

DDS WAIVER NEWSLETTER

ARKANSAS DEPARTMENT OF HUMAN SERVICES

TEACHING CHILDREN WITH DOWN SYNDROME

DDS WAIVER ADMINISTRATION STAFF

Carole Cromer, Asst Director Waiver Services:
501-682-8689
Ruby Jeffers, Waiver Program Director: 501-683-0575
Jerry Hodge, Waiver Policy Administrator:
870-972-1732x1512
Yvette Swift, Waiver Program Administrator:
501683-0571
Pearlie Hicks, Waiver Program Coordinator:
501-683-0569
Desiree' Griskey, Waiver Application Unit/
Business Manager:
501-682-8674
Carolyn Ford, Waiver Training Coordinator:
501-682-8705



Down syndrome is a medical condition which is genetic by nature. A person affected by this disorder, suffers from lifelong mental retardation, developmental delays and numerous other problems. However a great deal of help can be rendered to patients with Down Syndrome, by developing an understanding attitude towards their needs and early interventions in the matter.

Most institutions apply "inclusion and relationship" techniques in their teachings when instructing children with Down Syndrome. Inclusion

classes make students feel like they are part of the entire group. The primary objective of these classes is to make children be comfortable interacting with other classmates, irrespective of their age or level of mental retardation. Setting up a friendly environment where students can come out of their hesitation in interacting with others, is what inclusion techniques looks for.

Appearances play a vital role in the development of self-esteem. Generally, it is observed that a person who does not feel good about his/her appearance lacks self-confidence. However, this is at a higher level with people with Down Syndrome. So teachers help kids with this condition to develop a "feel good" factor about themselves, to have a better attitude towards life and to nurture a belief that they are special and no less than other kids.

Children with Down Syndrome generally suffer from a short attention span. They must be taught slowly and need frequent breaks in order to keep them focused.

Whether done by the parents or teachers, teaching children with Down Syndrome is a matter of sheer patience and great sincerity. Children with Down Syndrome are capable of learning what other "normal" kids do and be productive in school and at work when they grow up. What they require is help from concerned people; people who can take up the responsibility to set up the right environment and have access to proper teaching aids and tips to help them (Rajib Singha@buzzle.com).

WAIVER AREA MANAGERS

NW-Johnson Co., Laura Sherwood-479-754-2355 ext. 114

NE-Craighead Co., Pamela Bowers-870-972-1732 ext. 1511

NC-Faulkner Co., Alisa O'Neal -501-730-9917

Central-Pulaski Co., Linda Wilson-501-371-1383

SE-Ouachita Co., Michael Suttle-870-367-6835 ext.156

SW-Garland Co., Patricia White Co., 501-321-2583 ext. 246



FROM THE GUEST WRITER'S PEN

Out with the Old and in with the New! Certainly nothing creative in formulating lasting thoughts or new clichés. But, definitely appropriate as we enter this new state fiscal year and work through the many opportunities that will be presented with implementation of the Arkansas Healthcare Payment Improvement Initiative. This is a fortunate time for those who love a challenge, are willing to "work harder in order to work smarter", believe in quality of care with the least amount of "red tape" that regulations will permit and yet work to maintain integrity with and the trust of tax payers who fund our programs. It is most important during any time of change that people work together. This is not an easy thing to do. Our emotions become conflicted between doing what is best for change while continuing to maintain quality care during this labor intensive process and keeping prospective for what is best for the people we serve. It is not a time to be silent. It is a time for the very best ideas to be brought to the table. I have faith that the DDS family understands this concept. -- Carole Cromer, Asst. Dir., DDS Waiver Services.

Thanks to an anonymous donor, Connie Howard, a consumer of the Jackson County Learning Center in Newport, AR., has a new computer! Connie is a resident of Forrest City, AR and has been at the center since 1985. She works on the janitorial crew at the center and enjoys writing letters and sending get well cards to family members and consumers.

As a matter of fact, having a new computer will allow her to communicate better between consumers and family members. Connie is so excited about her new computer that she has made plans to buy a new chair and desk. Connie also enjoys doing word searches, puzzle books, and listening to music when she's away from the center. DDS would like to thank the anonymous donor for the computer and Christy Moody, Connie's Case Worker, for helping us obtain this interview with Connie.



JUNE'S WAIVER CASE STUDY ANSWER

(Q) My client has requested overnight staffing due to the need for staff to intervene when various medical equipment alerts. For supporting documentation, I have submitted the information about the equipment and why it is needed from the doctor. Should my DDS specialist approve this request? Why or why not? (A) There is not enough information submitted to complete a review of the request. The change in the beneficiary's condition must be fully documented. Information that should be included in your submission are incident reports, case manager and staff notes, and a detailed list of the job tasks that staff will be performing should be submitted. Your question suggests some of the tasks will be nursing care because staff will be responding to medical equipment alerts. In order for nursing care to be approved it must be delegated either through the Nursing Practice Act or Consumer Directive. The required documentation to delegate these tasks must be submitted and include signatures either by a RN or a Physician. The physician's statement that is submitted should include a prognosis, which will help the reviewer get a clear idea of how long this level of care is being recommended. All the job tasks that are on the list must follow the guidelines for supportive living. If the increased hours place the case in pervasive level of care, the items mandated for pervasive level review must also be submitted. ~Answer submitted by Ruby Jeffers, DDS Program Administrator

Transitions

The term "transition" is defined in Merriam-Webster as a passage from one state, stage, subject, or place to another."

In my 33 years of serving people with intellectual disabilities, I've seen many transitions where we, family members and professionals, have helped individuals receiving services to move from one support option to another. I also assisted people leaving the Alexander Human Development Center upon the order of its closing by the Governor Mike Beebe. Transitions to different services are never easy, not even when the individual is pleased and excited about the move, which is usually the case. Most people with intellectual disabilities reason and view life in very concrete terms. For this reason, fear and frustration before and after a move is very common. If not before the move then shortly after the move, emotional responses tend to surface. The following are some of the best tips and guidelines generally encouraged as one approaches a move from one support setting to another. These could greatly diminish uncertainty and anxiety:

- Use the individual's interests, preferences and personal style as much as possible in planning a move. Ask if the individual prefers the city, where there are cars, buses and lots of stores or if they prefer quieter places where there are lots of trees and maybe animals grazing. If the individual has limited verbal skills, use observations of his/her responses in differing settings. For example, if he/she clearly prefers the bowling alley as opposed to the park, then city life is probably best.
- Talk with the new staff who will be serving the person about interaction styles and activities that work best for this individual. Discussions should include bathing habits, meals, recreation, work, skill training, etc. These discussions typically take place during Living Options Discussions and critical aspects are written as a reminder to check and confirm the activity is happening once the move takes place.
- Include the individual in planning activities and purchases prior to the move, as much as possible.
- Include the individual, familiar staff and family members in choosing the new home and in making plans after choosing.
- The individual, familiar staff and family members should visit with new staff before the move and, when possible, visit the new home.
- At the end of these pre-move visits, discuss questions and concerns with the individual and his/her guardian.
- Have familiar staff and family stay or drop by after the move. Visit within the first few days of the move and regularly as the adjustment is taking place.
- After the move make certain medications are properly administered including administration times and their relationship to meals, snacks or bedtime.
- When possible, for the first six months former staff members and/or family should do follow-up visits and phone calls. (7, 45, 90 & 180 days following the move, is recommended)

Truly, no one can be completely prepared for a new life and home. There are always surprises and differences that cannot be fully predicted. What we can do is put forth our best effort to offer the most thorough, well-considered planning and follow-up we can accomplish as a team. This can ease anxiety and soften the emotional aspects of a new environment. ~ James Hayden, DDS Transition Director