



Division of Developmental Disabilities Services

P.O. Box 1437, Slot N501 · Little Rock, AR 72203-1437
501-682-8665 · Fax: 501-682-8380 · TDD: 501-682-1332



Public Comments – Support April 8, 2018—May 9, 2018

Thank you for your comments in support of the EIDT/ADDT program.

BILL SIMS, DIRECTOR, GROW LEARNING CENTER

COMMENT: Grow Learning Centre is currently a CHMS program that has been in operation since 2011. We are honored to work with children with developmental delays, disabilities and medical needs. The transformation of these children is an amazing adventure and we consider it a privilege to be part of their journey.

We want these services to continue for many years and have worked directly with the State and other providers to create the EIDT program. We believe the compromises from each side are both realistic and reasonable and will enable us to continue serving the children needing early intervention. It is our intention that all children who need early intervention services shall receive them and we believe the EIDT program will provide the platform for success.

GROW LEARNING CENTER PARENT LETTERS IN SUPPORT OF THE EIDT PROGRAM

COMMENT: My son has shown signs of developmental delays since infancy and was officially diagnosed with Autism Spectrum Disorder (ASD) in the summer of 2015.

When he first enrolled in another local daycare in the Fall of 2014, he could not speak. His method of communication consisted of pointing at objects he wanted and crying until I chose the correct object. As one can imagine, this caused a lot of strain on our household, my sanity and Dillon's quality of life. Once he started attending Grow Learning Centre (CHMS), I noticed a positive shift within the first month. His teachers and therapists all monitored his actions and were able to identify his behavior patterns. That enabled them to develop a personalized communication method for him. To ensure the effectiveness of his personalized plan, the therapists and teachers provided resources and classes for my family and me. Utilizing these resources further enhanced his progress to be able to communicate verbally.

Due to the contributions of Grow and my son's progress, he has been able to successfully engage in many activities that include several of his normally developing peers. I truly believe that the educational format used at Grow is extremely efficient in producing the results and progress that is consistent with their facility's name.

COMMENT: First and foremost, my wife and I want to thank everyone who is a part of making Grow Learning Centre such an amazing establishment! As I think back over the past 2.5 years, I could easily write the names of 20 individuals employed at Grow that have gone above-and-beyond to help my family thrive.

A short history: I have been a police officer for the past 11 years and my wife has been a pediatric Registered Nurse for the same amount of time. We are graduates of the University of Central Arkansas. We have both maintained steady careers and try to stay involved with friends/family/community as much as we can. We became foster parents in the summer of 2015, have helped raise many children and continue to do so.

Shortly after we opened our home for foster care in the summer of 2015, we were asked to care for a little boy named Charlie (not his real name d/t active foster care). Charlie was a little over 1 year of age and had been in the hospital for nearly 4 months. He suffered from a subdural hematoma, skull fracture and retinal hemorrhage due to Shaken Baby Syndrome. Upon admission, he underwent emergency surgery to relieve the pressure on his brain. The onslaught of strokes and seizures tried their best to cripple Charlie. His heart stopped several times, but he persisted. His prognosis was quite poor. When Charlie first came to us at 14 months old, he could not crawl or walk. He could not sit up on his own, he didn't use the left side of his body, nor did he know it existed. He received nutrients through a tube in his stomach and was learning to drink "honey-thickened liquids". He spoke less than 10 words and had many more deficits. We were given a few options for facilities that could care for his needs. Grow was selected due to the convenience of location and all therapies were on-site. Charlie has been there since November 2015 and will be there as long as possible (we love them and never want to leave). He receives Speech, Occupational and Physical Therapy for a prescribed amount of minutes per week. We receive information from his therapists regularly advising of us his current therapy activities, objectives and goals. I want to take credit for his accomplishments, I want to give credit to my wife/son/daughter for their years of teaching and patience, I want to say that it's Charlie's determination and work... in fact, I often do take the credit, but don't worry, no one believes me. BUT IN REALITY, the family at Grow has put in more valuable time with him than I have and that is not easy to admit. My wife and I both work full time. Charlie attends school Monday through Friday. He receives breakfast and lunch, all of his therapies and undivided love and attention from the staff. He runs to us at the end of the day screaming "Daddy!" or "Momma!" or "Buggy!" (his big brother) or "DD!" (his big sister), tells us all about his day in great detail, teaches us what he's been learning (songs/exercises/shapes/numbers/Spanish/etc.) and then it's basically dinner and bedtime. Grow gets some of the best hours of the day with him and they do not waste it. The therapeutic environment of Grow is giving him life. Since he was enrolled, he has learned how to crawl, drink, eat, walk, speak, use and acknowledge the left side of his body, throw a ball, catch, jump, climb, use his hands/mouth/body to his benefit, count and sing in English and Spanish, go potty in the toilet and so much more. We're beyond proud of his accomplishments and always will be. The above mentioned "skills" seem pretty normal and part of the average life of a child. However, everything Charlie can do is because of carefully designed programs formed from the three therapies he receives. The therapists relay the plan to the teachers and to us. We simply practice the routines with him. He practices and has to keep practicing. Charlie deals with the aftermath of his injuries on an hourly basis. Everyone at Grow – EVERYONE – (administrators, teachers, medical professionals, all staff) know Charlie and know him well. We all work to help him succeed. I know that the therapists give him more time than allotted (their own time) because they care about him and because he's pretty amazing. I will be brutally honest. Candace and I could not give Charlie adequate care without the benefits of Medicaid and the state of Arkansas. I don't know how any family could? He doesn't just need a little time/resources or the minimum hours allotted, he needs more! If this is where he is from a few hours a week, where could he be with more? Where would he be with less?

I'm biased, I'm his dad, he's my son and I will give my heart if he needs it. Please, whoever reads this, know that Charlie's quality of life is at stake here. We heard the term "quality of life" many times regarding Charlie and it was always in the context of a very sobering conversation. He has so much more of life to live, please help us give him the quality of life he deserves and can achieve. If you need a smiling face to put with our testimony, we'll happily send you one of a myriad of pictures we have of him – but you must wait until his adoption becomes final so we're not breaking any rules.

COMMENT: My husband and I are writing this letter as a testimony of the exceptional therapeutic and teaching services provided to our son at Grow Learning Centre (CHMS).

We learned about Grow Learning Centre about two years ago while looking for help regarding our son's speech, physical and developmental delays.

Although our son was born in America, we are from two different European countries – Spain and Russia. Therefore, from the first days of his life, he was exposed to three languages - Spanish from my husband, Russian from me, and English from his daycare teachers/nannies. When he was one year old, my son began to speak single words from different languages. Later he started to speak a mixture of languages which was difficult to understand and most of the time, impossible. Although he spoke very little, no concerns were expressed to us from the daycare or pediatricians. Everyone assured us we just needed to wait. We were told that as a boy from a multilingual family he would start to speak, but later. A miracle did not happen and when he was four years old, an evaluation found significant speech and other delays. He needed help.

We had been told that there were special daycares in which children with special needs can receive/have professional assistance without being in the hospital. Moreover, the government provides support to families to help cover the cost of treatment for these kids if their parents can't afford it. Thus, we found Grow Learning Centre.

When we came to Grow Learning Centre the first time, our son could say some words in English and even fewer words in our languages of Russian and Spanish. He never gave up, but every day he struggled to speak and to be understood. As a parent, it was very difficult to watch. Due to the problems with his speech, he also had some developmental delays.

A few months after he started attending Grow Learning Centre, he began to speak more words and we began to understand him better. Later he began to add sentences and ask questions. Since that time, we have consistently observed his progress in speech and development, achieving many of the normal developmental milestones.

Our son today and the one who came to the Centre for the first time are absolutely two different children. Some days ago, my husband said to him as they passed a minor accident of the road, "Look, a damaged car. You see why we should be careful and not exceed the speed limit?" In response, our son began to tell him about car towing, car repair, and other car related things. He can now communicate with his Daddy in Daddy's language and with his Mother in Mother's language.

Today our son is a self-confident, curious boy, interested in all that surrounds him. He is excited to go to his new school - public kindergarten - this year.

Since he started at the Centre, our hope to find good professional help for him grew into confidence that he is in good hands. We found in Grow Learning Centre a community of well-qualified, loving and enthusiastic specialists/professionals who are dedicated and committed to helping special-needs children.

My husband and I believe that the coordinated joint work of therapists and teachers at Grow Learning Centre create a unique atmosphere for the treatment of developmental delays. This effective treatment approach has certainly helped our child. The progress and positive change that has occurred in our son since his enrollment with Grow Learning Centre has given our family faith in his future.

We are deeply grateful for all the help the Grow staff has provided to our son.

STAFF OF KIDSPOT

COMMENT: At KidSPOT, a Child Health Management Services (CHMS) center, we're sure many, if not all of you have been contacted and are aware of the ongoing process at DHS to merge two long-time Medicaid Programs (CHMS and DDTCS) that have played an important role in the lives of special needs children, birth to age six. This letter is written in support of the new successor program, although parts are strongly opposed by the Developmental Disabilities Provider Association (DDPA).

Behavioral health, aging, and developmental disability providers were directed by the Arkansas Health Reform Legislative Task Force and the Stephen Group to formulate cost-saving measures within each program, respectively, during the 2017 legislative session. Developmental Day Treatment Clinic Services (DDTCS), CHMS, and DHS established a work group that met, compromised, and thought creatively together for over a year. As a result, this work group created a blueprint for a successor program, or merger of the two programs. The successor program is referred to as Early Intervention Day Treatment (EIDT). The goal of this successor program is to bring CHMS and DDTCS centers together and present the best each has to offer in order to meet the special needs of all populations served.

The part of the EIDT blueprint that appears to be disputable is the new criteria that determines the eligibility of a child for the program. EIDT is set up so that in order for a child to qualify for admission, the criteria that must be met is determined by the outcome of a developmental evaluation plus one of the three therapies that are offered and/or nursing. By following this protocol, we are able to magnify eligibility for EIDT, which in turn will allow us to ensure any and all services that are implemented are provided to the children and families that genuinely need it and guarantee the program is maintainable into the future.

DDPA (representatives of DDTCS centers) opposes the aforementioned eligibility criteria. They firmly stand behind the belief that 3,300 children will be discharged from their program with no place to go. CHMS centers believe differently. It is difficult to believe that number of children would be automatically disqualified from receiving services when EIDT eligibility is put into place. There are DDPA "case studies" that are being circulated to back up their claim, and after our review, those children would almost certainly continue to qualify, and/or require at least one therapy and the daily oversight of a nurse. In the cases that come about where a child no longer qualifies for EIDT services, there are multiple options available to them for care.

Frankly, this merger has been lurking around the corner for quite some time. The main goal is to provide the developmental, nursing, and therapy services to the children and families that actually really need it and for us as a Medicaid funded program, to be smart and stringent with the State's Medicaid dollars. It would make absolutely no sense for DHS, physicians, and providers to recommend a process that would be detrimental to the children and families we serve in Arkansas. The proposed EIDT program has a sound structure and it is time to move forward with this quest and bring the successor program to fruition. We do appreciate your time and attention to this important issue and would welcome any opportunity to discuss it further and in greater detail with you.

BILL SIMS AND MARY-KATHERINE HARDIN, CHMS PROVIDER' ASSOCIATION OF ARKANSAS
GWENDOLYN HOOD, CHMS PROVIDER ASSOCIATION

COMMENT: During the 2017 session, behavioral health, aging, and developmental disability provider groups were instructed by The Arkansas Health Reform Legislative Task Force and The Stephen Group to create cost saving measures within each respective Medicaid program. In working to achieve the developmental disability outcomes, the Child Health Management Service (CHMS) and Developmental Day Treatment Clinic Services (DDTCS) providers developed a working group that spent over a year developing a merged/successor program, alongside the DHS. That program is known as Early Intervention Day Treatment (EIDT). The goal of EIDT is to create a new program that best meets the needs of the populations served by combining the best aspects of CHMS and DDTCS while strengthening eligibility.

CHMS and DDTCS are two Medicaid programs that provide services to children from birth to six years of age. The merger of the two programs is consistent with trends in other states. The new eligibility criteria in the EIDT program requires a child to qualify on a developmental evaluation plus one of the three therapies (OT, PT, ST) or nursing. For several reasons, the one therapy requirement is sound and should be a part of the EIDT eligibility criteria. The basis for the requirement is to strengthen eligibility for the program, ensure services are provided to those who truly need it, and ensure that the program is sustainable long term. This proposal is also founded on recommendations of several reputable pediatricians, including Dr. Eldon Schulz and Dr. Maya Lopez with UAMS and Dr. Chad Rodgers with AFMC.

It has been strongly suggested that over 3,300 children will be discharged from a DDTCS with no place to go. This is simply not the case. Many of these children would likely qualify for at least one therapy. Additionally, the DHS has provided a time period of one year to allow for all current children who qualify for a CHMS and DDTCS program time to find alternate services. As well, many of those children that qualify on a developmental evaluation only may receive developmental therapy through First Connections EI or IDEA Part B. Some of those children may also qualify for treatment through the Outpatient Behavioral Health Services (infant mental health) program administered by the DHS. Finally, Tonya Williams, director of the Division of Child Care and Early Childhood Education has assured providers there is availability for these 3,300 children within ABC, Head Start and Pre-K programs around the state.

The merger of the CHMS and DDTCS programs is a change that has been a long time coming. The goal is to provide the services to the children that truly need it and to be smart with our Medicaid dollars. The proposed EIDT program is a good one and it is time to move forward with its implementation. On behalf of the CHMS Provider's Association of Arkansas, we write to advise that we strongly support the new EIDT program.

BESS HEISLER GINTY, CEO, KIDS FOR THE FUTURE
JANA LLYOD, NURSING DIRECTOR, KIDS FOR THE FUTURE
PAT KRASE, HUMAN RESOURCES DIRECTOR, KIDS FOR THE FUTURE
DONNA DIEBOLD, CCO, KIDS FOR THE FUTURE
ELAINE COOK, DIRECTOR OF TRANSPORTATION, KIDS FOR THE FUTURE
AMY DAVIS WISEMAN, KIDS FOR THE FUTURE

COMMENT: During the 2017 session, behavioral health, aging, and developmental disability provider groups were instructed by The Arkansas Health Reform Legislative Task Force and The Stephen Group to create cost saving measures within each respective Medicaid program. In working to achieve the developmental disability outcomes, the Child Health Management Service (CHMS) and Developmental Day Treatment Clinic Services (DDTCS) providers developed a working group that spent over a year developing a merged/successor program, alongside the DHS. That program is known as Early

Intervention Day Treatment (EIDT). The goal of EIDT is to create a new program that best meets the needs of the populations served by combining the best aspects of CHMS and DDTCS while strengthening eligibility.

CHMS and DDTCS are two Medicaid programs that provide services to children from birth to six years of age. The merger of the two programs is consistent with trends in other states. The new eligibility criteria in the EIDT program requires a child to qualify on a developmental evaluation plus one of the three therapies (OT, PT, ST) or nursing. For several reasons, the one therapy requirement is sound and should be a part of the EIDT eligibility criteria. The basis for the requirement is to strengthen eligibility for the program, ensure services are provided to those who truly need it, and ensure that the program is sustainable long term. This proposal is also founded on recommendations of several reputable pediatricians, including Dr. Eldon Schulz and Dr. Maya Lopez with UAMS and Dr. Chad Rodgers with AFMC.

It has been strongly suggested that over 3,300 children will be discharged from a DDTCS with no place to go. This is simply not the case. Many of these children would likely qualify for at least one therapy. Additionally, the DHS has provided a time period of one year to allow for all current children who qualify for a CHMS and DDTCS program time to find alternate services. As well, many of those children that qualify on a developmental evaluation only may receive developmental therapy through First Connections EI or IDEA Part B. Some of those children may also qualify for treatment through the Outpatient Behavioral Health Services (infant mental health) program administered by the DHS. Finally, Tonya Williams, director of the Division of Child Care and Early Childhood Education has assured providers there is availability for these 3,300 children within ABC, Head Start and Pre-K programs around the state. The merger of the CHMS and DDTCS programs is a change that has been a long time coming. The goal is to provide the services to the children that truly need it and to be smart with our Medicaid dollars. The proposed EIDT program is a good one and it is time to move forward with its implementation. On behalf of Kids for the Future of Forrest City, Inc., Kids for the Future of Marianna, Inc., Kids for the Future of Helena, Inc., Kids for the Future of Parkin, Inc., Kids for the Future of Marion, Inc., we write to advise that we strongly support the new EIDT program.

DAVID IVERS, DEVELOPMENTAL DISABILITIES PROVIDER ASSOCIATION

COMMENT: 202.100 EIDT Record Requirements

D. We support the *weekly* progress notes. Thank you.

BILL SIMS, DIRECTOR, GROW LEARN CENTER (AT PUBLIC HEARING)

COMMENT: My name is Bill Sims, I am the Director of Grow Learning Center, which is a CHMS program, and I'm also the president of the CHMS Association for Arkansas. I just have a few comments from the perspective of CHMS and then a comment as a parent with a child with special needs that's within the CHMS program.

I will say that working with the DDPA and the state on the EIDT program, we have worked very closely together, we agreed on many, many aspects of the program. The state has worked with us. I think between us and the DDPA, or the DDTCS centers, we worked very well together. We started doing the BDI probably about two months ago, just so we could get used to it and see how it's flowing with our system, and checking with some of our other programs that are in association. We did see a few things in common.

One which was even if the children only qualified in two or three of the five areas, the most common was communication for us and cognitive. And from that correlation, we would see most of those children qualified, also, for speech. So, we had those two areas of the qualifier, but -- there were very few children that didn't also qualify for speech, if they qualified for communication. And that was just, I would say, three of our programs for sure, that was a commonality that we all had that they actually did qualify for a therapy.

The other thing that we were going to talk about, or that I was going to talk about is, we had asked for some numbers. We read the studies that come from the DDPA for some of the children. It seemed as though some of those children would have qualified for therapy. I don't know if they were actually tested for ST, OT, or PT, but we had our therapists look at it, and that was kind of a common theme that they had stated that maybe, most likely the children might have qualified. And that we really do -- want this program to be here for the long haul. And so, that's why we have worked with the DDPA -- and I believe they feel the same way. We have worked with the state, and we believe that the EIDT program is the right kind of program that would take us in that direction.

MARY KATHERINE HARDIN, OWNER/DIRECTOR, STARS ACADEMY (AT PUBLIC HEARING)

COMMENT: My name is Mary-Katherine Hardin, and I am the owner and Director of Stars Academy in Batesville, and we are a CHMS association --I mean, clinic. And I also am the secretary of the CHMS Association.

And I'm here to just lend the support to this program, to the EIDT program, not only as an individual provider, but as our Association. Like Bill said, we have worked very hard together, with the state and with the DDPA to get this program where it needs to get to for longevity and to treat those kids that are the most needy. And I know that it has come down to an eligibility difference in agreement. But we, as CHMS providers, really do believe that those children that --the 3,351 children, we would like for them to receive all the testing that they haven't received, because we really do--looking at those case studies and not actually seeing the children, as a therapist myself and looking at what we have been doing with the BDI and the testing and how they do tend to still qualify for one. We believe that those kids wouldn't be without a service.

And for those kids that don't, or won't have a service, the state is working very closely with Tonya Williams, who is here in the room, and she has been very adamant that there will be spots open for those kids. They might not be right there now, but they will be. And the biggest part, I think, is the state is giving every child that is currently enrolled a year to get to that point. And so, that gives time to do the testing for those kids, to see if they would, that we believe those kids qualify for the EIDT program. And I also think that a lot of those kids are behavioral, from a professional standpoint. And there is always the option to become an OBHS provider, to provide that mental health, behavioral therapy to those children that are under six. And there is a lot of help from a lot of different providers to get you set up and help with that.

And finally, I have heard a lot that, from a rules standpoint, there are not the therapists available to provide that service. But I'm in a rural facility, I'm in a rural area. We have several providers in the CHMS Association that are even in more rural areas than even Batesville. And, we all manage to get therapists there. They are out there, and it can be done, and we are willing to help with that. But that argument, if we can't get a therapist there, to me, is not a very valid argument. But the bottom line is, as a CHMS program and Association, we support this program and hope to see it July 1st.

