



**Nebraska Early
Development Network**

Babies can't wait



2025 EDN Conference



Agenda

8:45 am – 9:45 am | ChildFind

9:45 am – 10:15 am | Child Outcome Data

10:15 am – 10:30 am | Break

10:30 am – 11:00 am | PRT Performance Reports and Determinations

11:00 am – 11:45 am | AD Waiver/Katie Beckett Updates

11:45 am – 12:45 pm | Working Lunch

12:45 pm – 1:15 pm | Including AT on the IFSP

1:15 pm – 1:45 pm | Transition from Part C to Part B

1:45 pm – 2:00 pm | Services Coordination Narratives

2:00 pm – 2:15 pm | Break

2:15 pm – 2:45 pm | RBEI Updates

2:45 pm – 3:30 pm | Policy and Procedures Updates

Questions? Submit them here!



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Child Find

Child Find

- Regulations for Part C of IDEA state that states must have a "comprehensive child find system" with the purpose of identifying, locating, and evaluating all infants and toddlers with disabilities birth to age three as early as possible.
- Who's responsible for child find in the PRTs....everyone

Child Find Outreach Ideas

- Radio, TV, billboard, social media, magazine advertising
- Local Community events such as: parades, county fairs, health fairs, school events, public library story times, grocery/convenience stores, etc.
- Cultural events/gatherings for Tribal organizations, Hispanic/Asian/Refugee cultural centers/events, etc.
- Meet with medical/dental/mental health professionals etc.

Outreach Partners

- outreach to medical/mental health providers and clinics, hospitals, public health clinics, physician, dental, audiology and optometrist offices, NICUs, etc. in your region
- outreach to Head Starts, Sixpence, WIC clinics, Community Action Agencies, child care programs, local CFS offices, CASA agencies, foster care agencies, child advocacy centers, other child welfare programs
- Federal regs require outreach/coordination with these additional programs/populations:
 - Native American/American Indians residing on reservations; Tribal organizations, homeless shelters/organizations; NDHHS - foster care/wards of the state, Public Health home visiting programs; child care programs; Domestic Violence organizations/shelters; EHDI; migrant programs, etc.



Learn the Signs Campaign

OBI Creative

Who is OBI?



- Full-service advertising agency in Omaha, NE
- Offering creative services, media buying and more
- Partners of UNMC for 5+ years

The Message

- Convey the importance of keeping up with developmental milestones without causing any panic or shame
- Create a safe space for people to learn more about their children's development and get help if needed.
- Ensure as many people as possible have access
- Use clear and concise language
- Using informative and professional tone, but also caring, nurturing and understanding
- Delivered in English and Spanish



The Visuals

- Increase engagement and awareness by making the visuals more attention-grabbing, inclusive, and emotionally
- Utilize vibrant colors and gradients, replacing the previous muted pastel backgrounds
- Infuse the design with more energy and visibility to making it stand out
- Rotate imagery regularly to ensure that a wider range of families can see themselves reflected in the campaign



Usted puede hacerse cargo del desarrollo de su hijo.

CONOZCA MÁS



Nebraska Early Development Network
Babies can't wait

Delayed skills have nearly doubled during the pandemic. Catch up on missed milestones.

LEARN MORE



Nebraska Early Development Network
Babies can't wait

Aborde sus inquietudes. Alivie sus preocupaciones.

CONOZCA MÁS



Nebraska Early Development Network
Babies can't wait

Recognize the delays. Support their development.

LEARN MORE



Nebraska Early Development Network
Babies can't wait

Aborde sus inquietudes. Alivie sus preocupaciones.

CONOZCA MÁS



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You can take charge of your child's development.

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Detección temprana. Acciones tempranas.

CONOZCA MÁS



Nebraska Early Development Network
Babies can't wait

Address your concerns. Ease your worries.

LEARN MORE



Nebraska Early Development Network
Babies can't wait

20,958,845

times this important message was
seen by parents with young children
(impressions)

11,763

times someone took the time to
actively educate themselves
(PDF downloads)

143,420

times someone took a moment to
consider their child's development
(landing page visits)

Contributed to a total of

2,450 Referrals

from July 2023 – now

 Meta



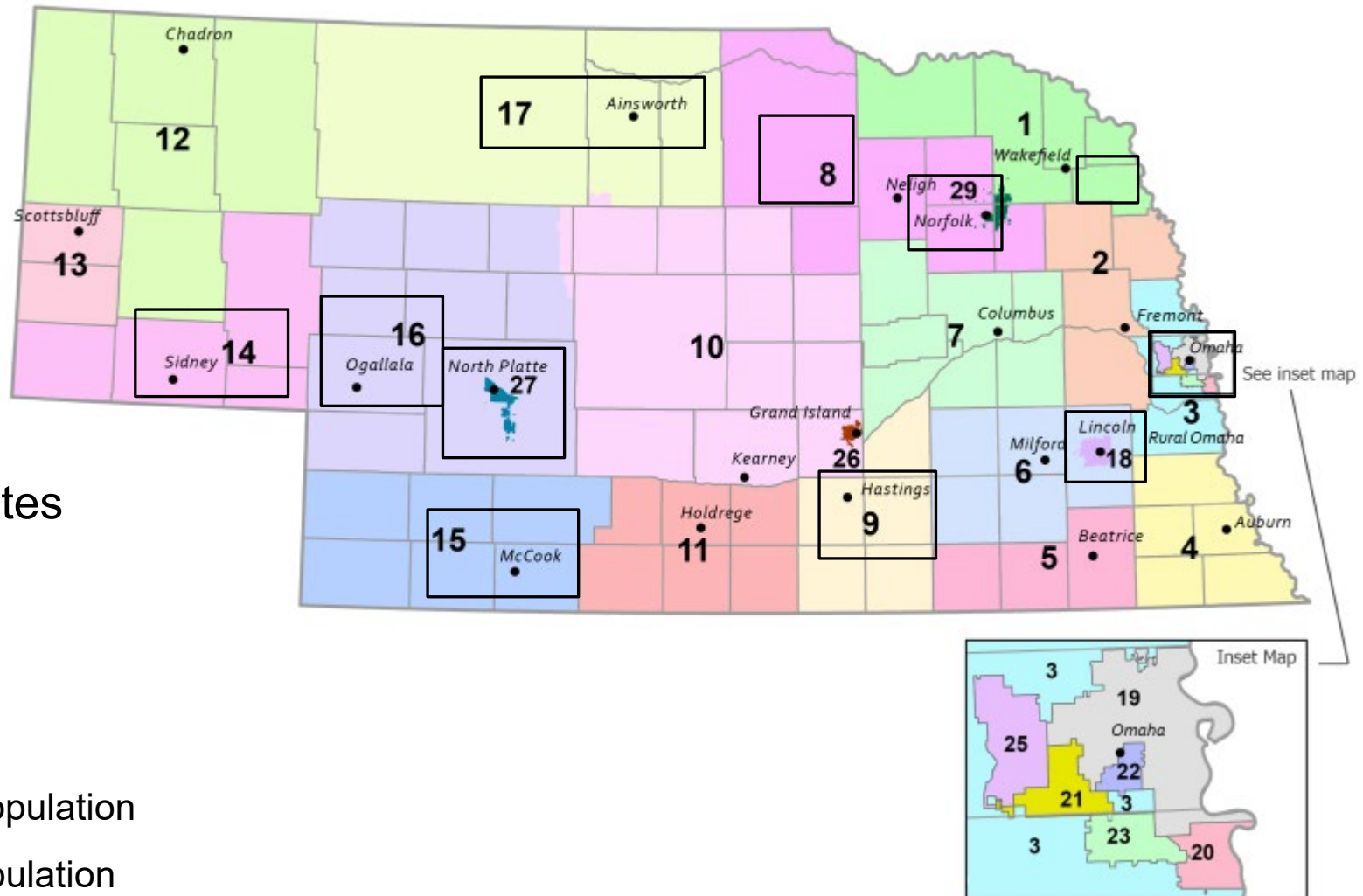
TikTok

 YouTube

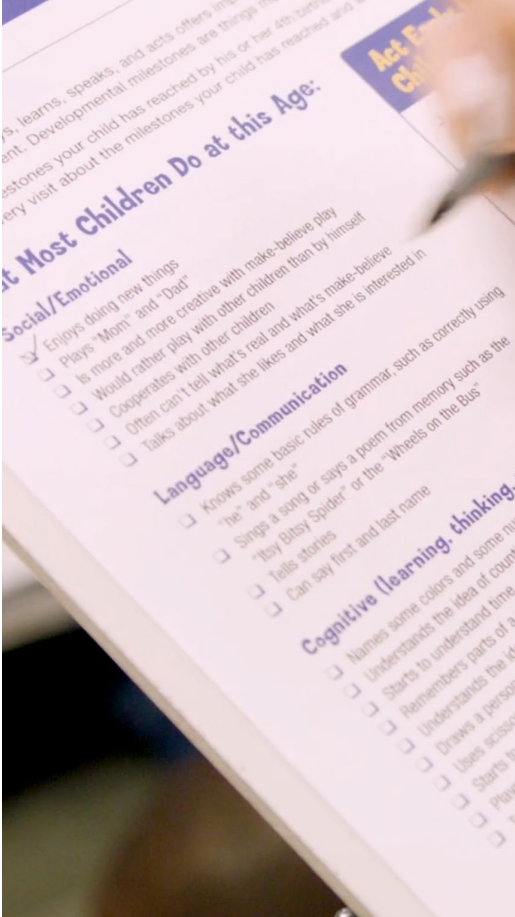
Our Impact

Geotargeting – Reaching Families Across Nebraska

- Narrowed in on specific cities on Google, expanded to key cities on Meta
- 2.03% to 4.22% – engagement rates more than doubled in 2 months
- Key cities:
 - Norfolk
 - Hastings – high Spanish-speaking population
 - Thurston – high Native American population



Lifetime Top Performing Creative per Platform



Meta

- CTR: 3.28%
- Performed **1.4x better** than industry average

TikTok

- CTR: 0.32%



Google

- CTR: 21.35%
- Performed **2.3x better** than industry average

Thank you for all you do!





GROWING IN THE GOOD LIFE

Learning from Immigrant and Refugee Families: Perspectives on Child Development and their Access to Care

Kerry Miller, PhD

UNMC-Munroe Meyer Institute

Collaborative Project



Overview

This project was funded by the Early Development Network to explore ways to **improve access** to their services **for immigrant and refugee families with young children.**

Our approach was informed by insights gathered during Fall 2023 listening sessions with organizations supporting families from immigrant and refugee backgrounds. Based on what we learned, **EDN supported our efforts to engage directly with families and learn from their experiences.**

Project Goals

Understand how immigrant and refugee parents in Nebraska define typical child development

Explore how this population of parents recognize developmental delays or disabilities

Identify cultural differences that may influence recognition of delays and help-seeking behaviors

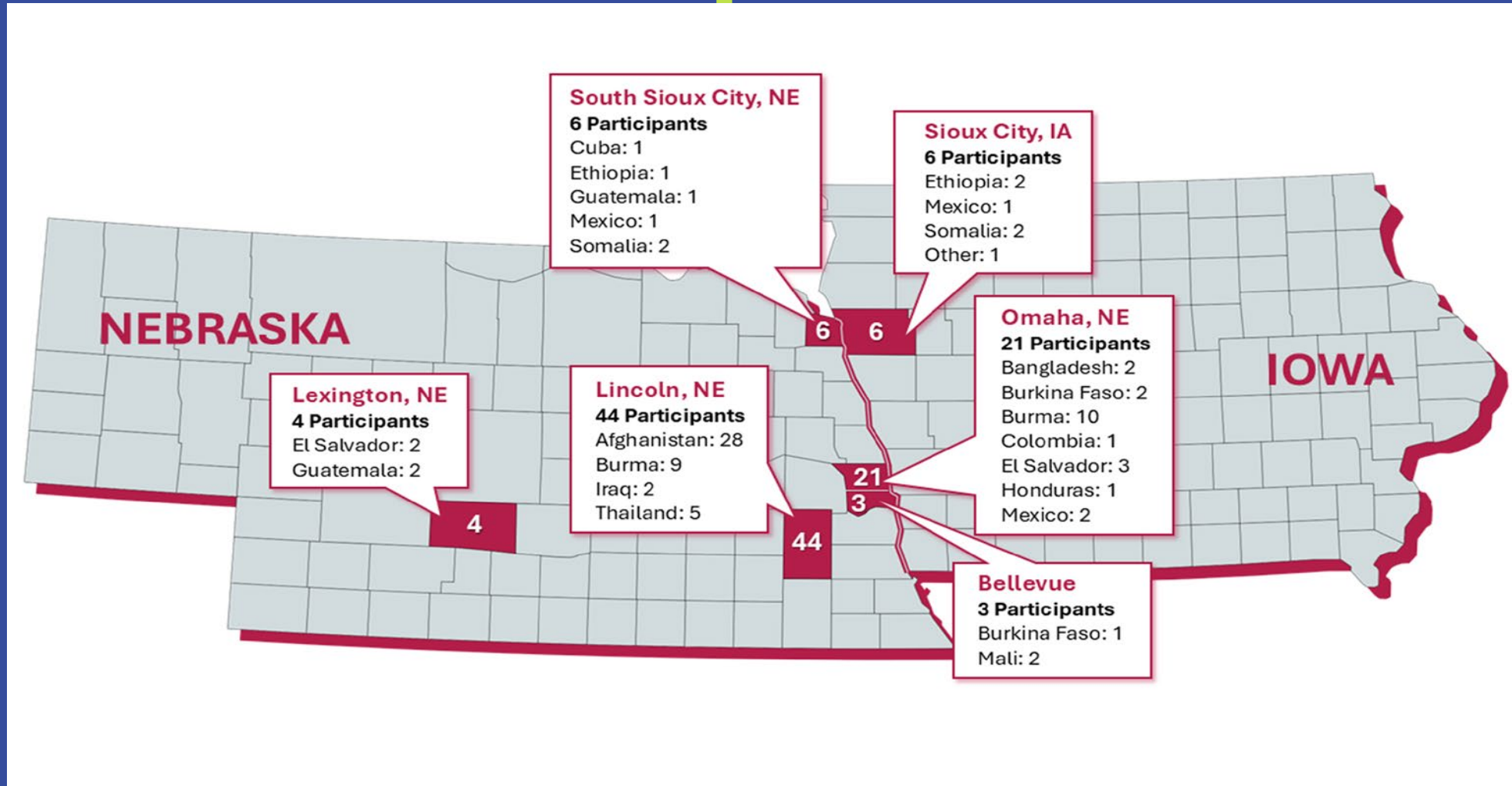
Objectives

- 1 Conduct a comprehensive assessment to **identify barriers and resources encountered by immigrant and refugee populations** in Nebraska when accessing early childhood programs
- 2 Facilitate effective communication channels with caregivers from immigrant and refugee backgrounds to **gain insights** into their **perspectives on child development, definitions of developmental delay or disability**, and the **cultural tensions** between their own definitions and those of the host culture (Western)
- 3 Investigate and document the **specific challenges** faced by caregivers from immigrant and refugee backgrounds in **seeking screening** for developmental delay, as well as **barriers hindering their access** to early intervention services
- 4 **Inform outreach efforts** conducted by the Early Development Network (EDN) and Child Find by utilizing the data collected to tailor strategies specifically addressing the identified barriers faced by immigrant and refugee populations



Participants' Countries of Origin

Communities Represented



Key Findings

Understanding of Development

Caregivers monitor physical, cognitive, language, and social-emotional milestones using both formal (healthcare) and informal (family, online) cues.

Help-Seeking Behaviors

Families seek professional help when concerned but often rely on social networks and interpreters to navigate complex systems.

Key Findings

Barriers to Access

Language barriers and inadequate interpretation services

Difficulty navigating healthcare systems

Limited transportation and financial challenges

Facilitators of Access

Strong community connections and advocacy support

In-person interpreters and bilingual staff

Culturally responsive healthcare providers





Interpretation of Findings

- **Language barriers remain one of the most significant challenges families face**, often resulting in confusion or miscommunication during medical and developmental discussions.
- **Community-based recruitment was effective** but may have excluded more isolated families, highlighting a need for broader outreach strategies.
- **Parents are knowledgeable and observant**
 - They **rely on a mix of informal (family/friends) and formal (medical) sources to monitor and identify concerns**, suggesting that interventions must honor and incorporate both.
- **Trust and clarity in communication are critical**, when families feel heard and understood, they are more likely to engage in screening and early intervention.

Recommendations



Language and Interpretation



Connect with Medical Providers



Connect with Community Contacts



Interpretation of Findings



Language and Interpretation

- **Expand access to high-quality, in-person interpretation services** to ensure clear communication and accurate representation of caregivers' concerns.
- **Increase the availability of bilingual providers** or culturally and linguistically matched staff to reduce miscommunication and build trust.
- **Develop and share plain-language materials** in multiple languages, including visual supports for families with low literacy levels. Consider narrated materials.
- **Offer language-specific navigation** support to help caregivers understand appointment scheduling, service eligibility, and developmental milestones.



Connect with Medical Providers

- **Provide training for healthcare providers** on cultural humility and communication strategies when working with immigrant and refugee families.
- **Encourage providers to proactively share developmental information** and screening options during well-child visits, especially for families new to the health care system.
- **Establish partnerships between EDN and clinics** to integrate developmental milestone education into routine care for **ALL** children.
- **Involve providers in Child Find outreach efforts** by equipping them with referral resources and multilingual, accessible materials.



Connect with Community Contacts

- **Leverage trusted community organizations and leaders** as connectors between families and early childhood services.
- **Create a network of cultural liaisons or navigators** who can offer guidance on accessing services and interpreting developmental information.
- **Promote early childhood programs through community gathering spaces** (e.g., churches, mosques, community centers).
- **Support peer-to-peer education models**, where experienced parents mentor others on navigating the healthcare and early intervention systems.

Thank you.

With gratitude to:

Early Development Network

– for your support and partnership

Our Professional Collaborators

– for your insight and guidance

The Families

– for sharing your time, experiences, and trust

This research would not have been possible without this collective support.





The Family Care Enhancement Project (FCEP)

By: Sarah Swanson

UNMC Munroe-Meyer Institute



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A Medical Home for Children with Special Health Care Needs



History:

- Started by Dr. Tom Tonninges.
 - President of the American Academy of Pediatrics.
 - Expert in the Medical Home.
 - Believed in Parent Resource Coordinators as a 'change agent' to delivery, family-centered care.
- Families were more likely to follow thru with EDN referral.
- Project came to MMI in 2015.

The Family Care Enhancement Project Overview

- 15 Parent Resource Coordinators (PRCs)
 - Parents/Caregivers with ‘lived experience’
 - Specialized training
- 12 clinic/organization agreements
- Use blended/braided funding to support families that have children with disabilities or special health needs from birth to age 21.
- Provide parent-to-parent mentorship
- Connect families to community resources



Locations

Kearney: Children's Physicians

Lincoln: Bluestem CHI
Complete Children's Health
Lancaster County Health Department

Norfolk: Midtown Health Clinic

Omaha: One World Boys Town Pediatrics
Charles Drew CHI
UNMC/Munroe-Meyer Institute

Scottsbluff: Independence Rising
Western NE Behavioral Health Clinics



Number of Children & Families Served (October 1, 2024 – March 31, 2025)

Total Number of Children & Families Served

726

New this period

+

662

Continued
Support

=

1,388

Total Served

Newly Enrolled Case Management Cases By Age of Child

419

Children birth to 5

+

206

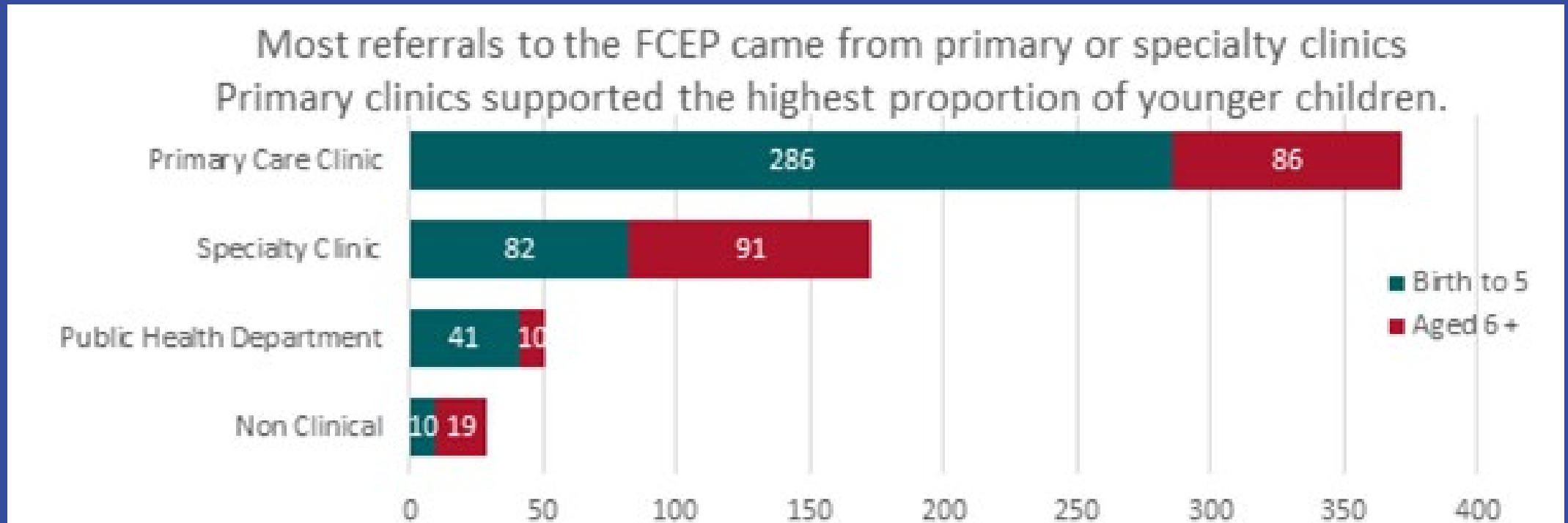
Older than 5

=

625

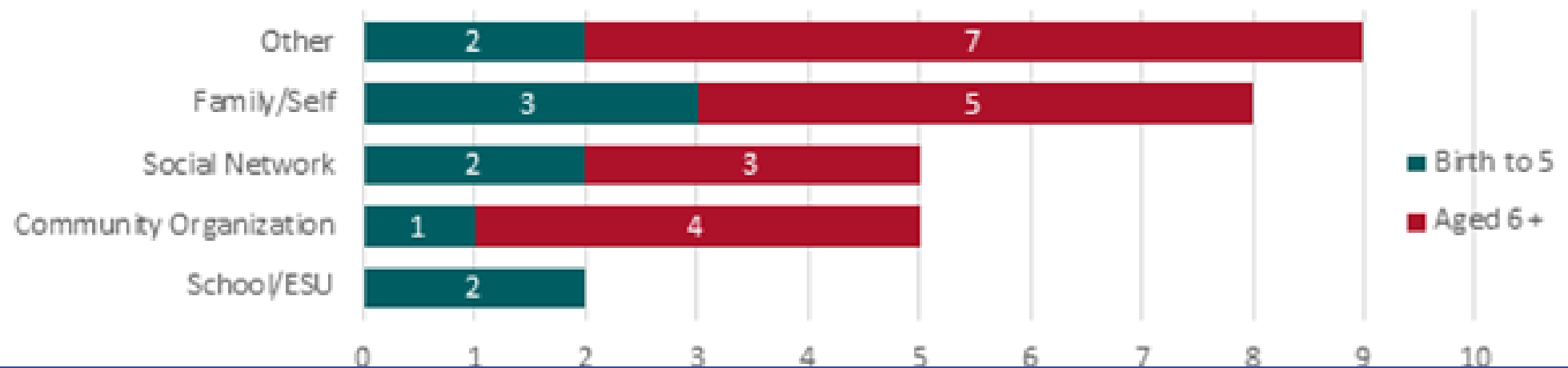
Newly Enrolled

Referral Sources (October to March)

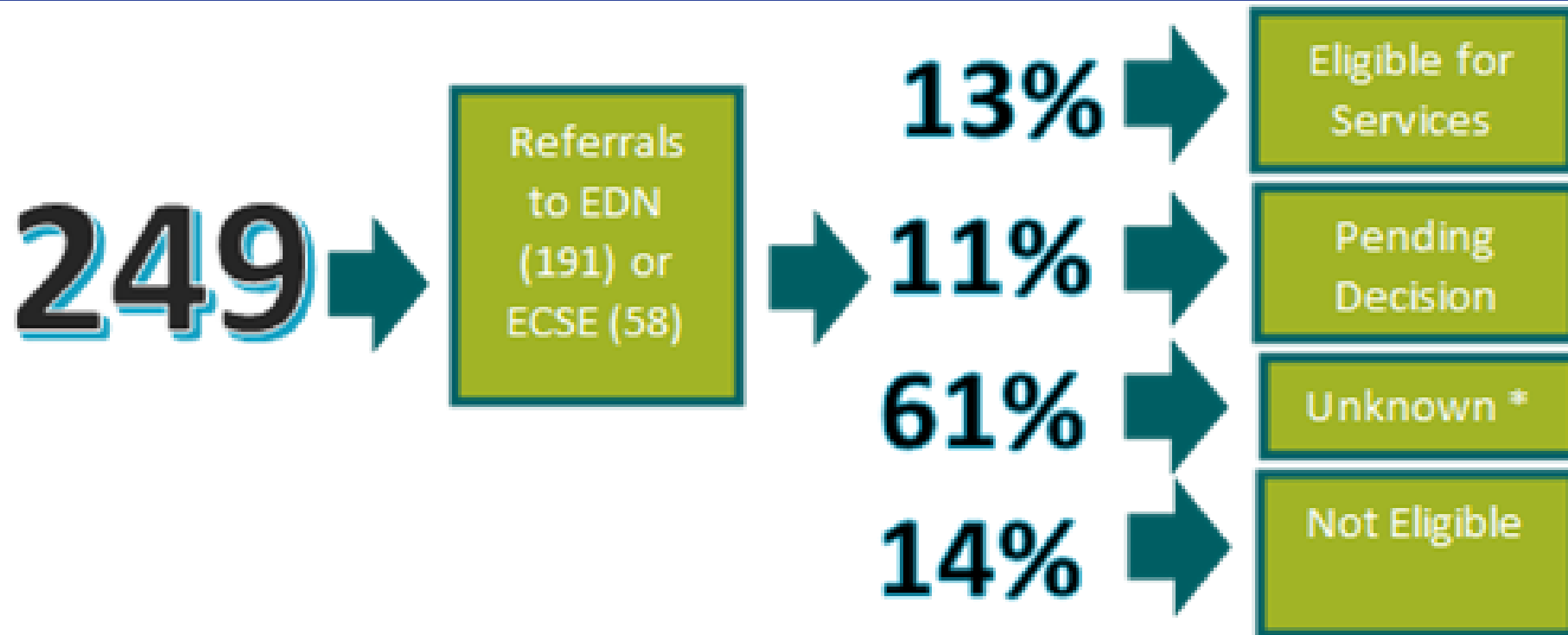


Non-Clinical Referral Sources (October to March)

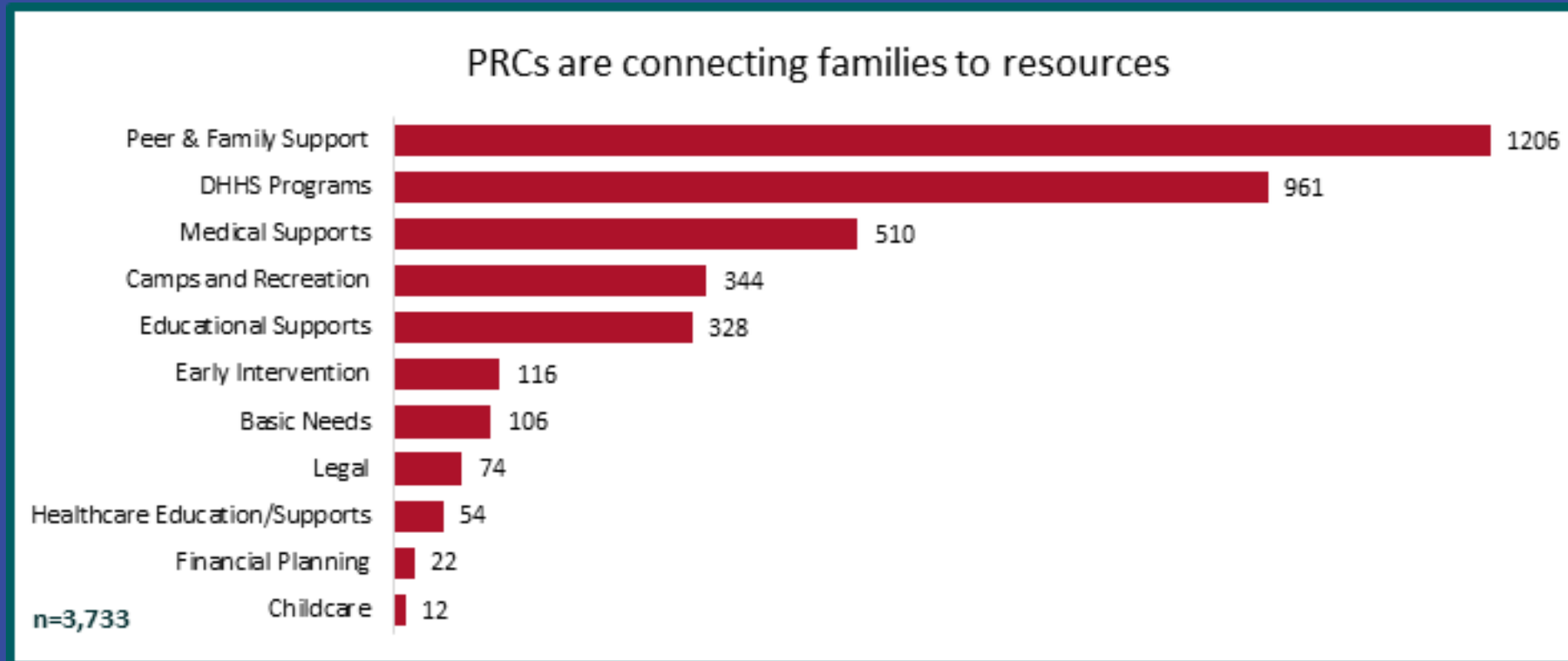
PRCs also supported families referred from non-clinical sources



Referrals to EDN and ECSE (October to March)



Connection to Community Resources (October to March)



Goals:

- Have each PRC support at least one PRT.
- Build relationships with PRT leadership and Services Coordinators.
- Encourage families to participate in PRTs.
- Help to elevate gaps and barriers that families often encounter.

PRC Participation in Planning Region Teams

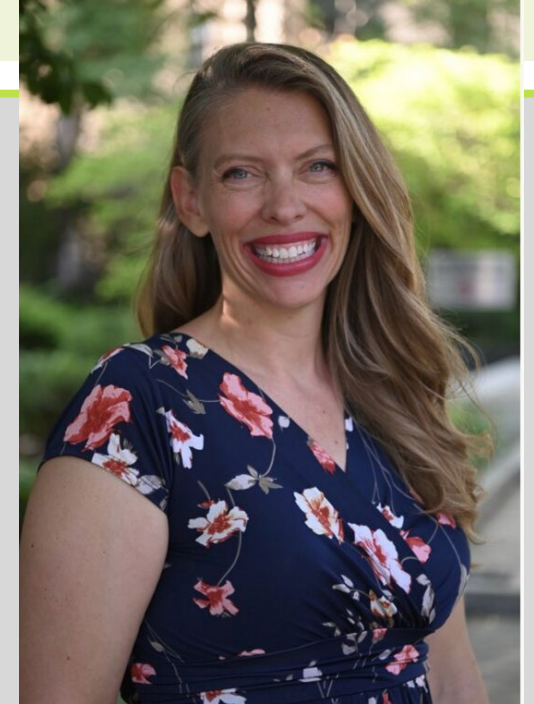
Planning Region Team	Dates Attended
Region 3	10/25, 11/1, 1/17
Region 9	12/10
Region 10	12/13, 1/31
Region 11	11/1, 1/10
Region 12	1/16
Region 14	3/19
Region 18	10/10 (2)
Region 19	11/1, 2/7
Region 23	11/15, 1/10
Region 29	11/13, 1/8

Innovations & Areas of Focus



Lincoln/Lancaster Health Department

- PRC works at health department
 - WIC Clinic
 - Dental Clinic
 - Immunization Clinic
 - Family Connects
 - Healthy Family Home Visitation



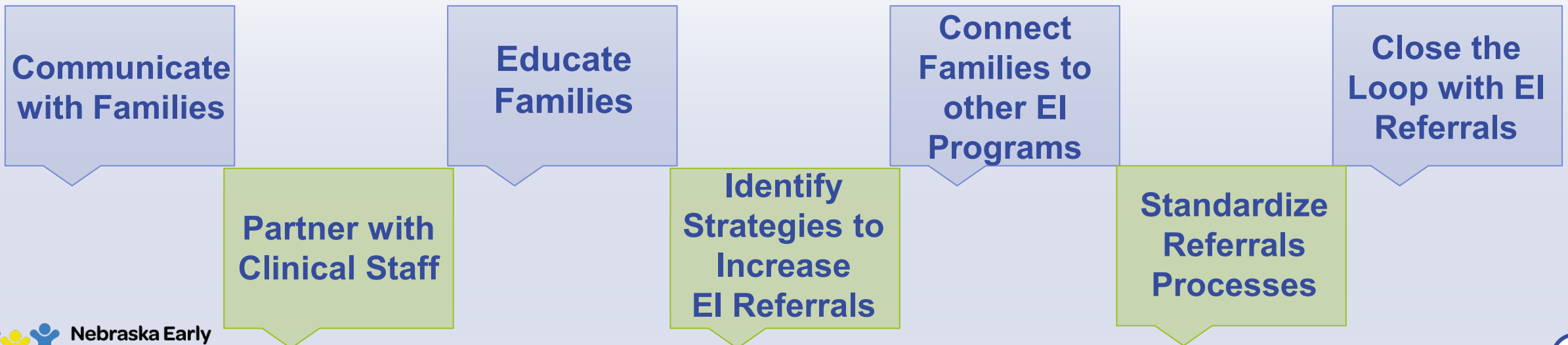
No system
before PRC

Supports
many
refugees

Uses CDC
Milestone
Checklist

Identify “Best Practices” for Early Intervention Referrals

- Just started a workgroup to identify clinic referral practices
 - Does the clinic administer screening tools?
 - How does the clinic track EI referrals and closures?
 - How do PRCs build relationships with clinic leadership?
 - How do PRCs partner with Social Workers and Nurse Managers, etc.?
 - Who makes the EDN referral?



Service Coordinators Can Partner with PRCs to:

- **Connect with a family you haven't been able to reach.**
 - Sometimes the clinic has more updated contact information
 - Can reach out to family through the patient's portal
- **Help families navigate medical, educational, and community resources.**

➤ **How do you partner with PRCs?**



Questions?

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Child Outcome Data

2023-2024 Child Outcomes: Part C Infant-Toddler Exiters		# of Children with Entry/Exit Data	State Targets	State Performance
Outcome A Positive social- emotional skills and relationships	Summary Statement 1	1,387	59.30%	57.68%
	Summary Statement 2	1,387	51.34%	43.19%
Outcome B Acquisition and use of knowledge and skills	Summary Statement 1	1,387	58.58%	54.41%
	Summary Statement 2	1,387	41.60%	36.05%
Outcome C Use of appropriate behaviors to meet needs	Summary Statement 1	1,387	57.89%	54.00%
	Summary Statement 2	1,387	51.24%	44.48%

Discussion - Part C Child Outcomes

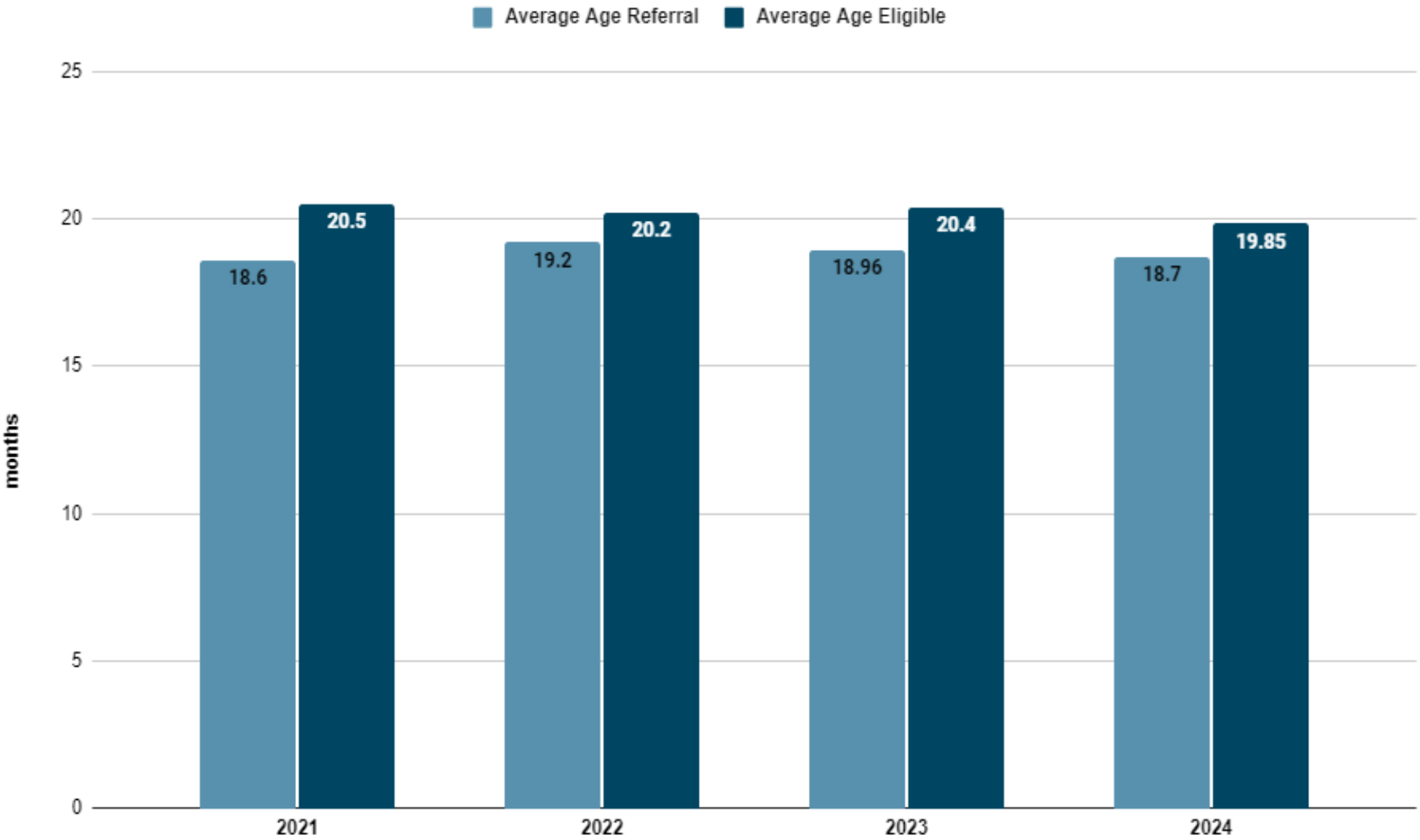
- **Frequency/Intensity of EI services?**
- **Child Find Data impacts?**
- **Settings/Locations of EI services?**

Frequency/Intensity Data

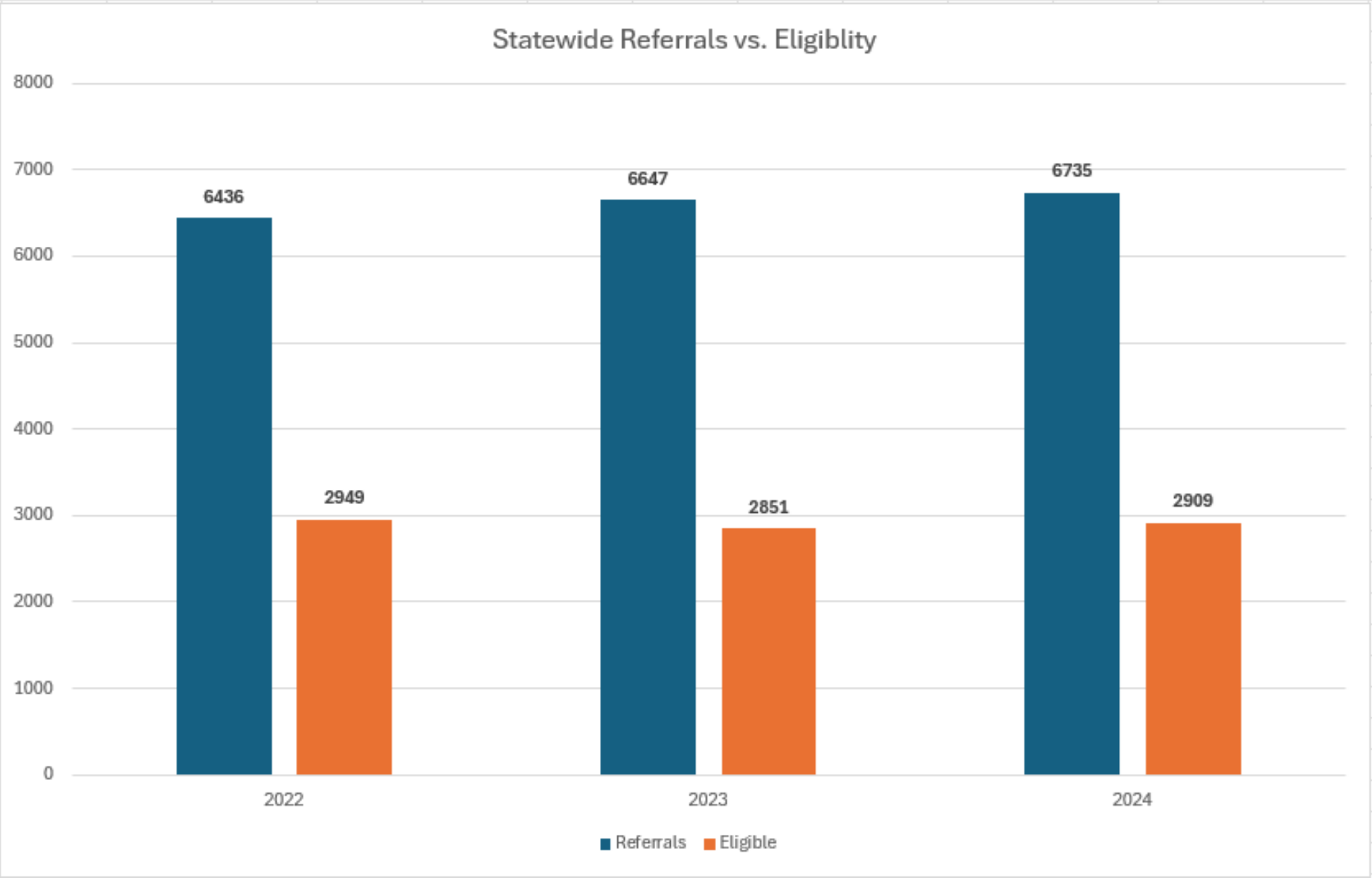
- 7-8 visits in 6 mo.
- 30-45 min per visit
- 5-6 visits actually occur

Child Find Data

Age of Referral (months)



Child Find Data



Settings/Location Data

- 2 visits per month happening in a child care/other natural environment (not the home)

Impact on EI Child Outcomes

Typical/Average EDN experience:

- 20 months old
- 12-14 EI visits
 - 30 min session
- 1/3 of these visits are in child care (no parents)
- 12.3 months - average for time in EDN



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Given this, would we reasonably expect PRTs to meet targets?
Why? Why not?



PRT Annual Performance Reports & Determinations

ILCD Annual Performance Report

Performance Report

*Actual data years vary by Indicator

2025 ▼

Indicators		State Target	PRT Performance	Goal Met
1	Timely Services	❖	❖	
2	Home and Community Based Settings	0.9450	1.0000	✓
3A1	Early Childhood Outcomes	0.5930	0.5000	✗
3A2	Early Childhood Outcomes	0.5134	0.5714	✓
3B1	Early Childhood Outcomes	0.5858	0.5263	✗
3B2	Early Childhood Outcomes	0.4160	0.4762	✓
3C1	Early Childhood Outcomes	0.5789	0.1667	✗
3C2	Early Childhood Outcomes	0.5124	0.4762	✗
4A	Family Outcomes	0.8892	0.9100	✓
4B	Family Outcomes	0.8762	0.9100	✓
4C	Family Outcomes	0.9174	0.9100	✗
5	Child Find Ages Birth to 1	0.0100	0.0108	✓
6	Child Find Ages Birth to 3	0.0238	0.0271	✓
7	IFSP Completed in 45-Day Timeline	❖	❖	
8A	IFSP With Transition Steps	❖	❖	
8B	Notification of Transition	❖	❖	
8C	Transition Conference	❖	❖	

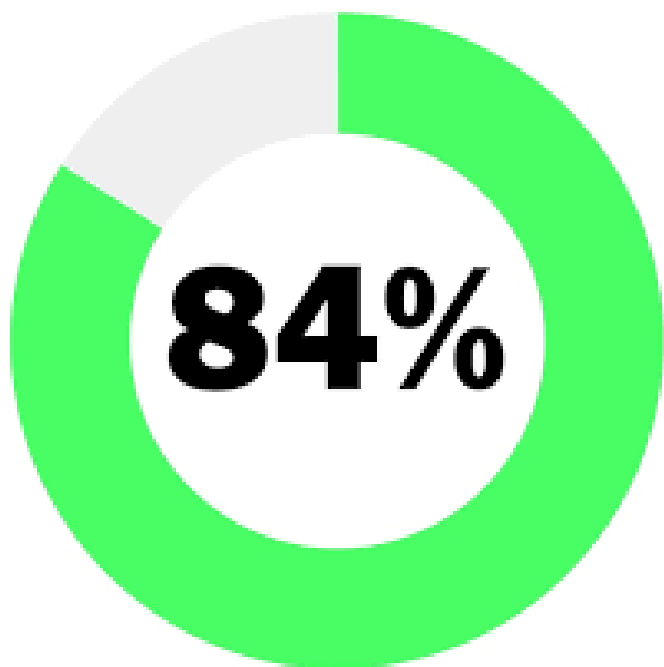
LEGEND



Not Monitored this Year

ILCD Determinations

Indicator	State Target	PRT Performance
2: Home and Community Based Settings	0.9450	1.0000
3A1: Early Childhood Outcomes	0.5930	0.5000
3A2: Early Childhood Outcomes	0.5134	0.5714
3B1: Early Childhood Outcomes	0.5858	0.5263
3B2: Early Childhood Outcomes	0.4160	0.4762
3C1: Early Childhood Outcomes	0.5789	0.1667
3C2: Early Childhood Outcomes	0.5124	0.4762
4A: Family Outcomes	0.8892	0.9100
4B: Family Outcomes	0.8762	0.9100
4C: Family Outcomes	0.9174	0.9100
5: Child Find Ages Birth to 1	0.0100	0.0108
6: Child Find Ages Birth to 3	0.0238	0.0271
1 7 8: Average of Monitoring Indicators (1, 7, 8)	❖	Not Monitored
TIMELY: Timely Reporting	1.0000	1.0000
Sum of State Target / Sum of PRT Performance	7.8611	7.4847



2025 Part C/EDN Family Survey Statewide Return Rate

BREAK



AD Waiver and Katie Beckett Updates

Karen Houseman and Stacey Boss
AD and TBI Waiver Service Coordination
DHHS Division of Developmental Disabilities



Aged & Disabled Waiver Service Coordination

June 18, 2025

Presented by the Division of Developmental Disabilities
Home and Community-Based Services

Helping People Live Better Lives.

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Agenda

- Division of Developmental Disabilities Updates
 - New teams joined DDD
 - State Review Team – DM-5 discontinued
 - End of Waitlist
- Katie Beckett
 - Cost effectiveness form discontinued
 - Transfers
- Aged & Disabled Waiver
 - LRI Personal Care
 - Upcoming Changes
 - Therap
 - Resources

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Division of Developmental Disabilities (DDD) growth

Since 2020 the following teams have joined the DDD:

- Aged & Disabled Waiver and Traumatic Brain Injury Waivers
 - Operations, Quality, Policy, & DHHS service coordination
- State Unit on Aging
 - Oversight of fund, compliance and reporting for the Area Agencies on Aging (AAA) and the Aged and Disabled Resource Center (ADRC)
- Special Health Care Needs Programs
 - Disabled Children's Program (DCP), Disabled Persons and Family Support (DPFS), Genetically Handicapped Persons Program (GHPP), Lifespan Respite, Medically Handicapped Children's Program (MHCP)
- State Review Team
 - Disability Determinations in lieu of Social Security for some scenarios

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State Review Team - update

- Work is underway to aim to shorten the time frame it takes to make a disability determination.
 - More to come when plans are solidified.
- The DM-5 form has been discontinued.
 - It is important for families to submit medical records from the last 12 months to support the child's disability.
- <https://dhhs.ne.gov/Pages/SRT.aspx>
 - This website has additional resources to help families understand what medical documentation and records
 - Updates to remove reference to the DM-5 will occur this summer.

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Eliminating the Waitlist (DD Waivers) Update

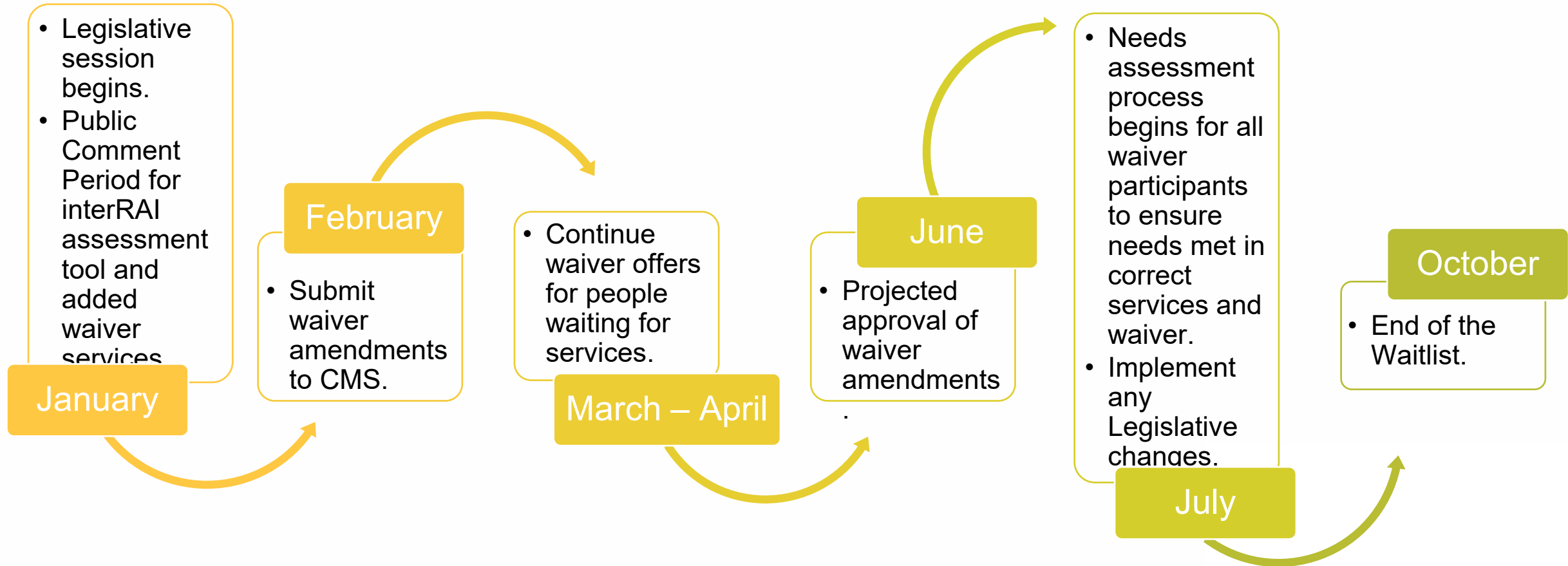
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Elimination of the Waitlist Timeline



Elimination of Waitlist Resources and Information

<https://dhhs.ne.gov/Pages/DD-Wait-List.aspx>

- Waitlist Dashboard
- Timeline
- Cost Estimates
- Presentations
- Resources
- Frequently Asked Questions (FAQs)



QR code to Waitlist Elimination
webpage

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DD Waiver Offer Updates

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Waiver Offers March 2024 – May 29, 2025

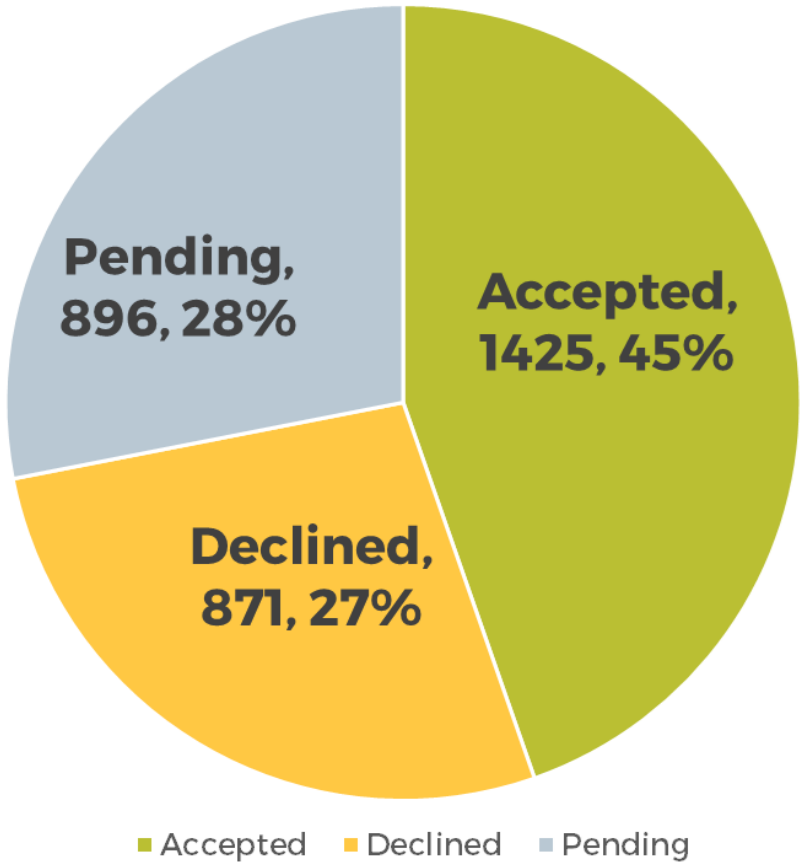
A total of 3,192 offers have been made.

Family Support Waiver (FSW)	
Accepted	1021
Declined	660
Pending	624
Total	2305

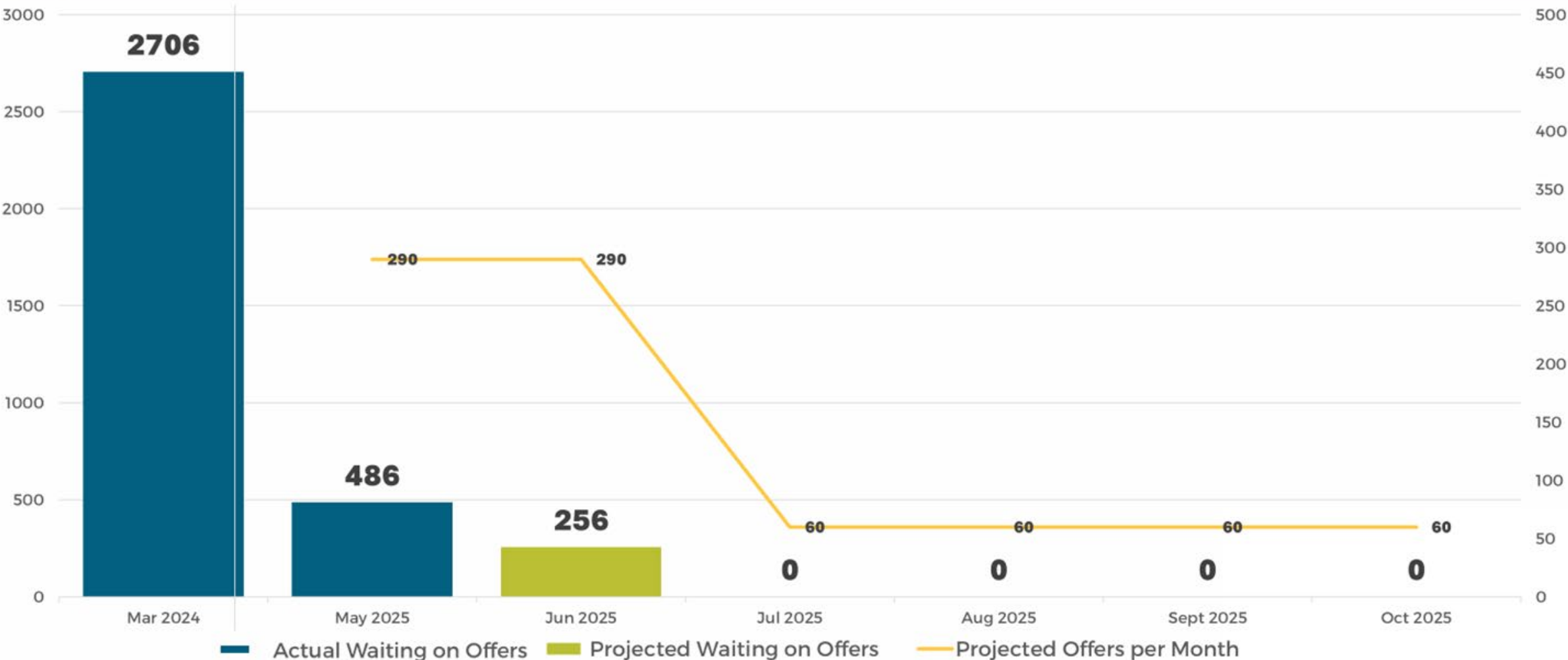
Comprehensive Developmental Disabilities Waiver (CDD)	
Accepted	68
Declined	0
Pending	9
Total	77

Developmental Disabilities Adult Day Waiver (DDAD)	
Accepted	336
Declined	211
Pending	263
Total	810

Status of Total DD Waiver Offers



Specialized Service Offer Projections



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Family Support Waiver Clarifications

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Family Support Waiver Clarifications

- In the event someone receives Early Development Network Services and also a receives a Family Support Waiver (FSW) offer.
 - DD Service Coordinator will be assigned for the FSW services.
 - EDN Services Coordinator will continue to provide services coordination for early intervention.
- Families do not have to take the waiver offer and can come back to apply later when there is a need.
- When the family just wants Medicaid and not specific waiver services, Katie Beckett may be a good options.

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Katie Beckett

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Overview of the Katie Beckett Program

- What is the Katie Beckett program?
 - A Medicaid eligibility program for children living in their parent's home.
 - Designed for children with high-level needs who would otherwise require care in institutional settings like hospitals, nursing facilities (NF), or intermediate care facilities for individuals with intellectual disabilities (ICF/IID).
- Who may benefit?
 - Families who do not qualify for Medicaid under income guidelines.
 - Children under 19 meeting the level of care for hospitals, nursing facilities, or ICF/IID.

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Services and Eligibility

- **Services Available:**
 - In-home nursing care
 - Hospital stays
 - Medicine, medical supplies, and equipment
 - Physician fees
- **Eligibility Highlights:**
 - Income Considerations: Only the child's income and resources are assessed.
 - Private Insurance: Families can maintain private health insurance; Medicaid acts as secondary coverage.
 - There is a [Health Insurance Premium Payment](#) (HIPP) program; families can apply when their child is on Medicaid *and* private health insurance.

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Application and Contact Information

- **How to Apply:**
 - Apply for Medicaid
 - Submit application via iServe.
 - Submit a paper application.
 - Specify the need for a Katie Beckett assessment.
- **Additional Resources:**
 - Visit the Medicaid Home and Community-Based Programs webpage:
<https://dhhs.ne.gov/Pages/Medicaid-Home-and-Community-Based-Programs.aspx>.
 - MLTC Katie Beckett email: dhhs.katiebeckett@nebraska.gov

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Nebraska DHHS

Katie Beckett Program

WHAT IS THE KATIE BECKETT PROGRAM?

This program is for children who live in their parent's home. It provides Medicaid eligibility to children because of their high level of needs.

WHO MAY NEED THIS PROGRAM?

Families who are not eligible for Medicaid and have a child or children under age 19 years, who meets level of care for living in a :

- Hospital;
- Nursing Facility (NF); or
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).



WHAT SERVICES MAY BE AVAILABLE THROUGH THE KATIE BECKETT PROGRAM?

All Medicaid services based on medical need, including but not limited to:

- Nursing care in the home;
- Hospital stays;
- Medicine, medical supplies, and equipment; and
- Physician fees.

MY CHILD LOST SSI AFTER BEING DISCHARGED FROM THE HOSPITAL AND WE EARN TOO MUCH MONEY TO QUALIFY FOR MEDICAID. MY CHILD NEEDS IN-HOME NURSING CARE. CAN THE KATIE BECKETT PROGRAM HELP?

Only the child's income and resources are used to determine Medicaid eligibility for children served by the Katie Beckett program.



DOES A PRIVATE HEALTH INSURANCE POLICY AFFECT ELIGIBILITY?

No, your child can still be eligible for the program if your family has private health insurance through a job or another group. Medicaid pays after your other health insurance has paid.

HOW DO I APPLY FOR THE KATIE BECKETT PROGRAM?

Contact your local DHHS office to begin the Medicaid application process and be sure to say you want your child assessed to determine if they qualify for Katie Beckett. You can send an email to: dhhs.katiebeckett@nebraska.gov.

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Find more information about this program on our web page at:
<https://dhhs.ne.gov/Pages/Medicaid-Home-and-Community-Based-Programs.aspx>.



<https://dhhs.ne.gov/DD%20Documents/Katie%20Beckett%20Program%20Info%20Sheet.pdf>

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Katie Beckett Program Cases

- For Katie Beckett cases, the AD Program Case will be opened by Medicaid, not Service Coordinators.
- An active AD Waiver program in NFOCUS case does not always indicate the individual has an active waiver.
- It reflects the open Katie Beckett case when assigned to the Katie Beckett gatekeeper position number.
- This is a temporary work-around until NFOCUS is updated.
- This allows the MCO to be paid a higher capitated rate.
- The Eligibility and Enrollment Unit is responsible for completing the level of care assessment.

Gatekeeper Assignments

Nursing Facility:

Position: 65424590; NFLOCKB

Intermediate Care Facility:

Position: 97742822; ICFLOCKB

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Transferring from Waiver to Katie Beckett

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Transferring from AD Waiver to Katie Beckett

- Inform parents about Katie Beckett (KB):
 - The **disability determination** and **level of care** are required.
 - Note the **Cost Effectiveness Form** was discontinued.
 - If the parents change their mind and want waiver services, they need to complete a new waiver application and go through the normal process.
- Process to close the AD Waiver:
 - Submit change report
 - Make it clear that the family does not need/want waiver services and wants Katie Beckett.
 - If it is not clear, the SSW will send an email questioning the change.
 - Create and send the Notice of Action (HHS-6) allowing for timely and adequate notice.
 - Close ADTBI SC case on NFOCUS.
 - Close the AD program case.

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Sending Referral to Katie Beckett

Send the referral to the Katie Beckett email (dhhs.katiebeckett@nebraska.gov)

- Copy your supervisor
- Copy the family, when you have their email address
- “A conversation was had with the parents, who decided they no longer want/need AD Waiver services and elect instead to utilize Katie Beckett.”
- Include the following information:
 - Name
 - Date of Birth
 - NFOCUS person number
 - Master Case number
 - Medicaid renewal date
 - State Review Team (SRT) due date
 - Last Level of Care (LOC) date
 - AD Waiver closing date

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Transfer from Katie Beckett to AD waiver

- Have the family apply for the AD waiver through iServe Nebraska.
- Follow the eligibility process you would for anyone applying for the AD waiver.
- If the family comes back to the AD waiver, keep them within the same waiver eligibility period.
 - For example, if they already used 360 hours of respite then do not qualify for more hours until their next waiver eligibility period.

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Aged & Disabled Waiver LRI Personal Care Proposed for July 2025

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LRI Personal Care

- For participants of all ages.
- Includes assistance with Activities of Daily Living (ADLs) and/or health-related tasks and may include Instrumental Activities of Daily Living (IADLs) provided in a person's home and other community settings.
- Offers a range of assistance to enable participants to accomplish tasks they would normally do for themselves if they did not have a disability.
- Assistance will take the form of hands-on assistance to perform a task.
- May be provided on an episodic or on a continuing basis.
- Health-related services may include skilled or nursing care and medication administration to the extent permitted by state law.

LRI Personal Care – Limitations

- Transportation not included in this service.
- A participant cannot be authorized to receive this service at times that overlap with other services.
- May only be provided by a legally responsible individual for the participant.
- Must not overlap with, supplant, or duplicate other comparable services provided through Medicaid State Plan or HCBS Waiver services.

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What is covered?

LRI Personal Care covers the **ADL/IADL needs** of participants across the lifespan when provided by the **parent of a minor child** or a **participant's spouse**.

Individuals are limited to **no more than 40 hours** per week of LRI Personal Care.

How is it authorized?

Participants who want to use LRI Personal Care must first, and again each year, use the DD-26 Nebraska Extraordinary Care Instrument to:

- 1) Be found to have extraordinary needs and;
- 2) Determine maximum time authorized (limit of 40 hours/week).

Nebraska Extraordinary Care Instrument

Form DD-26

Section I – Demographic Information

Section II – The SC rates standard of Extraordinary Care

- If met, then move to section III

Section III – Scores of 2 or 3 in section can be included in the calculation for what is authorized.

- A major difference compared to our SNA is that we ask you do not exceed the estimated time per occurrence in your calculation.

Functionality in Therap is under development.

- **If temporary paper process, it will be attached to ISP.**

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Service Code Information

7995 – Agency Provider

- Rate negotiation, aligned with Personal Care (5761) for the agency.

5011 – Independent Provider

- Must follow exception process.
- Rate negotiation (only if approved).

- RD workers can enroll Agency Providers beginning June 25, 2025.
 - The RD workers will be with the Area Agency on Aging and League of Human Dignity
- Electronic Visit Verification (EVV) provisions for service delivery.
- Subject to change, as DHHS is working on flat rates for all services on AD and TBI Waivers.

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Service Authorizations

A guide will be provided to show which standard tasks are appropriate to select for EVV.

- EVV tasks are from a set data set.
- We must use professional judgement to select what fits best from the Extraordinary Care Instrument.
- Always select tasks for what was assessed, so the provider can document accurately.
- If the wrong tasks are authorized, or not all are present, this could be flagged in an audit.

A service authorization cannot exceed what was scored from the Extraordinary Care Instrument.

- This service is capped at 40 hours a week.

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Who is the provider?

The parent of the minor child or spouse of the participant provides the service as an employee of an agency provider, except in limited circumstances.

When the participant is not a minor and has no spouse, they cannot be authorized to receive this service.

Guardians as Providers

For adults (age 19+) who have a guardian who is a paid provider, no change is needed in existing Personal Care authorizations for the AD Waiver.

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Caregiver Wants to Become LRI Personal Care Provider

- Work with the caregiver to keep track of agency providers they have approached for employment.
 - If they were denied employment, ask why.
- The caregiver must meet Medicaid provider standards and pass the background check.
- The parent/spouse LRI must follow all the same training/onboarding as other agency employees.
- The service is built to be authorized for agency providers so there is additional oversight by the agency of the service provisions.
- Becoming an LRI Personal Care independent provider will be a rare exception.
 - A process will be available outlining requirements that need to be met before this is considered as a last resort.

Aged and Disabled Waiver Amendment

- The Aged and Disabled (AD) Waiver went through public comment, along with the Developmental Disability (DD) Waivers.
- Two important links:
 - [Public Comment Website](#)
 - [Summary of waiver changes](#) (on Public Comment page)
- Proposed changes that may impact Service Coordination:
 - Revised Service Specifications
 - Home Modifications and Vehicle Modifications
 - Added Legal Responsible Individual (LRI) Personal Care
 - Updated professional qualification for Service Coordinators



QR code to [Public Comment webpage](#).

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Upcoming Changes

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Upcoming Changes

- Notice of Decision (HHS-6) moving to NFOCUS
 - Training in July 2025 for August 1, 2025 implementation
- Service Coordination Electronic Training
 - Answers 4 Families training for AD waiver sunset September 30, 2024
 - Replacement SC training under development and will be ready by July 2025.
 - Any new SC who has not previously taken the training must complete it in July 2025.
 - No extensions will be allowed to complete this due to being a performance measure for waiver compliance with CMS.

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Therap

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Therap documentation – Oversight Account

- EDN-IFSP: 7 questions and replacement of waiver worksheet. Also called “ISP”.
 - Must be entered into Therap when the waiver is approved.
 - Services should not be authorized without an EDN-IFSP entered.
- NF LOC 0-47 months: Was previously entered in SC account, now entered in Oversight account so we can oversee data.
- Quick Referrals: Required step before Service Authorizations can be entered.
- Service Needs Assessment and Service Authorizations.
 - New SNA and authorizations each year instead of extending.

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Therap Documentation – Provider Account

- GER and GER-R (Critical Incident Management Process)
 - Ensure the participant is enrolled in a program first for these to work
- Case Notes
 - Case note are required to be entered into Therap at a minimum of a monthly basis for your AD waiver participants. The last date case notes should be entered is the 5th of the following month.

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Important Reminders

- Don't leave the authorization in a status that's still waiting to be approved.
- Check your Pre Auth queue often.
- Watch for Shared Comments from providers.

Pre Auth	
New	Draft
Search	Returned
Worksheet	Updating
Import from Excel	Returned To Updater
Update from Excel	Rejected by MMIS
	Pending Approval
	Pending Update Approval
	Shared Comments

- Turn on notifications from SCOMM (secure communication)
 - <https://help.therapservices.net/s/article/1017>
- Have SC complete Personal Details page in Therap
 - Minimum accurate phone number and e-mail address.
 - <https://help.therapservices.net/s/article/796>

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Resources

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Therap – Nebraska ADTBI

<https://help.therapservices.net/s/nebraska-adtbi>

- Website includes:
 - Service Coordinator guides
 - Navigation
 - Authorizations
 - Provider guides (for agency and independent providers)
 - Navigation
 - Billing
- Recorded Webinars



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Partners Website

<https://partners-dhhs.ne.gov/ADTBI/Pages/home.aspx>

- Website includes:
 - Handbooks
 - Electronic Case Management Instructions
 - Forms
 - Other documents
- Website requires a username and password.
 - Try your Citrix login.
- Documents are for Service Coordination, **not** the public

The screenshot shows the Nebraska Department of Health and Human Services (DHHS) Partners website. The header features the Nebraska logo and the text 'PARTNERS'. A left sidebar contains a navigation menu with links: Home, Communication, Electronic Case Management Instructions, Forms, Policy, QA/QI, Standard Operating Procedures, and Site Contents. The main content area is titled 'AD/TBI Service Coordination Home'. It includes a welcome message from the Division of Developmental Disabilities (DDD), a description of the HCBS waiver programs, and a section for 'Service Coordination Supervisor Training' with a link to a training page.

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PARTNERS

Home

Communication

Electronic Case Management Instructions

Forms

Policy

QA/QI

Standard Operating Procedures

Site Contents

AD/TBI Service Coordination Home

The Division of Developmental Disabilities (DDD) welcomes you to our site for Aged and D

DDD administers four Home and Community-Based Services (HCBS) waiver programs. We (application, Connect, is used to support approximately 6,000 participants. A separate electr enhance the portability and interoperability of the case management system, DDD will tran: Therap, while ensuring continuity and seamless service delivery. This is in accordance with

Several trainings and webinar opportunities were provided by Therap [for the Service Co](#)

Service Coordination Supervisor Training

Please click on the link below to access AD TBI Waiver Service Coordination Supervisors

https://help.therapyservices.net/app/answers/detail/a_id/1751

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How to get ahold of us!

Please use the designated mailboxes for questions:

DHHS.ADWaiverFAQ@Nebraska.gov

This mailbox helps us manager our work, get back to you timely, and monitor for trends and themes.

Provider can be referred to their Resource Development worker, they can also contact DHHS.TherapADTBI@Nebraska.gov if needed.

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THANK YOU

Karen Houseman

Program Manager II – AD & TBI SC
(402) 471-9329

Stacey Boss

Program Manager I – AD & TBI SC
(308) 530-8210

DHHS.ADWaiverFAQ@Nebraska.gov

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qrco.de/2025edn

Working Lunch

Brian Wojick, Assistive Technology Partnership
Connie Shockley, PTI Nebraska

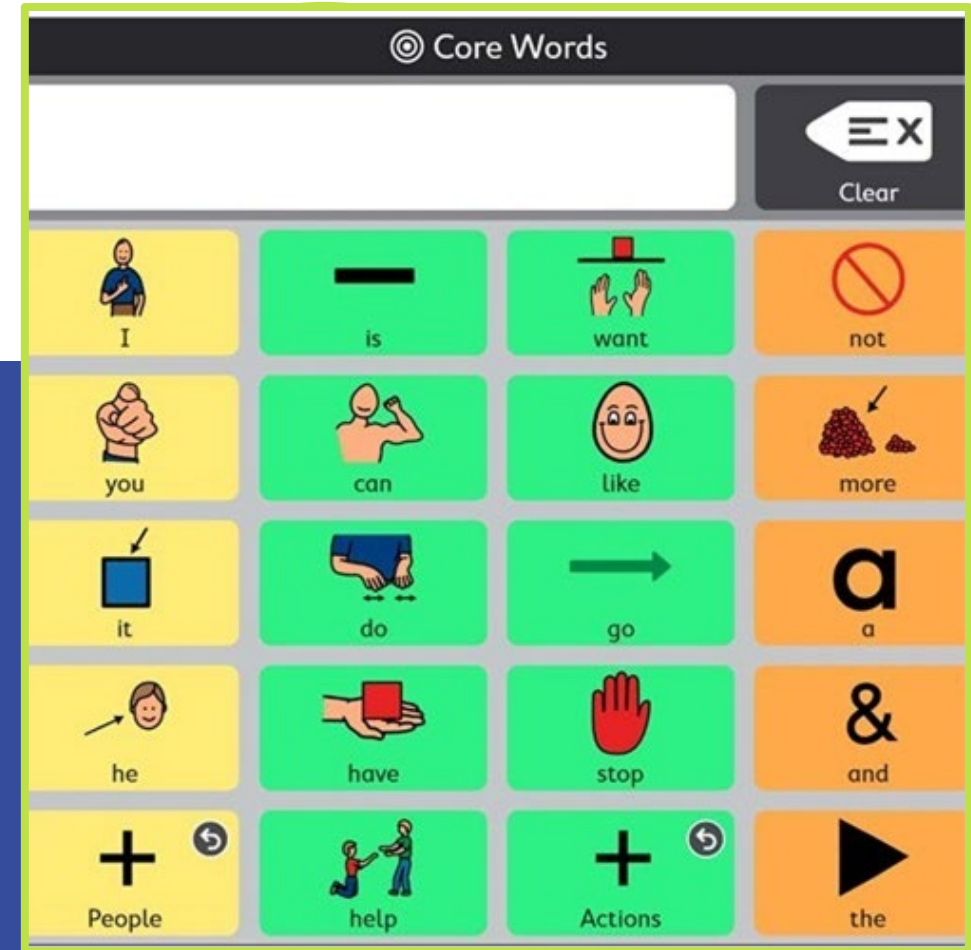


**Nebraska Early
Development Network**

Babies can't wait

Early Intervention & Assistive Technology: AT Tools to Support Young Children

Brian Wojcik
Kim Bowen
Jeri Johnson



What are Assistive Technology (AT) Devices and Services?



Assistive Technology

Assistive Technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g. mapping), maintenance, or replacement of that device.



Generally – Assistive Technology Is

Anything* But It
Depends on the
Purpose for which It
is Used

Allows a Child to
engage in an
activity/routine
he/she could not
otherwise do

A Tool or System of
Tools

Used by a Child with
a Disability

Determined to be
Necessary for a
Child to Achieve
FAPE

The Assistive Technology Continuum



- Low-tech
- Medium-tech
- Hi-tech

Low-Tech Assistive Technology



Low-tech items are generally less sophisticated and may be devices that are readily available, inexpensive, and typically do not require batteries or electricity to operate.



Medium-Tech Assistive Technology

Medium-tech devices are more complicated mechanical or digital devices than low-tech devices. They could be a communication app on a tablet, switches and switch-adapted toys, or a specialized seat. They are generally items that have a cost associated with them.



High-Tech Assistive Technology



High-tech devices incorporate sophisticated electronics or dynamic systems. These are more specialized and individualized systems.



AT Services

Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes;

- The **evaluation of the needs of an infant or toddler with a disability**, including a functional evaluation of the infant or toddler with a disability in the child's customary environment;
- **Purchasing, leasing, or otherwise providing** for the acquisition of assistive technology devices by infants or toddlers with disabilities;
- **Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing** assistive technology devices;
- **Coordinating and using other therapies, interventions, or services** with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- **Training** or technical assistance for an **infant or toddler with a disability** or, if appropriate, that **child's family**; and
- **Training** or technical assistance for **professionals (including individuals providing education or rehabilitation services) or other individuals who provide services** to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.





Why is Assistive Technology Important for Young Children?



Is there a discrepancy between what the child can do and what the child needs to do in order to:

make progress on his/her IFSP goals and/or objectives?

access and participate in developmental activities?

participate within family activities and routines?

engage in child care activities, if applicable?

If 'yes' to one or more of these questions...

The child is a potential candidate for assistive technology.



Assistive Technology Supports



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Early Intervention And Assistive Technology

EARLY INTERVENTION AND ASSISTIVE TECHNOLOGY

What is Assistive Technology?

Legal Definition

An Assistive Technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g. mapping), maintenance, or replacement of that device. (92 NAC 52.003.06B1).

What does this mean?

Assistive technologies (AT) are tools that help a child do a developmentally appropriate task that he/she could not otherwise do. If a child has difficulty seeing, hearing, communicating, sitting, standing, moving around, playing or other age-appropriate activities due to the impacts of his/her disability, he/she may use AT to help make progress toward the goals on his/her IFSP.

Key Questions

- Does that technology allow a child to engage in a developmental activity that he/she is not otherwise able to do?
- Does the child need a single tool or a system of tools to engage in the developmental activity?

What are Examples of Assistive Technology?

Playing	Sitting, Lying, Standing, and Moving	Eating	Communicating	Reading	Writing, Drawing, Cutting, and Painting
<ul style="list-style-type: none">• Puzzles with adapted grips• Switch adapted toys• Switches• Adapted playground equipment	<ul style="list-style-type: none">• Adapted seats• Walkers• Wheelchairs• Strollers• Go Baby Go Car	<ul style="list-style-type: none">• Utensils with larger grips• Bowls/Plates with suction cups and/or higher lips• Nosed cups or sipper cups with adapted grips	<ul style="list-style-type: none">• Picture communication boards• Recordable voice output communication devices• Computer voice communication devices	<ul style="list-style-type: none">• Books with page-turning aids• Tactile reinforced books• Apps for stories with audio output	<ul style="list-style-type: none">• Big crayons• Adapted scissors• Large grip paint brushes and markers• Slant boards and easels• Tactile coloring books
Sensory	Hearing	Seeing	Social Skills and Behavior	Dressing and Self-Care	Computer/ Tablet Access
<ul style="list-style-type: none">• Noise-canceling headphones• Weighted blankets• Fidgets• Mouthing Devices• Rocking seats/swings	<ul style="list-style-type: none">• Hearing aid loops• FM systems	<ul style="list-style-type: none">• Enlarged text/pictures• Text/pictures with enhanced contrast	<ul style="list-style-type: none">• Video models• Social stories• Visual schedules	<ul style="list-style-type: none">• Larger grip zippers• Adapted toothbrushes• Adapted toilet seats	<ul style="list-style-type: none">• Stylus for pointing/typing• Mounts to hold tablet

Understanding Low, Mid, and High-Tech Assistive Technology

Low-Tech AT	Mid-Tech AT	High-Tech AT
<ul style="list-style-type: none">• Easily Available• Easy to Use• Easy to Replace• Lower in Cost• May be Fabricated/Created	<ul style="list-style-type: none">• Somewhat Available• Moderately Easy to Use• Replacement is Easy but May Take some Time• Mid-Range in Cost	<ul style="list-style-type: none">• More Specialized• May be More Complex to Use• Replacement May Take Longer• Higher Cost

Created by the Assistive Technology Partnership Education Program (atp.nebraska.gov/education; atp.education@nebraska.gov)

Assistive Technology Devices vs Assistive Technology Services

AT Devices

AT Devices are the tools, or systems of tools, that allows a child to engage in a developmental activity that he or she could not otherwise do.

AT Services

AT Services are the processes that support the (a) selection and acquisition of the AT devices, (b) the training of the family, staff and child to use the AT devices, (c) the set up and implementation of the AT Tools and (d) the evaluation of the degree to which the AT devices are effective for the child.

What are Examples of Assistive Technology Services?

What Are AT Services Included in the Law? (92 NAC 52.003.06B2)	What Does This Mean?
The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment;	An AT evaluation is a data collection process to help determine the AT needs of a child. This may be part of a child's initial evaluation, reevaluation, or a standalone evaluation. An AT Evaluation may include a review of existing data, observations, and engaging in trials of AT devices to determine what AT devices meets a child's needs. AT devices may be borrowed from the ATP Education Program (EDUCATION.ATAALL.COM) for trials. An AT Evaluation may inform decisions of an IFSP Team but is not required prior to providing AT devices and AT services as part of the child's early intervention services. (US Dept of Education, 2024)
Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;	If one or more AT devices are needed for a child to engage in a developmental activity, then it is the school district's responsibility to provide the AT devices to the child and child's family.
Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;	AT devices may need to be adjusted to meet the individual needs of the child and family. This may include adjusting the way the child operates the device or adding content to the device (e.g., vocabulary). School districts are required to ensure that the AT devices written into the IFSP are working and available for the child to use as well as, if necessary, repair or replace them when they are broken.
Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;	Multiple service providers may be involved in the selection, acquisition, implementation, and evaluation of AT devices. Service providers should coordinate the use of AT devices within the services being provided to the child and family. This may also include coordination with private services the child and family are receiving that involve AT devices.
Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family	The child and the child's family often need training and support to effectively use AT devices within the context of developmental activities. Service providers should work with the child and family to build their knowledge and skills in using the AT devices so that the child can engage in developmental activities.
Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities	Service providers – and other caregivers (i.e. child care providers) – in the child's natural environments – may need training and support to learn how to use AT devices to help facilitate the child's engagement in developmental activities. Therefore, training and supports for those working with the child and family may need to be included in the IFSP.

AT and Transition from Part C (Birth-3) to Part B (School-Aged) Services

AT must be considered when a toddler is transitioning from early intervention services to special education services, regardless of whether the child currently receives AT services through an IFSP (US Department of Education, 2024).

Key Questions for the IFSP and IEP Teams:

- How will the AT that the team has already identified as needed through the IFSP be written into the child's IEP?
- Are there additional or new AT tools/systems that are needed for the child in the program to which the child is transitioning?
- If the child needs additional or new AT tools/systems, what is the plan for obtaining them?
- Who will train the new staff about the child's AT devices?
- What existing AT services or additional AT services need to be included in the child's IEP?
- What AT devices need to be used at home and what AT devices need to be used in school? What is the plan for ensuring AT is supported and maintained in both locations?

Created by the Assistive Technology Partnership Education Program (atp.nebraska.gov/education; atp.education@nebraska.gov)



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AT Parent Support Guide for Part C (0-3) Services

Assistive Technology Parent Support Guide for Early Intervention (Birth-3) Services

What is Assistive Technology?

Assistive technologies (AT) are tools that help a child do a developmentally appropriate task that he/she could not otherwise do. If a child has difficulty seeing, hearing, communicating, sitting, standing, moving around, playing or other age-appropriate activities due to the impacts of his/her disability, he/she may use AT to help make progress toward the goals on his/her IFSP.

What is the Purpose of Assistive Technology?

AT helps a child participate in everyday activities across domains that are developmentally appropriate. It does so by bypassing or 'getting around' the barriers that are preventing the child from engaging in those activities. The barriers may be as a result of the child's disability or barriers in the environment. AT may be used on a short-term or long-term basis.

Why is Assistive Technology Important?

For very young children, AT can assist the child in participating in everyday activities to develop & learn through play & social interactions with peers and adults around them. AT helps to bridge the child or student's abilities with the expectations of the activity; AT helps a child or student "do", participate, build capacity, & engage in the world around them.

What are Examples of Assistive Technology?

Playing	Sitting, Lying, Standing, and Moving	Eating	Communicating	Reading	Writing, Drawing, Cutting, and Painting
<ul style="list-style-type: none">Puzzles with adapted gripsSwitch adapted toysSwitchesAdapted playground equipment	<ul style="list-style-type: none">Adapted seatsWedgesWalkersWheelchairsStandersGo Baby Go Car	<ul style="list-style-type: none">Utensils with larger gripsBowls/Plates with suction cups and/or higher lipsNosey cups or sipper cups with adapted grips	<ul style="list-style-type: none">Picture communication boardsRecordable voice output communication devicesComputer voice communication devices	<ul style="list-style-type: none">Books with page-turning aidsTactile reinforced booksApps for stories with audio output	<ul style="list-style-type: none">Big crayonsAdapted scissorsLarge grip paint brushes and markersSlant boards and easelsTactile coloring books
Sensory	Hearing	Seeing	Social Skills and Behavior	Dressing and Self-Care	Computer/Tablet Access
<ul style="list-style-type: none">Noise-canceling headphonesWeighted blanketsFidgetsMouthing DevicesRocking seats/swings	<ul style="list-style-type: none">Hearing aid loopsFM systems	<ul style="list-style-type: none">Enlarged text/picturesText/pictures with enhanced contrast	<ul style="list-style-type: none">Video modelsSocial storiesVisual schedules	<ul style="list-style-type: none">Larger grip zippersAdapted toothbrushesAdapted toilet seats	<ul style="list-style-type: none">Stylus for pointing/typingMounts to hold tablet

Developed in Partnership between the Nebraska PTI (<https://pti-nebraska.org/>) and the ATP Education Program (<https://atp.nebraska.gov/education>)

Assistive Technology Parent Support Guide for Early Intervention (Birth-3) Services

Stage	What happens during this stage?	Question I might ask
Thinking about AT Needs	This is the point in which the parents/caregivers and the team would be considering if AT is a possible solution for your child. Asking questions about if AT would be good to help your child move toward his/her IFSP outcomes and sharing your thoughts on the topic is highly encouraged.	<ul style="list-style-type: none">What is assistive technology? How can it help my child?Does my child need Assistive Technology to participate in activities like other children his/her age?Are there activities that my child should be doing in which AT may help him/her be successful?I think my child has difficulty with (name an activity). How can AT help my child?How will we, as a team, make a decision if my child needs AT?If my child does need AT, what is the process for getting AT for my child?
My Child has AT, Now What?	When your child has AT, it is important that you, your family, and other members of the team know how to use the AT to help your child. The parents/caregivers and the team should be thinking about making sure everyone who is supporting your child has training, how to help your child succeed with the AT, and developing a plan to make sure the AT is working for your child.	<ul style="list-style-type: none">How will I and my family learn how to use the AT?How will training be done for other people (e.g., special education teacher, therapists, child care providers) on the team to know how to use the AT?How do we help my child use the AT so that he/she is successful and makes progress toward the stated IFSP outcomes?Who should I contact if I can't get the AT to work properly?If the AT breaks but my child still needs it, who pays to fix it?What is the plan to make sure that the AT is working for my child?How are we going to measure my child's progress with the AT?
Transitioning from Part C to Part B Services	If your child moves from early intervention to special education services, thinking about how the AT moves with your child or what new AT will be needed is important. If your child needs AT and AT services, the parents/caregivers and the team must consider how to write those AT devices and AT services into the child's IEP to make sure he/she is successful in the new services.	<ul style="list-style-type: none">We are using AT at home. What happens to this AT? Does the AT go to my child's school?How will the AT that the team has already identified that is needed for my child be written into my child's IEP?Are there additional or new AT tools/systems that are needed for my child in the new program?If my child needs AT in the new program, what is the plan for obtaining the AT?Who will train the new staff about my child's AT?If my child takes his device to school, what do we use at home?

Version 1.1 (July 2024)

Developed in Partnership between the Nebraska PTI (<https://pti-nebraska.org/>) and the ATP Education Program (<https://atp.nebraska.gov/education>)



Access to Assistive Technology in Nebraska



Nebraska Early
Development Network

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Nebraska Assistive Technology Partnership Education Program(ATP)

atp.nebraska.gov/education



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ASSISTIVE TECHNOLOGY
PARTNERSHIP

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Services at School (Birth-3, 3-21)



Supporting Those Who Support Students



ATP Education Program's Purpose

The Assistive Technology Partnership Education (ATP/Ed) Program provides statewide services to IFSP and IEP team members working with children and students with disabilities birth to 21 who are receiving services within school systems. All decisions related to assistive technology services and devices are made by the IFSP/IEP team.

[Learn About Assistive Technology](#)

[Try Assistive Technology](#)

[Request Support and/or Contact Us](#)

[About the ATP Education Program](#)

The ATP Education Program is part of the Nebraska Assistive Technology Partnership (ATP) and is funded through the **Nebraska Department of Education Office of Special Education**.

Important Links

- [ATP Education Program Home](#)
- [Contact and/or Request Support](#)
- [Try Assistive Technology](#)
- [About the ATP Education Program](#)

Get Involved

- [ATP Education Program's Advisory Group](#)
- [Competency Framework Workgroup - Coming Soon](#)
- [TA Document Workgroup - Coming Soon](#)

ATP Education Academy

- [Upcoming Events](#)
- [Archived Webinars](#)
- [AT Cadre](#)
- [QIAT Book Study](#)
- [AAC Literacy Book Study](#)
- [Online by Design Course](#)
- [RESNA AT Fundamentals Course](#)
- [ATIA Learning Center](#)
- [n2y Coaching Course - Coming Soon](#)
- [Communication Matrix Training - Coming Soon](#)
- [Microcredentials and Digital Badges - Coming Soon](#)
- [ATP Education Program's Academy Home](#)

ATP Education Resources

- [Part C \(0-3\) Resources](#)
- [Email and Newsletter Archive - Coming Soon](#)
- [Resource Database \(Coming Soon\)](#)

Stay Informed

- [Sign Up for Email Updates and Newsletters](#)

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What is EDUCATION.AT4ALL.COM?

- Service provided by the Assistive Technology Partnership (ATP) Education Program
- Supports IEP and IFSP Team members to make decisions about assistive technology (AT) for students/children receiving special education services.



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<http://atp.nebraska.gov/education>
(webform and live chat)



Including Assistive Technology on the IFSP

92 NAC 52-003.06B Early intervention services include:

003.06B1 **Assistive Technology device** means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g. mapping), maintenance, or replacement of that device.

003.06B2 Assistive technology service

means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes;

003.06B2a The evaluation of the needs of an infant or toddler with a disability, *including a functional evaluation* of the infant or toddler with a disability in the child's customary environment;

003.06B2b Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;

003.06B2c Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

003.06B2d Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

003.06B2e Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and

003.06B2f Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.

MYTH: IDEA Part C does not contain any provisions regarding AT devices or services.

FACT: Both the IDEA and its implementing regulations include AT devices and services as an early intervention service.

Myths and Facts Surrounding AT Devices and Services

US Department of Education

January 2024

<https://edn.ne.gov/cms/sites/default/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf>



Nebraska Early
Development Network

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If the IFSP Team, in collaboration with a parent, determines that an AT device or service will be required to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, then the AT device or service must be provided to the infant, toddler or family members **at no cost**.

As an early intervention service, the IFSP Team must document the AT device and service in the infant or toddler's IFSP and the AT device and service must be included in the periodic review and annual evaluation of the IFSP.

Myths and Facts Surrounding AT Devices and Services

US Department of Education

January 2024

<https://edn.ne.gov/cms/sites/default/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf>



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MYTH: AT does not need to be considered when a toddler transitions from early intervention services to special education services at the preschool level.

FACT: AT ***must*** be considered when a toddler is transitioning from early intervention services to preschool, *regardless of whether the child currently receives AT services through an IFSP.*

Myths and Facts Surrounding AT Devices and Services

US Department of Education

January 2024

<https://edn.ne.gov/cms/sites/default/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf>

If the toddler is currently receiving AT devices and services as an early intervention service, it should be discussed during the transition conference with a provider knowledgeable of the child's AT needs in attendance, and potentially be included in the transition plan.

At the initial IEP Team meeting, the IEP Team must consider *(regardless of whether a child received AT devices and services as early intervention services)* whether a child needs AT devices and services.

Myths and Facts Surrounding AT Devices and Services

US Department of Education

January 2024

<https://edn.ne.gov/cms/sites/default/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf>



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MYTH: State agencies and EI providers are not eligible to access technical assistance from State AT programs.

FACT: State AT programs serve all individuals of any age, including infants and toddlers, and with any type of disability.

Myths and Facts Surrounding AT Devices and Services

US Department of Education

January 2024

<https://edn.ne.gov/cms/sites/default/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf>



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Through the AT Act, States receive funding to provide technical assistance to early intervention service providers. Through the State AT programs, parents and IFSP Team members can receive support from an AT specialist to:

- Discuss and learn about various devices that may work for a specific child;
- Request a demonstration of any device;
- Borrow a device for a short time period; and
- Learn about how to purchase the device through the school or financing and loan options.

Myths and Facts Surrounding AT Devices and Services

US Department of Education

January 2024

<https://edn.ne.gov/cms/sites/default/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf>



Nebraska Early
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How should IFSP teams document AT in the IFSP?

If at any time the IFSP team determines that the child needs an AT service or device, then this service must be written into the IFSP outcomes or the “what will be done by whom” section of the appropriate outcome.

AT Service and/or Device must be listed on the IFSP service page, with the determined method, frequency and intensity. Examples are available on [IFSPweb](#).

Either the IFSP outcome or the ‘what will be done by whom’ section, would reflect which provider will be responsible for assisting the child/family in the training/modeling/implementation of the AT service or device.

The family **MUST** consent to AT service and/or AT device just as they would for any other EI service.

The team would determine and reflect progress of the use of the specific AT service and/or device on the Periodic and Annual IFSP just like any other EI service/related outcome.

The IFSP team can provide AT Service even if the family has obtained an AT device on their own.

How should teams document AT device trial in the IFSP?

Trialing an AT device is consistent with the IDEA definition of an AT service as it helps to determine if a device appropriately supports the child's developmental progress and outcomes.

If at any time the IFSP team determines that the child may need an AT service or device, then AT service and/or device must be written into the “what will be done by whom” section of the appropriate outcome, and listed on the IFSP service page, with the determined method, frequency and intensity.

Can a parent's insurance be used to obtain the AT device?

No. If the IFSP team has determined that the child needs AT device or service to meet the child's needs and IFSP outcomes, then the **district is responsible for providing this at no cost to the family.**

AT service and device are early intervention services that **must be provided as part of FAPE** for the child, similar to speech, physical and occupational therapy, special instruction, etc.

How can AT be incorporated into the RBI?

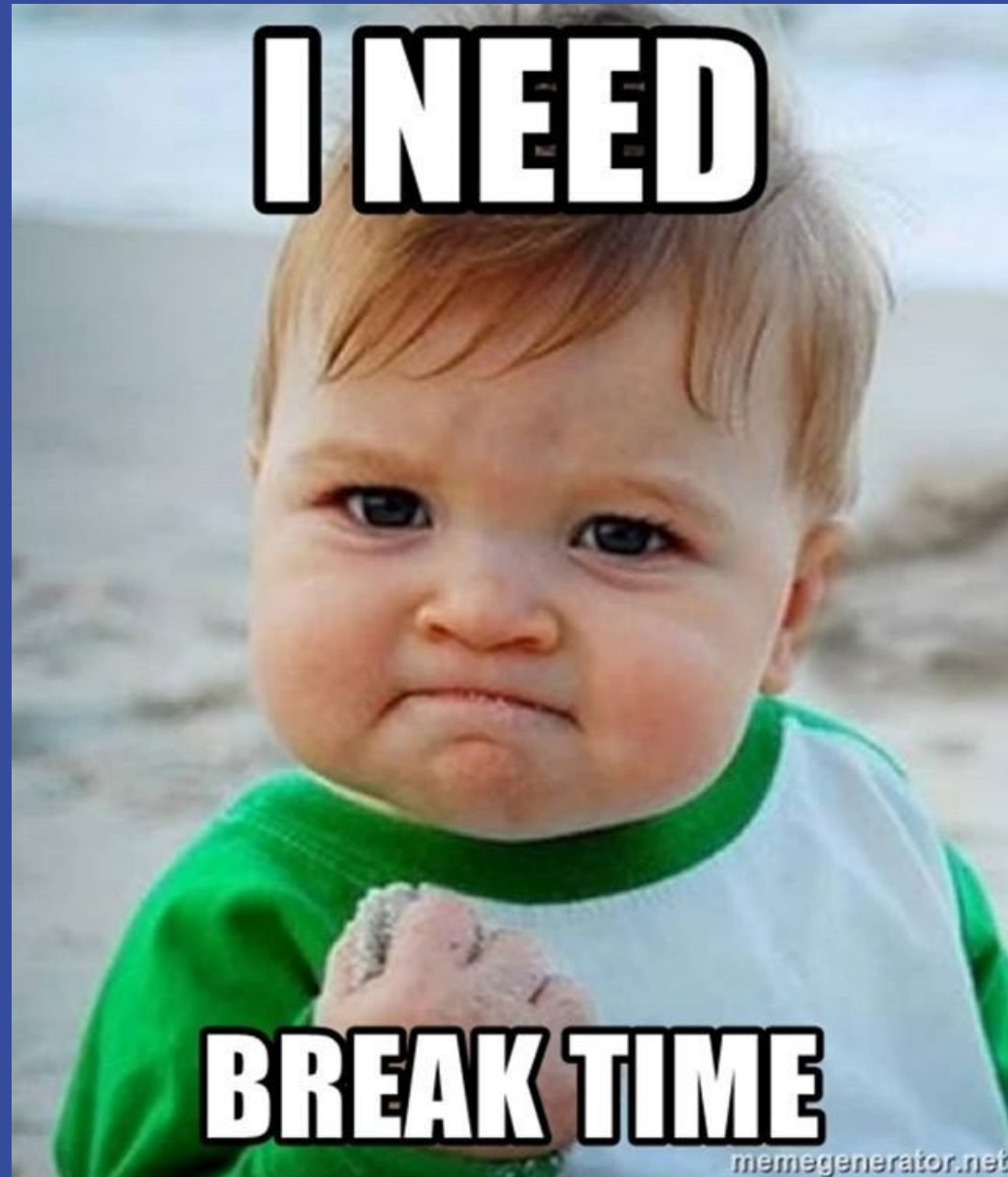
The EI provider and Services Coordinator must complete the child and family assessment (RBI). The child and family assessment are critical to determine the IFSP outcomes and services.

The purpose of child and family assessment is to identify:

- the child's unique strengths and needs;
- **the early intervention services necessary** to meet the child's needs and to enhance the family's capacity to meet the developmental needs of the child.

The team must determine which of the 16 EI services the child and family needs and propose these services on the IFSP service page. This includes AT service and device.

Break





Transition from Part C to Part B

Transition

480 NAC 1-007.02 & Rule 52-003.24

EDN services may be provided until August 31st of a child's third birthday or until the child has met all IFSP outcomes and there is no longer a need for early intervention services.

480 NAC 1-011 & Rule 52-008.01A

If a toddler with a disability may be eligible for preschool services, with the approval of the family, the services coordinator shall convene a conference among the family, team members, and school district or approved cooperative, **not fewer than 90 days**, and at the discretion of all parties, **not more than 9 months**, before the toddler's third birthday to discuss any services the toddler may receive under NDE regulations at 92 NAC 51.

OSEP Early Childhood Transition Q/A

July 2023

The transition plan must include steps to exit from the Part C program and any transition services that the IFSP Team identifies as needed by that toddler and their family.

Steps included in the IFSP transition plan should support the child's transition to an early childhood program, and may include one of the following:

- Preschool;
- Head Start;
- Childcare;
- Other appropriate early childhood services;
- Continued early intervention services for children with disabilities from age three through August 31st.

Steps and Considerations

- Visiting the preschool classroom
- Planning for the child's medical/feeding/dietary needs
- Planning for the child's mobility level
- Assistive technology
- Transportation
- Social interactions and opportunities

OSEP Early Childhood Transition Q/A July 2023 - District responsibilities

At the transition conference, the District must explain to the family the IEP process and inform the family that they can request to invite their Part C services coordinator to the initial IEP meeting.

District personnel should also provide information about Part B program options, as appropriate, to inform parents in their decision-making. Under 34 C.F.R. § 303.301(c), the IFSP team must provide parents with information about preschool special education services available.

OSEP Early Childhood Transition Q/A July 2023 - District responsibilities

District personnel, with the IFSP team and family, must identify any additional assessments/information needed prior to transition to Part B/special education and decide who will be responsible for completing or gathering the information.

The district is responsible for providing a copy of the Part B procedural safeguards to the parent if not already provided.

[2023 Early Childhood Transition Questions and Answers](#)

AT and the Transition Plan

If the toddler is currently receiving AT devices and services as an early intervention service, it should be discussed during the transition conference with a provider knowledgeable of the child's AT needs and potentially be included in the transition plan.

At the initial IEP meeting, the IEP Team must consider (regardless of whether a child received AT devices and services as early intervention services) whether a child needs AT devices and services.

[Myths and Facts Surrounding Assistive Technology Devices and Services \(PDF\)](#)

Each of the above steps are to be documented in the transition plan.

Transition from Part C to Part B

An IEP can be written before the 3rd birthday but can NOT take effect until the 3rd birthday or later.

If an IEP is written before the 3rd birthday, the IFSP services (including Services Coordination) must continue until the start date of the IEP (which cannot be before the 3rd birthday).

No gap in services between the closing date of the IFSP and the start date of the IEP.

Transitioning from Part C to Part B SOS

Transition Resources

[EDN TA Guidebook](#), Section 15, Transition Planning

- Transition Considerations - page 15-5

[Sample Transition Plans](#)

[OSEP Transition Q/A](#)



Services Coordination Narratives

Narrative Requirements

Services coordination narratives must include dated documentation of the following:

- Communication with the family
- Communication with service providers
- Services Coordinator decisions and actions
- Referrals to resources
- Services Delivery monitoring
- Other factual information and services coordination activity relevant to the case

Narrative Requirements

- “Goal Progress” and “Service Delivery Monitoring” categories should be completed at least once per month when the Services Coordinator and family discussed the progress of IFSP outcomes/goals
- Narratives must be objective and free from bias

Required Contacts that must be documented

- Assessment activities, including the RBI, gathering information from other sources such as family members, medical providers, etc.
- Development and periodic/annual review of the IFSP
- Referral and related activities to help the child/family obtain other needed services
- Monitoring activities necessary to ensure the IFSP is effectively implemented and adequately addresses the needs of the child/family.

Other Considerations...

- Parents must be given the opportunity to inspect and review early intervention records, including Services Coordination narratives.
- DHHS cannot reimburse for services coordination services without a complete narrative documenting the billable contact, which is submitted within 6 months of the date of service.
- Detailed and complete narratives are essential if a state complaint is filed.



RBEI Updates

What's New in Routines-Based Early Intervention (RBEI)?

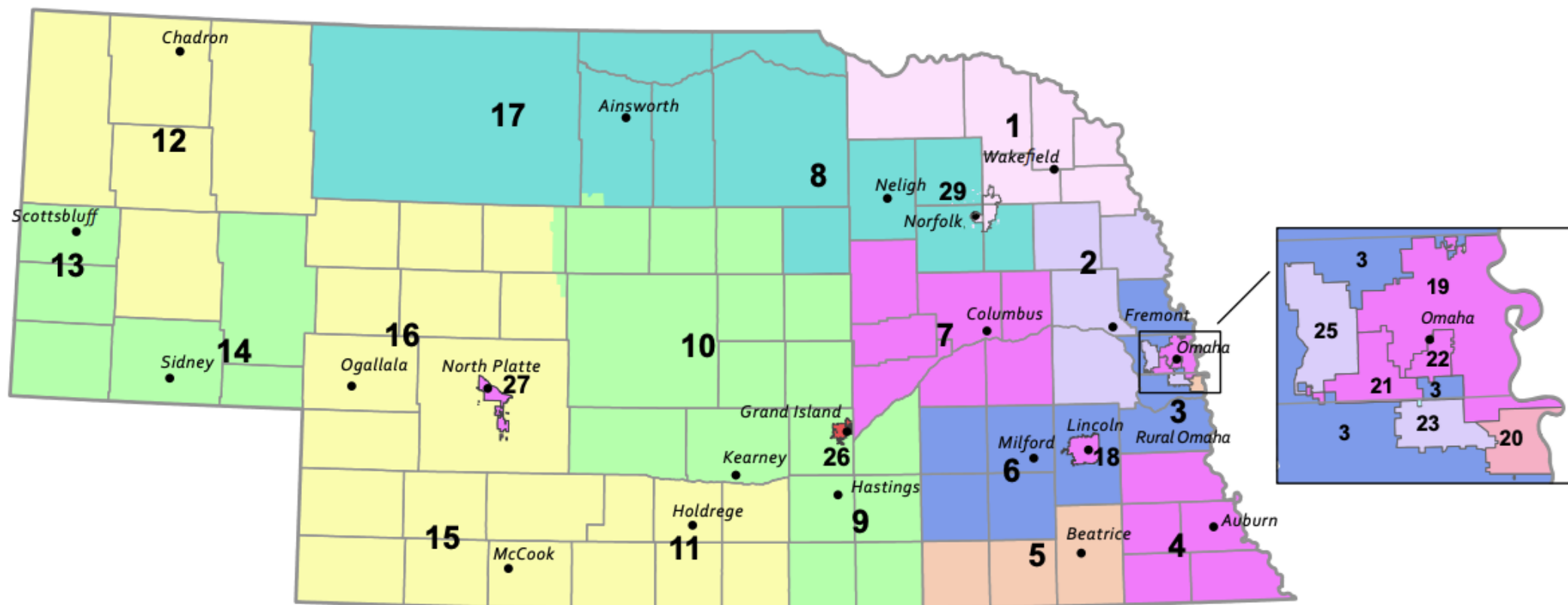
New TA Configuration

All Planning Region Teams are Trained in All 3 Improvement Strategies

Build a sustainable coaching system at state/local levels



Routines Based Early Intervention Technical Assistance



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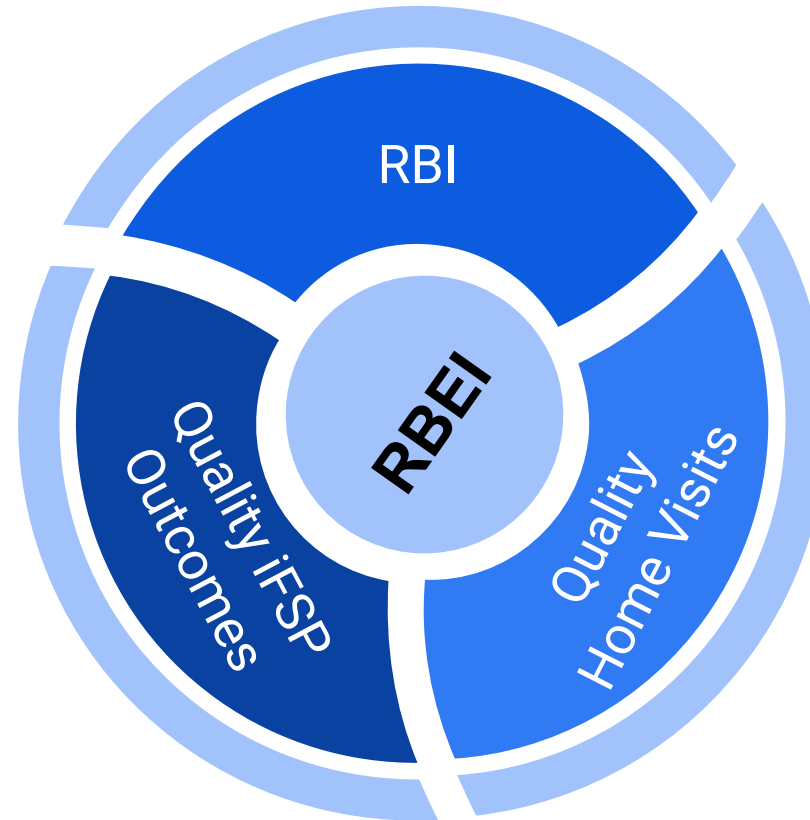
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Routines-Based Early Intervention

They are no longer
3 independent strategies
they are
One Process



Sustain RBEI with Coaching



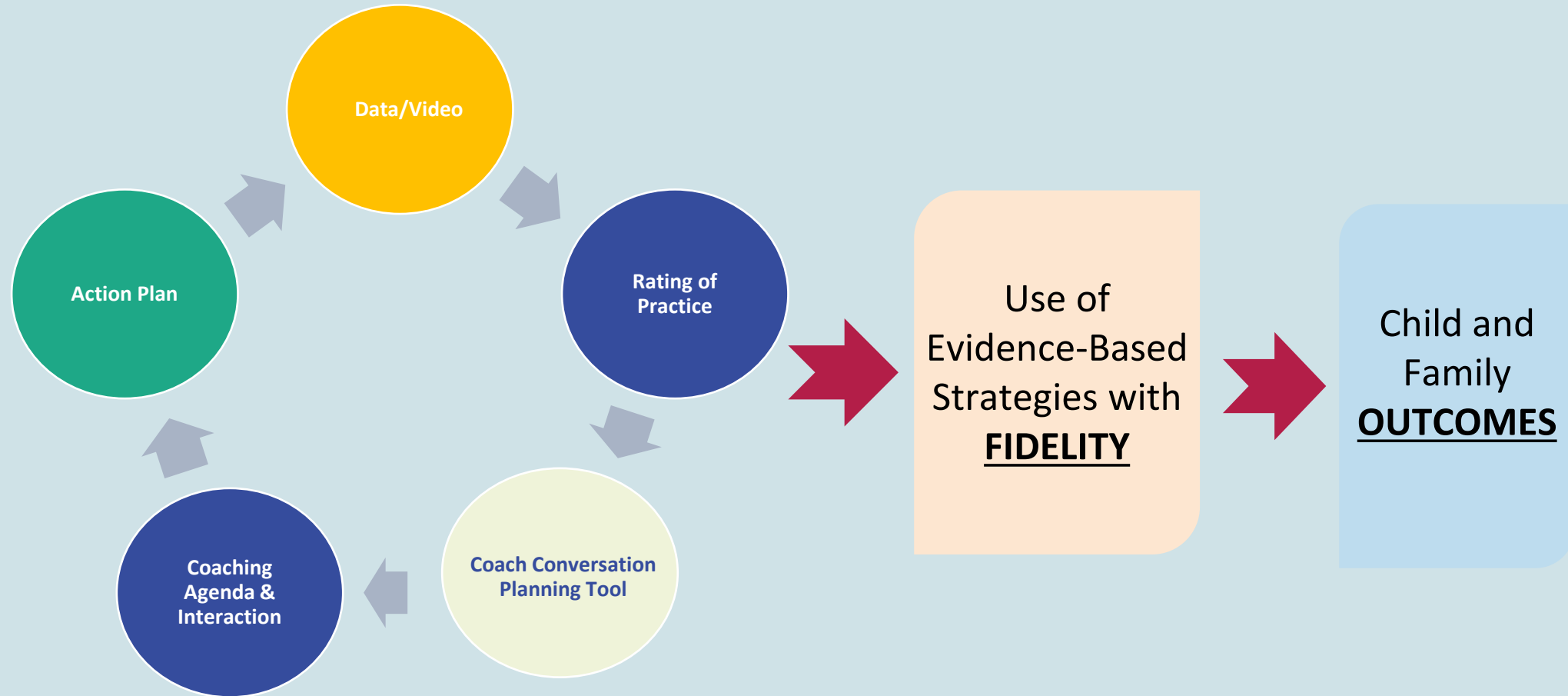
The **RBEI coach training** was developed through a partnership with the University of Nebraska-Lincoln. The overall purpose was to:

Improve outcomes for infants and toddlers with disabilities and their families by developing a sustainable / childhood coaching model.



HOW?

Continuous Improvement Cycle - Supported by Coaching



PRT 25

Renee Fish, ECSE
GR Internal Coach

Tracie Burton, Early Childhood
Coordinator



Frequently Asked Questions

How did you decide how your internal support would look?

How do you find time to add this to your plate?

What should newly trained coaches take advantage of?

PRT 3

Internal Coaches –

- Jenna Jones – Co-Chair
- Jess Andersen – Co-Chair
- Ann Kavanaugh – Fidelity Coordinator
 - What we did
 - What we anticipated
 - Why it was helpful

Enhancing Our Coaching Infrastructure

Reflective Question Matrix

Goal and Action Plan

Opportunities to Apply Tools

Reflective Question Matrix

CASL Tools

Framework for Reflective Questioning

Question Type Question Content	Awareness	Analysis	Alternatives	Action
Knowledge/ Understanding (What you know)	What do you know about...? What is your current understanding of (topic, situation)? <i>Probes (e.g.):</i> How did you come to believe this?	How does that compare to what you want to know about...? How is that consistent with (standards, evidence)...? What do you know now after trying...? How does that compare with what you originally thought?	How could you find out about...? What different things could you do to learn more about...? What are other ways to view this for next time?	How do you plan to learn more about...? What option do you choose? Why? How are you going to put that into place? <i>Probes (e.g.):</i> What resources do you have? What supports will you need? Where will you get them?
Practice (What you did)	How are you currently doing...? Why? What kinds of things did you do (have you done so far)? Why? What kinds of things are you learning to do? What did you do that worked well? <i>Probes (e.g.):</i> What is the present situation in more detail? Where does that occur most often? When did you first notice this?	How is that consistent with what you intended to do (wanted to do)? Why? How is that consistent with standards? Why?	What else could you have done to make practice consistent with standards? Why? What would you do differently next time? How might you go about doing that? What different ways could you approach this? <i>Probes (e.g.):</i> What would it take for you to be able to do...? What would you need to do personally in order to do...?	What do you plan to do? When will you do this? What option did you choose? <i>Probes (e.g.):</i> What types of supports will you need? What resources do you have? What would it take for you to be able to do...? What would you need to do personally in order to do...?
Outcomes (What was the result)	How did that work for you? What happened when you did...? Why? How effective was it to do that? What did you achieve when you did that? What went well? <i>Probes (e.g.):</i> How do you feel about that? What do you think about...? How much control do you have over the outcome?	How did you know you needed to do something else? How did that match (or was different from) what you expected (or wanted) to happen? Why? How do these outcomes compare to expected outcomes based on standards of practice? What <i>should</i> happen if you're really doing (practice)? What brought about that result? <i>Probes (e.g.):</i> How do you feel about that? What do you think about...?	What else might happen when you do...? Why? What different things could you have done to get expected outcomes? What might make it work even better next time?	Which option could get the best result? What do you plan to do differently next time? <i>Probes (e.g.):</i> What types of supports will you need? What resources do you have/need? Where will you get them?
Evaluation (What about the process)	What opportunities were useful to you in achieving... (or in learning...)? In what way? How was it useful? Why? What supports were most helpful? What about the supports were most helpful?	How was that consistent with what you expected?	What other opportunities would be useful?	What opportunities do you want to access? How will you access those opportunities? <i>Probes (e.g.):</i> What resources do you need? Where will you get them?

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Goal and Action Plan

Getting Ready Goal and Joint Action Plan: Coach-EI Professional		
EI Professional: _____ Coach: _____ Date : _____		
My Goal: What do I want to focus on? How will I know I've been successful? ____ GUIDE ____ Opening ____ Let's Try It/PC Interaction ____ Review of Outcomes ____ Closing ____ Getting Ready Strategies ____ Data Use		
	EI Professional will:	Coach will:
How will we do this? <i>What might it look like or sound like? When will it happen?</i>	<u>Action Steps:</u> (List one or more action steps based on the goal)	
Plan for Communication Between Contacts: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Zoom		
When will we check-in? _____ (date of check-in)		
Next Coaching Conversation _____ (date of meeting)		

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Opportunities to apply tools



Next Steps:

Talk to your TA!

Mark your calendars for Spring 2026



EDN Policies & Procedures

EDN Policies & Procedures

- **IDEA Part C timelines related to CAPTA referrals and receipt of DHHS Superintendent Letter**
- **Family-centered Early Intervention Services**
- **EDN Co-Visit Guidance**
- **Part C Prior Written Notice Guidance**

[Procedures | Nebraska Early Development Network](#)

Clarification Memo - CAPTA Referral Timelines

CAPTA and Superintendent Letter Procedures/Timelines | Nebraska Early Development Network

The IDEA Part C 45-calendar day timeline applies to:

- Initial Evaluation

- Child and Family Assessment

- Initial IFSP meeting

Two allowable exceptions:

- Child or parent is unavailable

- Parent has not provided consent despite attempts

The delay of receipt of the Superintendent letter from DHHS-CFS for infants/toddlers who are state wards **does not** constitute an allowable exception to the IDEA Part C 45-calendar day timeline.

Clarification Memo - CAPTA Referral Timelines

Accept the referral and attempt to obtain parental consent in a timely manner, consistent with all applicable federal and state regulations, procedures, and timelines.

Parents have the right to exercise the Dispute Resolution procedures available under IDEA Part C for any delay of the 45-calendar day timeline that are not attributable to exceptional family circumstances as outlined in federal and state regulations.

The NDE's [state ward residency policy](#) should be utilized in collaboration with, or in the absence of, the DHHS-CFS Superintendent letter.

Family-Centered EI Services

- Per Federal and State regulations, and statutory requirements, early intervention procedures, including evaluations, assessments, meetings, and services, must be conducted in ***settings and at times convenient to families***.
- EI teams cannot request families take time off work or meet at a public location over their lunch hour at the convenience of the provider to conduct early intervention procedures or meetings.

Family-Centered EI Services

- School districts, services coordination agencies, and early intervention providers may not develop or implement policies or procedures limiting the availability of federally required early intervention procedures/services to families or engage in practices which would constitute FERPA and HIPAA violations.
- All early intervention procedures, services, and meetings must be provided at the convenience of the family's schedule within reason.

Family-Centered Early Intervention Services | Nebraska Early Development Network

EDN Co-Visit Guidance

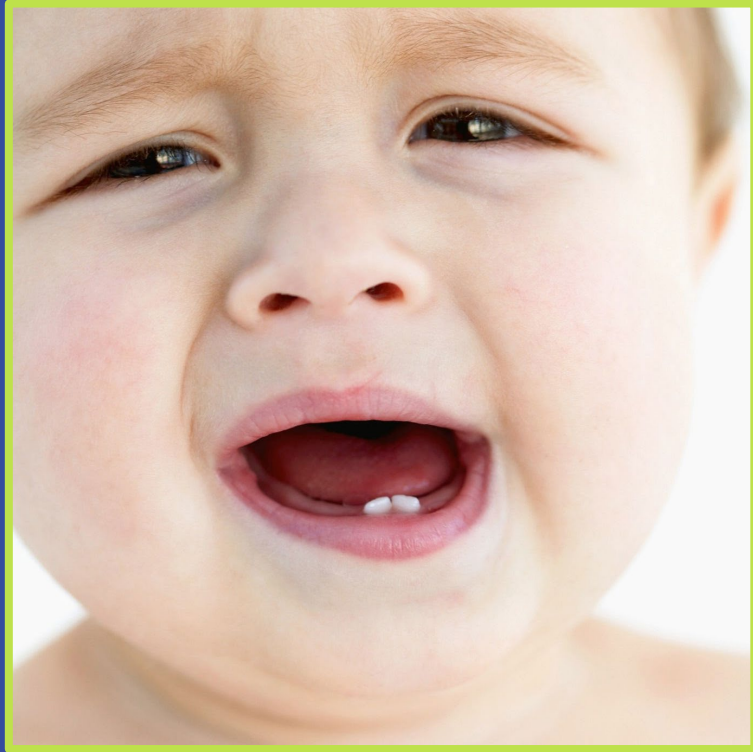
- **Joint Service Visits by 2 or more EI Providers** - in order to fulfill early intervention service delivery length, frequency, and duration, each service listed on the IFSP must be provided as listed on the IFSP. Failure to provide the full amount of *each* service length, frequency, and duration listed on the plan is in violation of the child's rights, and the family is able to seek out dispute resolution process options including filing a state complaint.
- **Joint Service Visits by EI provider and Services Coordinator** - since the required SC duties cannot be effectively completed during a visit in which other members of the team are present, the Services Coordinator must meet privately with the child and family for at least the frequency, length, and duration listed on the IFSP, to complete services coordination duties listed in 480 NAC 1.

[EDN Co-Visit Guidance | Nebraska Early Development Network](#)

Part C Prior Written Notice Guidance

- PWN and the IFSP - if the early intervention service provider is unable to deliver the service(s), including the frequency and intensity, as listed on the IFSP, then the EIS provider/district is required to provide a prior written notice to the family informing of the type/number of service(s) that are unable to be provided, the reason(s) for this, proposed or agreed upon compensatory services to be provided, including the type of service(s), frequency and intensity of the service(s), the natural environment the service(s) will be provided, and the amount of compensatory service(s) to be provided within a specified time frame.
- Example PWN included

[Part C Prior Written Notice | Nebraska Early Development Network](#)



Part C Monitoring Trends

EDN/Part C Monitoring Procedures

- Conducted on a 3 year cycle
- Includes:
 - IFSP File Review
 - Policies and Procedures Review
 - Forms Review
 - Review of results from mediations, complaints, and due process hearings
 - Review of supporting PRT data

EDN/Part C Monitoring Procedures for PRT's | Nebraska Early Development Network

Eligibility Procedures/MDT Written Report

- Request medical records as soon as possible after obtaining parental consent. The team must review them for eligibility.
- Basis for Determination – utilize medical records/information and parent report (RBI)
- Eligible for early intervention services vs. special education services
- Rule 52 vs. Rule 51

Eligibility Procedures/MDT Written Reports


- All Domains must be completed utilizing descriptive information regarding child's strengths/needs in each developmental area based upon medical records, parent report (RBI), evaluation tool (if utilized) and provider observations.
- MDT is signed by 2 separate disciplines.
- Documentation of when MDT report was provided to the parent.


- Outcomes- Must be measurable and written appropriately as a child or family outcome. Must include progress updates and if modification is needed.
- EI Services- Outcomes must support the services on the plan, must include AT service/device as appropriate.
- Services- If services can not be provided as written on the plan, send a PWN.
- Ensure the transition plan is completed on time and is individualized to the child/family needs.



Upcoming Professional Development Opportunities

Boundaries


 June 26, 2025 |
10:00 – 11:30 AM CT


 August 19, 2025 |
10:00 – 11:30 AM CT

Format: Virtual Via Zoom

Learn how to maintain healthy, professional boundaries when working with families. This interactive session uses real world examples to explore practical strategies for respectful and effective engagement.

Engaging Families & Discussing Sensitive Subjects

 July 24, 2025 |
9:30 AM – 1:00 PM CT

 September 25, 2025 |
9:30 AM – 1:00 PM CT

Format: Virtual Via Zoom

Gain tools to strengthen relationships with families and navigate difficult conversations with empathy and professionalism. Learn strategies for engaging families in meaningful and supportive ways.

Registration: <https://qrco.de/trainingopp>

Who Should Attend?

EDN Services Coordinators, Early Intervention and Special Education Providers, Early Childhood Educators, Head Start/Early Head Start, Sixpence, Home Visitors, and other early childhood professionals.



Questions?



qrcode/2025edn

Thank You!

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