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ABSTRACT

One of a series designed to help Florida school districts provide special programs for exceptional children, the manual presents a training guide on interagency coordination for profoundly mentally handicapped students. Instructions are provided for conducting group sessions and extensive examples of handouts are furnished. Objectives are listed and procedures detailed for each of four modules covering the following topics (sample subtopics in parentheses): participation in service planning (use of different terms to refer to the target population, organization of state and local education agencies, need for joint planning and service delivery); statutes, rules, and regulations affecting service planning (state and federal requirements for sevice plans and reviews, legal terms); documents used for service planning (planning processes for Individual Educational Programs and habilitation plans, relationships among different service plans); and methods for cooperative planning (alternative methods of cooperative planning, their advantages and disadvantages). Each module also includes questions to ask, aspects to explain, and self-check exercises. (CL)

A RESOURCE MANUAL FOR THE DEVELOPMENT AND EVALUATION OF SPECIAL PROGRAMS FOR EXCEPTIONAL STUDENTS

VOLUME III-J

Interagency Service Plans For The Profoundly Mentally Handicapped

Part 2: Partners in Planning- A Trainer's Guide

State of Florida
Department of Education
Tallahassee, Florida
Ralph D. Turlington, Commissioner
Affirmative action/equal opportunity employer

JUNE 1983

BEES
5-06-83

FLORIDA DEPARTMENT OF EDUCATION
DIVISION OF PUBLIC SCHOOLS
BUREAU OF EDUCATION FOR EXCEPTIONAL STUDENTS

Florida Department of Education Publications in Exceptional Student Education

The following is a list of publications developed by the Bureau of Education for Exceptional Students to assist local school systems in the provision of special programs for exceptional students. For additional information, please contact:

Mrs. Linda D. Schroeder, Consultant
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RESOURCE MANUALS

Laws and Rules

___ Volume I-B: Florida Statutes and State Board of Education Rules: Excerpts for Programs for Exceptional Students, 1982.

___ Volume I-C: Federal Laws and Regulations Pertaining to the Education of Exceptional Students - P.L. 94-142, Sec. 504, and P.L. 89-313, 1982.

___ Volume I-E: Florida Statutes and State Board of Education Rules: Florida School for the Deaf and the Blind - Florida Department of Health and Rehabilitative Services, 1980.

Program Manuals

___ Volume II-A: Visually Impaired

___ Volume II-B: Mentally Handicapped, 1982.

___ Volume II-C: Speech and Language Impaired, 1979.

___ Volume II-D: Hearing Impaired: Deaf and Hard of Hearing

___ Volume II-E: Emotionally Handicapped, 1981.

___ Volume II-F: Specific Learning Disabilities, 1980.

___ Volume II-G: Gifted, 1980.

___ Volume II-H: Homebound/Hospitalized, 1980.

___ Volume II-I: Physically Impaired, 1977.

___ Volume II-J: Occupational and Physical Therapy, 1982.

___ Volume II-K: Deaf-Blind, 1982.

(continued on inside back cover)

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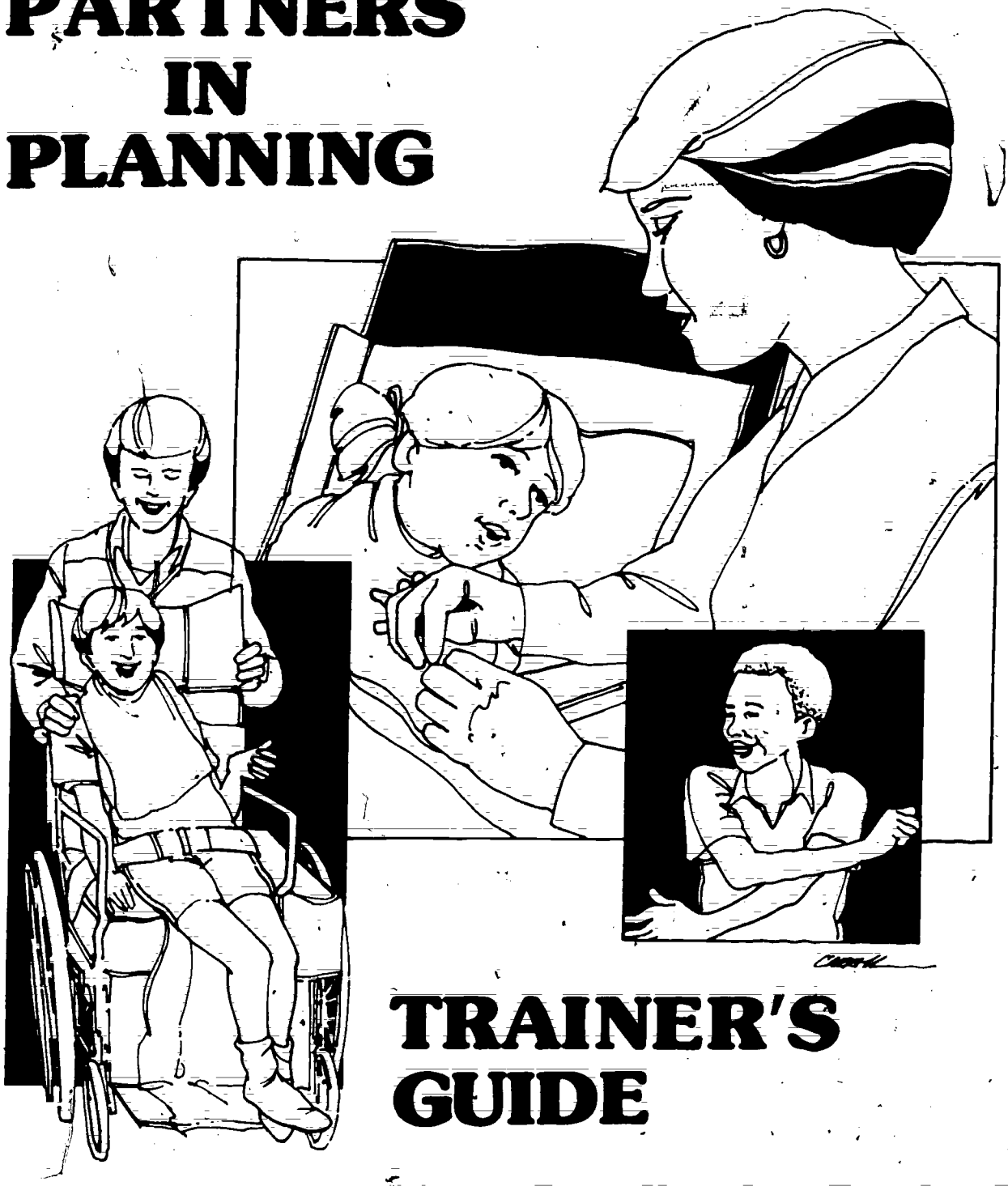
This Trainer's Guide was developed by Leon County Public Schools through the Special Project, Interagency Development, funded by the State of Florida, Department of Education, Bureau of Education for Exceptional Students, under Federal Assistance for the Education of the Handicapped (P.L. 91-230, EHA Part B, as amended by P.L. 93-380 and P.L. 94-142).

PARTNERS IN PLANNING



TRAINER'S GUIDE

A Training Program About Coordinating Service Plans for Profoundly Mentally Handicapped Students

ACKNOWLEDGEMENTS

This PARTNERS IN PLANNING trainer's guide is one in a series of publications developed to help Florida school districts provide special programs for exceptional students. It was developed by the Interagency Development Project, Leon County Public Schools under the guidance of:

Charles H. Couch
Superintendent of Schools

Robert M. Connors
Director, Exceptional Student Education

Lynda Roser
Coordinator, Exceptional Student Education

Linda F. Laugen, Project Director
Interagency Development Project

During the field survey conducted in the first year of the Interagency Development Project, 52 school district and HRS personnel responded to written questionnaires, 23 exceptional student education administrators answered questions through telephone surveys, and 83 individuals were interviewed. A 14-member advisory committee was also established to oversee project activities and materials production. The Interagency Development Project recognizes the contributions of these professionals, without which this trainer's guide could not have been developed. Appreciation is expressed to these individuals for their willingness to provide constructive content suggestions for the PARTNERS IN PLANNING training materials and for the companion publication, A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J, Interagency Service Plans for the Profoundly Mentally Handicapped.

CONTENTS

INTRODUCTION

This trainer's guide was developed and written by the Interagency Development Project, a Title VI-B project awarded to the Leon County School Board by the Florida Department of Education, Bureau of Education for Exceptional students. The funding period for the grant began July 1, 1981 and ended June 30, 1983. The project had three major goals for the two-year grant period: first, to study interagency coordination of service plans for school-aged profoundly mentally handicapped (PMH) students in Florida; second, to identify practices for agency coordination; and third, to develop a resource manual and complementary training materials for Florida educators interested in improving interagency coordination of service plans for PMH students.

The resource manual, entitled A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J: Interagency Service Plans for the Profoundly Mentally Handicapped, and the two publications that make up the PARTNERS IN PLANNING training materials (this trainer's guide and the participant's manual) have been developed to better acquaint personnel of public schools and the Department of Health and Rehabilitative Services (HRS) with the statutes, rules, and regulations on which service plans are based. All three publications describe the service plans used by local school districts and HRS and suggest ways in which local agencies may coordinate the development and implementation of these documents. Using different formats, the resource manual and training materials provide information on the agencies that serve PMH students, the legal bases for service plans, service plan documents, and methods for coordinating planning. The resource manual and the PARTNERS IN PLANNING training materials may be used independently or in conjunction for group training.

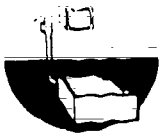
Use of this trainer's guide

The information in this trainer's guide is intended for the use of group leaders who want to provide training on the development of interagency service plans to personnel of public schools, HRS, and other community agencies. School district superintendents, exceptional student education administrators and supervisors, school principals, teachers, and other public school personnel involved in coordinating educational services with HRS can benefit from group training that addresses the development and coordination of interagency service plans. The information in the resource manual, this trainer's guide, and the PARTNERS IN PLANNING participant's manual can also help HRS personnel understand the procedures local school districts use to provide educational services. The statutory bases for service planning and the alternatives for coordination should suggest ways in which both agencies might adjust local policies and procedures to encourage and enhance cooperative efforts.

The PARTNERS IN PLANNING participant's manual contains a complete set of materials for self-paced study. This trainer's guide provides instructions on how to conduct a group session. In making their presentations, group leaders should use these notes along with the transparencies, handouts, case studies, and answer keys found in the appendixes of this guide. Before their presentations, trainers should also study the information provided in the participant's manual for PARTNERS IN PLANNING and prepare answers for each of

the questions suggested in this guide. Supplementary information can be found in the companion publication already mentioned, A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J: Interagency Service Plans for the Profoundly Mentally Handicapped.

DISPLAY
Transparency 1: PARTNERS IN PLANNING



EXPLAIN:

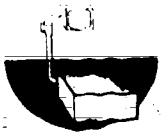
1. The title PARTNERS IN PLANNING was chosen to express the legal and practical responsibilities of local school systems and the Department of Health and Rehabilitative services (HRS) in planning educational services for Profoundly Mentally Handicapped (PMH) students.

2. HRS and public school service plans go by different names, are affected by different laws, and have different purposes.

3. PMH students are referred to by different names, depending on the agency.

4. PARTNERS IN PLANNING is the product of cooperation between the DOE, HRS, and the Leon County School District. Teachers, trainers, administrators, therapists, social workers, parents, private consultants, and many others contributed information and expertise to this project.

DISPLAY
Transparency 2: Cover illustration of PMH students



5. PMH students include the full range of school-aged children and youth from age 5 through 18.

6. These students come from different ethnic and social backgrounds and live in a variety of environments.

7. The roles played by local school districts and HRS in planning services for these students are defined in a complex set of laws, regulations, and rules.

DISTRIBUTE
Handout 1: Questions

WAIT, while participants read

EXPLAIN:

1. The major objectives of this training will answer the questions in Handout 1. Answers to these questions will clarify the process and methods that school and HRS districts can use to develop interagency service plans.

2. Participants are to use Handout 1 as their own checklist for finding answers as they work through the PARTNERS IN PLANNING program.

OBJECTIVE 1: Recognize which students are classified as profoundly mentally handicapped (PMH).

EXPLAIN:

The first module concentrates on participants in the planning of services for PMH students.

ASK:

WRITE
answers on board, flip chart, or transparency as they are given

1. What are the characteristics of PMH students?

2. For educational purposes, what other categories are mentally handicapped students divided into?

3. What must Florida's local school districts provide for all mentally handicapped students?

OBJECTIVE 2: Recognize which students receive services from local school districts and HRS.

EXPLAIN:

WRITE
S. 228.051, F.S.
SBER 6A-6.30

1. Florida law requires that all school districts provide special educational programs for exceptional students from age 5 through age 18.

   The law [S. 228.041] and State Board of Education Rule [6A-6.30] include the following in the exceptional student category:

   --mentally handicapped
   --speech and language impaired
   --hearing impaired
   --visually impaired
   --physically impaired
   --emotionally handicapped
   --specific learning disabled
   --gifted

ASK:

WRITE
answers on board, flip chart, or transparency, as they are given

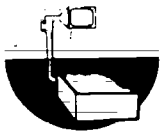
1. Which PMH students receive services from local school districts and HRS?

2. Ask other questions to prompt the correct answers, such as "Which age group?" and "Why do these students qualify for HRS services?" If participants don't give the correct answers, simply write down and explain each answer.

EXPLAIN:

1. School districts must serve exceptional students that are school-aged (between the ages of 5 and 18). Florida law [S. 232.01, F.S.] also permits school districts to extend their programs to students beyond the mandated ages to include students below age 5 and above age 18. Thus the exact ages of students in the "school-aged" category vary from school district to school district.

DISPLAY
Transparency 3: Chart of age categories



2. PMH students also qualify as developmentally disabled under state and federal laws and may receive HRS services. Thus, both HRS and school districts serve PMH students that are "school-aged."

OBJECTIVE 3: Recognize the different terms agencies use to refer to PMH students.

ASK:

1. What are some of the terms you have heard used to describe PMH students?

2. Ask other prompting questions to get answers from the group. If answers are not volunteered, give and explain each answer.

3. Which terms are generally used by local school districts and the DOE? by HRS?

EXPLAIN:

1. Different terminology tends to come from state and federal laws, regulations, and rules.

WRITE
list of terms used by school districts and HRS

2. School districts use these terms:

--Exceptional student
--Profoundly mentally handicapped
--Profoundly handicapped (PH)

3. HRS uses these terms:

--Developmentally disabled
--Mentally retarded
--Profoundly mentally retarded
--Developmental Services Client

OBJECTIVE 4: Recognize the different home environments of PMH students.

EXPLAIN:

Local school districts serve PMH students who come from various types of home environments.

ASK:

WRITE different home environments as they are listed

1. What different types of home environments do PMH students come from? If participants do not name all of the possible home environments, complete the list and explain why these environments must also be included (See pages 9-11 of the participant's manual).

EXPLAIN:

1. The different types of HRS residential facilities where PMH students may live (Emphasize the special construction of cluster ICF/MRS).

2. PMH students from Tallahassee and Orlando Sunland Centers are gradually being transferred to cluster ICF/MRs all over Florida. This type of residential facility will play an increasing role in the lives of PMH students.

ASK:

1. What types of residential facilities for PMH students does your school district have?

2. Does your district have one or more cluster facilities? Are any planned for your district?

OBJECTIVE 5: Recognize the different types of service plans for PMH students.

EXPLAIN:

Both HRS and local school districts may serve school-aged PMH students, but they use different service plans. These plans have different names and different purposes.

ASK:

1. Whatever name we give a service plan, how would you describe one? (open discussion)

2. What makes a service plan individualized? (continue discussion)

WRITE
names of service plans as they are mentioned

3. What is the name of the public school service plan? HRS service plan? (If names are not volunteered, write Individual Educational Program (IEP) and habilitation (hab) plan.)

EXPLAIN:

1. Definition of IEP and hab plan.

WRITE
"Implementation Plan" by IEP and "Active Treatment Plan" by hab plan"

2. Implementation plans and Active Treatment Plans (ATPS) and how they are used.

OBJECTIVE 6: Recognize how local school systems, the DOE, and HRS are organized to meet the needs of PMH students.

WRITE
local school district

EXPLAIN:

Local school districts are organized in different ways and these organizations affect the way IEPS and programs for PMH students are developed and implemented.

ASK:

WRITE
participant responses

1. What are some ways that school districts may make decisions about programs for PMH students? (open discussion). If participants do not specifically name "school-based", "central office-based," or "shared decision making," list these and explain the characteristics of each.

WRITE
"DOE"

2. Who provides technical assistance for PMH students at the state level?

WRITE
"BEES"

3. What does "BEES" stand for?

4. What does "BEES" do?

EXPLAIN:

1. BEES is an acronym for the Bureau of Education for Exceptional students.

2. BEES provides leadership for the development and evaluation of special programs for exceptional students.

WRITE
--Program Development
--Program Review and Evaluation
--Program Services
--Resource Management

3. BEES has 4 sections: Program Development; Program Review and Evaluation; Program Services; and Resource Management. (See page 7 of the resource manual or page 14 of the participant's manual for a description of sections and responsibilities.)

4. The responsibilities of each section.

5. The role of FDLRS (Florida Diagnostic and Learning Resources System).

6. Local school districts must submit their district procedures for serving exceptional students to BEES each year.

ASK:

1. How does your school district serve PMH students? (open discussion)

2. How many PMH students do you have in your school?

3. Where do these students live?

4. Which of the three basic management systems does your school district use to develop IEPs for PMH students?

5. Who is most responsible for--

   a. identifying exceptional students?
   b. developing appropriate programs?
   c. developing procedures for exceptional student education?
   d. creating district policy for exceptional student education?

6. Have you read all or part of your district procedures document for exceptional student education? Where would you find a copy?

7. Who prepares this document for your school district?

8. In your district, which terms are used to refer to PMH students? Do different agencies use different terms?

WRITE
HRS Developmental Services

EXPLAIN:

1. The Developmental Services Program within HRS is

responsible for coordinating services to children and adults who are developmentally disabled.

2. Just as BEES serves other exceptional students in addition to PMH students, HRS' Developmental Services Program also serves people who have disabilities other than retardation--such as cerebral palsy and epilepsy.

3. Our primary interest is in those Developmental Services clients who are also students in our classrooms.

DISTRIBUTE Handout 2: Services provided by Developmental Services

WAIT while participants read

4. Developmental services offers a number of different services to qualified clients. Notice the items marked with arrows. PMH students are most likely to receive these services.

WRITE
Social worker/case manager

5. The services that a Developmental Services client is qualified to receive will be listed on the client's hab plan. After the hab plan is developed, a Developmental Services social worker becomes that client's case manager and is responsible for seeing that needed services are provided. Developmental Services calls this process its Case Management System.

WRITE
Other service programs:
--Children's Medical Services (CMS)
--Economic Services
--Medicaid Services

6. Developmental Services is just one of 10 service programs that HRS provides for eligible clients. Three other HRS programs that may serve PMH students are Children's Medical Services (CMS), Economic Services, and Medicaid Services.

ASK:

1. How many PMH students in your school are clients of Developmental Services?

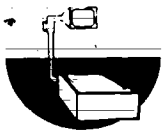
2. What other HRS services do these students receive?

3. How do these services support and reinforce what PMH students are learning in school?

4. Which HRS services do you think help the educational growth of your PMH students? Why? (Go over HRS services listed on handout 2).

5. How does your school's educational program for PMH students support and reinforce services they receive from HRS?

6. What are the names of the HRS social workers assigned to the PMH students who are also clients of Developmental Services?



OBJECTIVE 7: Recognize the need for joint planning and delivery of services to PMH students.

EXPLAIN:

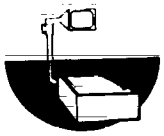
DISPLAY
Transparency 4: Holistic vs. Fragmented

Local school districts and HRS deliver services to many of the same children and youth. Both systems encourage the holistic development of these individuals. Because of differences in agency responsibilities, however, development is often fragmented.

DISPLAY
Transparency 5: Chart of coordination needs

ASK:

1. When do the services of PMH students need to be coordinated? (Point out age groups and agency responsibilities on transparency 5.)



2. Can coordinating the services of local school districts and HRS make a real difference in the lives of PMH students? (open discussion)

READ:

The text of case study 1, "Andrew." (see appendix C)

ASK:

1. Were services for Andrew totally coordinated, partially coordinated, or uncoordinated? (open discussion)

2. What probable effect did this have on Andrew's development?

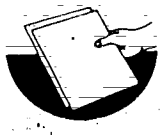
3. How might Andrew's situation have been improved?

DISTRIBUTE
Handout 3: Module 1 Self-check

SELF-CHECK EXERCISE

EXPLAIN:

The self check exercise is for you to keep for your own review of Module 1, but we will go over the answers as a group.



ASK:

1. each question aloud

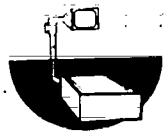
2. prompting questions to get the answers that appear in the answer key for Module 1 (see appendix D).

OBJECTIVE 1: Recognize differences in the organizational structures of local school districts and HRS districts.

EXPLAIN:

Module 2 concentrates on the legal and agency requirements that affect service planning for PMH students. First, however, we will examine some differences in the organizational structures of local school districts and HRS districts. Finally, we will look at some of the things school and HRS personnel can do to coordinate services and still meet all of their legal obligations.

DISPLAY
Transparency 6: Map of Florida indicating HRS and school districts



ASK:

1. What is the difference in the geographic structure of school and HRS districts?
2. How many HRS districts are there?
3. Which HRS district serves the most school districts? The least?
4. Which HRS district serves your school district?
5. How many other school districts does this HRS district serve?
6. Where is the headquarters for this HRS district?
7. When an HRS district serves a large number of school districts, what coordination problems might you expect? (open discussion)

EXPLAIN:

1. For local school districts, the school board generally determines policy and procedures. Teachers report to principals of individual schools, who report to the superintendent and the school board. The school board ensures that the school district is complying with State Board of Education rules.

WRITE
School Districts:

--Teachers
↓
--Principals
↓
--Superintendent
↓
--Local School Board
↓
--DOE (legal requirements)

WRITE
HRS Districts:
--District Staff
↓
--Direct Services Supervisors
↓
--Program Coordinator
↓
--District administrator
↓
--Assistant Secretary for HRS
↓
--HRS Secretary
↓
--Governor

2. HRS districts are part of a more centralized system, with the headquarters in Tallahassee determining much of the policy for the 11 HRS districts. District staff members report to Direct Services Supervisors or Program Supervisors. Program Supervisors report to the Program Coordinator or the District Administrator. The District Administrator reports to the Assistant Secretary of HRS, who reports to the Secretary. The HRS Secretary reports to the Governor.

3. Our laws created these separate organizational structures, and these structures tend to support separate communication patterns.

OBJECTIVE 2: Recognize state and federal requirements for service plans and service plan reviews.

EXPLAIN:

1. Federal laws and regulations may lead to the creation or revision of state laws and rules. State laws and rules are also developed without federal laws and regulations as a basis. When new federal laws affect state laws, our legislature may amend our statutes to comply with the new federal requirements.

WRITE
--Education of handicapped students
--Services to the developmentally disabled
--HRS residential facilities
--Client services in ICF/MRs

2. When we talk about services for PMH students, we must consider all of the state and federal laws, rules, and regulations for:

--the education of handicapped students
--services to the developmentally disabled
--HRS residential facilities
--Client services in ICF/MRs

WRITE
P.L. = Public Law
F.S. = Florida Statutes
CFR = Code of Federal Regulations
FAC = Florida Administrative Code
SBER = State Board of Education Rule
S. = Section of state law
§ = Section of federal law

3. Different abbreviations are used for different laws, rules, and regulations. Here are some you need to know:

--P.L. = Public law
--F.S. = Florida Statutes
--CFR = Code of Federal Regulations
--FAC = Florida Administrative Code
--SBER = State Board of Education Rule
--S. = Section of state law
--§ = Section of federal law

These abbreviations will often be used as we refer to the various legal bases for service plans and service plan reviews.

ASK:

WAIT for participant responses and then WRITE
P.L. 94-142

1. Which federal law requires that school systems develop IEPs?

WAIT for participant responses and then WRITE
P.L. 95-602

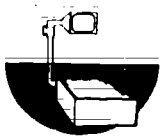
2. Which federal law requires that HRS develop habilitation plans?

EXPLAIN:

1. Federal regulations also require that residents of ICF/MRs have a "written plan of care."

2. State and federal laws require that certain people attend service plan meetings and that the plans be reviewed periodically.

DISPLAY
Transparency 7:
Legal requirements for service plans and service plan reviews



ASK:

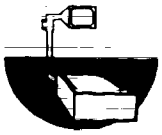
1. Other questions to elicit information displayed on Transparency 7, such as "Who is legally required to attend a hab plan meeting?"

2. Which requirements are similar for school districts, HRS, and ICF/MRs?

3. Which requirements are different? From this

small sample, which agency would you guess has the most requirements?

DISPLAY
Transparency 8: Legal requirements for service plan contents



EXPLAIN:

1. State and federal laws, rules, and regulations also indicate what each service plan must contain.

2. Required contents of IEPs, hab plans, and Individual Plans of Care (Point out elements on Transparency 8)

ASK:

1. What do all three plans have to have?

2. Which plan must use a standard format?

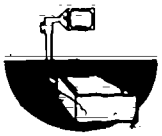
3. Which plan is concerned with the residential environment of the individual?

4. Other questions to prompt identification of service plan contents.

EXPLAIN:

1. School districts and HRS Developmental Services both use one service plan, but ICF/MRs use two: the Developmental Services hab plan and an Active Treatment Plan (ATP).

DISPLAY
Transparency 9: Relationship of service plans



2. Both the IEP and the ATP relate to the hab plan, but in different ways:

   a) The IEP shows educational and related services. A hab plan lists all services a Developmental Services client should receive. Because public schools, not HRS, provide educational services, HRS personnel must know what is in an IEP to indicate the educational goals and services on the hab plan.

   b) The ATP relates to the hab plan much like the public school implementation plan to the IEP. It is used in ICF/MRs to prescribe the methods staff will use to meet the annual goals listed on the client's hab plan.

ASK:

1. Do all PMH students have an ATP?

2. Do all PMH students who live in an ICF/MR have a hab plan?

3. Which service plans would PMH students living in group or foster homes have?

4. How many PMH students in your school have hab plans? ATPS?

5. How would you expect goals for "education," habilitation," and "active treatment" to be (a) similar and interactive? (b) different and conflicting? (open discussion)

EXPLAIN:

WRITE
Chapter 10D-38, FAC--ICF/MR regulations for Florida

There are federal and state regulations for the licensure and certification of ICF/MRs. Chapter 10D-38 of the Florida Administrative Code sets the requirements for ICF/MRs operating in Florida. This rule interprets federal regulations for ICF/MRs. HRS contracts with ICF/MRs for residential services and encourages the use of these facilities for HRS clients.

OBJECTIVE 3: Recognize legal terms found in state and federal laws, rules, and regulations related to services for PMH students.

EXPLAIN:

DISTRIBUTE
Handout 4: Glossary of terms

WAIT
While participants read

To work together, school and HRS personnel need to have a clear understanding of the legal and agency terms both use in discussing services to students and clients. Keep this list of the most common terms and add any others that you learn during this training.

ASK:

1. Which terms are used by school personnel? by HRS? by ICF/MRs?

2. Have participants indicate in the margin of their handout, SD (for school district), HRS, or ICF/MR for the agency using the term.

3. Other questions designed to encourage study of the definitions, such as, "Which other disorders are included in the category of 'developmentally disabled'?"

OBJECTIVE 4: Recognize possiblities for agency coordination of service plans and service plan reviews.

EXPLAIN:

1. So far, this module has shown that school districts and HRS districts--

--are organized in different ways
--have different responsibilities
--use different terms when referring to services for the same individuals
--respond to different laws, rules, and regulations

ASK:

WRITE as column headings:
--harmonious
--conflicting
--unrelated

1. Considering these factors, would you expect services for PMH students to be harmonious, conflicting, or unrelated? (open discussion and write examples participants give under each term)

EXPLAIN:

WRITE
--contents
--review
--participants
--reevaluation
--participation by personnel outside the agency

To help us determine what is allowed, we need to compare requirements for such things as service plan reviews, participants, reevaluations, written reports, and contents of service plans and see where any conflicts occur.

DISPLAY
Transparencies 10 and 10A: Legal requirements for service plans and service plan reviews

ASK:

1. Which of the legal requirements on this chart are the same?

2. Which would cause conflicts?

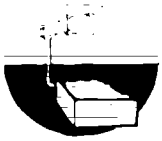
3. According to this chart, what could school districts and HRS districts do to give more continuity to service planning for PMH students?

4. Ask other probing questions that require participants to think about coordination possibilities, such as "Do the laws allow personnel outside an agency to participate in annual reviews?"

EXPLAIN:

Many possibilities for improving service planning exist.

DISPLAY
Transparency 11:
"Free" options



READ ALOUD:

Options listed on Transparency 11.

ASK:

1. How many of these options are feasible in your school district? (allow participants to express views on the options and their feasibility for their situation.)

EXPLAIN:

WRITE
"What is the pay-off?"

The most important pay-off of the coordination of service plans is for each PMH student.

READ:

The text of case study 2, "Jeremy." (see appendix C)

ASK:

1. In Jeremy's case, why was coordination so important?

2. What things could have gone wrong if Jeremy's services had not been coordinated?

3. Which of the coordination procedures were legally required?

4. Which of the coordination procedures would you agree to? (open discussion)

5. Ask other prompting questions that encourage participants to consider the need for coordinating services for PMH students living in ICF/MRs.

SELF-CHECK EXERCISE

EXPLAIN:

DISTRIBUTE Handout 5: Module 2 Self-check

The self check exercise if for you to keep for your own review of Module 2, but we will go over the answers as a group.

ASK:

1. each question aloud

2. prompting questions to get the answers that appear in the answer key for Module 2. (see appendix D)

OBJECTIVE 1: Recognize the planning processes for IEPs and hab plans.

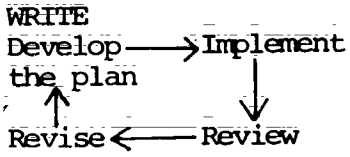
EXPLAIN:

1. Module 3 presents in more detail the components of IEPs, hab plans, and ATPs. It also summarizes the planning process for IEPs and hab plans and points out differences in the number of service plan reviews and the scheduling of these reviews.
2. Although IEPs and hab plans are used for different purposes by different agencies, the procedures each agency used follow the same cycle.

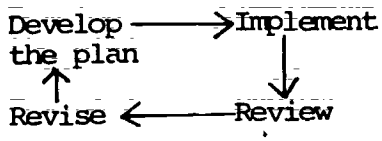
ASK:

1. If planning is the first step in developing a service plan, what is the next step?

WRITE



2. Continue to ask questions about each step until participants have identified this 4-step process:



EXPLAIN:

Because different agencies carry out these procedures and follow different regulations, the exact processes used and schedules for these procedures may be different. The cycle, however, is the same.

WRITE as column headings: IEP, HRS hab plan, ICF/MR hab plan

OBJECTIVE 2: Recognize differences in the number of required service plan reviews.

ASK:

1. Do you remember the different requirements for service plan reviews?

WRITE under IEP: annually

2. How often does an IEP have to be reviewed?

WRITE under HRS hab plan: annually, semi-annually

3. How often does an HRS hab plan have to be reviewed?

WRITE under ICF/MR hab plan: annually, quarterly, monthly

4. How often does an ICF/MR hab plan have to be reviewed?

EXPLAIN:

1. In addition to these differences, there are differences in the ways that these reviews are scheduled. IEP reviews may be scheduled any

time during the calendar year or at the anniversary date of the IEP. Whatever the date of the review, an IEP must be in effect at the beginning of the school year.

ASK:

1. When are IEP reviews conducted in your school?

2. Who usually participates in these reviews?

3. What arrangements are made to prepare for these meetings?

EXPLAIN:

WRITE in hab plan column: annual review--anniversary date of plan; semi-annual review--six months after initiation of plan

1. Annual reviews of hab plans generally are scheduled close to the anniversary date of the last review. The semi-annual reviews generally are held six months after the initiation date of the hab plan. Because clients can enter the Developmental Services Program at any time, annual and semi-annual reviews occur every month.

WRITE by monthly in ICF/MR hab plan column: QMRP

WRITE by quarterly: team review

WRITE by annually: all staff and outside service providers

2. In ICF/MRs the QMRP (the professional responsible for the management of a client's programs), must review each client's hab plan every month. Every 3 months, a team of ICF/MR staff members must review both plans. Annually, all ICF/MR staff and outside service providers must meet to review both plans.

ASK:

1. Are hab plan meetings for your PMH students held at the school or somewhere else?

2. Does anyone from the school go to these meetings? Why or why not?

3. Do any of your students have ICF/MR hab plans?

4. Does your school have copies of hab plans for your PMH students? Why or why not?

OBJECTIVE 3: Recognize components of the different service plans.

ASK:

WRITE
Benefits of Sharing

1. Would having a knowledge of a PMH student's IEP and hab plan benefit the student's teacher and the student? (open discussion)

LIST
Benefits that participants identify

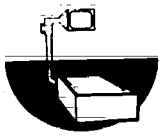
2. Ask other probing questions that help participants see the benefits of each agency knowing what is in the other's plan, such as "What if a child has an allergy to orange juice or dairy products? How would a teacher find that out?" and "Why is it important that teachers know the special medical needs of their students?"

EXPLAIN:

1. To coordinate and use information on IEPs and hab plans, school personnel first need to recognize the elements of each plan and how they relate.

ASK:

DISPLAY
Transparency 12:
IEP, page 1

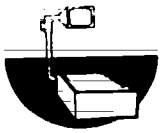


1. What is the purpose of an IEP? (open discussion)

2. Which of these legal requirements are on the first page?

--present level of performance
--annual goals
--short-term objectives
--specific educational services to be provided
--related services to be provided
--date services will begin
--duration of services
--objective criteria
--evaluation procedures and schedules
--attendance by school district representative, parent(s), student, teacher, and evaluation specialist

DISPLAY
Transparency 13:
IEP, page 2

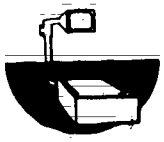


3. Which legally required components appear on the second page?

4. Would a student's IEP be two pages, or more than two? Why?

5. How is your district's IEP different from the sample?

DISPLAY
Transparency 14:
Hab plan, page 1



POINT OUT
items as they
are identified

EXPLAIN:

The HRS hab plan is a service planning document that specifies goals and services for Developmental Services clients. These are based on a client's needs identified through assessment and evaluation. The first page of the hab plan contains basic information about the client.

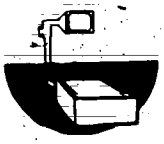
ASK:

1. On the first page, where is the statement of the client's eligibility for services?

2. Item 8 lists 5 types of disability. All of these come under what term? (answer: developmental disability)

3. Other questions that help participants identify information required on page 1.

DISPLAY
Transparency 15:
Hab plan, page 2



EXPLAIN:

The second page of the hab plan indicates that certain assessments have been completed. It also addresses a specific type of residential placement.

ASK:

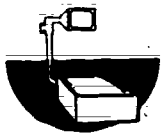
1. What assessments appear on page 2?

2. What type of residential placement is addressed?

3. What are the different types of these residential facilities?

4. Which type do you suppose would serve PMH students who need the most physical and medical attention? (answer: Developmental/Medical)

DISPLAY
Transparency 16:
Hab plan, Certificate
of Eligibility page



EXPLAIN:

The next page of the hab plan determines the client's eligibility to be classified as developmentally disabled under federal law.

ASK:

1. Questions that help participants identify elements and how they reflect legal requirements

of P.L. 99-602.

DISPLAY
Transparency 17:
Hab plan, page C
with measurement
categories indicated

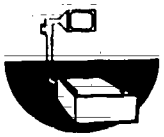
EXPLAIN:

The evaluation/goals page is the "heart" of the hab plan, because it lists a client's evaluations and present levels of performance in specific areas.

POINT OUT:
Each measurement
category on
the evaluation/goals
page

READ:

Measurement categories shown on transparency 16



EXPLAIN:

The information on an IEP relates to this page of the hab plan.

ASK:

1. Which measurement category would an educational program relate to? (answer: Section C)

2. Is an IEP divided into the same measurement categories as Section C? Why or why not?

3. Does your school district measure and write goals for any of the same skill areas as those listed under Section C?

EXPLAIN:

HRS regards section C as the educational part of the hab plan.

ASK:

1. Who fills out section C of a hab plan if the public schools are providing the educational program for a client? (answer: HRS staff typically ask schools to provide a copy of the student's IEP which they attach to the hab plan and reference on the evaluation/goals page.)

2. For a school-aged client, how would HRS know what to put in section C? (answer: HRS staff would have to get this information from public school personnel.)

3. What might HRS use as a substitute for section C? (answer: a copy of the student's public school IEP.)

4. Does your school provide HRS with a copy of a PMH student's IEP every year? Why or why not? (open discussion)

5. What use would an IEP be to a hab plan committee?

6. What use would a hab plan be to a student's teacher, therapist, and other service providers?

7. Ask other probing questions that encourage participants to recognize the importance of sharing service plans.

EXPLAIN:

WRITE
IEP ⟶ Implementation Plan

WRITE
under Implementation Plan, "Instructional steps"

After an IEP is developed, teachers use the annual goals and short-term objectives on the IEP to develop an implementation plan for the student. This plan outlines the instructional sequences or steps to be used in achieving the short-term objectives on the IEP. The implementation plan has no required format, and teachers and therapists usually construct their own forms.

EXPLAIN:

WRITE
hab plan ⟶ ATP

WRITE
under ATP
"training methods and activities"

A PMH student who lives in an ICF/MR will also have an Active Treatment Plan, or ATP. This plan has basically the same purpose as an implementation plan. Each service provider must develop an ATP that lists short-term goals and the training methods and activities the person will use to meet the goals on the hab plan.

Like implementation plans, ATPs are not standardized, although Developmental Services has recommended a format for ICF/MRs to use.

ASK:

1. How are IEPs like hab plans? If participants don't give correct answers, simply write

down and explain that each must include:

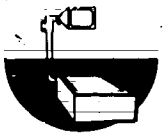
--Annual goals for student or client progress
--Specific services to be provided
--A time-line for accomplishing goals and objectives.
Each must also:
--be developed by an interdisciplinary team
--be reviewed at least annually

WRITE Implementation Plan/ATP and similarities identified by participants.

2. How is an implementation plan like an ATP? If participants do not give correct answers, simply write that both--
--are developed by the professionals serving the student (teacher, therapist, direct-care service provider, etc.)
--are based on the goals and objectives in their respective service plans
--outline instructional strategies and activities to be used to achieve annual goals and short-term objectives

OBJECTIVE 4: Recognize relationships among the different service plans for PMH students.

RE-DISPLAY Transparency 7: Legal requirements for service plans and service plan reviews



EXPLAIN:

A short review of legal requirements for IEPs, hab plans, and the "Individual Plan of Care" for ICF/MRs will point out similarities and differences between the documents.

ASK:

1. Questions about the content of IEPs, hab plans, implementation plans, and ATPs. If participants do not readily identify similarities and differences, simply point these out.

2. How can a knowledge of the different components of the IEP and hab plan help teachers and other professionals ensure a PMH student's progress in education and other life skills? (open discussion)

READ:

The text of case study 3, "Gloria" (see appendix C)

ASK:

1. Why was it important that the professionals working with Gloria know information in both the IEP and the hab plan?

2. What could have happened if they had not shared this knowledge?

3. How did sharing the information on the service plans help ensure Gloria's progress?

SELF-CHECK EXERCISE

EXPLAIN:

DISTRIBUTE
Handout 6: Module 3
Self-check

The self-check exercise is for you to keep for your own review of Module 3, but we will go over each question as a group.

ASK:

1. each question aloud

2. prompting questions to get the answers that appear in the answer key for Module 3 (see appendix D)

OBJECTIVE 1: Recall the interactive role of school and HRS districts in the educational and hab planning process.

EXPLAIN:

1. Module 4 takes a look at four methods of cooperative planning that focus on the development of service plans and annual meetings to review these service plans. It also points out the contribution that cooperative agreements and data sharing can make to the development of any of the four methods.

2. Local school districts and HRS districts have major responsibilities for PMH students and thus a great impact on their lives.

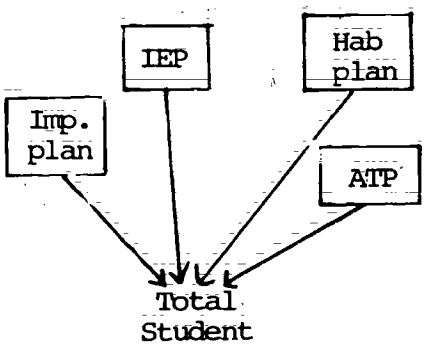
ASK:

1. Do you believe that each PMH student should have an individual plan that addresses the student's needs? (open discussion)

WRITE
Combined IEP/hab plan and advantages mentioned by participants

2. What might be some advantages of having a combined IEP and hab plan?

3. What impact may the absence of communication between school district and HRS personnel have on the development of PMH students? (continue discussion)

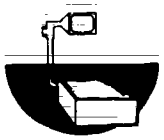


EXPLAIN:

1. The IEP, the hab plan, the implementation plan, and the ATP all contribute to the development of the total student.

ASK:

REDISPLAY
Transparency 4: Holistic vs. Fragmented



1. What is the probable result when these plans are not coordinated? A total student, or one who is fragmented?

EXPLAIN:

1. Whatever your role in working with PMH students,

you have an investment in the progress of PMH students and a role that involves you in the complex requirements for planning effective services.

2. Many of the PMH students enrolling in public school will be clients of HRS. The child will already have a hab plan and may have received educational services through HRS. The hab plan may already have been reviewed and revised through several cycles of hab planning that generated extensive information about the PMH student.

ASK:

WRITE participants' observations as they are mentioned

1. How do these facts influence the school district-HRS interactive role in planning? (open discussion)

OBJECTIVE 2: Recognize the names and features of alternative methods of cooperative planning.

EXPLAIN:

WRITE PMH student-- one plan/two plans/ three plans

School-aged PMH students can have one, two, or three service plans.

ASK:

1. When would a PMH student have only one service plan? Two? Three?

2. How many meetings would you expect to have when a student has two plans? Three plans?

3. Might you also expect to have one meeting to develop one plan? Why or why not? (open discussion)

4. Who benefits from separate meetings and separate service plans?

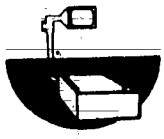
5. Who would benefit from a single meeting and a single service plan?

EXPLAIN:

1. Since ICF/MR facilities usually combine their hab plan and ATP reviews, we can reduce the number of

required meetings from three to two.

DISPLAY
Transparency 18:
Four methods of cooperation



2. In this situation, possible options for coordinating service plans and annual reviews include:

   --One meeting to produce one service plan
   --One meeting to produce two service plans
   --Two meetings with cross-representation of school and HRS personnel to produce two service plans
   --Two meetings with shared written information to produce two service plans

3. There are other possible options, but these alternatives are considered among the best choices for integrated planning.

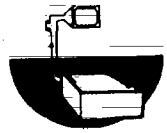
ASK:

1. What are the principal features of each method? (Point out features of each method on transparency 18)

OBJECTIVE 3: Recognize the conditions under which different methods would be appropriate.

EXPLAIN:

DISPLAY
Transparency 19:
Chart of Conditions and distribute Handout 7, a duplicate chart



1. Different conditions require different approaches to planning. Each of the four methods may be appropriate or inappropriate to a given situation.

2. Handout 7 lists a number of possible conditions under which PMH students may be served. The numbers at the top of the four columns represent the four methods:

   1-1: One meeting/one service plan
   1-2: One meeting/two service plans
   2X-2: Two meetings with cross-representation/two service plans
   2I-2: Two meetings with shared information/two service plans

ASK:

1. Suppose a high percentage of a school district's

PMH students live in HRS operated or HRS vendored multibed facilities. Which methods might be most beneficial to the student and practical as well? (open discussion)

on transparency, CHECK methods participants agree on

2. Which methods of planning might be feasible under each of the conditions listed on handout 7? Which of the possible methods for each condition would benefit PMH students the most? (Discuss each condition and ask participants to check off feasible methods on their handouts.)

EXPLAIN:

Two meetings with shared information would be feasible under all of the conditions listed. Since interagency communication in this method is minimal, other methods with better communication would probably be more beneficial to the students themselves. (If participants do not suggest the following alternative methods for each condition, explain why each is appropriate.)

1. A large percentage of a school district's PMH students live in HRS operated or HRS vendored multi-bed facilities: 1-1, 1-2

2. PMH students live in a variety of settings that include foster homes, group homes, and multi-bed facilities: 2X-2

3. A majority of PMH students receive limited HRS services and programs: 2I-2

4. Public school programs for PMH students take place in one or several centers: 1-1; 1-2

5. PMH programs take place in a variety of public school settings throughout the district: 2X-2; 2I-2

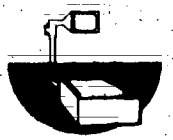
6. The school district employs staffing specialists or program consultants who chair planning meetings and serve as school district representatives: 1-1; 1-2; 2I-2

7. School district representatives are not always administrators and may not be authorized to commit district resources: 2X-2; 2I-2

8. Both agencies' philosophies lead to the inclusion of behaviorally stated, measurable goals and objectives on service plans: 1-1; 2X-2

9. School district and HRS requirements for service plan information differ slightly: 1-1; 1-2; 2X-2; 2I-2

10. School district and HRS philosophies and purposes for service plans vary considerably: 2I-2



REDISPLAY
Transparency 18

OBJECTIVE 4: Recognize the advantages and disadvantages of each method.

EXPLAIN:

Whatever the conditions that favor one or several methods over others, each method has inherent advantages and disadvantages.

ASK:

WRITE
on board or flip chart, as column headings:
--Students and parents
--the school district
--HRS

1. What are some possible advantages and disadvantages of method one, One meeting/One Service Plan, for:

   a. students and parents
   b. the school district
   c. HRS

   (Possible advantages and disadvantages for each method are found on pages 102-105 of the participant's manual).

WRITE
Advantages and disadvantages of Method 2; Method 3; and Method 4, along with participant responses for each

2. Ask the same question for each method and add any from the participant's manual that participants fail to mention. (You may also ask participants to refer to the appropriate page of the participant's manual after a discussion of each method.)

OBJECTIVE 5: Recognize the requirements for implementation of each method.

EXPLAIN:

The more interactive the coordination method, the more likely a school and HRS district will encounter implementation concerns.

ASK:

WRITE
Method 1--
Implementation
and concerns that
participants
mention

1. If you decided that method 1 is feasible for your district, what kinds of implementation concerns might you expect to encounter?

WRITE
the other 3
methods and
concerns that
participants
identify for each

2. Ask the same question for each of the other 3 methods. Mention and explain problems listed on pages 106-108 of the participant's manual that participants fail to identify.

OBJECTIVE 6: Recognize practical methods of planning and scheduling that can be used to carry out the methods of cooperative planning.

EXPLAIN:
Each method requires slightly different procedures for planning and scheduling meetings.

ASK:

WRITE
Planning and
Scheduling--
Method 1 and
participant
responses

1. What procedures would personnel in your school district have to take to plan and schedule a joint meeting?

2. What procedures would HRS personnel have to take to prepare for a joint meeting?

3. Would the planning for method one to be any different from the planning for method two?

4. Ask similar questions for methods 3 and 4.

5. What obstacles to planning and scheduling might occur for each method?

6. Would you need to alter a method you want to use to make it fit your school district's circumstances? If so, what changes would you make? (open discussion)

OBJECTIVE 7: Recognize the contribution of cooperative agreements and data collection to cooperative planning.

EXPLAIN:

1. Cooperative agreements and shared data can do much to enhance agency cooperation and service planning. Some school and HRS districts have developed formal and informal cooperative agreements and formal and informal systems for sharing data.

WRITE
Cooperative agreements--
Ch. 79-184, F.S.

2. Chapter 79-184, F.S. requires cooperative agreements between school and HRS districts in which HRS residential facilities are located. These agreements may be written in any format and district school boards and HRS are free to negotiate duties, responsibilities, and procedures.

WRITE
--school board responsibilities
--HRS responsibilities
--Mutual provisions

3. Typically a cooperative agreement contains three sections, one that describes what the school board will provide and be responsible for, one that details what HRS will be responsible for; and one that lists mutual provisions.

4. The school districts serving Sunland residents have cooperative agreements with the appropriate HRS district. These agreements have been negotiated primarily by school district Exceptional Student Education administrators, public school principals, and Sunland staff. They generally define each agency's role and responsibilities but vary in detail.

5. Less formal agreements, both written and oral, may address:

   --Attendance of personnel at staffings and other meetings
   --Locations and times for meetings
   --Procedures for handling field trips, tardiness, and absence
   --Procedures for coordinating goals and objectives, behavior management, methodologies, and other elements of a student's education, training, and care.

ASK:

1. Does your school district have a cooperative agreement with HRS? Why or why not?

2. Does your school district have informal agreements with the HRS district, an HRS facility, or an ICF/MR? If so, what is covered in these agreements?

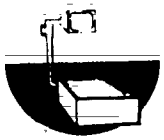
3. Does your school or school district have coordination needs that might be worked out in written agreements with HRS? (open discussion)

EXPLAIN:

WRITE
Data Collection and Sharing

1. Exchanging data can also help school and HRS staff plan and sustain complementary programs.

DISPLAY
Transparency 20:
Legal requirements for data collection



2. No statutes, DOE regulations, or HRS regulations require specific data collection procedures. Thus, schools, HRS residential facilities and ICF/MRs develop their own systems. The result is widely varying methods of data collection (ICF/MR data must be stated in measurable, objective terms, however).

ASK:

1. In the following situations, what might data on student progress show?

READ AND DISCUSS:
the following situations:

1. An HRS occupational therapist uses cut-out cups to decrease the suck-swallow response in a student. The public school occupational therapist uses a straw bottle to encourage sucking and swallowing.

2. A public school teacher is teaching a student to self-feed. HRS facility staff are feeding the student.

3. An HRS occupational therapist uses a special technique to decrease a student's tongue thrusting; the student's teacher used tongue thrust as a motor imitation task.

4. HRS and school district staffs do not develop mutually reinforcing short-term objectives to meet annual goals.

5. The hab plan and the IEP list radically different goals for a particular skill area, such as self-care.

6. Individuals working with the same student never meet to discuss goals, objectives, methodologies, program rationales, and data collection.

ASK:

1. How does your school district handle problems like these?

2. What types of data do HRS and school personnel need to share?

3. How could your school or school district improve the coordination of methodologies and data collection? (open discussion)

EXPLAIN:

Some school and HRS districts use these methods:

1. School and HRS staff members hold periodic conferences on students at the school or at another mutually acceptable location.

2. Teachers provide ICF/MR staff with narrative program reports on students who live in the ICF/MR.

3. School and HRS personnel periodically exchange information and data, either orally or in writing.

4. Public school therapists visit their HRS counterparts, and vice versa. They use these visits to discuss students that both serve and to demonstrate methods, activities, positioning, and other elements of training.

5. Public school teachers and therapists participate in joint inservice training with HRS personnel. Training sessions allow individuals to discuss methodologies, data collection, and data sharing.

ASK:

1. Which of these options is feasible in your situation? (open discussion)

2. What options could you add to our list?

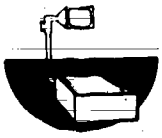
WRITE
Options for sharing data and participant suggestions

EXPLAIN:

1. School districts and HRS have different sets of laws, rules, and regulations to follow, but they both have options for building more effective service systems for PMH students. Both have considerable freedom to make coordination choices within the constraints of the laws.

REDISPLAY
Transparency 4:
Holistic vs. Fragmented

2. You have the freedom, the choices, and the responsibility, and what you decide or do not decide to do can result in a student whose development is holistic or fragmented.



SELF-CHECK EXERCISE

EXPLAIN:

DISTRIBUTE
Handout 7:
Module 4
Self-check

The self-check exercise for Module 4 is for you to keep, but we will go over the answers as a group.

ASK:

1. each question aloud

2. prompting questions to get the answers that appear in the answer key for Module 4.

DISMISSAL OF GROUP

DISTRIBUTE
copies of resource manual, participant's manual, or both, if available

EXPLAIN

1. The participant's manual for the PARTNERS IN PLANNING Training Program covers the information you learned today and has additional exercises and questions. Use it as a reference or pass it on to someone you know who is interested in learning more about coordinating service plans for PMH students. (If the resource manual is distributed, explain that it presents the same information in a different format and in more detail.)

APPENDIX A
HANDOUTS

INTRODUCTION

As you participate in this PARTNERS IN PLANNING program, you will find the answers to these questions:

From Module I:

- Which students are classified as profoundly mentally handicapped (PMH)?
- Which PMH students receive services from local school districts and the Department of Health and Rehabilitative Services (HRS)?
- What terms do different agencies use to refer to PMH students?
- What are the different home environments of PMH students?
- What types of service plans do PMH students have?
- How are local school systems, the Department of Education (DOE), and HRS organized to meet the needs of PMH students?
- Is there a need for joint planning and delivery of services to PMH students?

From Module 2:

- What are some differences in the organizational structures of local school districts and HRS districts?
- What are the state and federal requirements for service plans and service plan reviews?
- What are some of the legal terms found in state and federal laws, rules, and regulations related to services for PMH students?
- What are some possibilities for agency coordination of service plans and service plan reviews?

From Module 3:

- What are the planning processes for IEPs and hab plans?
- What are the differences in the number of required service plan reviews and the scheduling of these reviews?
- What are the components of different service plans?
- How are the different service plans for PMH students related?

From Module 4:

- How do local school districts and HRS districts interact in the educational and habilitation planning process for PMH students?
- What are four possible methods of cooperative planning?
- What are the advantages and disadvantages of each method?
- What are the requirements for implementation of the different methods?
- What are some practical methods of planning and scheduling that can be used to carry out the various methods of cooperative planning?
- How can cooperative agreements and shared data collection contribute to cooperative planning?

SERVICES PROVIDED BY DEVELOPMENTAL SERVICES

Developmental Services offers many different types of services to eligible clients. Arrows indicate those services that PMH students are most likely to receive.

- Recreation to help meet clients' therapeutic needs and develop leisure-time skills.

- Education, Training, and Therapy that address self-care, pre-vocational, social, academic, daily living, communication, and motor skills. School-aged clients, however, generally receive these services from local school districts.

- Parent training that includes classes and individual home instruction; assessment of client needs and abilities; and other assistance to parents.

- Respite Care that places clients under temporary residential care for up to 30 days. This service relieves families or foster parents of stress caused by continuous management and supervision or by a family crisis.

- Supplemental payments to families or caretakers that permit clients to remain with their families or return to their homes.

- Medical and dental services identified in a client's hab plan.

- Transportation to and from service providers and community families.

- Escort services for clients who need help in getting to and from service providers.

- Health support services that include therapies and other training to help clients develop self-sufficiency.

- Developmental training to develop skills clients need to live independently.

- Residential care that includes foster homes, group homes, habilitation centers, ICF/MR facilities, and Sunland Centers.

- Social group services that help clients cope with personal problems and learn to function adequately through social, cultural, and leisure-time experiences.

- Counseling that helps clients and their families resolve social, health, and emotional problems.

SELF-CHECK, MODULE 1

Write the answers to these questions on this sheet. This self-check is for you to keep for your own review of Module 1.

1. Students who are diagosed as profoundly mentally handicapped have a measured intelligence that generally falls below _____ standard deviations below the mean.
2. The mental handcap of PMH students causes them to exhibit behavior that falls below _____ and _____ expectations.
3. In general, only the _____ category of PMH students receives services from a school district and from HRS.
4. This category must include students aged _____. However, this age range varies from school district to school district because _____ _____.
5. HRS serves PMH students through the D_____ S_____ Program, which provides services to both children and adults who qualify as d_____ d_____ under state and federal laws.
6. Write "SD/DOE," "HRS," or "both" to indicate which terms are used by local school districts, the DOE, and HRS.
   a. profoundly handicapped
   b. developmentally disabled
   c. profoundly mentally retarded
   d. retarded
   e. exceptional student
   f. profoundly mentally handicapped
7. Many PMH students live with their own families or guardians. Others live in residential facilities such as:
   a. G_____ H_____
   b. F_____ H_____
   c. R_____ H_____ C_____
   d. Community I_____
   e. S_____ C_____
8. A particular type of residential facility is being built in school districts throughout Florida to receive deinstitutionalized PMH clients from Sunland Centers. The name for this type of a facility is a _____.

9. The facility has this name because _____

_____

10. Write "SD" for local school district or "HRS" to indicate which agency uses each plan.

a. Habilitation (hab) plan
b. Individual Education Plan (IEP) for school-aged students
c. Implementation Plan
d. Active Treatment Plan (ATP)

11. Local school districts have different management structures for serving exceptional students, but most use one of these three structures:

a. _____
b. _____
c. _____

12. BEES is an acronym for B _____ of E _____ for E _____ S _____

13. Four sections within BEES carry out activities for local school districts. These are: (1) _____ (2) _____ (3) _____ and (4) _____.

14. In addition to providing technical assistance for programs for mentally handicapped students, BEES has responsibility for other categories of students that include (name 3) _____, _____ and _____.

15. Teachers who want information about exceptional student education might consult a _____ associate center for materials or in-service training.

16. These centers are managed by the section of _____ within BEES.

17. Every year, local school districts must submit their _____ _____ to BEES for review.

18. HRS is an acronym for Florida's Department of H _____ and R _____ S _____

19. In addition to the Developmental Services Program, three other HRS programs

that may provide services to PMH students are:

a. C_____ M_____ S_____

b. E_____ S_____

c. M_____ S_____

20. A PMH student's primary contact within the local school district is his or her teacher. Which person within HRS would be the student's principal contact? _____

21. Developmental Services uses a C_____ M_____ system to plan and supervise each client's program of services.

GLOSSARY OF TERMS

As you have already seen, federal and state laws, regulations, and rules that affect services for PMH students use an assortment of different terms. Here are a few of the most important:

- Active Treatment--An aggressive and organized effort to fulfill each ICF/MR resident's fullest functional capacity. It requires an integrated individually-tailored program of services directed toward achieving measurable behavioral objectives.

- Active Treatment Plan (ATP)--An individualized prescriptive plan written by an interdisciplinary team of ICF/MR service providers to implement an ICF/MR client's habilitation plan.

- Annual Goals--Those behaviors or skills that an exceptional student or Developmental Services client is expected to learn within a year. These goals are recorded on an exceptional student's Individual Educational Program. For a Developmental Services client, annual goals appear on the client's habilitation (hab) plan and on the Active Treatment Plan or other appropriate implementation plan.

- Annual Reviews--The annual meetings held by both school system and HRS personnel to revalidate and make changes in service plans. School system personnel meet with parents and students (when appropriate) to renew and revise Individual Educational Programs. HRS personnel meet with parents, clients, and service providers to change or revalidate goals in habilitation plans.

- Developmentally Disabled--A term used in Florida law to describe children and adults who exhibit disorders or syndromes caused by retardation, cerebral palsy, autism, or epilepsy. For such persons, these symptoms must constitute substantial handicaps that are likely to continue indefinitely. Federal law [P.L. 95-602] also defines "developmental disability" as a severe, chronic disability that--
  --is attributable to a mental or physical impairment or combination of mental and physical impairments;
  --is manifested before the person attains the age of 22;
  --is likely to continue indefinitely;
  --results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and
  --reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of life-long or extended duration and are individually planned and coordinated.

- Exceptional Student--Under Florida law and rule [S. 228.041, F.S.;

SBER 6A-6.301], any public school student (or child eligible for enrollment) who needs special instruction or special education services because of physical, mental, emotional, social, or learning exceptionality. Exceptional students are those who are mentally handicapped, speech and language impaired, hearing impaired, visually impaired, physically impaired, emotionally handicapped, specific learning disabled, and gifted.

- Habilitation--A process by which a client is assisted to acquire and maintain those life skills which enable him to cope more effectively with the demands of his condition and environment and to raise the level of his physical, mental, and social efficiency. It includes, but is not limited to, programs of formal structured education and treatment (Ch. 393, F.S.).

- Habilitation (hab) Plan--An individualized prescriptive plan written for each Developmental Services client. The habilitation plan identifies client needs and authorizes the expenditure of state funds to provide services. The plan describes a client's present level of functioning or development in each applicable program or service area and lists annual goals for client performance.

- Habilitation Planning Committee (HPC)--Those HRS staff members and service providers who meet to develop and review a habilitation plan for a Developmental Services client.

- Individual Educational Program (IEP)--The written service document that state and federal laws require for every student enrolled in an exceptional education program. In Florida, public school systems write IEPs for the exceptional students they serve (ages vary from school district to school district) and HRS does the same for all HRS clients below age 22 who are not being served by local school systems.

- Intermediate Care Facility for the Mentally Retarded (ICF/MR)--A residential facility licensed by the state and certified according to federal Medicaid regulations. An ICF/MR provides room and board; continuous 24-hour-a-day supervision; participation in professionally developed and supervised activities, experiences or therapies; and all habilitative, rehabilitative, or treatment services identified for each client by an interdisciplinary team.

- Qualified Mental Retardation Professional (QMRP)--A professional responsible for the management of programs provided to clients living in Intermediate Care Facilities for the Mentally Retarded.

SELF-CHECK, MODULE 2

Write the answers to these questions on this sheet. This self-check is for you to keep for your own review of Module 2.

1. Local school districts and HRS districts cover:
   a. the same geographic areas
   b. different geographic areas
2. Florida is divided into _____ HRS districts.
   a. 12 c. 11
   b. 10 d. 9
3. HRS district serves ____ school districts, which is the most served by any HRS district.
   a. 10 c. 14
   b. 12 d. 16
4. HRS District 10 encompasses one school district. This district is:
   a. Broward c. Hillsborough
   b. Dade d. Orange
5. HRS district staff members report to _____, who report to _____.
   a. District administrators; the Program Supervisor
   b. Direct Services Supervisors; the Program Coordinator or the district administrator
   c. District Supervisors; the HRS assistant Secretary
6. School district policies are approved by
   a. School principals c. The superintendent
   b. The school board d. The Department of Education
7. What do these abbreviations stand for?
   a. CFR d. F.A.C.
   b. P.L. e. SBER
   c. F.S.
8. Which statements accurately reflect the ways federal regulations and state laws and rules develop?
   a. New federal laws lead to the development of new state laws.
   b. New state laws always lead to revisions in federal laws and regulations.
   c. New or revised federal laws may lead to revisions in state laws.
   d. State laws may be developed without a federal law as a basis.

e. State rules are detailed specifications of a state law's requirements.

9. On your sheet, write "SD," "HRS," or "ICF/MR" to indicate the agency that each requirement applies to. Some regulations may apply to more than one agency.

   a. A written habilitation plan for each individual
   b. Monthly review of service plans
   c. A written individualized educational program for each individual
   d. A meeting of agency personnel to develop individual service plans
   e. At least annual review of service plans
   f. A written "plan of care"
   g. A service plan using a standardized format
   h. Service plans that include annual goals
   i. Service plans that include statements of specific services to be provided

10. Write the name of the document for each of the definitions given below:

   a. An individualized prescriptive plan written by an interdisciplinary team of ICF/MR service providers to implement an ICF/MR client's habilitation plan
   b. The written service document that state and federal laws require for every student enrolled in an exceptional education program.
   c. An individualized prescriptive plan written for each Developmental Services client. The plan identifies client needs and authorizes the expenditure of state funds to provide services. The plan describes a client's present level of functioning or development in each applicable program or service area and lists annual goals for client performance.

11. Write "annually," "semi-annually," "quarterly," or "monthly" to indicate how often individual service plans must be reviewed.

   a. IEP
   b. HRS Developmental Services hab plan
   c. ICF/MR hab plan

12. Each agency requires or expects certain people to attend annual reviews of service plans. Write "SD," "HRS," or "ICF/MR" to indicate the agency that requires the following participants at these meetings:

   a. the student (or client)
   b. the parents or guardian
   c. the student's teacher

d. All staff and outside professional team members involved in the student's program

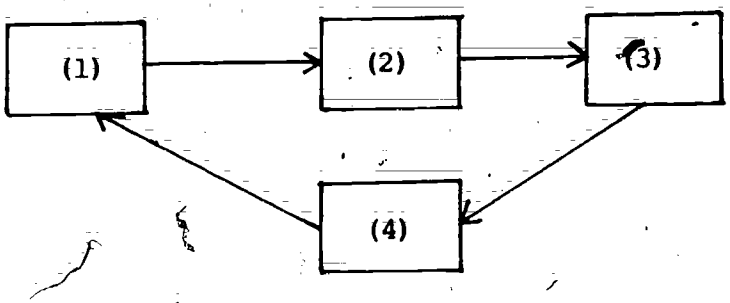
e. A committee composed of specific representatives and staff members

f. A local school district representative

SELF-CHECK, MODULE 3

Write the answers to these questions on this sheet. This self-check is for you to keep for your own review of Module 3.

1. The planning procedures for IEPs and hab plans follow the same cycle. In the following diagram, what do steps 1, 2, 3, and 4 represent?



2. School district A schedules meetings to review the IEPs for all of their PMH students in April and May. School district B schedules these meetings for different PMH students from month to month throughout the year.

   Which school district follows acceptable practice?

   a. School district A
   b. School district B
   c. Both A and B
   d. Neither A nor B

3. Public school and Sunland Center staff decide to schedule IEP and hab plan reviews to coincide. Is this good practice? Why or why not?

4. Which of the following statements are correct?

   a. The laws require that IEPs be reviewed annually and semi-annually.
   b. ICF/MRs must review their hab plans annually, semi-annually, and quarterly.
   c. HRS hab plans must be reviewed annually and semi-annually.
   d. IEPs must be reviewed annually.
   e. IEPs must be reviewed quarterly.
   f. ICF/MR hab plans must be reviewed annually, quarterly, and monthly.

5. For each component listed below, write IEP, IP (Implementation Plan) HP, or ATP on your paper to indicate which parts are included in which plans.

   a. Student identification information
   b. Annual goals
   c. Educational services to be provided
   d. Related services to be provided
   e. Residential placement

f. Instructional sequences to be followed
g. Present levels of performance
h. Short-term objectives
i. Evaluation procedures
j. Classification as developmentally disabled
k. Signature of parent or guardian

6. Write IEP, HP, or ATP on your paper to indicate the type of plan shown.

a.

PLAN

NAME: _____ Implementation Date _____

SKILL AREA: _____ Projected Completion Date _____

Habilitation Plan Goal	Short Term Objective	Service Provider (Name and Title)	Actual Completion Date

b.

Student Name _____
Student ID# _____ DOB _____
Current Assignment _____

DATES
Initial IEP ___/___/___
Current IEP ___/___/___
IEP Review ___/___/___

PLAN

EXCEPTIONAL EDUCATION ASSIGNMENT(S):	INITIATION DATE	ANTICIPATED DURATION	PERSONS RESPONSIBLE
(Location / Program / Organization / Time)			
RELATED SERVICES:			

EXTENT TO WHICH STUDENT WILL PARTICIPATE IN BASIC OR VOCATIONAL EDUCATION: _____

Subject	hours/% of time	Subject	hours/% of time

Vocational Education _____
Physical Education ___Regular ___Adaptive

USE OF DOUBLE BASIC COST FACTOR FOR FULL-TIME STUDENTS:
(Specify required special aids, services, or equipment)

IN ATTENDANCE AT ____ MEETING:
LEA Representative (Title: _____)
Parent(s), Guardian(s) or Surrogate Parent(s)
Student
Teacher(s)
Evaluator(s)
Other(s)

Signature	Date	Signature	Date
	/		/

BEST COPY AVAILABLE

c.

DEMOGRAPHIC DATA

Current Hab Plan Date_____
Reassessed Date_____
Reassessed Date_____
Projected Full HPC Date_____

1. Name_____ 2. SS#_____

3. Mailing Address_____ 4. Medicaid #_____

6. Guardian/ Next-of-Kin_____ 5. Date of Birth_____ CA_____

7. Address_____ County_____

8. Primary Disability:
_____Autism
_____Cerebral Palsy
_____Epilepsy
_____High Developmental Risk
_____Mental Retardation

9. Secondary Disability:
_____
_____
_____
_____
_____

10. Legal Status_____ State of Residency_____

11. Eligible for Services: 393, Florida Statutes ___Yes___No
Public Law 95-602 ___Yes___No

12. Social Worker_____

13. HPC Chairperson_____

14. Current Residence Type_____

15. Recommended Residence Types: 1._____ 2._____

16. Authorized Level of Care: Optimal ☐ Interim ☐

Foster Care	Group and RHC	ICF/MR Level of Care
_____Minimal	_____A	_____
_____Moderate	_____B	
_____Intensive	_____C	
	_____D	
	_____E	

17. Level of Care Approved ☐ Denied ☐

_____ UC Coordinator _____ Date

7. Which statements describe the major relationships between IEPs, hab plans, and ATPs?

a. School districts and HRS agencies have the same assessment procedures and instruments for determining a student's present level of performance.

b. The content areas for assessment are different for the IEP and the hab plan because IEPs concentrate on educational performance, while hab plans concentrate on psychological, medical, and other habilitative categories.

c. Components of IEPs overlap with some components of hab plans and ATPs.

d. IEPs and ATPs include short-term objectives for the referenced subject or skill areas.

e. IEPs, hab plans, and ATPs all have goal statements that are intended to express reasonable expectations for the student's progress in a 12-month period.

KEY: 1-1 One meeting/one plan

1-2 One meeting/2 plans

2X-2 Two meetings with cross representation/two plans

2I-2 Two meetings with shared information/two plans

	CONDITIONS	METHODS			
		1-1	1-2	2X-2	2I-2
RESIDENCE OF STUDENTS AND AMOUNT OF HRS SERVICES	A high percentage of a school district's PMH students live in HRS operated or HRS vendored multi-bed facilities.				
	PMH students live in a variety of settings that include foster homes, group homes, and multi-bed facilities.				
	A majority of the PMH students receive limited HRS services and programs.				
TYPES OF PROGRAMS	Public school programs for PMH students take place in one or several centers.				
	PMH programs take place in a variety of public school settings throughout the district.				
ROLE OF SCHOOL DISTRICT REPRESENTATIVE	The school district employs staffing specialists or program consultants who chair planning meetings and serve as school district representatives.				
	School district representatives are not administrators and are not authorized to commit district resources.				
AGENCY PHILOSOPHY/ REQUIREMENTS	Both agencies' philosophies lead to the inclusion of behaviorally stated, measurable goals and objectives on service plans.				
	School district and HRS requirements for service plan information differ slightly.				
	School district and HRS philosophies and purposes for service plans vary considerably.				

SELF-CHECK, MODULE 4

Circle or otherwise indicate the answers to the following questions. This self-check is for you to keep for your own review of Module 4.

1. The role of public school personnel in the development and implementation of IEPs and hab plans is complex. Which of the following would be most likely to encourage student progress?

   a. Teachers and therapists consider only the student's academic skill levels in planning the educational services for the student.

   b. Public school staff obtain information about a student's needs, care, and services from HRS and use this information to help them plan the educational services for a PMH student.

   c. School personnel who work with a PMH student participate in meetings to change goals and objectives on a student's IEP.

   d. Public school teachers and therapists keep data records on student progress for use in writing annual goals and short-term objectives.

2. For each of the following statements, write 1-1, 1-2, 2X-2 or 2I-2 on your paper to indicate which coordination method applies.

   a. The school district and HRS exchange service plans currently in effect. Each agency conducts its own service plan review.

   b. Both agencies participate in concentrated premeeting coordination. At the service plan meeting, participants develop one document that meets the needs of both agencies. Each agency implements the plan according to its own requirements.

   c. Premeeting activities include the selection of co-chairpersons. At the meeting, a total service plan is first developed; then a public school IEP and an HRS hab plan.

   d. Each agency selects representatives to attend the meeting of the other agency. Both school district and HRS staff members attend their own and the other's meeting. After the meeting, school district and HRS personnel frequently communicate regarding the student's progress.

3. For each condition listed below, write 1-1, 1-2, 2X-2, or 2I-2 to indicate which models might be used under which conditions.

   1-1: one meeting/one service plan

   1-2: one meeting/two service plans

   2X-2: two meetings with cross representation/two service plans

   2I-2: two meetings with shared information/two service plans

   a. A high percentage of a school district's PMH students live in HRS-operated or HRS-vendored multi-bed facilities.

   b. PMH students live in a variety of settings that include foster homes, group homes, and multi-bed facilities.

c. A majority of PMH students receive limited HRS services and programs.

d. Public school programs for PMH students are held in one or several centers.

e. Educational programs for PMH students take place in a variety of public school settings throughout the district.

f. The school district employs staffing specialists or program consultants who chair IEP meetings and serve as school district representatives.

g. School district representatives are not administrators and are not qualified to commit district resources.

h. Both agencies' philosophies lead to the inclusion of behaviorally stated, measurable goals and objectives on service plans.

i. School district and HRS requirements for service plan information differ slightly.

j. School district and HRS philosophies and purposes for service plans vary considerably.

4. For each advantage listed below, write 1-1, 1-2, 2X-2; or 2I-2 to indicate the method(s) most likely to produce that advantage.

a. An opportunity to develop a "total" service plan for the student

b. Face-to-face contact between school and HRS personnel

c. Fewer meetings for the student's parents

d. Easily handled logistical arrangements

e. HRS hab plans and public school IEPs meet the specific needs of each agency

f. The development of a non-contradictory program for the student

g. Opportunities for school district and HRS staff to cooperatively plan a PMH student's program

5. Write 1-1, 1-2, 2X-2, or 2I-2 to indicate which method(s) of cooperation would be most likely to produce the following disadvantages.

a. Parents may be intimidated by the large number of professionals who attend the meeting.

b. The school district and HRS may find it difficult to schedule meetings at mutually agreeable times.

c. Each agency may not receive the other's service plan in time for its review.

d. The school district must provide release time for teachers or other school personnel to attend the meeting.

e. No face-to-face communication between school district and HRS personnel takes place.

f. IEP and hab plan goals may not be complementary or may directly conflict.

g. School system or HRS representatives may not be able to attend meetings.

h. Philosophical differences may cause conflicts.

6. Which of the following represent practical methods for planning coordinated services?

a. Distribute copies of the service plan(s) to representatives of all agencies serving the student.

b. Notify appropriate persons in both agencies when the service plan(s) need modification.

c. Once the service plans for a student have been developed, communicate needs for changes only to the parents.

d. Review annual goals and other information provided on the student's IEP and hab plan.

7. Cooperative agreements between school district and HRS personnel may be in the form of:

a. Cooperative agreements

b. letters of agreement

c. verbal agreements

d. formalized, written agreements

8. Which of the following issues are usually addressed in cooperative agreements?

a. responsibilities of the school board

b. responsibilities of HRS

c. attendance of personnel at meetings

d. teaching and training methods and activities

9. How does the sharing of data on a PMH student's progress help in planning services for the student?

a. It doesn't help because school district and HRS requirements are so different.

b. It can reveal discrepancies in teaching procedures that may affect the student's progress.

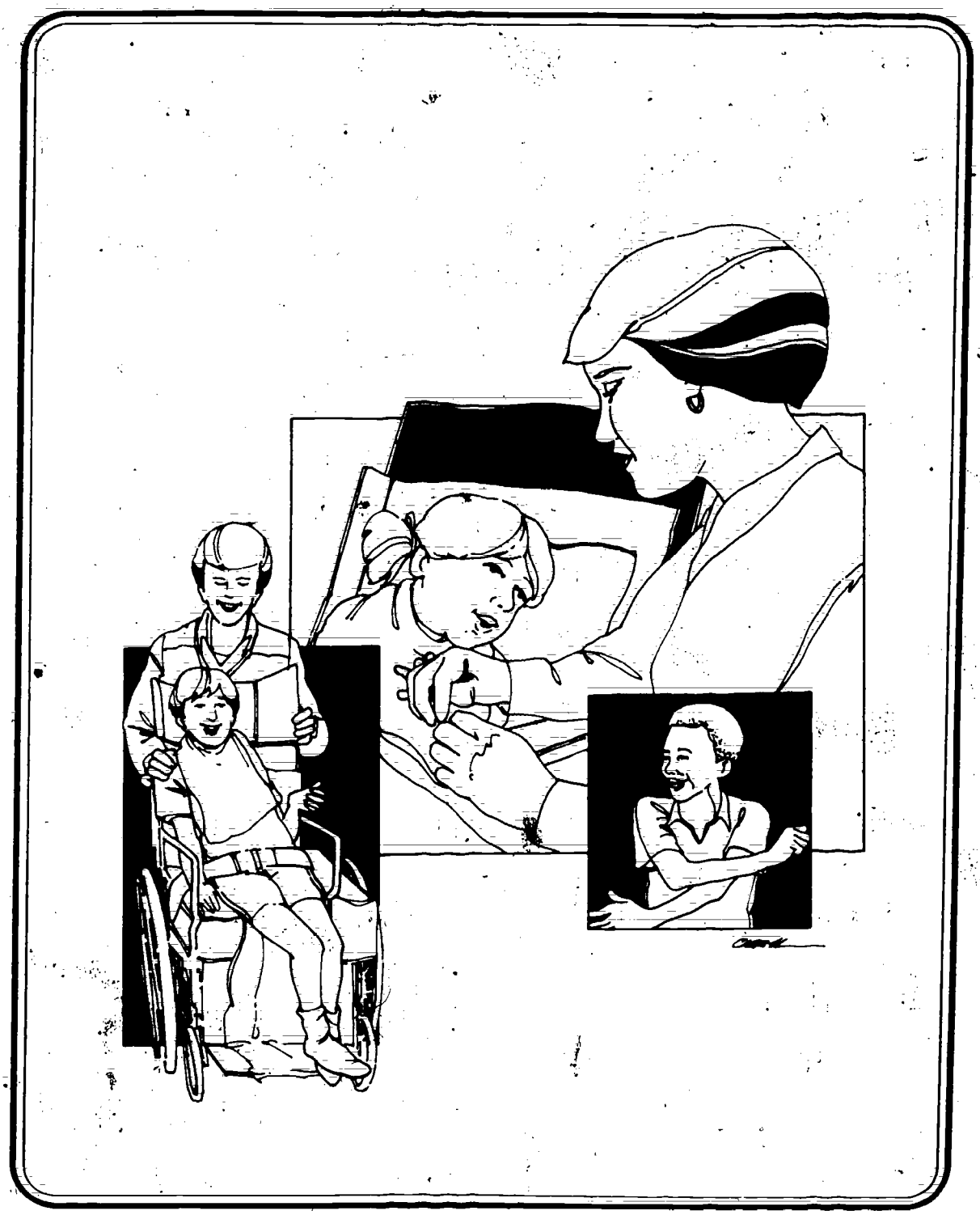
c. It can help school district and HRS staff recognize a need to expand communication on PMH students.

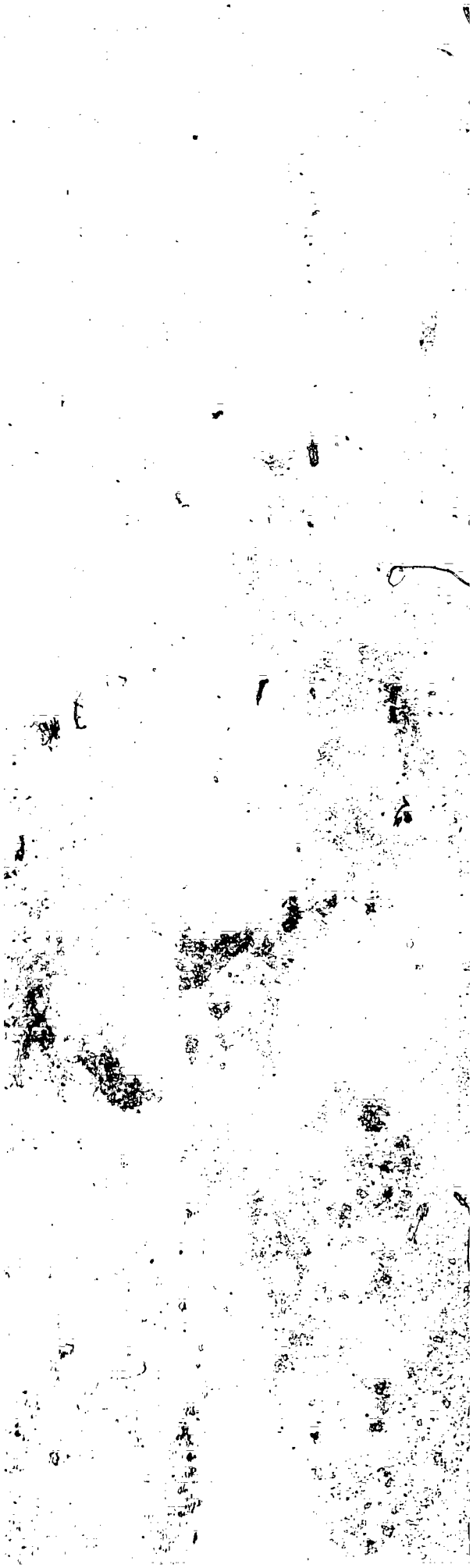
APPENDIX B
TRANSPARENCIES

PARTNERS IN PLANNING

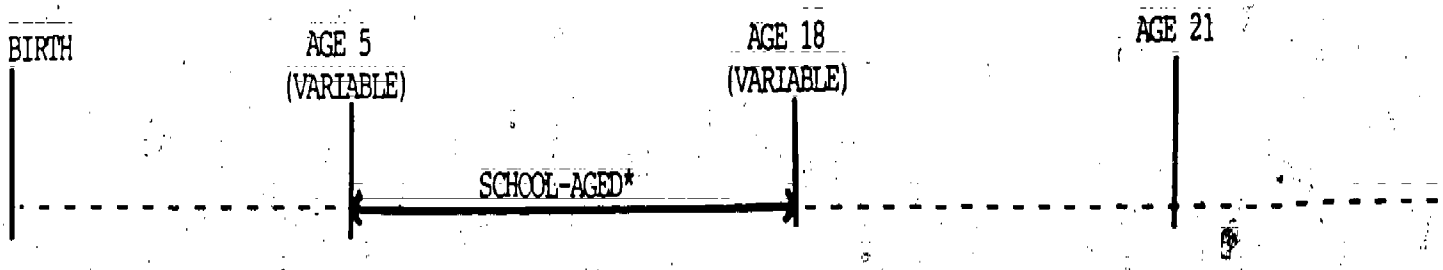
A Training Program About Coordinating Service Plans for Profoundly Mentally Handicapped Students

State of Florida
Department of Education
Tallahassee, Florida
Ralph D. Turlington, Commissioner
Affirmative action/equal opportunity employer





CONTINUUM OF SERVICES TO PMH CLIENTS OF HRS



HRS PROVIDES APPROPRIATE SERVICES, INCLUDING EDUCATION, WITHIN EXISTING RESOURCES. EACH CLIENT HAS A HAB PLAN AND AN IEP, BOTH DEVELOPED BY HRS.

THE LOCAL SCHOOL DISTRICT PROVIDES THE EDUCATIONAL PROGRAM. HRS PROVIDES OTHER APPROPRIATE SERVICES THAT CAN INCLUDE RESIDENTIAL PLACEMENT. EACH STUDENT HAS A SCHOOL SYSTEM IEP AND AN HRS HAB PLAN.

HRS PROVIDES APPROPRIATE SERVICES, INCLUDING EDUCATION, WITHIN EXISTING RESOURCES. EACH CLIENT HAS A HAB PLAN AND AN IEP, BOTH DEVELOPED BY HRS.

HRS PROVIDES TRAINING AND OTHER DEVELOPMENTAL SERVICES. SOME LOCAL SCHOOL DISTRICTS PROVIDE ADULT BASIC EDUCATION.

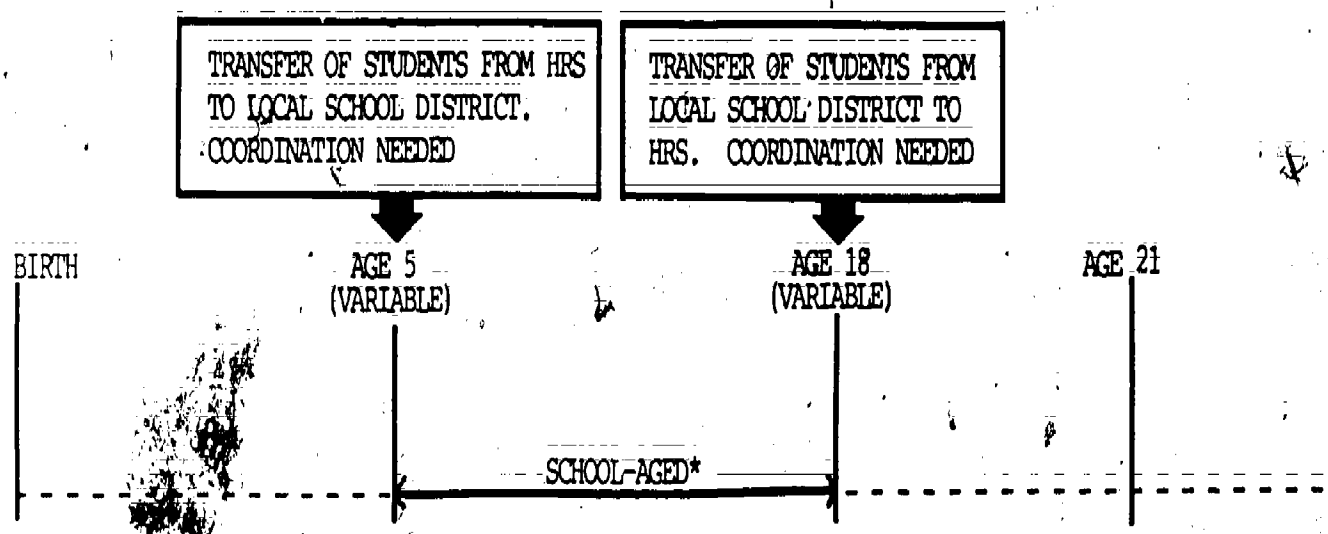
*Exact ages in the school-aged category vary from school district to school district.

HOLISTIC VS. FRAGMENTED

THIS?

OR THIS?

PMH STUDENTS REQUIRING INTERAGENCY COORDINATION



IF HRS IS THE ONLY AGENCY SERVING, COORDINATION IS NEEDED ONLY WHEN PMH STUDENTS BEGIN TO RECEIVE EDUCATIONAL SERVICES FROM THE LOCAL SCHOOL SYSTEM.

TWO SYSTEMS PROVIDING SERVICES. COORDINATION NEEDED FOR:

- SERVICE PLANS (IEPs AND HAB PLANS)
- SERVICE PLAN REVIEWS
- EVALUATION AND DATA COLLECTION

IF HRS IS THE ONLY AGENCY SERVING, COORDINATION IS NEEDED ONLY WHEN PMH STUDENTS ARE TRANSFERRED FROM THE LOCAL SCHOOL DISTRICT TO HRS.

PMH STUDENTS HAVE:

- HRS HAB PLAN
- HRS IEP

PMH STUDENTS HAVE:

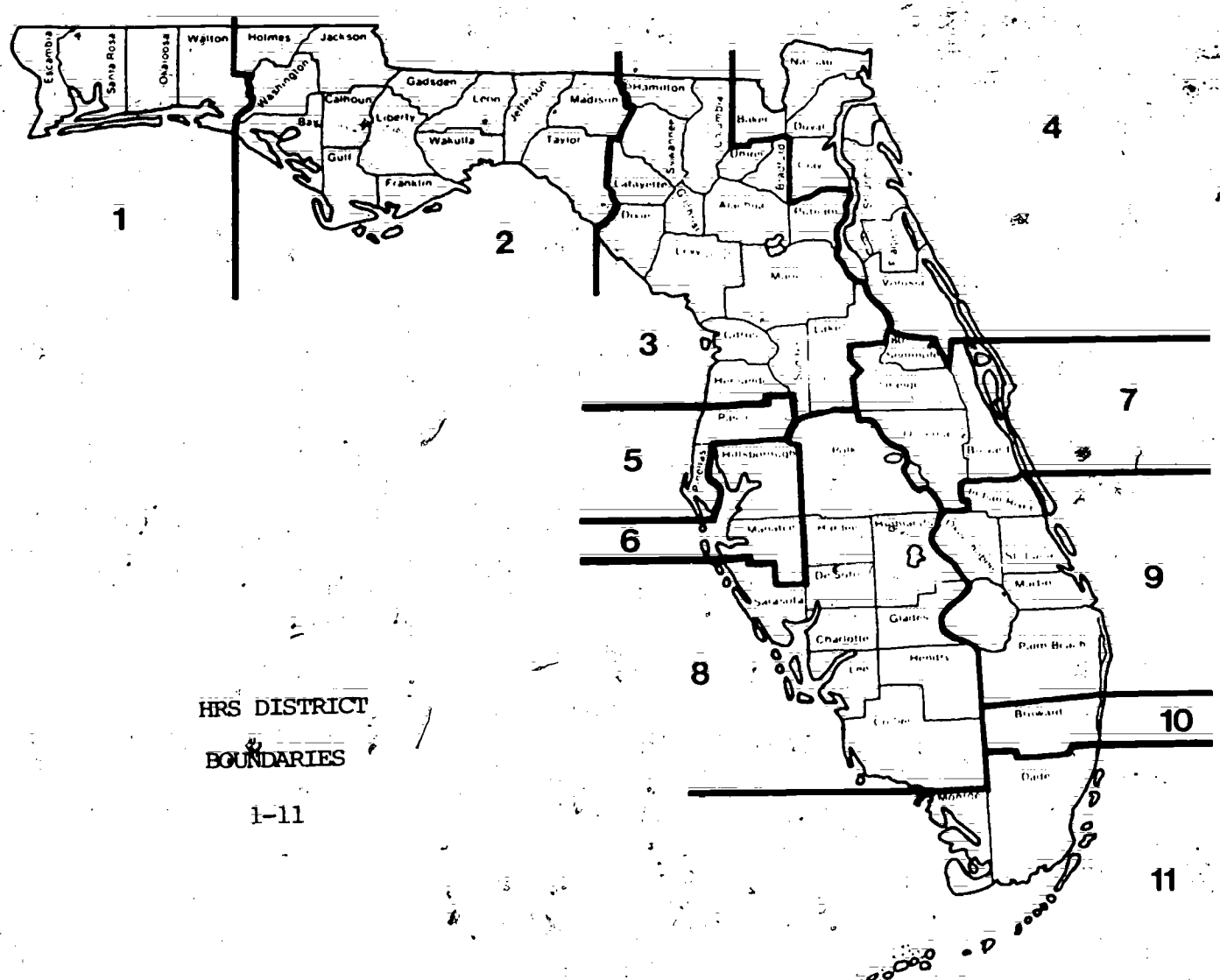
- SCHOOL SYSTEM IEP
- HRS HAB PLAN

PMH STUDENTS HAVE:

- HRS HAB PLAN
- HRS IEP

*AS NOTED IN FIGURE 1, THE EXACT AGE RANGE OF PMH STUDENTS ATTENDING PUBLIC SCHOOL VARIES FROM SCHOOL DISTRICT TO SCHOOL DISTRICT.

SCHOOL AND HRS DISTRICTS



HRS DISTRICT

BOUNDARIES

1-11

LEGAL REQUIREMENTS FOR SERVICE PLANS AND SERVICE PLAN REVIEWS

AGENCY	Local school Systems and the DOE	HRS Developmental Services	HRS-ICF/MRs
LAWS, RULES, REGULATIONS	SBER 6A-6.331 and P.L. 94-142	Ch. 393, F.S., P.L. 95-602, HRS manual 160-2	Ch. 393, F.S., 42 CFR 442.400, Ch. 10D-38, FAC
REQUIREMENTS FOR WRITTEN PLAN	Written individual educational program for each handicapped student	Written habilitation plan for each developmentally disabled client	Written "plan of care" Functional training and habilitation record for each resident
PARTICIPANTS IN PLANNING	Meeting of school system personnel, parents, and student (when appropriate) to develop individualized educational programs prior to provision of services	Meeting of agency personnel, the client, and parents (when appropriate) to develop the hab plan	Meeting of interdisciplinary team to plan an individualized habilitation program for each resident within one month after admittance.
PERIODIC REVIEW OF PLANS	At least annual review of each student's IEP	At least annual review of each client's hab plan Semi-annual review by social worker [HRS manual 160-2]	At least annual review of each client's hab plan Quarterly review by an interdisciplinary team Monthly review of each resident's program plan by a member of members of an interdisciplinary team

LEGAL REQUIREMENTS FOR SERVICE PLAN CONTENTS

IEP	HABILITATION PLAN	INDIVIDUAL PLAN OF CARE
SBER 6A-6.331 and P.L. 94-142 require:	S. 393.065, F.S. and P.L. 95-602 require:	Interpretive Guidelines for 45 CFR 249.13 and Chapter 10D-38, FAC require:
• Statement of the student's present levels of educational performance	• Long-term habilitation goals and intermediate habilitation objectives stated in behavioral or other terms that provide measurable indices of progress (HRS interprets "long-term" as annual.)	• Short and long-range goals that can be measured in terms of the individual's habilitation and progression from dependent to independent functioning.
• Statement of annual goals and short-term instructional objectives	• Specification of all services authorized	• A prescription of an integrated program of individually designed activities, experiences, or therapies necessary to achieve short-term objectives
• Statement of specific educational and related services to be provided	• Specific habilitative services to be provided	
• Projected date for initiation and anticipated duration of such services	• The most cost beneficial, least restrictive environment for accomplishment of the objectives for client progress	
• Objective criteria and evaluation procedures and schedules	• Use of standard habilitation plan format	

RELATIONSHIP OF SERVICE PLANS

HAB PLAN

An HRS management tool that reflects all the habilitation services the client needs, including educational services

IEP

A school district management tool that reflects all educational and related services needed by an exceptional student

ATP

An ICF/MR management tool written to implement the resident's hab plan. It prescribes the methods the ICF/MR will use to meet hab plan goals.

STATUTORY REQUIREMENTS FOR SERVICE PLANS AND SERVICE PLAN REVIEWS

STATUTORY REQUIREMENT	SCHOOL DISTRICT	HRS	HRS ICF/MR	COMMENTS
A written service plan for each student or client	X	X	X	
Standard form for service plan		X	X	
Service plan to include:				
• Long-term (annual) goals	X	X	X	
• Short-term objectives written in measurable terms	X	X	X	
• Short-term objectives written in behavioral terms		X (or other terms that can be measured)	X	If short-term objectives on IEPs are not written in behavioral terms, ICF/MR staff must rewrite them to comply with federal regulations.
• A list of services to be provided	X	X	X	
• A time-line for accomplishing goals and objectives	X	X	X	
Periodic Review of Service Plans				
• Annual	X	X	X	
• Semi-annual		X		
• Quarterly			X	
• Monthly			X	ICF/MRs must obtain monthly reports on student progress from all service providers; school districts are not required to provide documentation.

STATUTORY REQUIREMENT	SCHOOL DISTRICT	HRS	HRS ICF/MR	COMMENTS
Agency staff to be responsible for service plan review	X	X	X	
Periodic Reevaluation or Reassessment of each student or client • Annually		X*	X	ICF/MR regulations need not conflict with public school requirements, since federal statutes mandate that ICF/MRs be responsible for meeting this requirement.
• At least every three years	X			
Participation by outside service providers: • Required attendance at service plan reviews		X	X	The Federal Code of Regulations [42 CFR 442.400, Subpart G] requires all service providers to attend annual service plan reviews. Chapter 10F-3, FAC requires that educational personnel serve as representatives on habilitation plan committees.
• Invited attendance at service plan reviews	X	X	X	
• Written accounts of student or client progress			X	HRS requirements for reports from service providers reflect acency regulations rather than legal mandates. [HRS manual 160-2, 5-3; 5-4] Federal ICF/MR guidelines and the Florida Administrative Code [Interpretive Guidelines for 45 CFR 249.13; Rule 10D-38.15, FAC] require documented, periodic reports from all service providers.

Rule 10F-3.14 requires annual reassessment and updating of each client's habilitation plan; client reassessment is not directly addressed.

"FREE" OPTIONS

LOCAL SCHOOL DISTRICTS AND HBS:

- Share service plan documents (with parental permission)
- Develop a single service plan form that meets the requirements of both agencies
- Participate in each other's annual reviews or combine reviews into one meeting
- Agree on common or complementary goals, objectives, and methodologies
- Agree on how goals and objectives are to be written
- Coordinate timelines for the accomplishment of goals and objectives
- share evaluation results (with parental permission)
- Encourage appropriate personnel to coordinate educational and training activities

Student Name _____

Student ID# _____ DOB _____

Current Assignment _____

DATES

Initial IEP ___/___

Current IEP ___/___

IEP Review ___/___

FLORIDA
INDIVIDUAL EDUCATIONAL PLAN

EXCEPTIONAL EDUCATION ASSIGNMENT(S):	INITIATION DATE	ANTICIPATED DURATION	PERSON RESPONSIBLE

(Location / Program / Organization / Time)

RELATED SERVICES:			

EXTENT TO WHICH STUDENT WILL PARTICIPATE IN BASIC OR VOCATIONAL EDUCATION: _____

Subject	hours/% of time	Subject	hours/% of time

Vocational Education _____

Physical Education ___Regular ___Adaptive

USE OF DOUBLE BASIC COST FACTOR FOR FULL-TIME STUDENTS:
(Specify required special aids, services, or equipment)

IN ATTENDANCE AT IEP MEETING:	Signature	Date	Signature	Date
LEA Representative (Title: _____)		/		/
Parent(s), Guardian(s) or Surrogate Parent(s)				
Student				
Teacher(s)				
Evaluator(s)				
Other(s)				

T-12

ERFORMANCE OR SUBJECT AREA:

RESENT LEVEL:

NNUAL GOAL:

Student Name _____
Student ID# _____
Exceptional Education Assignment _____

SHORT-TERM INSTRUCTIONAL OBJECTIVES	EVALUATION OF SHORT-TERM INSTRUCTIONAL OBJECTIVES		
	Criterion for Mastery	Evaluation Procedures and Schedule to be used	Results/Date

T-13

DISTRICT ____

DEVELOPMENTAL SERVICES PROGRAM HAB PLAN
DEMOGRAPHIC DATA

Current Hab Plan Date ____
Reassessed Date ____
Reassessed Date ____
Projected Full HPC Date ____

1. Name ____ 2. SS# ____

3. Mailing Address ____ 4. Medicaid # ____

6. Guardian/ Next-of-Kin ____ 5. Date of Birth ____ CA ____

7. Address ____ County ____

8. Primary Disability:
____ Autism
____ Cerebral Palsy
____ Epilepsy
____ High Developmental Risk
____ Mental Retardation

9. Secondary Disability:
____
____
____
____
____

10. Legal Status ____ State of Residency ____

11. Eligible for Services: 393, Florida Statutes ___ Yes ___ No
Public Law 95-602 ___ Yes ___ No

12. Social Worker ____

13. HPC Chairperson ____

14. Current Residence Type ____

15. Recommended Residence Types: 1. ____ 2. ____

16. Authorized Level of Care: Optimal ☐ Interim ☐

Foster Care	Group and RHC	ICF/MR Level of Care
____ Minimal	____ A	____
____ Moderate	____ B	
____ Intensive	____ C	
	____ D	
	____ E	

17. Level of Care Approved ☐ Denied ☐

____ UC Coordinator ____ Date

Page 1 of __ Pages

HRS-DS Form 3033A, Sep 82 (Obsoletes Previous editions) Page A

MEDICAID INFORMATION SHEET

Name: _____ Medicaid # _____ Date: _____

I. Categorical Eligibility:

I.Q. ____ Date of Test: _____ I.Q. scores may fluctuate, but do not affect services. The score is used only for eligibility determination.

Physical Handicap(s): _____

Behavioral Problem(s): _____

II. Client is SSI eligible and in need of:

1. Active ICF/MR Treatment in accordance with Chapter 10D-38, F.A.C. ☐ _____ Physician or Psychologist

III. If II (1.), above is checked Level of Care Required (Refer to Definition on reverse side of page)

____1. Developmental/Residential.

____2. Developmental/Institutional.

____3. Developmental/Non-ambulatory.

____4. Developmental/Medical.

IV. Self Administration of Medication:

(This item must be completed regardless of whether the client takes medication at present or not.)

____1. Capable of self-administration of medication.

____2. Not capable of self-administration of medication.

Chairperson or Physician Signature: _____

V. If recommended placement is interim for this 12 month period, justify, then specify optimal placement.

_____

_____

DISTRICT ___

DEVELOPMENTAL SERVICES PROGRAM HABILITATION PLAN
CERTIFICATE OF ELIGIBILITY
P.L. 95-602

Name _____ SS# _____ Date _____

The above-named client has received an interdisciplinary evaluation and the results of the evaluation substantiate that

(I) The client is at risk of becoming developmentally disabled; the physician's statement is attached ___YES ___NO
(If this is checked "YES", it is not necessary to complete (II) through (VI).)

(II) The client has a chronic disability which is attributable to a mental or physical impairment or a combination of both ___YES ___NO

(III) Manifested before the person attained twenty-two years of age ___YES ___NO

(IV) Will likely continue indefinitely ___YES ___NO

(V) Will result in substantial functional limitations in three or more of the following areas of major life activity:

1. ___Self-Care
   - ___Eating-Drinking
   - ___Hygiene
   - ___Grooming

2. ___Receptive and Expressive Language
   - ___Receptive
   - ___Expressive

3. ___Learning
   - ___Cognition
   - ___Retention
   - ___Pre-Academic Skills
   - ___Academic Skills

4. ___Economic Self-Sufficiency
   - ___Pre-Vocational/Vocational Skills
   - ___Job Finding
   - ___Work Adjustment

5. ___Mobility
   - ___Movement
   - ___Gross Motor Control
   - ___Fine Motor Control

6. ___Self Direction
   - ___Interpersonal/Family Relations
   - ___Initiative

7. ___Capacity for Independent Living
   - ___Housekeeping
   - ___Money Management
   - ___Health and Safety
   - ___Using Community Resources

(VI) The individual's disability (does) (does not) reflect a need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services which are either lifelong or of an extended duration

(VII) The client is eligible. ___YES ___NO

_____
HPC Chairperson

EVALUATION/GOALS

NAME _____ SS# _____ DATE _____

EVALUATION	GOAL
SECTION A • Psychological • Psychosocial • Medical • Dental • Nursing • Physical therapy • Occupational therapy • Leisure time activities	
SECTION B • Justification of recommended residential setting • Long-range optimal plan	
SECTION C • Basic academic skills • Self-care skills • Daily living skills • Human growth and development • Communication skills • Social skills • Motor skills • Job-related skills	
SECTION D • Ability to give informed consent to receive the services described on the Hab plan	

Page ___ of ___ Pages

HRS-DS Form 3033C, Sep 82 (Replaces May 80 edition which may be used) Page C

FOUR METHODS OF COORDINATING SERVICE PLANS

ONE MEETING/ ONE SERVICE PLAN	ONE MEETING/ TWO SERVICE PLANS	TWO MEETINGS WITH CROSS-REPRESENTATION/ TWO SERVICE PLANS	TWO MEETINGS WITH SHARED WRITTEN INFORMATION TWO SERVICE PLANS
A joint meeting of representatives from the school district, the HRS district and HRS agencies, parents, and others who provide programs for a PMH student to develop one service plan that satisfies school district and HRS requirements.	A joint meeting of representatives from the school district, the HRS district and HRS agencies, parents, and others who provide programs for a PMH student to develop an IEP and a hab plan that meet school district and HRS requirements for each plan.	Two separate meetings, one of school district personnel and a representative of the HRS district to develop the IEP and a second of HRS personnel and a representative of the school district to develop a hab plan.	Two separate meetings, one of school district personnel to develop an IEP based on school system data and information provided by the HRS district and a second of HRS personnel to develop a hab plan based on HRS data and information provided by the school district.

KEY: 1-1 One meeting/one plan

1-2 One meeting/2 plans

2X-2 Two meetings with cross representation/two plans

2I-2 Two meetings with shared information/two plans

	CONDITIONS	METHODS			
		1-1	1-2	2X-2	2I-2
RESIDENCE OF STUDENTS AND AMOUNT OF HRS SERVICES	A high percentage of a school district's PMH students live in HRS operated or HRS vendored multi-bed facilities.				
	PMH students live in a variety of settings that include foster homes, group homes, and multi-bed facilities.				
	A majority of the PMH students receive limited HRS services and programs.				
TYPES OF PROGRAMS	Public school programs for PMH students take place in one or several centers.				
	PMH programs take place in a variety of public school settings throughout the district.				
ROLE OF SCHOOL DISTRICT REPRESENTATIVE	The school district employs staffing specialists or program consultants who chair planning meetings and serve as school district representatives.				
	School district representatives are not administrators and are not authorized to commit district resources.				
AGENCY PHILOSOPHY/ REQUIREMENTS	Both agencies' philosophies lead to the inclusion of behaviorally stated, measurable goals and objectives on service plans.				
	School district and HRS requirements for service plan information differ slightly.				
	School district and HRS philosophies and purposes for service plans vary considerably.				

AGENCY REQUIREMENTS FOR STUDENT/CLIENT DATA COLLECTION

PUBLIC SCHOOL SYSTEM	HRS DEVELOPMENTAL SERVICES	HRS-ICF/MRS
No statutes or DOE regulations address classroom data collection. Responsibilities for developing data collection systems typically rest with individual principals and teachers.	No statutes or HRS regulations require training specialists to collect data in a specific way. Facility requirements vary.	Rule 10D-30.16(6), FAC requires "documented evidence of consistently applied training activities." Each ICF/MR develops its own system of data collection and the consistency of reporting is monitored by teams from the HRS Office of Licensure and Certification.
RESULT: Widely varying methods of data collection.	RESULT: Widely varying methods of data collection.	RESULT: Systematic collection and reporting of data stated in measurable, objective terms.

APPENDIX C
CASE STUDIES

ANDREW

Andrew was born with an unknown etiology that caused profound retardation. When he was 6 months old, it became obvious that he was developmentally delayed. His parents, already in their mid-forties, decided that Andrew would receive better care in an institution.

Andrew lived in a Sunland Center until he was 14. At that age, he could walk; feed, bathe, and toilet himself; and care for a few basic needs. Because of Andrew's capacity to help care for himself, he was transferred to a group home for severely and profoundly retarded teenagers.

Prior to his move, Andrew had received his educational services from the public school program located at the HRS institution. The HRS social worker in his new community referred Andrew to the public school placement specialist, who arranged Andrew's staffing. Andrew's group home parent, Andrew, a school district representative, Andrew's teacher, the public school speech therapist, and the HRS social worker assigned as Andrew's case manager all attended the meeting.

Shortly afterward, Andrew entered a community public school. Andrew's teacher quickly noticed Andrew's self-injurious habit of biting his hand when he did not want to follow his teacher's directions. Andrew was also coming to school without having bathed. The teacher set up a behavioral program, designed to reduce hand-biting, but did not feel that Andrew's new program required a revision in his IEP.

For several weeks, the teacher sent home daily notes concerning Andrew's personal hygiene. When she received no response, the teacher called the group home and found out that Andrew refused to bathe himself and follow other directions of the group home parent. The teacher suggested that the parent use the behavior management program that she used with Andrew while he was at school. The group home parent visited Andrew's teacher, who demonstrated her techniques and gave the parent a copy of the behavior program to use at home.

Five weeks later, Andrew was still biting himself and refusing to bathe. The parent then decided that the school program was ineffective and called Andrew's case manager about his problems. The parent and the social worker met two weeks later and decided that an HRS behavioral program specialist would set up a program for Andrew and train the parent in the home.

The social worker mentioned that Andrew's hab plan, which she recently received from the Sunland Center, listed hand-biting and refusal to bathe among Andrew's behavior problems.

At school Andrew's teacher continued to use the program she had devised and assumed that the group home parent was doing the same.

The school and HRS behavior programs were incompatible, and Andrew soon began to tantrum throughout the day.

Finally, Andrew's teacher called the group home parent and discovered the conflict in programs. She asked the parent and the behavioral program specialist to meet with her to design a compatible school/home behavior management program. This meeting took place 3½ months after Andrew's problems were noticed.

(Module 2, Case study 2)

JEREMY

Jeremy, who is now 9 years old, was born with spina bifida (myelomeningocele), hydrocephalus, and profound mental retardation. Immediately after Jeremy's birth, he received an operation to conduct excessive brain fluid into his heart, where it could be absorbed by the blood. Shortly after the first operation, Jeremy also received surgery to alleviate back and urinary tract problems.

As an infant, Jeremy received an individualized program at the local United Cerebral Palsy Association. At age 3, he began a public preschool program at a local school. Because of Jeremy's extensive medical, mental, and physical disabilities, his parents felt they could not care for Jeremy at home and placed him, at age 8, in a private ICF/MR. After his move to the facility, his parents, school personnel, and ICF/MR staff decided that Jeremy's public school program was still the most appropriate educational setting.

Jeremy's medical diagnosis and functional level both suggested a need for maximum communication between the ICF/MR and the school. The ICF/MR administrator also explained to the school principal certain ICF/MR regulations for monthly progress reports, the writing of behavioral objectives, and attendance by service providers at annual hab plan reviews. The principal, Jeremy's teacher, and the ICF/MR administrator agreed on the following coordination procedures:

1. The teacher would provide the ICF/MR with daily reports on Jeremy's food and fluid intake, body elimination, and other maintenance programs.

2. Both the school and the ICF/MR would provide daily coordinated physical therapy.

3. Jeremy's teacher and therapists would keep daily and monthly graphs of Jeremy's progress toward goals listed on Jeremy's hab plan.

The collection of daily and monthly data helped the ICF/MR meet its legal requirements, but transferring data from public school data sheets to those used by the ICF/MR was a time-consuming task.

The school principal, Jeremy's teacher, and the ICF/MR administrator decided that a common recording form would substantially reduce the paperwork involved. The three also discussed the possibility of combining the annual IEP and hab plan reviews into one meeting and coordinating the writing of short-term

objectives.

All of these coordination procedures are currently in effect. They help to ensure that Jeremy:

1. receives sufficient food to maintain his body weight;
2. receives sufficient liquids to prevent dehydration;
3. remains free of bowel and urinary complications;
4. receives the repositioning he needs to prevent bed sores and associated infections;
5. is guaranteed coordinated, mutually reinforcing services.

The school principal, teacher, and other professional staff realize that they are not legally required to help the ICF/MR meet its regulations, but they also believe that, in Jeremy's case, coordinated care and training are essential to his well-being and development.

(Module 3, Case Study 3)

GLORIA

Gloria is a 5-year-old girl living in a large HRS residential facility. Her movements are stiff and spastic, and she lies in a reclining wheel chair, unable to care for her basic needs. She must be fed, toileted, and cared for by facility personnel. She cannot speak, so she is unable to let any of her needs be known to others. Gloria, however, will smile and laugh whenever her foster grandparent, a familiar staff member, or her parents come to visit her.

Gloria was born with cerebral palsy, a disorder or injury to the brain that affects the voluntary control of her muscles. Because of the increasing physical care that Gloria needed, her parents felt that they could no longer care for her adequately at home. Thus, when she was 3 years old, they placed her in the residential facility.

Gloria's parents have monitored her personal care and progress on a regular basis throughout the last 2 years. They attend the semi-annual and annual hab plan meetings, which are required by the state facility. At these meetings, Gloria's hab plan is reviewed and revised. Gloria's current plan lists her priority needs and those responsible for meeting those needs:

1. self-care--unit staff
2. physical therapy--physical therapy staff
3. medical needs--medical staff

4. educational needs--public school staff

At age 4, Gloria began school in a community-based, public pre-school program for the profoundly physically and mentally handicapped. Each year the school has an IEP meeting which is attended by Gloria's parents, a school district representative, an HRS staff member, a teacher, a physical therapist, an occupational therapist, and a speech therapist. Gloria's priority educational goals for this year are a toilet training program; a physical therapy program to prevent further physical deformities; an oral musculature program to increase proficiency in eating skills; and a speech therapy program to develop basic and functional communication.

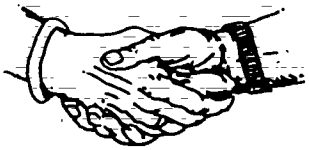
Each school term, Gloria's teacher attends the annual hab plan review held at the facility. At these meetings, she provides facility staff with a copy of Gloria's IEP and reviews Gloria's progress during the preceding year. The teacher discusses specific IEP objectives and answers any questions related to Gloria's public school program.

At this year's meeting, she reported that Gloria was responding to her toilet training program with the use of a specially adapted toilet chair. The teacher noted that Gloria's new skill was being transferred to her living unit through access to a similar toilet chair. She indicated that Gloria has also improved her eating skills (she was eating diced, instead of ground, vegetables) and had learned to indicate "yes" and "no" by looking at the appropriate symbol attached to her arm chair.

After the teacher's report, the hab plan committee determined which of Gloria's new skills were being carried over to her living unit and reinforced by facility staff.

At the meeting, the teacher learned that over the past year, Gloria had experienced an additional 10% hearing loss in her right ear. She was also told that Gloria's congenital lung disorder was requiring increased postural drainage and that she had become allergic to any type of citrus juice. The teacher used this information to ensure that the school responded to Gloria's particular health, safety, and programming needs.

APPENDIX D
ANSWERS TO SELF-CHECK EXERCISES



Answers to Module 1 Self-check Excercise

1. 5
2. age; cultural
3. school-aged
4. 5-18; school districts are permitted to service students below age 5 and above age 18.
5. Developmental Services; developmentally disabled
6. a. SD/DOE d. HRS
   b. HRS e. SD/DOE
   c. HRS f. SD/DOE
7. a. Group Homes
   b. Foster Homes
   c. Residential Habilitation Centers
   d. Community ICF/MRs
   e. Sunland Centers
8. Cluster ICF/MR
9. Three "homes" of eight beds each are grouped together in a cluster
10. a. HRS
    b. SD
    c. SD
    d. HRS (ICF/MRs)
11. school-based; central office based; shared decision making
12. Bureau of Education for Exceptional students
13. Program Development, Program Review and Evaluation, Program Services, Resource Development
14. Any three of these: hearing impaired, physically handicapped, speech impaired, emotionally handicapped, gifted, visually impaired, severe learning disabled
15. FDLRS
16. Program Services
17. district documents
18. Health and Rehabilitative Services
19. a. Children's Medical Services
    b. Economic Services
    c. Medicaid Services
20. the social worker (case manager)
21. case management

Answers to Module 2 Self-check Exercise

1. b
2. c
3. d
4. a
5. b
6. b
7. a. Code of Federal Regulations
   b. Public Law
   c. Florida Statutes
   d. Florida Administrative Code
   e. State Board of Education Rule
8. a, c, d, e
9. a. HRS, ICF/MR
   b. ICF/MR
   c. SD
   d. SP, HRS, ICF/MR
   e. SD, HRS, ICF/MR
   f. ICF/MR
   g. HRS; ICF/MR
   h. SD, HRS, ICF/MR
   i. SD, HRS, ICF/MR
10. a. Active Treatment Plan (ATP)
    b. Individual Educational Program (IEP)
    c. Habilitation (hab) plan
11. a. Annually
    b. Annually, semi-annually
    c. Annually, quarterly, monthly
12. a. SD (when appropriate), HRS, ICF/MR
    b. SD, HRS
    c. SD (NOTE: HRS and ICF/MRs often invite teachers to attend annual reviews;

Answers to Module 2 (cont)

however, teachers are not legally required to attend)
d. ICF/MR
e. HRS
f. SD

Answers to Module 3 Self-check Exercise

1. (1) develop the plan; (2) implement; (3) review; (4) revise

2. c

3. Yes. Scheduling these meetings together helps staffs to coordinate goals and objectives on the two plans and reduces the number of meetings for the student and the student's family.

4. c; d; f

5. a. IEP, IP, HP, ATP
b. IEP, HP, ATP
c. IEP, HP
d. IEP
e. HP
f. IP, ATP
g. IEP, HP
h. IEP, IP, ATP
i. IEP, HP
j. HP
k. IEP, HP

6. a. ATP
b. IEP
c. HP

7. b; c; d; e

Answers to Module 4 Self-check Exercise

1. b
2. a. 2I-2
b. 1-1
c. 1-2
d. 2X-2

3. a. 1-1; 1-2
b. 2X-2
c. 2I-2
d. 1-1; 1-2; 2I-2
e. 2X-2; 2I-2
f. 1-1; 1-2; 2I-2

Answers to Module 4 (cont)

g. 2X-2; 2I-2
h. 1-1; 2I-2
i. 1-1; 2X-2
j. 2I-2

4. a. 1-1
b. 1-1; 1-2; 2X-2
c. 1-1; 1-2
d. 2I-2
e. 1-2; 2X-2; 2I-2
f. 1-1; 1-2
g. 1-1; 1-2; 2X-2

5. a. 1-1; 1-2
b. 1-1; 1-2; 2X-2
c. 2I-2
d. 1-1; 1-2; 2X-2
e. 2I-2
f. 2I-2
g. 1-1; 1-2; 1X-2
h. 1-1; 1-2; 1X-2

6. a; b; d

7. a; b; c; d

8. a; b; c

9. b; c

(continued from inside front cover)

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