Exhibit H.4

Arkansas Department of Human Services
Division of Children and Family Services
700 Main Street, Donaghey Plaza South, 5th Floor
P.O. Box 1437, Slot S560
Little Rock, Arkansas 72203-1437
Telephone (501) 682-8008 TDD (501) 682-1442 FAX 501) 682-6968

October 17, 2012

RECEIVED
OCT 17 2012
By K.D.

Varnaria Vickers-Smith, Legislative Analyst
Senate Interim Children and Youth Committee and the
House Aging, Children and Youth, Legislative and Military Affairs Committee
Arkansas Bureau of Legislative Research
One Capital Mall, 5th Floor, Room R-516
Little Rock, AR 72201

RE: Initial Filing - Regular Promulgation

Dear Ms. Vickers-Smith:

Please place the Division of Children & Family Services on the Children & Youth Committee agenda for review of the Rules as listed on the Questionnaire. The public comment period is from October 17, 2012 to November 15, 2012, with an effective date of January 1, 2013.

Enclosed are copies of the Questionnaire, Summary of Changes, Financial Impact Statement and Rule.

If you have any questions or comments, please contact Christin Harper, Policy & Professional Development Administrator, Division of Children and Family Services, P.O. Box 1437, (Slot S570), Little Rock, Arkansas 72203-1437; phone 682-8541; email christin.harper@arkansas.gov or fax 682-6968.

Sincerely,

Cecile Blucker
Director, Division of Children and Family Services

BUREAU OF LEGISLATIVE RESEARCH

DEPARTMENT OF HUMAN SERVICES
'vision of Children and Family Services
AMENDING ADMINISTRATIVE REGULATIONS

TITLE:

New Rule

- CFS-101: Plan of Safe Care

Revised Rule

- POLICY II-D: Child Abuse Hotline for Child Maltreatment Reports
- POLICY II-I: Early Intervention Referrals and Services

Rescinded Rule

PROPOSED EFFECTIVE DATE: January 1, 2013

STATUTORY AUTHORITY: A.C.A. 9-28-103

NECESSITY AND FUNCTION:

New Rule

- CFS-101: Plan of Safe Care
  - Creates new form to document the appropriate plan of safe care for infants who are reported to the Child Abuse Hotline due to being born with and affected by FASD.

Revised Rule

- POLICY II-D: Child Abuse Hotline for Child Maltreatment Reports
  - Updated to remove obsolete CHRIS database instructions.
  - Updated to delineate FASD Program Manager and FASD FSW duties more clearly.
  - Revised to include specific form (CFS-101) for development of plan of safe care for infants born with and affected by FASD and reported to hotline by healthcare providers.
  - Updated to remove obsolete CHRIS database instructions.
  - Updated for general formatting and organization purposes.
- POLICY II-I: Early Intervention Referrals and Services (and related procedures)
  - Revised to include general information on benefit of early intervention services.
  - Revised to clarify early intervention referral and screening process.
  - Revised to outline surrogate parent training requirement if foster parents representing child during early intervention Individualized Family Service Planning (IFSP) meetings.
  - Updated to add information regarding referrals for FASD screening for children symptomatic of FASD (not to include infants reported to the hotline due to being born with and affected by FASD).

Rescinded Rule

PAGES FILED:

Signature

Name: Cecile Blucker Title: Director

Section: Division of Children and Family Services

Department of Human Services

PROMULGATION DATES: October 17-November 15, 2012

CONTACT PERSON:

Christin Harper
DHS-DCFS Policy Unit
Phone: (501) 682-8541
Fax: (501) 683-4854
Email: christin.harper@arkansas.gov

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Department of Human Services

DIVISION Division of Children and Family Services

DIVISION DIRECTOR Cecile Blucker

CONTACT PERSON Christin Harper, Policy & Professional Development Administrator

ADDRESS P. O. Box 1437, Slot S570, Little Rock, AR 72203-1437

PHONE NO. (501) 682-8541 **FAX NO.** (501) 683-4854 **E-MAIL** christin.harper@arkansas.gov

NAME OF PRESENTER AT COMMITTEE MEETING Christin Harper

PRESENTER E-MAIL christin.harper@arkansas.gov

INSTRUCTIONS

A. Please make copies of this form for future use.
B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

****

1. What is the short title of this rule? Early Intervention Services and Referrals

2. What is the subject of the proposed rule? To update requirements for the Early Intervention Services referral, screening, and case planning processes between the Division of Children and Family Services and the Division of Developmental Disabilities and to include Fetal Alcohol Spectrum Disorders (FASD) services among early intervention services and establish the referral and case management processes FASD services.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ☒ No ☐

If yes, please provide the federal rule, regulation, and/or statute citation.
The portion of the policy stating that all children under the age of three involved in substantiated cases of child maltreament is required by the federal Child Abuse Prevention and Treatment Act (CAPTA).

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes ☐ No ☒

If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes ☐ No ☒

5. Is this a new rule? Yes ☒ No ☐

If yes, please provide a brief summary explaining the regulation.
Form CFS-101: FASD Plan of Safe Care is a new form created to help workers standardize documentation regarding plans of safe care for infants born with and affected by FASD.

Does this repeal an existing rule? Yes ☐ No ☒
If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes ☒ No ☐
If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule?
If codified, please give Arkansas Code citation.

A.C.A. § 9-28-103

7. What is the purpose of this proposed rule? Why is it necessary?
New Rule:
- CFS-101: Plan of Safe Care
  - Creates new form to document appropriate plan of safe care for infants who are reported to the Child Abuse Hotline due to being born with and affected by FASD.

Revised Rule:
- POLICY II-D: Child Abuse Hotline for Child Maltreatment Reports
  - Revised to include specific form (CFS-101) for development of plan of safe care for infants born with and affected by FASD and reported to hotline by healthcare providers and to delineate FASD Program Manager and FASD FSW duties more clearly.
  - Updated to remove obsolete CHRIS database instructions.
  - Updated for general formatting and organization purposes.
- POLICY II-I: Early Intervention Referrals and Services (and related procedures)
  - Revised to include general information on benefit of early intervention services.
  - Revised to clarify early intervention referral and screening process and requirement to obtain parental consent (if rights have not been terminated) for child to participate in early intervention services.
  - Revised to outline surrogate parent training requirement if foster parents representing child during early intervention Individualized Family Service Planning (IFSP) meetings.
  - Updated to add information regarding referrals for FASD screening for children symptomatic of FASD (not to include infants reported to the hotline due to being born with and affected by FASD).

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

AR Secretary of State Website

DHS/DCFS CHRIS public:

https://ardhs.sharepointsite.net/CW/Notice%20of%20Rule%20Making/Forms/AllItems.aspx

9. Will a public hearing be held on this proposed rule? Yes ☐ No ☒

   If yes, please complete the following:

   Date: _____

   Time: _____

   Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.) November 15, 2012

11. What is the proposed effective date of this proposed rule? (Must provide a date.) January 1, 2013

12. Do you expect this rule to be controversial? Yes ☐ No ☒

If yes, please explain. _____

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

We do not know of any specific groups of persons who would comment.

FINANCIAL IMPACT STATEMENT
PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT: Department of Human Services
DIVISION: Division of Children and Family Services
PERSON COMPLETING THIS STATEMENT: Greg Crawford
PHONE NO.: (501) 682-6248 / **FAX NO.**: (501) 682-6968 / **E-MAIL:** greg.crawford@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE: **Early Intervention and FASD**

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?
   Yes ☐ No ☒
2. Does the proposed, amended, or repealed rule affect small businesses?
   Yes ☐ No ☒ If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.
3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
4. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year		**Next Fiscal Year**	
General Revenue		General Revenue	
Federal Funds		Federal Funds	
Cash Funds		Cash Funds	
Special Revenue		Special Revenue	
Other (Identify)		Other (Identify)	
Total	$0.00	Total	$0.00

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation? Identify the party subject to the proposed regulation, and explain how they are affected.

Current Fiscal Year	**Next Fiscal Year**
$ 0.00	$ 0.00

6. What is the total estimated cost by fiscal year to the agency to implement these regulations? Is this the cost of the program or grant? Please explain.

Current Fiscal Year	**Next Fiscal Year**
$ 0.00	$ 0.00

DCFS SUMMARY OF CHANGES FOR OCTOBER 2012 PROMULGATION

SUMMARY OF DCFS REGULAR PROMULGATION

The purpose of this regular promulgation is to update the existing FASD and Early Intervention Services policies as follows:

- Create new form (CFS-101: Plan of Safe Care) to document the appropriate plan of safe care for infants who are reported to the Child Abuse Hotline due to being born with and affected by FASD.
- Revise Policy II-D: Child Abuse Hotline for Child Maltreatment Reports in order to:
    - Remove obsolete CHRIS database instructions.
    - Include specific form (CFS-101) for development of plan of safe care for infants born with and affected by FASD and reported to hotline by healthcare providers.
    - Delineate FASD Program Manager and FASD FSW duties more clearly.
    - Update for general formatting and organization purposes.
- Revise Policy II-I: Early Intervention Referrals and Services (and related procedures)in order to:
    - Include general information on benefit of early intervention services.
    - Clarify early intervention referral and screening process.
    - Outline surrogate parent training requirement if foster parents representing child during early intervention Individualized Family Service Planning (IFSP) meetings.
    - Add information regarding referrals for FASD screening for children symptomatic of FASD (not to include infants reported to the hotline due to being born with and affected by FASD).

Arkansas Department of Human Services
Division of Children and Family Services
FASD Plan of Safe Care

Upon receipt of a referral from the Child Abuse Hotline concerning an infant born with and affected by Fetal Alcohol Spectrum Disorder (FASD), the Division of Children and Family Services (DCFS) FASD case manager or designee met with the family named in the referral to conduct an FASD assessment. Based on the assessment, DCFS and the family will move forward with the selected actions below to comprise an appropriate plan of safe care for the family.

☐ **Supportive Services Case accepted**

Family is in need of supportive services to strengthen family functioning and ensure the health and safety of the child(ren). By signing this form the family agrees to participate in the selected services offered below:

- ☐ Work with an assigned primary family service worker
- ☐ Work with an assigned a secondary FASD family service worker
- ☐ Accept referral to Genetics if applicable
- ☐ Consider a referral to Developmental Disability Service (DDS) if applicable
- ☐ Accept a referral to specialized day care if applicable
- ☐ Participate in a recommended FASD support group
- ☐ Participate in a recommended FASD parenting class
- ☐ Accept a referral to drug and/or alcohol assessment if applicable
- ☐ Accept a referral to drug and/or alcohol recovery center if applicable
- ☐ Accept a referral to *Access to Recovery* (ATR) if applicable

☐ **Supportive Services Case not recommended**

Family has support systems in place and child and the home environment appear safe at this time. By signing this form the family accepts responsibility for contacting DHS to request services if the need arises.

☐ **Supportive Services case refused**

Family does not want services rendered and/or offered by the Department of Human Services, Division of Children and Family Services. By signing this form, the family acknowledges that FASD and the services designed to support families affected by FASD have been explained and information has been given to the family about local and statewide services that may be available.

☐ **Hotline report needed**

DHS FASD case manager feels the home environment presents safety concerns for the child/children in the home. The family has been notified that a hotline report will be made.

Printed Name of Client: _____

Client Signature: _____

Date: _____

Printed name of FASD representative: _____

FASD Representative Signature: _____

Date: _____

~~E. Take a snapshot of the report using the Referral "Snapshot" icon on the CHRIS toolbar. Prioritize the report by keying the "Ref. Accept" screen. Central Registry Search results is a mandatory field on this screen. Use the Child Maltreatment Assessment Protocol (PUB-357) as a guide.~~

~~F.~~E. Prioritize and determine the appropriate investigating agency (either CACD or DCFS) as outlined in the Arkansas Department of Human Services and Arkansas State Police Agreement.

~~G.~~F. Forward report to appropriate investigating agency (either CACD or DCFS) for investigation with any pertinent Central Registry information, and DCFS may refer for assessment.

~~H.~~G. Inform the caller if the report does not constitute a report of child maltreatment and make appropriate referrals.

~~I.~~H. Notify each mandated reporter who makes a call to the hotline if the mandated reporter's call is not accepted or is screened out on a subsequent hotline supervisor review. Said notification should be made within 48-hours excluding weekends and holidays.

~~J.~~I. Notify on-call DCFS or CACD staff by telephone for any Priority I report received after business hours or on holidays.

~~K.~~J. Provide local law enforcement with the name and contact information for the appropriate on-call staff employee at DCFS if local law enforcement contacts the hotline due to a 72 hour hold initiated on a child or if a hold needs to be taken on a child to protect the child.

~~L.~~K. If at any time the system should be inoperable or the respective entities do not have access to the computerized entry, maltreatment reports shall be forwarded by telephone.

The Child Abuse Hotline Supervisor will:

A. Ensure that each Child Abuse Hotline worker has access to a comprehensive and current listing of on-call Family Service Workers.

PROCEDURE II-D6: Referrals on Children Born with Fetal Alcohol Spectrum Disorder

0~~9~~1/201311~~1~~

The Child Abuse Hotline Worker will:

A. Upon receipt of a call from a health care provider involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD), select "Refer to DCFS for FASD" from the Request for DCFS Assessment screen. This FASD specific R and A request will be directed to the Central Office FASD Project Director inbox for assessment.

The FASD Program Manager~~ject Director~~ or designee will:

A. Check CHRIS inbox at least one time each business day.

B. Contact the local county office supervisor to ask that a local FSW be assigned to coordinate the assessment with the FASD FSW or designee~~Project Director~~ for the FASD assessment of the infant and to implement any subsequent plan of safe care if applicable.

C. Assign the R and A to the FASD FSW in CHRIS to complete assessment.

~~B.~~D. Within the close button on the Request for DCFS Assessment screen, document when the assessment has been completed and close the referral.

~~C. Conduct all FASD assessments (to include but not limited to, home visit, completion of FSNRA, review of birth records, facial screening, etc) on referred infants within 14 calendar days of receipt of referral.~~

~~D. Determine whether a plan of safe care is necessary.~~

~~E. If it is determined during the assessment that there are other issues endangering the health or physical well-being of the child, call the Child Abuse Hotline to report the other allegations.~~

~~F. Within the close button on the Request for DCFS Assessment screen, document when the assessment has been completed and whether a plan of safe care is necessary~~.

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~~G. If necessary, develop a plan of safe care in collaboration with the locally assigned FSW within 30 calendar days of receipt of the referral. The plan of safe care will be used to inform the case plan of the supportive services case that will be opened.~~

~~H. Once the plan of safe care has been developed and the supportive services case has been opened, assign the local FSW as primary and the FASD Project Director as secondary.~~

~~I.~~E. Support the FASD FSW regarding the implementation of a plan of safe care as appropriate.

The FASD FSW or designee will:

A. Conduct all FASD assessments (to include but not limited to, home visit, completion of FSNRA, review of birth records, etc) on referred infants within 14 calendar days of receipt of referral.

B. Develop FASD Plan of Safe Care via CFS-101 in collaboration with locally assigned FSW during initial assessment with family within 30 calendar days of receipt of the referral. The CFS-101: FASD Plan of Safe Care will be used to in the development of the case plan for the supportive services case, if applicable.

C. If it is determined during the assessment that there are other issues endangering the health or physical well-being of the child, call the Child Abuse Hotline to report the other allegations.

The Local FSW Supervisor will:

A. Assign an FSW at the local level to collaborate with the FASD FSW~~Project Director~~ or designee on the FASD assessment and ~~any plan of safe care~~FASD Plan of Safe Care ~~if applicable~~.

B. Open supportive services case in CHRIS if the family request supportive services from the agency per the CFS-101: FASD Plan of Safe Care. The CFS-101 will inform the supportive services case plan.

C. Assign the local FSW as the primary worker on the case and the FASD Program Manager as secondary.

~~A.~~

D. Conference with the FSW regarding the development and implementation of an FASD P~~p~~lan of S~~s~~afe C~~c~~are ~~if applicable~~as necessary.

~~B.~~

The Local Family Service Worker will:

A. Accompany the FASD ~~Pro~~FSW ~~ject Director~~ or designee on the assessment of the referred infant when possible (assessment should take place within 14 calendar days of receipt of the referral).

B. Collaborate with the FASD Project Manager and/or FASD ~~Project~~FSW ~~Director~~ regarding the development of the CFS-101: FASD P~~p~~lan of S~~s~~afe C~~c~~are ~~if applicable.~~ (any FASD P~~p~~lan of S~~s~~afe C~~c~~are should be developed within 30 calendar days of receipt of the referral).

~~C. If a plan of safe care is developed, open a supportive services case in CHRIS and use the plan of safe care to inform the supportive services case.~~

~~D.~~C. Assume role as primary worker once the supportive services case is open and oversee implementation of the FASD P~~p~~Plan of S~~s~~afe C~~c~~are/supportive services case plan.

~~E.~~D. Assess the supportive services case for closure within 90 days of opening (if appropriate).

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POLICY II-D: CHILD ABUSE HOTLINE FOR CHILD MALTREATMENT REPORTS

09/2011

Pursuant to Act 1240 of 1997, the Department of Human Services and the Arkansas State Police entered into an agreement for the Arkansas State Police Crimes Against Children Division to assume responsibility for the administration of the Child Abuse Hotline and the assumption of investigative responsibility as identified in Procedure II-D11. The Crimes Against Children Division (CACD) is composed of two sections: (1) the Child Abuse Hotline, and, (2) civilian employees who investigate child maltreatment reports.

All child maltreatment allegations are to be reported to the Child Abuse Hotline. No privilege, or contract, shall prevent anyone from reporting child maltreatment when the person is a mandated reporter. (See Appendix I: Glossary).

No privilege shall prevent anyone, except between a client and his lawyer or minister or Christian Scientist practitioner, and any person confessing to or being counseled by the minister, from testifying concerning child maltreatment.

The Arkansas Child Abuse Hotline must accept reports of alleged maltreatment when either the child or his family is present in Arkansas or the incident occurred in Arkansas. Another state may also conduct an investigation in Arkansas that results in the offender being named in a true report in that state and placed that state's Child Maltreatment Central Registry.

Upon receipt of a call from a health care provider involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD), the Arkansas Child Abuse Hotline shall accept such calls. However, such referrals are not considered official hotline reports and will not be investigated, but rather referred to DCFS for a Referral and Assessment (R and A) and development of an appropriate plan of safe care. The Request for a DCFS Assessment accommodates instances where an individual is not reporting abuse/neglect but is requesting other services for the family.

PROCEDURE II-D1: Child Abuse Hotline

09/2011

The Child Abuse Hotline Worker will:

A. Receive and document all child maltreatment allegation reports with sufficiently indentifying information as defined by Arkansas law.
B. Receive fax transmission in non-emergency situations by identified reporters who provide their name, phone, number and email address (for online reporting). Confirm receipt of fax transmission via a return fax transmission.
C. Conduct a history check on all reports unless call waiting to be answered by the hotline have been waiting for 15 minutes or longer. History checks will be conducted on serious maltreatment allegations or allegations involving children 3 years of age and younger regardless of wait time.
D. Attempt to secure all information requested in each screen within the Referral Section of CHRIS and elicit all information requested on the "Referral" and "Narrative" screens:
    1) Reason(s) the reporter suspects child maltreatment and how the reporter acquired the information,
    2) Current risk of harm to the child,
    3) Mental and physical condition of alleged offender,
    4) Potential danger to staff assessing the report,
    5) Identity and location of possible witnesses or persons knowledgeable about the alleged child maltreatment,
    6) Relevant addresses and directions,
    7) Licensing authority and facility involved (if applicable).

E. Prioritize and determine the appropriate investigating agency (either CACD or DCFS) as outlined in the Arkansas Department of Human Services and Arkansas State Police Agreement.
F. Forward report to appropriate investigating agency (either CACD or DCFS) for investigation with any pertinent Central Registry information, and DCFS may refer for assessment.
G. Inform the caller if the report does not constitute a report of child maltreatment and make appropriate referrals.
H. Notify each mandated reporter who makes a call to the hotline if the mandated reporter's call is not accepted or is screened out on a subsequent hotline supervisor review. Said notification should be made within 48-hours excluding weekends and holidays.
I. Notify on-call DCFS or CACD staff by telephone for any Priority I report received after business hours or on holidays.
J. Provide local law enforcement with the name and contact information for the appropriate on-call staff employee at DCFS if local law enforcement contacts the hotline due to a 72 hour hold initiated on a child or if a hold needs to be taken on a child to protect the child.
K. If at any time the system should be inoperable or the respective entities do not have access to the computerized entry, maltreatment reports shall be forwarded by telephone.

The Child Abuse Hotline Supervisor will:

A. Ensure that each Child Abuse Hotline worker has access to a comprehensive and current listing of on-call Family Service Workers.

PROCEDURE II-D6: Referrals on Children Born with Fetal Alcohol Spectrum Disorder

01/2013

The Child Abuse Hotline Worker will:

A. Upon receipt of a call from a health care provider involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD), select "Refer to DCFS for FASD" from the Request for DCFS Assessment screen. This FASD specific R and A request will be directed to the Central Office FASD Project Director inbox for assessment.

The FASD Program Manager or designee will:

A. Check CHRIS inbox at least one time each business day.
B. Contact the local county office supervisor to ask that a local FSW be assigned to coordinate the assessment with the FASD FSW or designee for the FASD assessment of the infant and to implement any subsequent plan of safe care if applicable.
C. Assign the R and A to the FASD FSW in CHRIS to complete assessment.
D. Within the close button on the Request for DCFS Assessment screen, document when the assessment has been completed and close the referral.
E. Support the FASD FSW regarding the implementation of a plan of safe care as appropriate.

The FASD FSW or designee will:

A. Conduct all FASD assessments (to include but not limited to, home visit, completion of FSNRA, review of birth records, etc) on referred infants within 14 calendar days of receipt of referral.
B. Develop plan of safe care via CFS-101 in collaboration with locally assigned FSW during initial assessment with family within 30 calendar days of receipt of the referral. The CFS-101: FASD Plan of Safe Care will be used to in the development of the case plan for the supportive services case, if applicable.
C. If it is determined during the assessment that there are other issues endangering the health or physical well-being of the child, call the Child Abuse Hotline to report the other allegations.

The Local FSW Supervisor will:

A. Assign an FSW at the local level to collaborate with the FASD FSW or designee on the FASD assessment and FASD Plan of Safe Care.
B. Open supportive services case in CHRIS if the family request supportive services from the agency per the CFS-101: FASD Plan of Safe Care. The CFS-101 will inform the supportive services case plan.
C. Assign the local FSW as the primary worker on the case and the FASD Program Manager as secondary.
D. Conference with the FSW regarding the development and implementation of an FASD Plan of Safe Care as necessary.

The Local Family Service Worker will:

A. Accompany the FASD FSW or designee on the assessment of the referred infant when possible (assessment should take place within 14 calendar days of receipt of the referral).
B. Collaborate with the FASD Program Manager and/or FASD FSW regarding the development of the CFS-101: FASD Plan of Safe Care (any FASD Plan of Safe Care should be developed within 30 calendar days of receipt of the referral).
C. Assume role as primary worker once the supportive services case is open and oversee implementation of the FASD Plan of Safe Care/supportive services case plan.
D. Assess the supportive services case for closure within 90 days of opening (if appropriate).

EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL

POLICY II-I: ~~DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES' CHILDREN'S SERVICES~~EARLY INTERVENTION REFERRALS AND SERVICES

01062/201308

For children who are discovered to have or be at risk of a developmental delay, appropriate Early Intervention Services are essential. Early Intervention Services are designed to lessen the effects of any potential or existing developmental delay. Ultimately Early Intervention Services help the child learn and reach his or her individual potential with the support and involvement of the child's family, as appropriate. It is important for such services to begin as early as possible and for biological parents to be involved in decisions related to Early Intervention Services.

REFERRALS TO DIVISION OF DEVELOPMENTAL DISABILITIES FOR EARLY INTERVENTION SERVICES SCREENING

~~When a child maltreatment investigation is initiated, in order to enhance well-being in all of our practice with families, W~~the Division will~~hen~~ a child maltreatment investigation involving any children in the home under the age of three is initiated, the Division will refer all children in the home under the age of three to the Division of Developmental Disabilities Services' (DDS) Children's Services for Early Intervention Services (i.e., First Connections; this program is not the same as the waiver program) for a screening. The referral to DDS will help enhance the well-being of the children referred as well as ensure Division compliance with the Child Abuse Prevention and Treatment Act (CAPTA) regarding substantiated cases of child abuse and neglect involving children under the age of three.

DDS Children's Services will screen all of the children under the age of 3 (regardless of whether all of the children are named as alleged victims) who have been referred to First Connections to determine their need and eligibility for Early Intervention Services. If the results of the screening determine that a child will benefit from Early Intervention Services, the biological parent(s) (if parental rights have not been terminated) must consent to allow his or her child to participate before services are initiated. ~~involve parents/guardians in decisions regarding referrals for Early Intervention Services for children under the age of 3. TTo comply with the Child Abuse Prevention and Treatment Act (CAPTA),in cases of substantiated child abuse or neglect, , the Division shall develop provisions and procedures for the referral of amust refer every child under the age of three3, who is involved in a substantiated case of child abuse or neglect to EEarly IIntervention Sservices~~

~~For every child maltreatment investigation involving a child under the age of 3 (regardless of whether the maltreatment allegation is ultimately substantiated), DCFS will ask the parent/guardian if he or she would like the child to be referred to the Division of Developmental Disabilities Services' (DDS) Children's Services for an Early Intervention Services screening to determine if Early Intervention Services are needed to support developmental growth and ensure overall well-being of the child. The Division will request consent from the parent/guardian to make a referral for each child under the age of 3 (regardless of whether all of the children are named as an alleged victim) to DDS Children's Services for a screening as soon as a protective services or foster care case is open.~~

~~When an allegation of child maltreatment involving a child under the age of 3 is substantiated, . For ALL children under the age of three3 who are in a home in which maltreatment has been found to be true (regardless of whether all of the child(ren) are named as an alleged victim), DCFS will make a referral (if a referral was not previously made at case opening) to DDS the Division of Developmental Disabilities Services (DDS) for for every child under the age of 3 who is in the home (regardless of whether every child is named as an alleged victim), EEarly IIntervention services to help the childrenthe child learn, and grow, and help each child reach his or her potential.~~

~~In addition, all parents of children under the age of three3 who are involved in a protective services or foster care case, regardless of whether the maltreatment allegation is ultimately substantiated, will be asked if they would like their child(ren) to be referred to DDS Children's Services for an Early Intervention Services screening.~~

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EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL

~~The purpose of the screening is to determine if Early Intervention Services for their child(ren) are needed to support developmental growth and ensure overall well-being of those young children. The Division shall ask the parents for permission to make the referral for all children under the age of three3 (regardless of whethewhether all of r the child(ren) are named as an alleged victim) to DDS Children's Services for a screening as soon as a protective or foster care case is open.~~

For children under the age of ~~three~~3, eligibility for DDS Children's Services will be determined by a screening~~n~~ assessment to determine the need for additional evaluations (if a child referred to DDS Children's Services is within 45 days or less of his or her third birthday, then DDS Children's services may forward the referral to the Arkansas Department of Education, Special Education (Part B)). If warranted, a developmental evalution for children under age three will be completed ~~of delay~~ in the areas of ~~that include:~~ cognition~~,~~ communication~~,~~ social/emotional~~,~~ physical ~~motor,~~ and adaptive as available and appropriate. Based upon the developmental evaluation results, a speech, occupational, and/or physical therapy evaluation may be conducted as available and appropriate. All evaluation results as well as medical information, professional informed clinical opinion(s), and information gathered from biological parents and DCFS will be utilized to determine Early Intervention eligibility.

~~A referral shall be made on ALL children in the home under the age of three if there is a true finding, even if the Division does not open a case. DDS will evaluate the referral and determine services for the family, if appropriate.~~

~~Early Intervention services are designed to help the child reach his or her individual potential. Services are provided by qualified professionals and may include, but are not limited to: physical therapy, occupational therapy, speech therapy, nutrition services, psychological services, parent support groups and family counseling.~~

~~The Division shall refer children (from birth to age 18 or 21, if the child has not graduated from high school or does not possess a certificate of completion), identified as having a possible developmental delay or disability to DDS within two working days after the child has been identified.~~

While a referral for early intervention services is required for children under the age of three when an investigation is initiated, a referral for early intervention services on behalf of any child may be sent at any time.

DDS EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLANNING

If a child is determined to be eligible for services and the child's biological parent(s) consents to services, Individualized Family Service Plan (IFSP) meetings will be held to develop an appropriate service plan for the child. IFSP activities and services must be added to the child's case plan.

Adult participation in the IFSP meetings and related decision-making on the child's behalf is required. If the child is involved in a supportive or protective services case or if a child in foster care has a goal of reunification, the child's parent/guardian is encouraged to attend the IFSP meetings to make decisions related to Individualized Family Service Planning and Early Intervention Services for his or her child.

However, an appropriate family representative or foster parent serving as a surrogate parent must participate in the IFSP meetings if:

A. The court orders that the child's parent/guardian shall have no involvement in the child's educational planning; or,
B. The child's parents cannot be located; or,
C. The goal is not reunification for those children involved in foster care cases.

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If for one of the reasons listed above or if for any other reason the biological parent(s) is unable or unwilling to attend IFSP meetings and make the decisions related to early intervention for his or her child, the biological parent(s) may submit a written request for another relative by blood, adoption, or marriage to serve as a family representative and make decisions regarding early intervention planning and services for the child (provided the court has not issued a no contact order for that particular relative). The written documentation of the parent's request for an appropriate relative to serve as a family representative during IFSP meetings must be included in the child's case record and shared with DDS. Relatives serving as a family representative during IFSP meetings are not required to undergo surrogate parent training.

Alternately, ~~a~~for~~,~~ foster parent may serve as a surrogate parent for the child in foster care during the IFSP meetings. However, in order for a foster parent to serve as a surrogate parent during IFSP meetings, the foster parent must have successfully completed the DDS Surrogate Parent Training. The local DDS Service Coordinator or designee can assist in coordinating surrogate parent training.

After a foster parent has completed the DDS Surrogate Parent Training, they may serve as a surrogate parent for any child.

If the requested relative or foster parent declines to serve as the family representative or surrogate, respectively, the DDS provider will appoint a surrogate parent to participate in the child's IFSP meetings.

In any situation in which a family representative or surrogate parent is acting on behalf of the child, the surrogate parent will be discharged when the child's biological parent is ready and able to resume involvement.

REFERRALS FOR FETAL ALCOHOL SYNDROME DISORDERS (FASD) SCREENING

Fetal Alcohol Syndrome Disorders is an umbrella term used to describe the range of effects or disorders that can occur in an individual whose mother consumed alcohol during pregnancy. All caretakers involved in the delivery or care of infants must contact DHS regarding an infant born and affected with a Fetal Alchohol Spectrum Disorder (FASD). In addition, DCFS FSWs and Health Service Workers will refer children who have known prenatal alcohol exposure and exhibit FASD symptoms and/or behaviors to the DCFS FASD Unit for an FASD screening. The FASD screening will help determine if early intervention services specific to FASD are needed.

In order to conduct an effective FASD screening, the FSW and/or Health Service Worker will gather information regarding the child's in utero and birth history. Depending on the information collected and the results of the screens, a referral for an FASD diagnosis may be provided. If a child is diagnosed with FASD, the following services may be offered to the family:

- Referral to DDS (early intervention or DDS waiver), if applicable and available
- Referral to specialized day care, if applicable
- Referral to FASD family support group (available to biological, foster, and adoptive families), if available
- FASD parenting classes (available to biological, foster, and adoptive families)

A plan of safe care must also be developed for any infant born and affected with FASD who is referred to the Division via the Child Abuse Hotline.

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PROCEDURE II-I1: ~~DDS Referrals DDS for~~ Early Intervention Services Referrals

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~~REFERRALS FOR PROTECTIVE SERVICES CASES:~~

~~If the allegation has not been substantiated,~~ TWhen a child maltreatment investigation is open involving children in the home under the age of three, the Family Service Worker will: ~~must the Family Service Worker will must obtain permission from the parent/guardian at case opening to refer thea child (ren)to DDS Children's Services for a screening to determine the child(ren)'s need and eligibility for Early Interventions Servicesan Early Intervention Services screening before moving forward with the steps outlined below. I(if the parent/guardian does not consent to the referral, document the decline for referral in the case record).~~

~~If and/or when the allegation has been found truean allegation is ultimately substantiated, the Family Service Worker will proceed with the following steps within thirty30 days of substantiation, regardless of parental consent (per CAPTA) if a referral was not previously made at case opening: PAt case opening, p~~rovide an overview of the benefits of Early Intervention Services to the parent~~(s)~~/guardian~~(s)~~.

A.

B. Make a referral to DDS for each child in the home (victims and non-victims) under age three.
   1) Complete form DCO-3350 available in CHRIS (for confidentiality purposes, state the child maltreatment type only in the comments section of the referral).
   2) Provide completed DCO-3350 to the local DDS Services Coordinator.

C. Inform the parent/guardian that their child(ren) will be referred to DDS Children's Services to assess the child(ren)'s need and eligibility for Early Intervention Services.

D. Ask the parent/guardian to complete DHS-4000 for their child(ren) under the age of three for whom the Early Intervention referral has been made.

~~Provide the local DDS Services Coordinator with:At case opening, ask for parental/guardian consent to refer all children in the home under the age of three to DDS Children's Services for a screening to determine a child's need and eligibility for Early Intervention Services.~~

~~If the parent(s)/guardian(s) do not consent, document that the parent(s) declined the referral.~~

E. ~~If the parent(s)/guardian(s) consents to the referral, Mafor alleach children in the home under the age of 3 (regardless of whether all of the children are named as an alleged victim).~~
   1) Completed DHS-4000: Authorization to Disclose Health Information.
   2) Court-order, if applicable
   3) Copy of Social Security Card or number
   4) Copy of Medicaid Card or number, if applicable
   5) Referral source contact information (may be the FSW or the parent/guardian)
   6) Any other pertinent information related to the request
   7) DMS-800: Children's Medical Services Application (parent must complete)
   8) Copy of EPSDT (parent must obtain)
   9) Copy of all evaluations, if available
   10) Print out of CFS-6009: Family Strengths, Needs, and Risk Assessment (FSNRA)

F. aCoordinate paperwork and services, as applicable, with the local DDS Service Coordinator. The FSW may act as the liaison between the DDS Service Coordinator and the parent~~(s)~~/guardian/surrogate parent ~~(s)~~ but may not be the sole contact and/or decision-maker for ~~thea~~ child~~(ren)~~.

G. Share the child's case plan with the local DDS Service Coordinator to help coordinate services and keep the local DDS Service Coordinator informed of any changes to the case plan that may affect early intervention services and care coordination.

H. Document contacts related to the DDS Early Intervention Services referral in the contacts screen in CHRIS.

I. Update the child's case plan as appropriate.

J. Conference with supervisor as needed regarding the referral to DDS Early Intervention Services.

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The FSW Supervisor will:

A. ~~Assign a FASD FSW to the case as a secondary worker.~~Conference with the FSW as needed regarding the child's DDS Early Intervention Services referral.

B. Notify, as necessary, his or her supervisor of any issues related to the child's DDS Early Intervention Services referral.

Upon referral, the DDS Service Coordinator should:

A. Assess and determine the need and eligibility of the child~~(ren)~~ for services and ~~will~~ forward a letter to the DCFS Family Service Worker and FSW Supervisor indicating the eligibility status and needs of the child~~(ren)~~, if applicable.

B. If it is determined that the child~~(ren)~~ needs and is eligible for Early Intervention Services:

1) Provide a more detailed explanation to the parent~~(s)~~/guardian~~n(s)~~ of Early Intervention Services including types, benefits, requirements, etc.

2) Keep the child's FSW and parents (and surrogate parents, if applicable) informed of the child's progress and any changes in services.

~~A~~an a

PROCEDURE II-I2: DDS EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLANNING

01/2013

The FSW will:

A. If the goal for the child is reunification, include Early Intervention Services and Individualized Family Service Planning (IFSP) meetings in the case plan, as appropriate, and ensure the biological parent participates IFSP and related services as appropriate.

B. If the biological parent is unable or unwilling to participate in IFSP (e.g., court orders that the child's parent/guardian shall have no involvement in child's educational planning, parents cannot be located; goal is not reunification):

1) Request an appropriate relative by blood, adoption, or marriage to attend the IFSP meetings as a family representative.

a) Ensure that a no contact order from the court pertaining to a selected relative does not exist and that relative is otherwise appropriate to serve as a family representative.

b) Family representatives are not required to undergo DDS Surrogate Parent Training.

2) If a family representative is not available or appropriate, request that the child's foster parents serve as surrogate parents during IFSP meetings.

a) Work with local DDS Service Coordinator or designee to coordinate surrogate parent training for foster parent who will serve as the surrogate parent. If surrogate parent does not complete surrogate parent training, then DDS and its designated providers must still consult with and obtain consent from the biological parent(s) regarding all decisions related to the child's Individualized Family Service Planning and related Early Intervention Services.

C. Continue to update child's case plan accordingly with information from IFSP.

D. Conference with supervisor as needed regarding the child's IFSP.

~~**SERVICES FOR CHILDREN IN FOSTER CARE**~~~~The Family Service Worker will:~~

~~Refer all children in the home under the age of three to DDS within 30 days of opening a protective services case when there is a true finding of child maltreatment. Referrals are to be made to the local DDS office through completion and submission of all of the following information:~~

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A. Complete DCO-3350: Referral for Services. For confidentiality purposes, state the child maltreatment type that received a true finding only in the comments section of the referral.

B. Send written notification to the parent/guardian informing them that the child will be referred to DDS for Early Intervention Services.

C. DDS worker will determine the eligibility of the child for services, and will forward a letter to the DCFS Family Service Worker and the DCFS County Supervisor.

D. Complete DHS 4000: Authorization to Disclose Health Information

E. Obtain the following:

a. Court order, if applicable

b. Copy of Social Security Card or number

c. Copy of Medicaid Card or number, if applicable

d. Referral source contact information

e. Any other pertinent information related to the request

f. DMS 800: Children's Medical Services Application (parent must complete)

g. Copy of EPSDT (parent must obtain)

h. Copy of all evaluations, if available

i. Copy of the CFS-6009: Family Strengths, Needs, and Risk Assessment (FSNRA)

A referral for services on behalf of any child may be sent at any time by a parent, guardian, or individual with legal authority acting on behalf of the child.

A. DDS should contact the referral source with the results of the referral.

DCFS will coordinate services with DDS when appropriate.

REFERRALS FOR FOSTER CARE SERVICES

The Family Service Worker must obtain permission from the parent/guardian at case opening to refer the child(ren)to DDS Children's Services for a screening to determine the child(ren)'s need and eligibility for Early Interventions Services before moving forward with the steps outlined below (if the parent/guardian does not consent to the referral, document the decline for referral in the case record).

If and/or when the allegation has been found true proceed with the following steps within thirty days of substantiation regardless of parental consent (per CAPTA) if a referral was not previously made at case opening: will:

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DDS should contact the referral source with the results of the referral.Refer all children in the home under the age of three to DDS within 10 days of receipt of the comprehensive exam results when there is a true finding of child maltreatment. Referrals are to made to the local DDS office through completion and submission of all of the following information:

Complete DCO-3350: Referral for Services. For confidentiality purposes, state the child maltreatment type that received a true finding only in the comments in the referral section.

Send written notification to the parent/guardian informing them that the child will be referred to DDS for Early Intervention Services.

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~~DDS worker will determine the eligibility of the child for services and will send a letter to the DCFS Family Service Worker and DCFS County Supervisor.~~
~~Complete DHS 4000: Authorization to Disclose Health Information~~
~~Obtain the following:~~
~~Court order, if applicable~~
~~Copy of Social Security Card or number~~
~~Copy of Medicaid Card or number, if applicable~~
~~Referral source contact information~~
~~Any other pertinent information related to the request~~
~~DMS 800: Children's Medical Services Application~~
~~Copy of all evaluations, if available~~
~~Copy of the CFS 6009: Family Strengths, Needs, and Risk Assessment (FSNRA)~~

~~If a child in foster care is determined to be eligible for services possiblefourregarding is required. and the goal for the child is reunification, the child's parent/guardian may:~~
~~the child's parent must Aattend the Individualized Family Service Plan (IFSP) meetings . (i.e., a surrogate parent is not necessary)~~

~~A. /guardian(s)R meetingscp /guardian(s)shall haveivision~~

The FSW Supervisor will:

~~A. Assign a FASD FSW to the case as a secondary worker.~~
~~B.~~ Conference with the FSW as needed regarding the child's IFSP.
A.
B. ~~C.~~ Notify, as necessary, his or her supervisor of any issues related to the child's IFSP.

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~~When a child enters DCFS custody, the Court has the option of ordering who may be involved in that child's educational planning. If the court orders that the child's parent (s) have no involvement in the child's educational planning, the Department shall ask the child's foster parent(s) or appropriate biological relative to act as the surrogate parent.~~

~~If the child's parent is a partner in planning and overseeing the child's education as a part of the IEP team, a surrogate parent is not necessary. The child's parent, if permitted by the court to participate, may request that a family member or foster parent attend the IFSP as a surrogate. Written documentation of the parent's request for a surrogate must be included in the Case Plan.~~

~~The appointed family member or foster parent is not required to undergo training as a surrogate parent.~~

PROCEDURE II-I3: FASD REFERRALS AND SERVICES

01/2013

Note: This procedure is applicable to those children already involved in an open DCFS case and who DCFS staff or providers suspect may be affected by FASD.This procedure is not applicable to infants born with and affected by FASD and reported to the Child Abuse Hotline by a healthcare provider. Please see Policy II-D and Procedure II-D6 for more information regarding infants born with and affected by FASD.

If child is symptomatic of FASD, the Family Service Worker or Health Service Worker will:

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A. Gather information regarding the child's in utero and birth history to determine if the biological mother consumed alcohol (e.g., at what points during the pregnancy, amount consumed, frequency consumed, etc.) and/or any illegal substances while pregnant with child.
B. Complete and submit CFS-099: FASD Screening Referral to the FASD Director via fax (see CFS-099 for the current fax number~~3-14692-5272~~).
C. Collaborate with the FASD Unit to ensure the child receives any necessary referrals and accesses any needed services as per the results and recommendations of the FASD screening and/or diagnosis.
D. Conference with supervisor as needed regarding FASD referrals and services.

The FSW Supervisor will:

A. Conference with the FSW as needed regarding FASD referrals and services.
B. Notify, as necessary, his or her supervisor of any issues related to the FASD referrals and services.

The FASD Director will:

A. Review the completed CFS-099: FASD Screening Referral.
B. Assign the FASD FSW (or self-assign if FASD FSW is unavailable) to conduct an FASD screening.
C. Collaborate with the FASD FSW and child's FSW to make necessary referrals or access services per the results and recommendations of the FASD screening and/or diagnosis.

The FASD FSW will:

A. Conduct FASD screenings as assigned.
B. Communicate results of FASD screening and/or diagnosis to the child's FSW and FASD Director.
C. For all children screened for and/or diagnosed with FASD, collaborate with FASD Director and child's FSW to make appropriate referrals or access services per the results and recommendations of the FASD screening and/or diagnosis.

~~Once the child's parent is ready to resume involvement, the surrogate parent will be discharged. If the family member or foster parent has not received surrogate parent training and would like to, the Local Education Agency (LEA) Special Education Supervisor or designee can assist in coordinating the surrogate parent training for the family member or foster parent.~~

~~If the child's parents cannot be located or the goal is not reunification, the child's foster parent will serve as the surrogate parent and must attend the IFSP meeting.~~

~~The DCO-3350: Referral For Services, DHS-4000: Authorization to Disclose Health Information, and DMS-800: Children's Medical Services Application are located on DHS Share.~~

~~**WHEN A CASE IS NOT OPENED (but an allegation has been found true):**~~

~~The Family Service Worker will:~~

~~A.~~
~~B. M~~
~~C. Refer all children in the home under the age of three to DDS within two working days of completing the child maltreatment investigation with a true finding.~~
~~D. **Complete the DCO-3350: Referral for Services and submit to the local DDS office.**~~
~~Complete the DCO-3350: Referral for Services and submit to the local DDS Service Coordinator.~~
~~E. Send written notification to the parent/guardian informing them that the child will be referred to DDS for Early Intervention Services.~~
~~DDS worker will determine the eligibility of the child for services, and will forward a letter to the DCFS Family Service Worker and the DCFS County Supervisor.~~
~~Obtain the following:~~
~~Court order, if applicable~~
~~Copy of Social Security Card or number~~
~~Copy of Medicaid Card or number, if applicable~~

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- Referral source contact information (may be the FSW or the parent/guardian)
- Any other pertinent information related to the request
- DMS 800: Children's Medical Services Application (parent must complete)
- Copy of EPSDT (parent must obtain)
- Copy of all evaluations, if available
- Copy of the CFS-6009: Family Strengths, Needs, and Risk Assessment (FSNRA)

If it is determined that the child(ren) needs and is eligible for Early Intervention Services, coordinate services with DDS Children's Services. The FSW may act as the liaison between the DDS Service Coordinator and the parent(s)/guardian(s) but may not be the sole contact and/or decision maker for the child(ren).

Upon referral, the DDS Service Coordinator should:

- Assess and determine the need and eligibility of the child(ren) for services and forward a letter to the DCFS Family Service Worker and the DCFS County Supervisor indicating the eligibility status and needs of the child(ren), if applicable.
- If it is determined that the child(ren) needs and is eligible for Early Intervention Services, provide a more detailed explanation to the parent(s)/guardian(s) of Early Intervention Services including types, benefits, requirements, etc.
- Contact the referral source with the results of the referral.

F. A referral for services on behalf of any child may be sent at any time by the parent(s), guardian(s), or individual(s) with legal authority acting on behalf of the child. DDS should contact the referral source with the results of the referral.

For confidentiality purposes, state the child maltreatment type that received a true finding only in the comments section.

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EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL

POLICY II-I: EARLY INTERVENTION REFERRALS AND SERVICES

01/2013

For children who are discovered to have or be at risk of a developmental delay, appropriate Early Intervention Services are essential. Early Intervention Services are designed to lessen the effects of any potential or existing developmental delay. Ultimately Early Intervention Services help the child learn and reach his or her individual potential with the support and involvement of the child's family, as appropriate. It is important for such services to begin as early as possible and for biological parents to be involved in decisions related to Early Intervention Services.

REFERRALS TO DIVISION OF DEVELOPMENTAL DISABILITIES FOR EARLY INTERVENTION SERVICES SCREENING

When a child maltreatment investigation involving any children in the home under the age of three is initiated, the Division will refer all children in the home under the age of three to the Division of Developmental Disabilities Services' (DDS) Children's Services for Early Intervention Services (i.e., First Connections; this program is not the same as the waiver program) for a screening. The referral to DDS will help enhance the well-being of the children referred as well as ensure Division compliance with the Child Abuse Prevention and Treatment Act (CAPTA) regarding substantiated cases of child abuse and neglect involving children under the age of three.

DDS Children's Services will screen all of the children under the age of 3 (regardless of whether all of the children are named as alleged victims) who have been referred to First Connections to determine their need and eligibility for Early Intervention Services. If the results of the screening determine that a child will benefit from Early Intervention Services, the biological parent(s) (if parental rights have not been terminated) must consent to allow his or her child to participate before services are initiated.

For children under the age of 3, eligibility for DDS Children's Services will be determined by a screening assessment to determine the need for additional evaluations (if a child referred to DDS Children's Services is within 45 days or less of his or her third birthday, then DDS Children's services may forward the referral to the Arkansas Department of Education, Special Education (Part B)). If warranted, a developmental evalution for children under age three will be completed in the areas of cognition, communication, social/emotional, physical, and adaptive as available and appropriate. Based upon the developmental evaluation results, a speech, occupational, and/or physical therapy evaluation may be conducted as available and appropriate. All evaluation results as well as medical information, professional informed clinical opinion(s), and information gathered from biological parents and DCFS will be utilized to determine Early Intervention eligibility.

While a referral for early intervention services is required for children under the age of three when an investigation is initiated, a referral for early intervention services on behalf of any child may be sent at any time.

DDS EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLANNING

If a child is determined to be eligible for services and the child's biological parent(s) consents to services, Individualized Family Service Plan (IFSP) meetings will be held to develop an appropriate service plan for the child. IFSP activities and services must be added to the child's case plan.

Adult participation in the IFSP meetings and related decision-making on the child's behalf is required. If the child is involved in a supportive or protective services case or if a child in foster care has a goal of reunification, the child's parent/guardian is encouraged to attend the IFSP meetings to make decisions related to Individualized Family Service Planning and Early Intervention Services for his or her child.

However, an appropriate family representative or foster parent serving as a surrogate parent must participate in the IFSP meetings if:

A. The court orders that the child's parent/guardian shall have no involvement in the child's educational planning; or,
B. The child's parents cannot be located; or,
C. The goal is not reunification for those children involved in foster care cases.

If for one of the reasons listed above or if for any other reason the biological parent(s) is unable or unwilling to attend IFSP meetings and make the decisions related to early intervention for his or her child, the biological parent(s) may submit a written request for another relative by blood, adoption, or marriage to serve as a family representative and make decisions regarding early intervention planning and services for the child (provided the court has not issued a no contact order for that particular relative). The written documentation of the parent's request for an appropriate relative to serve as a family representative during IFSP meetings must be included in the child's case record and shared with DDS. Relatives serving as a family representative during IFSP meetings are not required to undergo surrogate parent training.

Alternately, a foster parent may serve as a surrogate parent for the child in foster care during the IFSP meetings. However, in order for a foster parent to serve as a surrogate parent during IFSP meetings, the foster parent must have successfully completed the DDS Surrogate Parent Training. The local DDS Service Coordinator or designee can assist in coordinating surrogate parent training.

After a foster parent has completed the DDS Surrogate Parent Training, they may serve as a surrogate parent for any child.

If the requested relative or foster parent declines to serve as the family representative or surrogate, respectively, the DDS provider will appoint a surrogate parent to participate in the child's IFSP meetings.

In any situation in which a family representative or surrogate parent is acting on behalf of the child, the surrogate parent will be discharged when the child's biological parent is ready and able to resume involvement.

REFERRALS FOR FETAL ALCOHOL SYNDROME DISORDERS (FASD) SCREENING

Fetal Alcohol Syndrome Disorders is an umbrella term used to describe the range of effects or disorders that can occur in an individual whose mother consumed alcohol during pregnancy. All caretakers involved in the delivery or care of infants must contact DHS regarding an infant born and affected with a Fetal Alchohol Spectrum Disorder (FASD). In addition, DCFS FSWs and Health Service Workers will refer children who have known prenatal alcohol exposure and exhibit FASD symptoms and/or behaviors to the DCFS FASD Unit for an FASD screening. The FASD screening will help determine if early intervention services specific to FASD are needed.

In order to conduct an effective FASD screening, the FSW and/or Health Service Worker will gather information regarding the child's in utero and birth history. Depending on the information collected and the results of the screens, a referral for an FASD diagnosis may be provided. If a child is diagnosed with FASD, the following services may be offered to the family:

- Referral to DDS (early intervention or DDS waiver), if applicable and available
- Referral to specialized day care, if applicable
- Referral to FASD family support group (available to biological, foster, and adoptive families), if available
- FASD parenting classes (available to biological, foster, and adoptive families)

A plan of safe care must also be developed for any infant born and affected with FASD who is referred to the Division via the Child Abuse Hotline.

PROCEDURE II-I1: DDS Early Intervention Services Referrals

01/2013

When a child maltreatment investigation is open involving children in the home under the age of three, the Family Service Worker will:

A. Provide an overview of the benefits of Early Intervention Services to the parent/guardian.
B. Make a referral to DDS for each child in the home (victims and non-victims) under age three.
    1) Complete form DCO-3350 available in CHRIS (for confidentiality purposes, state the child maltreatment type only in the comments section of the referral).
    2) Provide completed DCO-3350 to the local DDS Services Coordinator.
C. Inform the parent/guardian that their child(ren) will be referred to DDS Children's Services to assess the child(ren)'s need and eligibility for Early Intervention Services.
D. Ask the parent/guardian to complete DHS-4000 for their child(ren) under the age of three for whom the Early Intervention referral has been made.
E. Provide the local DDS Services Coordinator with:
    1) Completed DHS-4000: Authorization to Disclose Health Information.
    2) Court-order, if applicable
    3) Copy of Social Security Card or number
    4) Copy of Medicaid Card or number, if applicable
    5) Referral source contact information (may be the FSW or the parent/guardian)
    6) Any other pertinent information related to the request
    7) DMS-800: Children's Medical Services Application (parent must complete)
    8) Copy of EPSDT (parent must obtain)
    9) Copy of all evaluations, if available
    10) Print out of CFS-6009: Family Strengths, Needs, and Risk Assessment (FSNRA)
F. Coordinate paperwork and services, as applicable, with the local DDS Service Coordinator. The FSW may act as the liaison between the DDS Service Coordinator and the parent/guardian/surrogate parent but may not be the sole contact and/or decision-maker for a child.
G. Share the child's case plan with the local DDS Service Coordinator to help coordinate services and keep the local DDS Service Coordinator informed of any changes to the case plan that may affect early intervention services and care coordination.
H. Document contacts related to the DDS Early Intervention Services referral in the contacts screen in CHRIS.
I. Update the child's case plan as appropriate.
J. Conference with supervisor as needed regarding the referral to DDS Early Intervention Services.

The FSW Supervisor will:

A. Conference with the FSW as needed regarding the child's DDS Early Intervention Services referral.
B. Notify, as necessary, his or her supervisor of any issues related to the child's DDS Early Intervention Services referral.

Upon referral, the DDS Service Coordinator should:

A. Assess and determine the need and eligibility of the child for services and forward a letter to the DCFS Family Service Worker and FSW Supervisor indicating the eligibility status and needs of the child, if applicable.
B. If it is determined that the child needs and is eligible for Early Intervention Services:
    1) Provide a more detailed explanation to the parent/guardian of Early Intervention Services including types, benefits, requirements, etc.
    2) Keep the child's FSW and parents (and surrogate parents, if applicable) informed of the child's progress and any changes in services.

PROCEDURE II-I2: DDS EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLANNING

01/2013

The FSW will:

A. If the goal for the child is reunification, include Early Intervention Services and Individualized Family Service Planning (IFSP) meetings in the case plan, as appropriate, and ensure the biological parent participates IFSP and related services as appropriate.
B. If the biological parent is unable or unwilling to participate in IFSP (e.g., court orders that the child's parent/guardian shall have no involvement in child's educational planning, parents cannot be located; goal is not reunification):
    1) Request an appropriate relative by blood, adoption, or marriage to attend the IFSP meetings as a family representative.
        a) Ensure that a no contact order from the court pertaining to a selected relative does not exist and that relative is otherwise appropriate to serve as a family representative.
        b) Family representatives are not required to undergo DDS Surrogate Parent Training.
    2) If a family representative is not available or appropriate, request that the child's foster parents serve as surrogate parents during IFSP meetings.
        a) Work with local DDS Service Coordinator or designee to coordinate surrogate parent training for foster parent who will serve as the surrogate parent. If surrogate parent does not complete surrogate parent training, then DDS and its designated providers must still consult with and obtain consent from the biological parent(s) regarding all decisions related to the child's Individualized Family Service Planning and related Early Intervention Services.
C. Continue to update child's case plan accordingly with information from IFSP.
D. Conference with supervisor as needed regarding the child's IFSP.

The FSW Supervisor will:

A. Conference with the FSW as needed regarding the child's IFSP.
B. Notify, as necessary, his or her supervisor of any issues related to the child's IFSP.

PROCEDURE II-I3: FASD REFERRALS AND SERVICES

01/2013

Note: This procedure is applicable to those children already involved in an open DCFS case and who DCFS staff or providers suspect may be affected by FASD. This procedure is not applicable to infants born with and affected by FASD and reported to the Child Abuse Hotline by a healthcare provider. Please see Policy II-D and Procedure II-D6 for more information regarding infants born with and affected by FASD.

If child is symptomatic of FASD, the Family Service Worker or Health Service Worker will:

A. Gather information regarding the child's in utero and birth history to determine if the biological mother consumed alcohol (e.g., at what points during the pregnancy, amount consumed, frequency consumed, etc.) and/or any illegal substances while pregnant with child.
B. Complete and submit CFS-099: FASD Screening Referral to the FASD Director via fax (see CFS-099 for the current fax number).
C. Collaborate with the FASD Unit to ensure the child receives any necessary referrals and accesses any needed services as per the results and recommendations of the FASD screening and/or diagnosis.

D. Conference with supervisor as needed regarding FASD referrals and services.

The FSW Supervisor will:

A. Conference with the FSW as needed regarding FASD referrals and services.
B. Notify, as necessary, his or her supervisor of any issues related to the FASD referrals and services.

The FASD Director will:

A. Review the completed CFS-099: FASD Screening Referral.
B. Assign the FASD FSW (or self-assign if FASD FSW is unavailable) to conduct an FASD screening.
C. Collaborate with the FASD FSW and child's FSW to make necessary referrals or access services per the results and recommendations of the FASD screening and/or diagnosis.

The FASD FSW will:

A. Conduct FASD screenings as assigned.
B. Communicate results of FASD screening and/or diagnosis to the child's FSW and FASD Director.
C. For all children screened for and/or diagnosed with FASD, collaborate with FASD Director and child's FSW to make appropriate referrals or access services per the results and recommendations of the FASD screening and/or diagnosis.

POLICY II-D: CHILD ABUSE HOTLINE FOR CHILD MALTREATMENT REPORTS

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09/2011

Pursuant to Act 1240 of 1997, the Department of Human Services and the Arkansas State Police entered into an agreement for the Arkansas State Police Crimes Against Children Division to assume responsibility for the administration of the Child Abuse Hotline and the assumption of investigative responsibility as identified in Procedure II-D11. The Crimes Against Children Division (CACD) is composed of two sections: (1) the Child Abuse Hotline, and, (2) civilian employees who investigate child maltreatment reports.

All child maltreatment allegations are to be reported to the Child Abuse Hotline. No privilege, or contract, shall prevent anyone from reporting child maltreatment when the person is a mandated reporter. (See Appendix I: Glossary).

No privilege shall prevent anyone, except between a client and his lawyer or minister or Christian Scientist practitioner, and any person confessing to or being counseled by the minister, from testifying concerning child maltreatment.

The Arkansas Child Abuse Hotline must accept reports of alleged maltreatment when either the child or his family is present in Arkansas or the incident occurred in Arkansas. Another state may also conduct an investigation in Arkansas that results in the offender being named in a true report in that state and placed that state's Child Maltreatment Central Registry.

Upon receipt of a call from a health care provider involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD), the Arkansas Child Abuse Hotline shall accept such calls. However, such referrals are not considered official hotline reports and will not be investigated, but rather referred to DCFS for a Referral and Assessment (R and A) and development of an appropriate plan of safe care. The Request for a DCFS Assessment ~~Screen~~ accommodates instances where an individual is not reporting abuse/neglect but is requesting other services for the family.

PROCEDURE II-D1: Child Abuse Hotline

09/2011

The Child Abuse Hotline Worker will:

A. Receive and document all child maltreatment allegation reports with sufficiently indentifying information as defined by Arkansas law.
B. Receive fax transmission in non-emergency situations by identified reporters who provide their name, phone, number and email address (for online reporting). Confirm receipt of fax transmission via a return fax transmission.
C. Conduct a history check on all reports unless call waiting to be answered by the hotline have been waiting for 15 minutes or longer. History checks will be conducted on serious maltreatment allegations or allegations involving children 3 years of age and younger regardless of wait time.
D. Attempt to secure all information requested in each screen within the Referral Section of CHRIS and elicit all information requested on the "Referral" and "Narrative" screens:
    1) Reason(s) the reporter suspects child maltreatment and how the reporter acquired the information,
    2) Current risk of harm to the child,
    3) Mental and physical condition of alleged offender,
    4) Potential danger to staff assessing the report,
    5) Identity and location of possible witnesses or persons knowledgeable about the alleged child maltreatment,
    6) Relevant addresses and directions,
    7) Licensing authority and facility involved (if applicable).