


## The Contributions Educators Can Make in the Management of the Pediatric Client



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IARP 10/31/19 3:15-4:15 PM

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## Objectives of the Session

- ✓ Understand the contributions the education specialist can make in pediatric cases to assist in appropriately addressing Disability Case Management and Life Care Planning as it relates to a child's educational and community needs.
- ✓ Apply the interventions and resources children with disabilities are entitled to via educational entities, as well as federal, state and local agencies.
- ✓ Initiate the steps to assist a child in accessing appropriate interventions and resources, and provide follow through to assure they are being implemented.

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## Teacher Training: One Area of Disability



Teacher Training in TBI  
Percentage with prior TBI Training

Category	Percentage
No TBI Training	75%

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**What Can a Brain Injury Education Specialist (BIES) Bring to a LCP??**

- **Expertise in the fields of special education and brain injury related to:**
  - Compiling/assimilating medical, rehabilitation, educational, social/emotional-behavioral information required to develop viable, effective resources that can aid a student with educational challenges
  - Research based information on the neurodevelopmental impact of BI as it relates to education, transition planning, peer relations, home/community involvement
  - Assessing/compiling educational supports/services

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What Can a Brain Injury Education Specialist (BIES) Bring to a LCP?? cont'd.

- Helping others involved in the student's support system understand and navigate the full scope and limitations of a school system.
- Identifies local resources to aide in desired functional outcomes for services such as DDD
- Extensive clinical experience working with students with BI with training in child development, and certification in combined fields of education and BI
- Can address related to BI/medical sequelae in the school setting (Brown, et al, 2017).



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**HOW Does the Educator Do This?**

- Guide parents and school to identify and access appropriate school/community/state supports
- Engage in ECOLOGICAL assessment in home/school to fill in information not typically found in records review or assessment
- Interview staff/parents on pre-post injury incident functioning
- Provide school staff training/contribute recommendations RE: curriculum, accommodations, IEP eligibility/goals, & school based therapies
- Present child's comprehensive, ongoing/future educational needs
- Review medical, assessment & educational information & form expert opinions; offer recommendations for services/outcomes
- Monitor student progress over time to ensure compliance in the delivery of services (Brown, et al, 2017).

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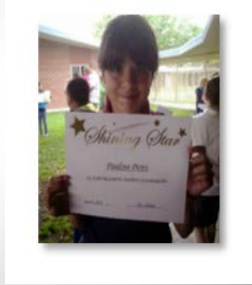
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### Meet Paula



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### At age 12, Paula was hit in a school crosswalk on her way to school



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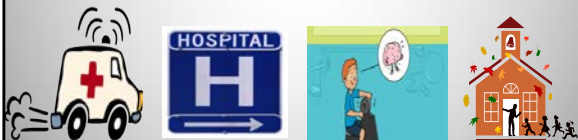
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Paul, like many students who experience acquired brain injury and other medical conditions had a disruption in her schooling due to extended periods of hospitalization and rehabilitation



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### Paula's Immediate Post-injury Status

- GSC/3-Unresponsive, immediately intubated
- Left lateral gaze and unequal pupils
- Closed head injury
  - Right intracranial hemorrhage
  - severe grade 3 DAI with midline shift
- Deformities to left upper and right lower extremities
- Clavicle fracture
- Broken teeth
- Multiple rib fractures
- Pulmonary contusions
- Left humerus, right femur and pelvic fractures
- Splenic/renal lacerations
- ❖ Hospitalized 1 month
- ❖ Inpatient pediatric rehabilitation facility-1 year

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### Paula's Post-acute Injury Status:

- Spastic quadriplegia
- Severe vocal apraxia & apraxia of speech
- Dysphagia/g-tube dependent
- Enlargement of pituitary gland
- Altered vision
- Extreme Fatigue
- Major neurocognitive disorder
- Significant impact to educational skills
- Non-verbal, but understood language
  - Used blinking/smiling/pointing to communicate
- Provided Hospital Instruction services in rehab., then at home, 5 hours weekly

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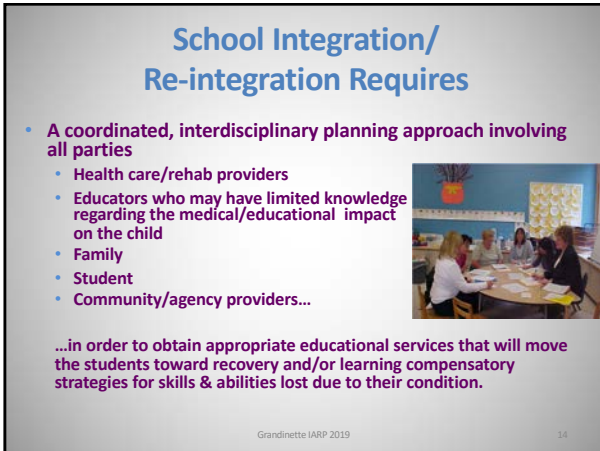
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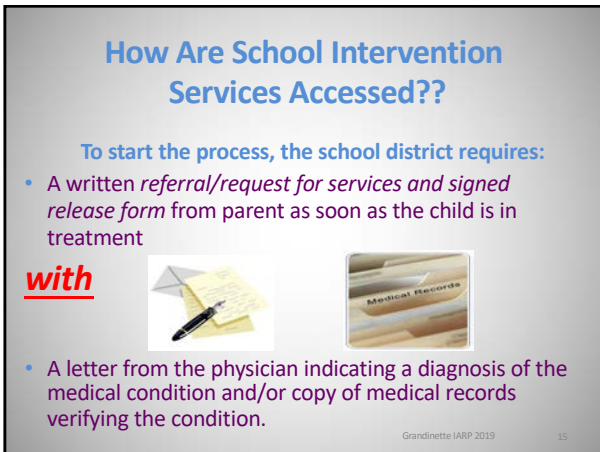
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### The Educational Community Utilizes a Pre-referral Approach

- A Student Study Team (SST) is typically held ***prior to special education referral, (but not required)***
- A school team consisting of the parent, classroom teacher, school psychologist, administrator, home teacher (*if assigned*), & school nurse (*if student has medical issues*)
- Team reviews medical documents, rehabilitation therapy reports; home teaching reports/work samples and compares them to previous work samples

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The Educational Community Utilizes a Pre-referral Approach, cont'd.



- Based upon the student's level of functioning, a Student Study Team (SST) may recommend...
  - Interventions/accommodations offered in a general education setting/RtI : Response to Intervention-3 Tiers for mild needs.
  - A Section 504 Accommodation Plan for the next level of need
  - Special Education Supports & Services under the Individuals with Disabilities Act (IDEA) via an IEP offered in general education and/or special education classes for more significant needs

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### What is a 504 Plan?

#### Section 504 of the Rehabilitation Act of 1973

(amended 1/1/2009)

A federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal financial assistance from the U.S. Department of Education.

Ed.gov: C.F.R. Part 104



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## Section 504

Subpart A—General Provisions

Subpart B—Employment Practices

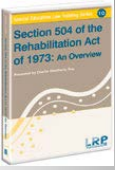
Subpart C—Physical Accessibility

Subpart D—Preschool, Elementary, and Secondary Education

Subpart E—Postsecondary Education

Subpart F—Health, Welfare, and Social Services

Subpart G—Procedures



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## Who/What is a 504 Student?

504 Regulation 34 C.F.R. 104.3(j-l) defines:  
*“a person with a disability as any person who has a physical or mental impairment that **substantially** limits one or more major life activities\*, has a record of such impairment, or is regarded as having such impairment.”*



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### Section 504: Disability Defined

Physical or Mental Impairment**	Major Life Activities**	Record of Impairment**	Regarded Impairment**
<ul style="list-style-type: none"> <li>Physiological disorder, contagious disease, cosmetic disfigurement or anatomical loss in one or more systems:</li> <li>• Neurological</li> <li>• Musculoskeletal</li> <li>• Respiratory</li> <li>• Cardiovascular</li> <li>• Reproductive</li> <li>• Digestive</li> <li>• Bowel**</li> <li>• Genito-urinary</li> <li>• Blood</li> <li>• Lymphatic</li> <li>• Skin</li> <li>• Endocrine</li> <li>• Immune System***</li> <li>• Normal Cell Growth***</li> <li>• Bladder***</li> <li>• Reproductive Function***</li> <li>• Substance Abuse (recovering alcoholic or addict)</li> </ul>	<p>Mental or psychological disorder including:</p> <ul style="list-style-type: none"> <li>• Mental retardation</li> <li>• Organic brain syndrome</li> <li>• Emotional or mental illness</li> <li>• Specific learning disabilities</li> </ul>	<p>Major life activities include:</p> <ul style="list-style-type: none"> <li>• Self-care</li> <li>• Manual tasks</li> <li>• Walking</li> <li>• Seeing</li> <li>• Hearing</li> <li>• Speaking</li> <li>• Sitting</li> <li>• Standing***</li> <li>• Reaching</li> <li>• Thinking***</li> <li>• Concentrating***</li> <li>• Reading***</li> <li>• Communicating***</li> <li>• Interacting with others</li> <li>• Learning</li> <li>• Working</li> <li>• Eating***</li> <li>• Sleeping***</li> <li>• Lifting***</li> <li>• Bending***</li> </ul>	<p>The individual has:</p> <ul style="list-style-type: none"> <li>• A history of impairment</li> <li>• A record of having been misclassified as having an impairment</li> </ul> <p>The individual has:</p> <ul style="list-style-type: none"> <li>• An impairment not limiting a major life activity, but treated as disabled by the covered entity</li> <li>• No impairment, but treated as disabled by the covered entity</li> </ul>

\* Does not include current, illegal drug/alcohol use (34 Code of Fed Reg. Part 104.3)  
 \*\*\* Added in new amendments by Congress effective January 1, 2009. Non-exhaustive list.

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### Referral for a 504 Plan

- Referrals are accepted from parents *(should be in writing)*, medical and other professionals, students, and/or other school staff members.
- Proof of the condition needs to be verified, often by medical records or a letter from a treating physician or mental health care professional.



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### A 504 Plan Can Offer Accommodations

- If the student is found eligible, “Reasonable” accommodations are provided by classroom teacher(s) & other school staff to enable the student to benefit from their educational program.
- Each staff member is provided the 504 document listing accommodations the child is entitled to which **MUST** be implemented under the law.



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### 504 Plan Accommodations Can Include...

• Shortened assignments	• Testing in alternate setting
• Adjusted class schedule	• Medication management at school w/order
• Breaks	• Positive Behavior Support plan
• Preferential seating	• Academic support
• Extra time for assignments/tests	
• School counseling	
• Daily/weekly progress reports	

***Modifications need an IEP***

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### What About Students in Private Schools?

If it is a private school that accepts federal financial assistance, they have an *obligation* to provide accommodations through a 504 Plan  
*(However, some have limited knowledge or application of Section 504)*



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### What About Students Whose Needs Cannot be Met Under a 504 Plan?



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### The Individuals with Disabilities Act (IDEA)

A federal education mandate requiring public schools to provide a free appropriate public education (FAPE) through the use of special education supports & services via the Individualized Education Plan (IEP) process to children with eligible disabilities (NCSE, 2012).



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### The IEP is a LEGAL Document That is Developed at an IEP Team Meeting

- Assessment findings are reviewed and eligibility is determined for special education supports and services
- Present levels of performance are delineated and goals and objectives developed to address areas of need via measurement of progress
- Supports, related services, accommodations, modifications, placement and frequency and duration of all services are specified
- Progress on goals is measured periodically and again at an IEP meeting held annually.
- Reassessment takes place every 3 years or sooner of requested.



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### Getting to the IEP Requires Assessment and Takes Time....

- 15 days to develop assessment plan
- 60 days from signed plan to IEP meeting
- **Best Practice:**
  - Start with home/hospital instruction/homebound teaching per physician's order as appropriate
  - Student should be made eligible for a 504 plan in the SST meeting *while assessment is taking place* to provide student w/immediate accommodations & services (*unless student is made eligible for SPED w/o assessment due to severity of injury*)



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### Federal Special Education Eligibility Categories under the IDEA (Birth to 22)

<ul style="list-style-type: none"> <li>▪ Autism</li> <li>▪ Deaf-Blind*</li> <li>▪ Deaf*</li> <li>▪ Developmental Delay (<i>ages 3-9 in some states</i>)</li> <li>▪ Emotional Disturbance</li> <li>▪ Hearing Impairment*</li> <li>▪ Intellectual Disability</li> </ul>	<ul style="list-style-type: none"> <li>▪ Multiple Disabilities</li> <li>▪ Orthopedic Impairment*</li> <li>▪ Other Health Impaired</li> <li>▪ Specific Learning Disability</li> <li>▪ Speech &amp; Language Impairment</li> <li>▪ Traumatic Brain Injury</li> <li>▪ Visual Impairment* (<i>including blindness</i>)</li> </ul>
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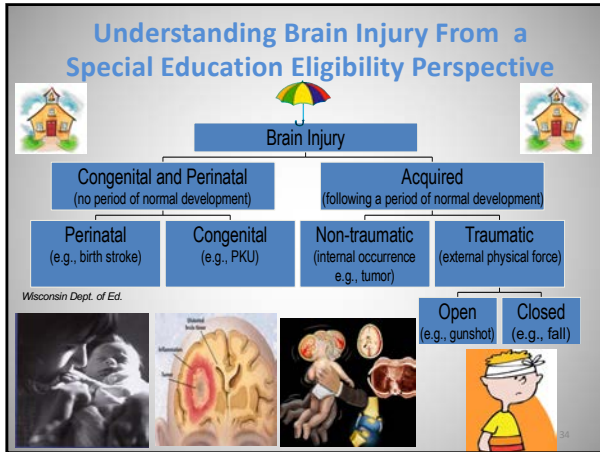
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### The IDEA Defines TBI as...

“...an **acquired injury to the brain caused by an external physical force**, resulting in total or partial functional disability or psychosocial impairment, or both, that **adversely affects a child's educational performance**. The term applies to open or closed head injuries resulting in impairments in one or more areas such as cognition; language; memory; attention; reasoning, abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.”

34 Code of Federal Regulations 300.7 (c)(12)

Discussion section of the Federal Register (Vol. 57, No. 189, p. 44842, Tuesday, September 29, 1992) it is stated that “The definition of traumatic brain injury does include an acquired injury to the brain caused by the external physical force of near-drowning.”

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### NONTRAUMATIC Brain Injury Includes...

- Strokes/Vascular accidents
- Ingestion of toxic substances
- Medication errors
- Metabolic disorders  
*(Insulin shock, liver, kidney disease)*
- CNS tumors
- Anoxia/hypoxia
- Infections
- Seizures
- Late effects of cancer treatment

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### Brain Injury From Non-traumatic Causes...

- The TBI federal eligibility category does **NOT** apply to acquired injuries caused by **non-traumatic events**
- These students may qualify for services under the eligibility category of **OHI-Other Health Impaired**



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### The IDEA Defines Other Health Impaired as

... having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—(i) Is due to chronic or acute health problems *such as\** asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and (ii) Adversely affects a child's educational performance.

\*“such as...”

disabilities listed are not the only ones that may be considered; any other health impairment may be found eligible for special services. (34 CFR Part 300.7 (c) (9)).

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### Meet Karina

- Blood Lead Levels (BLL):
  - Age 1=21 mcg.dL
  - Age 1.5=17 mcg.dL
  - Age 2=14 mcg.dL

*Per the CDC: There are NO safe blood lead levels in children, and anything above 5 mcg.dL is considered a problem. Even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement. Effects of lead exposure cannot be corrected.*

- DDD assessment eligibility=Autism
- Age 3: School district assessment-eligibility-Autism

What SHOULD be her Special Education eligibility?

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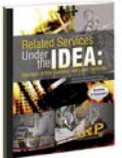
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**300.34 Related Services:**

**Defined by IDEA as:**  
 ...developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education.



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**Related Services Include...**  
 (assessment required)

- Transportation
- Speech & Language Pathology
- Audiology Services
- Interpreting Services
- Psychological Services
  - Counseling services, including rehabilitation counseling
- Parent Counseling & Training
- Occupational Therapy\*
- Physical Therapy\*
- Medical Services for Diagnostic or Evaluation Purposes\*
- School Health Services & School Nurse Services\*
- Early identification & assessment of disabilities in children
- Social Work in schools
- Vision Impairment Services
  - Orientation & Mobility

\*medically vs. educationally relevant      *This list is not exhaustive....*  
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**IDEA Indicates:**

- “School health/nursing services” are a “related service” that must be provided
- “Medical services” are defined as services a licensed physician determining a child’s medically related disability.
  - The school is not responsible for replacement of a surgically implanted device the child may need to survive—but it is responsible for making sure that the device is monitored and maintained correctly while the child is being transported to and from school, and while he or she is at school
- What about:
  - CIC?
  - The reinsertion of a g-tube????



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### Related Services Can Also Include...

- Adapted PE
- Assistive Technology devices and training
- Behavioral Intervention (FBA, BIP, ABA, BII, BID)
- Paraprofessional Assistance
- Vision therapy
- Home/hospital instruction
- Hippotherapy
- Any others found necessary for child to receive educational benefit

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### When Students Are Found NOT Eligible...

- School district should *consider or reconsider* accommodations provided through 504 Plan by considering medical diagnosis as eligibility
- Or, if assessment is completed & parents do **NOT** agree w/assessment findings...
  - Their disagreement is to be written & attached to IEP document detailing their views/concerns & request an IEE... an IEE?????

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When Students are NOT Eligible? (cont'd).

- **IEE-Independent Educational Evaluation**
  - At district expense
  - School districts **DO** contract with Neuropsychologists!!
  - Findings of IEE's have to be **CONSIDERED** by the IEP team.
- If parent provides their own Neuropsychology evaluation (*prior to or AFTER the school assessment*) the district only has to **CONSIDER** it.



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### What About Students in Private Schools?

- School district is required to evaluate student, but if family wants services in private school, district must...
  - Develop a Private School Service Plan (PSSP) that provides very basic services
- **OR...** if the amount of service needs cannot be provided through PSSP, family must enroll child in public school for more in-depth special education supports & services



*Charter Schools must follow IDEA guidelines*

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### LET'S FOLLOW THE PATH BACK TO SCHOOL FOR PAULA...




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### BIES Services Provided as Part of the Expert Witness Team for Paula

- Review of all files
- Home/family interview
- Observation during homebound instruction/coordination with school district
- During development of expert report:
  - Designed school re-integration plan for gradual return to school with appropriate supports\* and services including IHCP
  - Facilitated/attended initial IEP without need for assessment due to severity of injury via the Individuals with Disabilities Education Act (IDEA) for an educational eligibility of \_\_\_\_\_ ???

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HIGH SCHOOL REINTEGRATION PLAN FOR Paula Developed by BIES			
Action/Service	Person(s) responsible	By Date	Completed?
Select Teacher(s) to observe home teaching session	GHS staff		
Specific classes selected/schedule determined (4 classes, 5 days per week)	Teacher/GHS staff		
Determine when to add lunch time to schedule (Wednesdays for Best Buddies should be 1 <sup>st</sup> day)	SPED Teacher/GHS staff		
Determine home teaching schedule	SPED Teacher/parents		
Determine Speech therapy schedule	SPED Teacher/AAC Sp		
OT/PT to walk campus and determine equipment/access needs	OT/PT		
Develop plan for moving between classes	SPED Teacher/BN		
Select appropriate restroom for chromosomal needs	PT/BN/SPED Teacher		
1:1 SPED teacher observes classroom lessons	SPED Teacher/GHS staff		
Paula to visit classes he will attend	SPED Teacher/GHS staff		
Agency nurse & Supervisor to meet with GHS nurse & District nurse	District Nurse		
Update IHCP w/physician orders as needed	District & HS Nurse w/BN & BN supervisor		
Determine first day of school attendance	SPED Teacher/parents/GHS staff		
Determine transportation schedule	SPED Teacher/parents		
Copy of Chris' full weekly schedule for all team members	SPED Teacher/parents		
Schedule 1:5 for ABE training for all team members	SPED Teacher/all GHS team members		
Schedule training on AAC devices for team members	AAC Specialist		
Classmates to receive training/information/ how to support Chris at school	SPED Teacher/Case manager		
Chris begins school	All team members		
Hold 1 <sup>st</sup> team meeting to ask/answer questions after 1-2 weeks of attendance	All team members		
Chris begins school attendance	All team members		
Hold team meeting 1 month after attendance begins to discuss successes, issues, problem solve and as needed thereafter	All team members		

Team Members: ALL listed with contact information

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### School Services-Initial IEP w/o Assessment

- Nursing.....IHCP w/School based LVN
- OT.....1 x 30 weekly
- PT.....30 min monthly consult/equipment
- Language & Speech.....2x 30 weekly
- AT/AAC.....Equipment & training-8 sessions
- Transportation.....W/C bus to/from school w/aide
- Modified PE.....APE 2 x 30 weekly
- Specialized Academic Instruction w/support.....Special Day Class w/1:1 aide
- High levels of fatigue.....Shortened day
- Academic deficits.....Accommodations/modifications

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**Facilitated Connection to Community and State Services**

- **State Councils on Developmental Disabilities ([www.acl.gov](http://www.acl.gov))**
  - Information, referral, assessment genetic counseling, and diagnosis
  - Counseling; Family Support
  - Lifelong individualized planning and service coordination
  - Purchase of necessary services included in the Individual Program Plan
  - Resource development; Assistance in finding/ using community & other resources
  - Advocacy for the protection of legal, civil/service rights
  - Early intervention services for at risk infants/families
  - Planning, placement, and monitoring for 24-hour out-of-home care
  - IHSS, Respite, Transportation, Day Treatment, Supported Employment
  - Training and educational opportunities for individuals and families
- **Rehabilitation Services Administration ([www.2.ed.gov](http://www.2.ed.gov))**
- **SSI/SSDI-(TBI is now on the list of impairments as of 2016)**

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**Services Provided to the LC Planner**

- Conferred with psychiatrist, neuropsychologist, assessing therapists, vocational specialist, economist to align recommendations and opinions to support LCP specific to:
  - Additional OT, PT/Speech/therapy services required outside of school/medically vs. educationally relevant therapies
  - Feeding therapy (school does not provide)
  - Nursing services before & after school
  - Educational Therapy/tutoring/Cognitive Rehabilitation
  - Post-acute TBI rehabilitation program w/school

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**Services Provided to the LC Planner, cont'd.**

- AT/AAC equipment throughout lifetime
- Recreational Therapy
- Individual & family Counseling
- Transportation
- Ongoing neuropsychological assessment
- Neuroptometric/Vision therapy
- Opinion on pre and post injury education levels
- Recommendations for post-school placements and services at age 22
- Opinion on pre-post injury vocational outcomes
- Pediatric TBI research supporting recommendations and opinions
- Nurse case manager to coordinate with medical care and school
- Caregiver services

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### Post Settlement/Verdict: Providing Disability Case Management from the Education Perspective

- Contracted by the trust to manage all issues related to education and state/community service agencies
  - Observe student in school
  - Consult with school staff/make recommendations
  - Coordinate collaboration between school based nursing/therapies and outside medical/therapy providers
  - Provide advocacy to the family/Attend IEP meetings; support family follow-up with their responsibilities related to school
  - Provide quarterly education/services update report to trust/disability case manager
  - Assist in development of Individual Transition Plan
  - Assist in linkage to post school services/support access to services

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