

## TIP SHEET FOR USING THE EXCEPTIONAL SUPPORTS PROCESS FOR INDIVIDUALS WHO ARE DEAF-BLIND

Each individual who has dual sensory and vision loss is unique. Providers completing an ESP request should review previous documents indicating expressive and receptive communication skills and accommodation needs. A person's environment greatly influences their access to accommodations. Reviewing past services and supports may provide a blueprint for service planning. If the individual is transitioned age, helpful documentation may include the most recent IEP and the last three-year evaluation. Potential agencies that may have information on services provided prior to age 18 include the following:

- Office for Children with Special Healthcare Needs
- The Kentucky Deaf-Blind Project
- Kentucky School for the Deaf – general education and/or Outreach
- Kentucky School for the Blind
- Helen Keller National Center
- EnTECH

Special attention should be paid if the reports indicate higher levels of functioning than the team is currently observing. This may indicate that the environment does not provide the appropriate communication access. It is also important to keep in mind that vision and hearing may fluctuate and/or decompensate. Keeping consistent medical appointments is key to monitoring and supporting Deaf-Blind individuals.

If the team is concerned about the communication skills of the individual and there is indication that sign language has been used in the past:

1. An American Sign Language (ASL) interpreter should be hired.
2. If the communication goes well with a qualified interpreter present, focus ESP requests around use of interpreters.
3. If the communication does not go well, the team should consider requesting a Communication Skills Assessment from the KY Division of Behavioral Health's Deaf and Hard of Hearing Services program. Call (502) 782-6181 or call your QA.
4. The Communication Skills Assessment will provide recommendations to consider when writing an ESP request.

Providing full access to SCL services for an individual who is Deaf-Blind will likely require ongoing ESP Requests as well as commitment from the team to budget for and provide effective communication across services. Both equipment and individualized 1:1 services can be employed to match a person's best communication level. The team must also monitor for changes in vision and hearing that may necessitate teaching new skills to both the individual and staff.

Use the following information to create a thorough ESP request. Before writing, consider these questions in relationship to the billable services under SCL.

The team will decide what services would need the additional support and work together to establish the plan. Each individual service may not be able to be approved but combined in one service rate that the designated provider will use to ensure the exceptional support is

TIP SHEET FOR USING THE EXCEPTIONAL SUPPORTS PROCESS FOR INDIVIDUALS WHO ARE DEAF-BLIND

available across environments. Maximum exceptional support rate is two times the traditional rate for the service.

<b>SCL Billable Service Eligible for ESP</b>	<b>Questions to Consider When Writing ESP</b>
Day Training that is Not Provided in an Adult Day Health Center	<ul style="list-style-type: none"> <li>• Can the individual fully participate in active treatment without language access?</li> <li>• What behaviors may be driven by a need to communicate? When could the presence of an interpreter help alleviate that?</li> <li>• Does the individual understand the rules, structure, and routine of the day program? If not, could an interpreter help?</li> <li>• Could this person be more independent in medication administration if provided instruction in sign language or through an interpreter?</li> <li>• Where could deaf or signing staff be used to model language and provide direct support?</li> </ul>
Community Access Services	<ul style="list-style-type: none"> <li>• How can individuals who sign or communicate the same way as the individual be used for community access?</li> <li>• If current team members are not aware of Deaf-Blind or Deaf community activities, who can be hired who does?</li> </ul>
Consultative Clinical and Therapeutic Services	<ul style="list-style-type: none"> <li>• Have professionals with experience serving Deaf-Blind individuals been consulted? Can they be brought into the team?</li> </ul>
Person Centered Coaching	<ul style="list-style-type: none"> <li>• Are all possible modes of communication being tried? Has this individual been given every opportunity to fully participate?</li> </ul>
Personal Assistance Services	<ul style="list-style-type: none"> <li>• For individuals who are Deaf-Blind, this may be an intervener or an SSP (Support Service Provider). See <a href="http://aadb.org/information/ssp/ssp_brief.html">http://aadb.org/information/ssp/ssp_brief.html</a> or <a href="https://www.helenkeller.org/hks/what-ssp">https://www.helenkeller.org/hks/what-ssp</a> for more information. Specialized training is needed.</li> </ul>
Residential Support Services Levels 1 and II	<ul style="list-style-type: none"> <li>• Are all staff trained in orientation and mobility? The individualized communication needs? Technology use and maintenance?</li> <li>• Does the individual have the choice to live with others who are Deaf, Hard of Hearing, or Deaf-Blind and share a language?</li> </ul>
Respite	<ul style="list-style-type: none"> <li>• Did the team explore respite options with others who are Deaf-Blind?</li> <li>• Does the individual have access to peers who are Deaf-Blind?</li> </ul>

**Service Providers in Kentucky with Experience Working with Deaf-Blind Individuals:**

## TIP SHEET FOR USING THE EXCEPTIONAL SUPPORTS PROCESS FOR INDIVIDUALS WHO ARE DEAF-BLIND

DBHDID can offer a list of agencies who serve the Deaf-Blind community. Contact your QA or [Michelle.Niehaus@ky.gov](mailto:Michelle.Niehaus@ky.gov) for more information.

### **Name and Identifying Information of Individual**

Name of Individual:

Medicaid Number:

Date of Birth:

Name of case manager, agency and contact information:

#### 1. Description of the exceptional supports requested.

Describe specifically what the exceptional support will be used for

- ✓ Interpreter or Communication Specialist. Provide the days and times for the support as well as the cost of the support. This can be a statement from the provider of the service, an invoice, and/or the agreement/contact between the residential agency and the service provider.
- ✓ Intervener or SSP. While paid as a Direct Service Provider or Personal Assistance Provider, the SSP or Intervener would have additional training in communication as well as orientation and mobility. .

#### 2. Specific description of challenges and interventions presented by the waiver recipient that have resulted in the request. Dates, times, location of occurrences must be included.

Describe the behavior or medical issues that require exceptional support. Provide behavioral and/or medical data.

- ✓ Connect requests for interpreters or hours with a communication specialist to the Communication Skills Assessment if one has been done.
- ✓ If a Communication Skills Assessment exists, upload it with each request.
- ✓ Document any fluctuations in hearing or vision as well as how the presence of an interpreter, SSP, and/or communication specialist may lessen challenges.
- ✓ Provide any other supporting information to illustrate the need for the exceptional supports.

#### 3. Summary notes of the person centered team meeting held to determine if the request for exceptional supports was appropriate. Notes should include signatures of the team members and date, time and location of the meeting.

Minutes from the team meeting indicating the team discussed the need for exceptional supports and the consensus was that they are necessary. In MWMA there will need to be a meeting with signature sheet/minutes within one business day of submission of the request.

#### 4. Updated Person Centered Service Plan with exceptional service documented.

This will be in the system when you submit the plan.

TIP SHEET FOR USING THE EXCEPTIONAL SUPPORTS PROCESS FOR INDIVIDUALS WHO ARE DEAF-BLIND

5. If this is an on-going or repeat request, describe any interventions taken by the Person Centered Team to stabilize the challenges. Please describe the results of the interventions. Not applicable for 1<sup>st</sup> time requests-
  - ✓ For ongoing requests this refers to the benefit/progress that has occurred from the exceptional support service and any other interventions that the team is using to assist the individual.
  - ✓ Attach progress notes from the Communication Specialist as appropriate.
6. Detailed cost analysis using the approved Rate Determination Template for residential and day training services. All other requests shall provide detailed cost analysis. The approved Rate Determination Template is as an attachment to provider letter A49.

Updated 2020