present.
Deafblind Specialist Blind Children’s Program (BCP)

♦ What does the BCP Deafblind Specialist do?
  ♦ Provides technical assistance to consumers and their families receiving services in partnership with schools, ECI and other agencies
  ♦ Provides consultation services for families, schools and service providers
  ♦ Attends Admission Review and Dismissal (ARD) meetings at the request of BCP consumer’s family, BCP Specialist, and school
  ♦ Provides resources on educational intervener trainings
  ♦ Collaborates with Texas School for the Blind and Visually Impaired Deafblind Outreach Project
Deafblind Specialist Blind Children’s Program (BCP)

♦ What does the BCP Deafblind Specialist do? (cont.)
  ♦ Provides information on Deafblindness including effective strategies to support BCP consumers with combined hearing and vision loss
  ♦ Provides families of BCP consumer with support in finding local, state, and national resources
  ♦ Provides webinars focusing on Deafblindness and the BCP program
  ♦ Collaborates with community organizations to provide services
  ♦ Attends Group Skills Trainings and Expanded Core Curriculum Trainings
  ♦ Provides information and referral for the DBMD Program
Deafblind Specialist Blind Children’s Program (BCP)

♦ Deafblind Specialist for the Blind Children’s Vocational Discovery and Development Program provides services STATEWIDE.

♦ Services are confidential and are provided to consumers and families served by the Blind Children’s Vocational Discovery and Development Program (BCVDDP).

♦ These consumers have varying degrees of hearing and vision losses present at the same time.

♦ The combined effects even if both are mild, create unique challenges for each child.
Deafblind Specialist Blind Children’s Program (BCP)

♦ **Who can refer for services?**
  ♦ Anyone can refer
  ♦ Referral must go through Blind Children’s Specialist

♦ **Who is eligible?**
  ♦ Children birth through 10 years old receiving services from the Blind Children’s Vocational Discovery and Development Program, who have varying degrees of combined vision and hearing loss
Deafblind Specialist Blind Children’s Program (BCP)

Questions? Please contact me:

Cassondra Glausier, Deafblind Specialist
Blind Children's Program
Health & Human Services
512-751-6520
cassondra.glausier@hhsc.state.tx.us
Creating Networks and Resources: A peek at future possibilities

Elaine Sveen, Manager Deafblind Services
Texas Workforce Solutions, Vocational Rehabilitation Services
Texas Workforce Commission
Deafblind Services

♦ While your child is young, you are focused on the present and services available for your child today.
♦ Time has a way of moving ahead and as your child grows and develops, you will begin to wonder about the future.
♦ It is never too early to begin thinking about and preparing for adult life for your child.
As a service provider or parent, you may not be able to envision the possibilities of the world of work.

Whether or not your child will work in the future, the skills obtained during early childhood and throughout the school years are building blocks for career preparation.
Texas Workforce Commission
Deafblind Services

♦ The Texas Workforce Commission is an important resource for individuals who are deafblind who are able to work.
♦ There is a menu of resources available to help prepare individuals in preparation for future work.
♦ Each customer, once determined eligible, begins to work with a Vocational Rehabilitation Counselor to design an Individualized Employment Plan.
Texas Workforce Commission
Deafblind Services

任何形式

Based on evaluations:

♦ The plan is designed to provide services toward an employment goal based on our confidence building program.
♦ We concentrate on skills in the following areas as identified in the evaluation process:
  ♦ Vocational
  ♦ Adjustment to Deafblindness
  ♦ Daily Living
  ♦ Travel
  ♦ Communication
  ♦ Support Systems
Texas Workforce Commission
Deafblind Services

♦ Once a customer is ready for work, we will support them in their efforts to identify and apply for positions, if required.

♦ Job coaching can be arranged for individuals who need such support.
Texas Workforce Commission
Deafblind Services

We have been successful in our work with customers and would be happy to provide more information. You are free to contact me with questions:

Elaine Sveen, Manager, Deafblind Services
Texas Workforce Solutions, Vocational Rehabilitation Services
4800 N. Lamar Blvd., Apt. A
Austin, TX  78756

Elaine.Sveen@twc.state.tx.us
512-377-0424 work
512-375-0661 cell
Helen Keller National Center and iCanConnect

Molly R. Sinanan, MS.
Region 6 Representative

Helen Keller National Center
The Helen Keller National Center

♦ Federally funded training facility in Sands Point, New York for individuals who are DeafBlind
♦ Mission: To enable individuals who are DeafBlind to live and work in a community of their choice.
♦ 10 Regional Offices scattered throughout the United States
HKNC Training Programs

♦ Traditional Program
♦ Confident Living Program
♦ Youth Programs
♦ Professional Development
HKNC Youth Programs

♦ Young Adult Summer Program—2 week summer program for young adults, ages 16 to 23
♦ Summer Assessment Program—8 week summer program provides students, ages 16 to 22 with a comprehensive assessment in the areas of:
  ♦ Vocational exploration
  ♦ Assistive technology
  ♦ Communication
HKNC Youth Programs

♦ Summer Assessment Program—8 week summer program provides students, ages 16 to 22 with a comprehensive assessment in the areas of:
  ♦ Independent living
  ♦ Orientation and Mobility
  ♦ Low vision and Audiology

♦ Summer Youth Vocational Program—6 week summer work program for transition youth; ages 16-25
iCanConnect
The National Deaf-Blind Equipment Distribution Program
Background

- **iCanConnect** is the *National Deaf-Blind Equipment Distribution Program*
  - Part of the 21st Century Communications and Video Accessibility Act
  - Signed into Federal law in 2010.
- iCanConnect is administered by the Federal Communications Commission (FCC).
- The 5-year pilot iCanConnect program will become permanent on July 1, 2017.
iCanConnect provides free equipment and training to income-eligible people with significant combined hearing and vision loss.

The goal of the program is to help people who are deaf-blind connect with others to:
- Enhance social interaction
- Reduce isolation
- Promote increased independence
Who is eligible?

- Any resident of the U.S., including Puerto Rico and the U.S. Virgin Islands
- Who meets federal income and disability guidelines
- Has significant combined hearing and vision loss is eligible for iCanConnect
Who is eligible?

- To qualify, individuals must have:
  - Significant combined vision and hearing loss that causes difficulty in attaining independence in daily life activities.
  - Household/family incomes less than 400% of the federal poverty rate, or qualify for a low-income assistance program.
  - The ability to use or learn to use equipment to engage in 2-way distance communication.
Are young children eligible?

♦ Important discussions for state programs and parents/guardians to have:
  ♦ What types of 2-way distance communication happen now, and would be desired from equipment the program provides? (e.g. video chat)
  ♦ Input from parents as well as other teachers and caregivers is welcome
  ♦ The program does not provide equipment/apps to help with language development

♦ Each state program can check with the FCC, especially for children younger than 3 years old
How does iCanConnect work?

- Outreach
- Intake
- Eligibility determination
- Assessment
- Equipment procurement
- Installation
- Training
- Technical support
Who can benefit?

Many people can benefit from iCanConnect, including:

♦ A college student who needs to communicate remotely with professors, students and family back home.

♦ A grandparent who wants to stay in touch with out-of-state grandchildren.

♦ A person with Usher syndrome who wants to remain independent, engaged in the world and connected with others.
Nolan Beavers loves to stay in touch with the friends he made at the CHARGE Syndrome Conference through Facebook, which he uses to share videos, pictures and messages.

The equipment Nolan received through iCanConnect has been a “game changer” for him.

“We are grateful for iCanConnect,” said Nolan’s mom. “It has opened up a whole new world for him.”
What equipment is available?

Equipment that enables 2-way distance communication, such as:

**Computers** (Windows and Apple)
- Desktops and laptops
- Large monitors if needed

**Mobile devices** (with accessories such as keyboards and protective cases)
- Cell phones
- Smart phones
- Tablets
What additional equipment is available?

- **Landline phones**
  - Amplified speaker
  - Cordless
  - Related devices

- **Signalers** to alert user of a phone call or incoming email
  - Audible, visual and vibrating

- **Software**
  - Screen readers and screen magnifier programs
Even more equipment is available

- **Braille devices**
  - Braille displays
  - Multipurpose stand-alone braille devices - connected via Wi-Fi or paired with a mobile device for tactile access to email, text messages, etc.

- Consumers must have, for devices that require them:
  - Braille and/or American Sign Language (ASL) skills
  - Internet service or access to Wi-Fi
  - Landline phone or mobile service

Check out [www.icanconnect.org/equipment](http://www.icanconnect.org/equipment) for examples of equipment iCanConnect provides.
Common questions re: Eligible Equipment

♦ **AAC (Augmentative & Alternative Communication)**
  ♦ iCanConnect does not cover symbol-supported communication apps to promote language development and grow communication skills
  ♦ On a case-by-case, communication apps that give voice to literate people who cannot speak can be considered

♦ **CCTVs and hand-held magnifiers**
  ♦ Primary purpose must be for distance communication, not reading print materials
  ♦ Every state program must justify and obtain the FCC’s pre-approval for each consumer
To learn more about iCanConnect and to find your state’s iCanConnect contact, visit:

www.iCanConnect.org

or call:
800-825-4595
TTY: 888-320-2656
Texas Deafblind Outreach

Holly Cooper, Early Childhood Consultant
David Wiley, Transition Consultant
Texas Deafblind Outreach

♦ We are part of Texas School for the Blind and Visually Impaired Outreach Programs
Texas Deafblind Outreach

♦ Who we are:
  ♦ Edgenie Bellah, Family Engagement Specialist
  ♦ Holly Cooper, Early Childhood Consultant
  ♦ Adam Graves, Education Consultant
  ♦ Chris Montgomery, Education Consultant
  ♦ Matt Schultz, Education Consultant
  ♦ David Wiley, Transition Consultant
Texas Deafblind Outreach

♦ What we do:
  ♦ We are a federally funded program intended to support educational services for deafblind children and young adults from birth through 22 years old
  ♦ Educational services include family support and transition out of school services into adult services
Texas Deafblind Outreach

♦ DeafBlind Project Services

♦ Parents can contact us directly by going to our website and accessing our email or phone numbers

http://www.tsbvi.edu/outreach-staff

♦ Families can request services, which can be a home visit by filling our the on-line forms here:

http://www.tsbvi.edu/req-outreach-services/request-family
Texas Deafblind Outreach

♦ Home visits are usually provided by Edgenie Bellah
♦ Holly Cooper can provide services when the child is an infant or toddler too young to attend school
♦ David Wiley will work with the student’s family if the student is near adulthood and considering transition issues
Texas Deafblind Outreach

♦ If families need help getting the services they feel are needed from the school, they probably will want a school visit from one of the education consultants
♦ For a school visit, they should get the school to consent and contact us
♦ Sometimes families request this informally, sometimes they ask this to be included in the ARD meeting agreement
Texas Deafblind Outreach

♦ Here are some “reasons for referral” that are often listed:
♦ Behavior
♦ Communication
♦ Routines
♦ Educational programming
♦ Assistive Technology
♦ Considering the need for a school intervenor
Texas Deafblind Outreach

♦ With school visits we usually have a meeting of the team at the end of our time together and make recommendations
♦ Families are encouraged to attend and can bring others with them
Texas Deafblind Outreach

♦ We also provide training to:

♦ Families
♦ Teachers and school staff members
♦ Interveners of school aged children
♦ Groups of adult service providers
Texas Deafblind Outreach

♦ Training can be in large groups like
  ♦ The Texas Deafblind Symposium
  ♦ Small, individualized on-the-job training
  ♦ And anything in between
Texas Deafblind Outreach

We create and support information many resources including:

Texas SenseAbilities Newsletter
http://www.tsbvi.edu/tx-senseabilities

Texas School for the Blind and Visually Impaired website
http://www.tsbvi.edu/

Paths to Literacy
http://www.pathstoliteracy.org/

Active Learning Space
http://www.activelearningspace.org/

National Center on DeafBlindness
https://nationaldb.org/
Services that Benefit Families of Young Children

♦ Case management for service coordination
♦ Intervener services to provide support respite or respite to family caregivers
♦ Specialized therapies and instruction: PT, OT, Speech and Language, Orientation & Mobility
♦ Home modifications
♦ Specialized equipment for young children/early learners
Coordination with other services is important

♦ Professionals in other organizations have useful expertise for specialized populations

♦ Coordinating, goals, activities, and strategies benefit the child

♦ Working together avoids duplication, limits gaps in service, and promotes consistency
Others Working with Young Children

♦ Consumers under 22 years of age usually have access to education professionals and programs

♦ Students are eligible for educational services until they finish graduation requirements, and may remain eligible to finish the school year in which they reach age 22

♦ Preschool programs for students with disabilities start at age 3
Others Working with Young Children (cont.)

♦ Students from diagnosis vision and hearing disabilities through age 2 are eligible for services from a Teacher of the Visually Impaired (TVI) and/or a Teacher of the Deaf and Hard of Hearing (TDHH).

♦ Students ages birth to 2 may also be receiving services from an Early Childhood Intervention (ECI) program.

♦ HHSC Blind Children’s Program
Intervener Services

♦ Intervener services:
  ♦ Can be provided in both home and community settings
  ♦ Should support families rather than take over a primary care for young children.

♦ Interveners
  ♦ Should be trained or receive training about deafblindness
  ♦ Have familiarity with the consumers communication methods and preferences.
Intervener Services

♦ Intervener is an emerging profession in this country
  ♦ Identifying an intervener may involve finding someone willing to receive training.
  ♦ Utah State University / OHOA modules from the National Center on Deafblindness.
Specialized Equipment for Young Children

♦ Materials and equipment purchased by the school are the property of the school, and not the student.
♦ Use of materials and equipment may be limited to school property or school hours.
♦ Consumers may benefit from duplicate materials and equipment for their personal use in the home and community.
♦ Active learning materials
What is Orientation and Mobility

Heidi Anderson, COMS
Ryan Conlin, COMS
Texas School for the Blind and Visually Impaired
What is Orientation and Mobility (O&M)?

♦ Orientation
  ♦ The skill of knowing where you are
  ♦ Where you are going
  ♦ How to get there

♦ Mobility
  ♦ The skill of moving safely through space
Orientation and Mobility Specialists

Orientation and Mobility Specialists are certified professionals with a bachelor’s or master’s degree from a specialized university program.
Why is Orientation and Mobility Important?

♦ Organized movement activates the brain
♦ Movement facilitates growth of blood vessels that carry water, oxygen, and nutrients to the brain that are essential to learning
♦ Movement with a purpose may not occur naturally
Why is Orientation and Mobility Important?...cont.

♦ Safety while moving creates confidence
♦ When we can move within our world it creates context and concepts for familiar words/objects/people
♦ O&M is Everything/Everything is O&M
What does a Certified Orientation and Mobility Specialist (COMS) Teach?

- Work with parents who may be afraid their child will be hurt if she moves around the room
- Set up areas to make most use of functional vision/hearing to encourage movement
- Facilitate movement through play activities using child’s residual senses
What does a Certified Orientation and Mobility Specialist (COMS) Teach?...cont.

♦ Provide methods for moving safely through the environment such as protective techniques, baby buggy (or push-toy), pre-cane, and white cane

♦ Work within the transdisciplinary team (OT, PT, SLP) to create continuity
O&M Space Continuum

- Body/self
- Arm’s length
- Familiar space
- Unfamiliar space
Resource List:

https://nationaldb.org/library/page/1939

http://www.tsbvi.edu/orientation-and-mobility-items

Article on hand-under-hand:

https://nationaldb.org/library/page/1930
Intervener for Orion

Heather Withrow
Posting an Intervener Job: One Mom’s Idea

- Create a flyer with necessary information including:
  - Skills expectations
  - Possess CPR/First Aid certificate
  - Location of work
  - Client information
  - Approximate/range of hourly pay
  - Possible schedule (if known)
Posting an Intervener Job: One Mom’s Idea (con’t)

♦ Files that are `.pdf` can be shared via e-mail easily printed as seen
♦ Files that are `.jpg`, `.png` can easily be shared on social media
♦ Collaborate with the client’s family in sharing the flyer and the need for an intervener via their networks, too
We are looking for individuals interested in helping out a Deaf family blessed with a DeafBlind child. He is 6 years old now. Our son needs more time in learning opportunities beyond what we can provide him. We believe that a great, rich beginning is the best any child can receive. We want to make sure our son has that, too.

Orion needs more:
- Social interaction
- Tactile language models
- Vestibular experience
- Sensory exploration
- Minimal assistance for walking

Are you interested in being a part of a great beginning? Expanding your unique experiences for personal/academic/professional growth? Making a positive difference in the life of a happy child and his family?

We also are supportive of developing more qualified personnel working with DeafBlind children with or without additional disabilities.

We’re interested in individuals who:
- Communicate via ASL.
- Are reliable, consistent.
- Have a CPR/1st Aid certificate.
- Love to learn new things, especially about:
  - Congenitally DeafBlind children.
  - Communication/learning strategies.
  - Playing without words.
  - Family experiences.

Location:
Family home in southwest Austin, TX. May include local family/church/parties/school events.

Schedule:
Our most immediate and consistent need is at home after school: 3:30-5:30 p.m. Mon, Thurs and 2:20-4:20 p.m. Wed/Fri. Potential for increased daily hours if desired.

Pay:
Basic Interveners start at $13/hr with opportunities for substantial increases corresponding with coursework in deafblindness.

Interested individuals, please contact parents Thomas and Heather Withrow at skyhawk@mac.com with any questions and we will e-mail you an application packet.
The Withrow Kids

Skyler, Orion and Anastasia
DeafBlind Intervener

- A person who has DeafBlind-specific training
  - Works one-on-one
  - Teaching concepts, language, and life skills
- Connects the DeafBlind person to the world
- Works in school and the home/community
Intervener Strategies

♦ Hand-Under-Hand
  ♦ Leads to tactile sign language
♦ “Do With, Not For”
♦ Wait/Processing Time
♦ “Be a Bridge, Not a Barrier”.
Hand-Under-Hand
"Do With, Not For"
Wait Time
Be A Bridge, Not A Barrier
The Importance of Likes

♦ Orion’s Likes
  ♦ Sticky paper
  ♦ Wind
  ♦ Bass/dance music
  ♦ Swimming/Having baths
  ♦ Eating
  ♦ Being on the trampoline
  ♦ Apples and marshmallows
  ♦ Very soft blankets
The Importance of Dislikes

♦ Orion’s Dislikes
  ♦ Roasted marshmallows
  ♦ Hot, stuffy room
  ♦ Eggs and grilled chicken
  ♦ Couches
  ♦ Someone else controlling his hands
DeafBlind Intervener

- Interveners at home allow parents to step out of the teacher/caregiver role
  - To just be the parent
  - Parent all of the family’s children
- Can coach family and friends
- Interveners and parents bond with the child and continue playing and teaching
Resources

♦ For more Orion stories and videos, visit "A Mom’s Musings" at www.OrionTheKid.com
♦ Facebook: A Mom's Musings: Orion the Kid
♦ National Center on Deaf-Blindness, www.nationaldb.org
Person-Centered Planning Training Resources

APPROVED TRAININGS

***REMEMBER TO KEEP YOUR TRAINING CERTIFICATE***

♦ FULL TRAININGS

♦ The Learning Community for Person Centered Practices' Person Centered Thinking Training, which can be provided by any Learning Community-certified trainer
http://www.learningcommunity.us/network.html

♦ Institute for Person Centered Planning's Person Centered Thinking
http://www.person-centered-practices.org/
Full Trainings (cont.)

♦ United HealthCare's *Person-Centered Transitions to Community Living*

♦ providerservicestx@uhc.com or uhc_cp_prov_relations@uhc.com

♦ Provider call center:
  ♦ 1-888-887-9003
  ♦ 1-877-842-3210
  ♦ 1-800-905-8671
Full Trainings (cont.)

♦ DirectCourseOnline in the College Personal Assistance and Caregiving (CPAC), program for Person-Centered Counseling (PCC): Person-Centered Thinking and Practice (Part A) AND Person-Centered Thinking and Practice In-Person Course (Part B) [http://directcourseonline.com/courses/]

♦ eCourse Catalog; SELECT COURSES; Select Curricula [DirectCourse - Person-Centered Counseling]

♦ DirectCourse - Person-Centered Counseling; Person-Centered Thinking and Practices [12 lessons; 8.5 contact hours]
Delmarva Foundation's *Person-Centered Thinking Training*

http://www.delmarvafoundation.org/disabilities-and-aging/texas-training-program.html or 1-866-755-3506
Introductory Trainings

♦ DirectCourseOnline in the College Personal Assistance and Caregiving (CPAC), program for **Person-Centered Counseling (PCC): Person-Centered Thinking and Practice (Part A)**

♦ [http://directcourseonline.com/courses/](http://directcourseonline.com/courses/)

♦ eCourse Catalog; SELECT COURSES; Select Curricula [DirectCourse - Person-Centered Counseling]

♦ DADS web-based Introduction to Person Centered Thinking due early 2017
Additional Information and Resources

♦ Deafblind Multihandicapped Association of Texas (DBMAT)
  http://www.dbmat-tx.org/

♦ Texas Deafblind Project--TSBVI
  http://www.tsbvi.edu/deaf-blind-project

♦ TX SenseAbilities- A quarterly newsletter for families and professionals on visual impairments and deafblindness
  http://www.tsbvi.edu/tx-senseabilities

♦ National Family Association for Deafblind
  http://nfadb.org/
Resources, cont.

♦ ECI:
  ♦ https://hhs.texas.gov/services/disability/early-childhood-intervention-services

♦ Blind Children’s Vocational Discovery and Development Program

♦ Family Engagement for Families of Students with Deafblindness
  ♦ http://www.tsbvi.edu/2015-09-09-16-02-10/deafblind
Outdoor Camping Experience: Section 7000 PM

Camp Summit--http://www.campsummittx.org/

♦ July 9<sup>th</sup> – 14th

♦ Five-day summer camp for up to 80 people who are deafblind with multiple disabilities

♦ Nursing available

♦ 1:2 staff to individual ratio

♦ Arrangements and payment for transportation
Outdoor Camping Experience: Section 7000 PM

Camp Summit—http://www.campsummittx.org/

♦ July 9th – 14th
  ♦ Room and board
  ♦ Two Deafblind Specialists for consultation and training with service providers
  ♦ Includes:
    ♦ Swimming
    ♦ Water sports
    ♦ Horseback riding
    ♦ Arts and crafts
    ♦ Nature studies
Annual Family Training and Conference: Section 7000 PM


♦ Encourages parents to network and learn about deafblindness

♦ Deafblind individuals are given an opportunity for socialization
  ♦ 3 day conference with air conditioned cabins to accommodate at least 230 participants and staff
  ♦ A camp accessible to individuals who are deafblind and to people who have severe disabilities

♦ Accessible dining hall
Annual Family Training and Conference: Section 7000 PM


- Deafblind individuals are given an opportunity for socialization
  - Meeting room to accommodate at least 125 people
  - Swimming, arts and crafts, sports and games

- Staff include:
  - Camp director
  - Licensed registered nurse
  - Child care
  - Lifeguards
  - Direct care staff 1:2
  - Spanish and sign language interpreters
DBMAT’s Vivecca Hartman shares tips she learned from her son Christopher:

♦ Massage

♦ Try just feet or hands or forearm, then move to legs, back and arms eventually making long strokes from head to arms, back up and then back to feet again—this shows him his body is all connected.

♦ Start small and try covering the parts of the body you’re not massaging—this can be a great way to relax and unwind before bed.

♦ Use the lotion bottle as the symbol—as their communication develops this can be a choice of activities to make.

♦ You may be surprised they pick this one a lot!
Lilli Nielson Little Room concept:

- Very briefly, it's the idea that you start off with a very small space that the child can access what they are interested in by the items being attached.
- This teaches them it is safe to eventually reach out and find what they want, in a safe confined space.
- You would want to include a variety of textures to build on their sensory exposure
  - A spoon, a soft brush, a wooden toy, a rubber toy).
Lilli Nielson Little Room concept:

- Start small and build up, as the items can be switched out or added as needed.
- The elastic is what you use to tie the objects on with. (You can get the elastic in the sewing section at Walmart and just cut 1 foot off at a time as you use it.).
- The length is for you to determine what works for your child (read the article :-).
- For our loved ones with vision impairments, it was suggested to me to use a black sheet underneath, so that objects would stand out.
Lilli Nielson Little Room concept:

♦ In a picture below, it suggests the foam pieces that connect as the flooring, which are often a solid color (black or gray) on one side and colorful on the other.

♦ These are often available at Sam's Club too.

♦ This type of bottom may be easier than the sheet as it will get dirty, but then again, the sheet is easy to wash - your choice :-)

150
Lilli Nielson Little Room concept:

♦ Here's an article about it that one of our TSBVI Outreach Team members wrote:

♦ Here's a foundation to help you access different materials with funding help - there's a catalog too!
http://www.lilliworks.org/
Ideas for Families

Lounger Vibrating Rocker

Kick and Play piano gym
Consistently find toys in the same location!

Play pen!
Barbara Miles

♦ Here's an article about the language of the hands and how important it is for people who are deafblind.
♦ https://nationaldb.org/library/page/1930

Everything she has to say is all GOOD info!
There's lots more and videos you can watch on the web.
I encourage you to research further (even just watch a couple videos).
The one blaring message, that hit me hard, was not to forget to offer your hands to your child. (This brings me to tears just remembering back and writing this.) I first heard this at a weekend workshop at TSBVI when my son was about 3. I had been being the best mom I knew to be. Doing and researching and getting my kids to all events etc... as you may be able to tell we were busy on the go and rushing most of the time. As such, I'd been directing and doing for my son who was deafblind. It had not occurred to me, that his mode of communication was his hands and that I needed to slow down and offer my hands to him so he could tell me something. Major grief for me in that moment of realization that I had not done this, so that is why I share this. PLEASE make your hands available to your child so they may know that you will give them the opportunity to communicate back and that you will respect their efforts to communicate. Today, he LOVES to communicate with me and LOVES to have my dedicated attention on him, so we are ALL GOOD NOW :0)
♦ Vivecca can be contacted at:
  ♦ Hartman Family hartmanfam28@sbcglobal.net
  ♦ 713-231-7508