

The Exceptional Advocate

A newsletter for military families with special needs

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The Importance of Developmental Screening

Are you worried that your baby is not developing at the same pace as other babies the same age? You are not alone. This month, retired Army therapist and mother of three children, Valerie O'Brien, shares her personal experiences of becoming a new mother and her concerns about her infant daughter's development. Many parents have the same concerns about their babies. Even though a baby typically develops at his or her own pace, if you have concerns about your child's development there are several opportunities to identify potential problems early on.

"The first time I found out I was going to be a mother, I was determined to do the best that I could. I read articles, did countless Internet searches, and watched DVDs describing when babies begin talking, sitting up, how best to hold a baby, what foods should be given and when, allergies, ear infections, what type of babysitters and child care I should be looking for, the pros and cons of being a working mom...There were just so many things to think about! And while I talked to my parents and family regularly, they were thousands of miles away, in a different time zone, and not always available when I had a question that I wanted answered NOW!

Our first precious bundle was a surprise, arriving almost six weeks early and just over five pounds, with the umbilical cord wrapped around

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What You Should Know About Early Intervention Services

Early Intervention Services (EIS) are instrumental in the identification of potential disabilities and developmental delays in the first years of a child's life. The services provided through EIS enable infants and toddlers under age three who have disabilities and developmental delays to receive the special services they may need to help them grow and develop to their full potential.

All fifty states and the Department of Defense (DoD) are required to have a system of EIS for all children with disabilities from birth until they reach age three. This requirement is defined by Part C of the Individuals with Disabilities Education Act (IDEA). EIS are available through state-based agencies. If you reside on a military installation served by Department of Defense Education Activity (DoDEA) schools, these services are provided through Educational and Developmental Intervention Services (EDIS) at the military treatment facility.

Who is eligible for Early Intervention Services?

To participate in EIS, children must meet IDEA eligibility guidelines for services to infants and toddlers. Each state sets its own eligibility requirements to meet IDEA standards. Eligibility for EIS varies from state to state within the requirements of the IDEA. It's important to keep in mind that children who are eligible for services in one state may not be eligible in another state.

A health care provider may refer your child to your local early intervention program. If you

have concerns about your child's

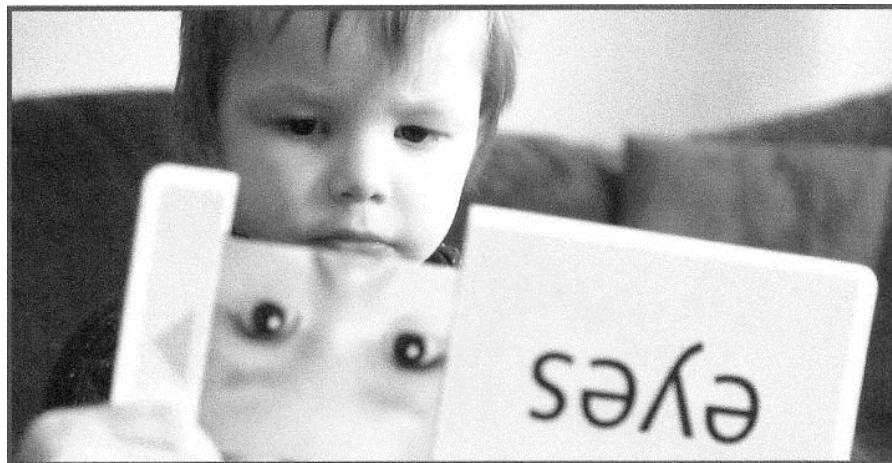


Photo Credit: United States Navy Mass Communication Specialist 1st Class Bruce Cummins

development, you may also contact an early intervention program directly without being referred by a health care provider.

What happens after contacting an early intervention program?

After you have contacted your local early intervention program, a service coordinator will be assigned to assist you with EIS. Usually, a multidisciplinary evaluation will be conducted by professionals who are qualified to evaluate your child in the following areas:

- adaptive/self-help skills such as eating, dressing, and toileting
- social/emotional development such as playing and relating to others
- communication and speech/language development
- physical development
- cognitive development to include vision and hearing

The information gathered from the evaluation is reviewed by a

team of professionals who will discuss with you whether your child meets the criteria for having a developmental delay or being at risk for having one under IDEA and state policy. If your child meets the criteria, he or she will be found eligible for services.

What happens next if my child is found eligible for services?

If your child meets the eligibility criteria to receive EIS, the next step is a meeting between you, your service coordinator, and other members of your support team to develop an Individualized Family Service Plan (IFSP). This is a family-focused written plan that addresses the needs of your child. The IFSP builds upon the strengths of your family unit as a whole. Family involvement in the development of the IFSP is expected. Under the

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Parent Training and Information Centers At a Glance

Staying informed about the laws and rights that impact your child's special needs under the Individuals with Disabilities Education Act (IDEA) is an important part of becoming a successful advocate for your child. The resources available through your State Parent Training and Information (PTI) Center can provide the training and information you may need to expand your knowledge.

PTI Centers provide parents with information and training in a variety of areas including information about disabilities, parent and child rights under the IDEA, other relevant laws, and community, state, and national resources.

PTI Centers typically provide assistance and support via telephone, email, and through their websites. There is a PTI Center located in every state. Although PTI Centers are often known by different names, they serve the same function. For a list of PTI Centers and other resources in your state, visit MilitaryHOMEFRONT.

Specialized Training of Military Parents

Specialized Training of Military Parents (STOMP) is a national Parent Training and Information (PTI) Center funded by the United States Department of Education that was established specifically for military parents.

STOMP can provide information about parental rights and responsibilities under the IDEA and other federal laws and regulations. STOMP also helps families by enabling them to access and navigate the various educational and medical systems and programs in the military and civilian communities. Regardless of your location or the type of medical condition your child may have, STOMP is able to provide assistance. STOMP also offers two-day workshops at military installations worldwide.



The staff members who lead the STOMP project have lived the military lifestyle while raising children with special needs. They appreciate the importance of raising awareness about the challenges faced by military parents of children with special needs. STOMP also hosts a discussion board for parents and professionals, letting them connect and share information, ideas, and resources in a collaborative forum.

Visit the STOMP website for more information.

Photo Credit: Russell Sellers

ATTENTION!

Exceptional Family Member Program Service Providers

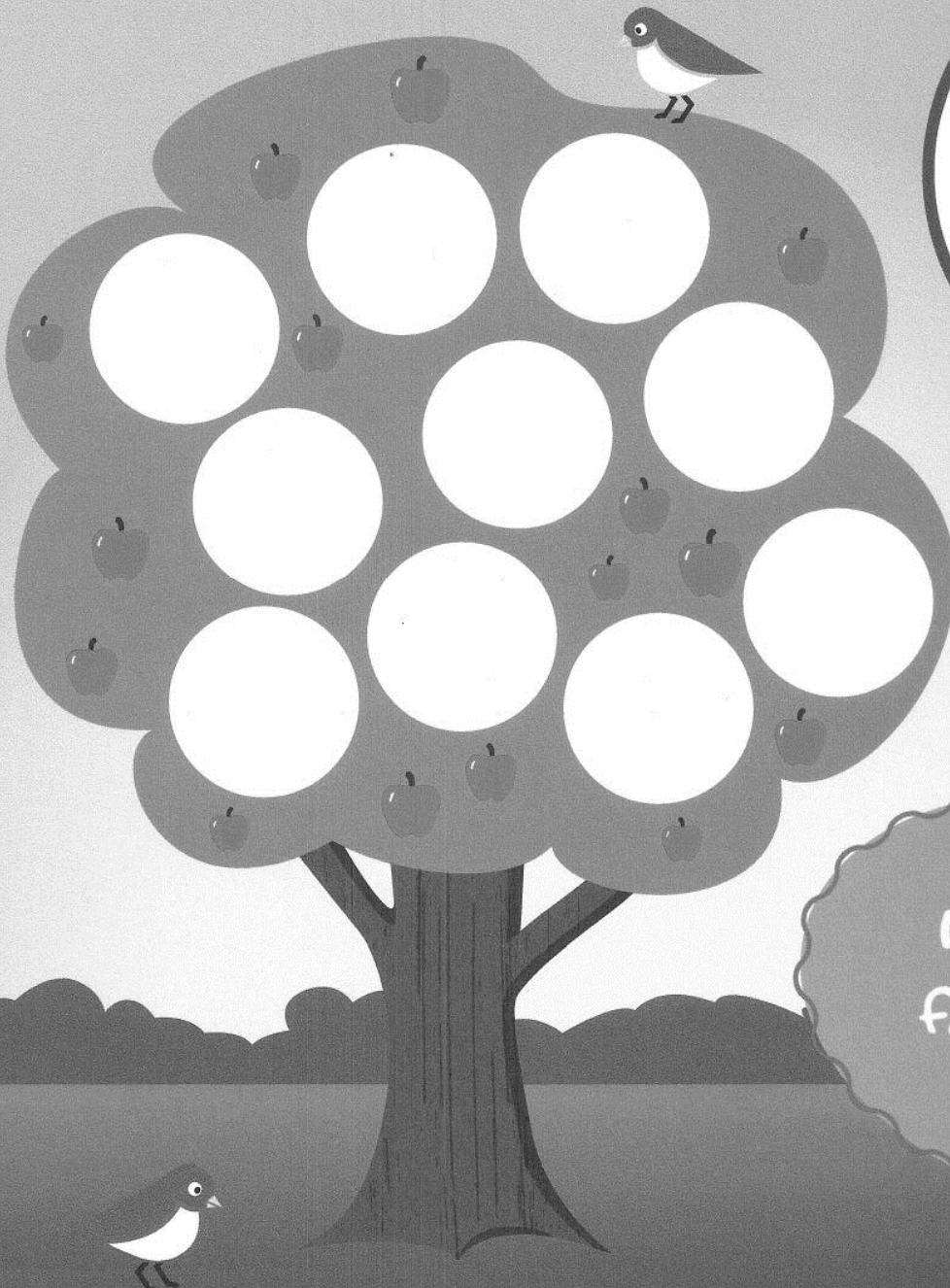
Do you have a special event or Exceptional Family Member Program (EFMP) best practice that you would like to see highlighted in an upcoming issue of *The Exceptional Advocate*?

If so, we want to hear from you. Send us a brief description via the Military Community and Family Policy feedback page. Be sure to include the name of your installation and your contact information so we can follow up with you.



Kid's corner

"Look! It's a family tree! I'm going to draw pictures of my family in the tree. Why don't you try it?"



Who's in your family tree?

(continued from page 1)

her neck and foot. She spent a week in the nursery, two days under the bill lights, and finally came home to some grateful parents. I catered to her every move, only daring to sleep when she did. And, of course, she ate, slept, and we changed diaper after diaper—AND I was very worried about her development, especially with that cord wrapped so tightly. We unfailingly kept our regular doctor's appointments and were assured that all was well.

Over those first few months, we watched her begin to change... that first toothless smile, when we knew that our baby was looking at us and smiling at us was priceless! It was a great occasion when we first heard "da-da" and watched with admiration as she began toddling around the room holding on to the furniture when she was ten months. When my work colleague mentioned that her son was walking by himself and he was ten months old, I must confess, I wondered if I should be concerned. But I had to keep reminding myself that each child is different—and they develop at their own pace. My daughter finally walked independently at almost fourteen months (and she went on to be a competitive cheerleader)."

Developmental Milestones

It is helpful to know that children typically develop in a pretty standard manner. There are variations in the achievement of developmental milestones, (e.g., some babies walk at ten months; others are not independent walkers until fourteen months). By the time children attend preschool or kindergarten, most children talk, run, climb, draw, ride a trike or bike, feed

themselves, toilet independently, and have friends. Some children may be more talkative or coordinated, others can pay attention or sit longer, some can get themselves fully dressed and make a simple breakfast, and some may even have lost a few baby teeth...but most children can be described as typical.

But what happens if your baby or toddler seems to be lagging behind? What if your baby doesn't smile and seem happy to see you, or doesn't like to be held or cuddled? What if your preschooler doesn't seem to be developing like others of the same age?

Well-baby visits are often the first opportunity for parents to ask questions or express concerns about their child's growth and development. Well-baby or well-child visits are scheduled at regular periods during the first five to six years. It is important to *make and keep each* of those appointments. These scheduled visits allow parents and caregivers the opportunity to discuss any health or developmental concerns with their health care provider. A general developmental screening is usually recommended at the nine, eighteen, and twenty-four month visits. Additionally, *autism-specific screening* is also recommended for all children at the eighteen and twenty-four month visits. The developmental screenings should include questionnaires completed by parents or caregivers, as well as health care provider observations of the child engaged in developmental activities. Parents should feel comfortable asking questions and discussing their concerns.

What if you are not scheduled for a well-child visit anytime soon and you have a concern about development?

Make an appointment with your health care provider as soon as possible. This will provide you with time to discuss your specific concern and an opportunity for your health care provider to evaluate your child more closely. The Centers for Disease Control and Prevention (CDC) has an informative website that chronicles development from birth through the teenage years and includes extensive parenting and health information. The website may provide answers to your developmental or health concerns.

What if you still have concerns about your baby's development even after visiting the health care provider and would like more assistance?

If you continue to have concerns about your child's development and your child is under age three, you can contact the **early intervention program** in your area. Early intervention specialists are able to schedule a developmental screening and discuss your concerns. To find an early intervention program in your state or area, visit the National Early Childhood Technical Assistance Center website. If you are stationed overseas, contact your Educational and Developmental Intervention Services (EDIS) program or visit the Army Medical Command EDIS website for more information.

The EFMP Family Support staff on your installation can also be a great resource. The EFMP Family Support provider can direct you to the local early intervention program or assist you in obtaining more information about your particular concern.

Hopefully, your developmental questions and concerns will be answered, and you'll be able to enjoy and embrace your child's individuality!

Increased cost of living expenses make it difficult for many families to make ends meet. Military service members may be eligible for the Family Subsistence Supplemental Allowance (FSSA) Program to help them meet the financial needs of their families. Eligibility for FSSA is based on household size and family income. Under this program, a service member's Basic Allowance for Subsistence (BAS) is increased to make his or her household income equal to 130 percent of the United States Department of Agriculture federal poverty line. The program is voluntary and requires an application and certification by the service member's command. All eligible active duty military members receiving full or partial BAS may participate in the FSSA Program.

Your installation's Family Center can provide you with additional information regarding FSSA, review your situation, provide information regarding your eligibility, and assist you with gathering the necessary paperwork for certification. They can also assist you with recertification after a move, promotion, pay raise, or change in household income.

Eligible service members may apply for FSSA online from a Department of Defense computer.

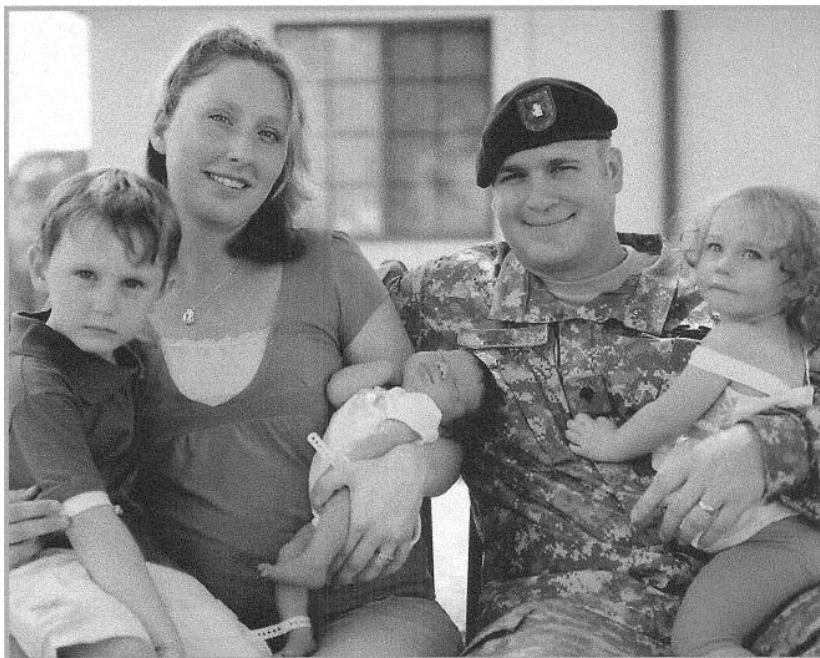


Photo Credit: Alex Delgado, United States Army South Public Affairs Office

What types of services are provided?

The types of EIS your child receives will depend on his or her needs as defined by the evaluation. As a parent, you must give written consent before any services defined in the IFSP can begin. Services may include, but are not limited to, family training and counseling, speech-language pathology services, physical and occupational therapy, and provision of assistive technology devices and services. For a complete list of services that may be provided through EIS, visit the National Dissemination Center for Children with Disabilities (NICHCY).

Who pays for services?

Depending on which state you live in, you may have to pay for certain services based on your income. However, a child cannot be denied services because of his or her family's inability to pay. Under the IDEA, states must provide evaluations, assessments, service coordination, and a review of the IFSP at no cost to families.

What happens after my child turns three?

Your child's transition out of EIS begins around six months before he or she reaches age three. During this time, your service coordinator and EIS providers will discuss various options, future needs, or services for your child.



Q: What types of well-child care does TRICARE® cover?

A: TRICARE® covers well-child care for eligible newborns up to age six, including the following:

- newborn care such as routine care in the hospital, circumcision, and newborn screening as recommended by the American Academy of Pediatrics
- history and physical examination and mental health assessment
- developmental and behavioral appraisal
 - height and weight
 - head circumference (through age two)
 - eye and vision screening at birth and six months old
 - audiology (hearing) screening before one month old (usually performed during newborn care at hospital) followed by hearing screening at each well-child visit
 - dental screenings

In addition, the following routine health checks and screenings are covered for eligible newborns up to age six:

- routine immunizations
- I. heredity and metabolic screening
 - tuberculin test (once during twelve months and once during second year)
 - hemoglobin or hematocrit testing (once during twelve months and once during second year)
 - urinalysis (once during twelve months and once during second year)
 - annual blood pressure screening for children between three and six years
 - blood lead test during each well-child visit from six months to six years
 - health guidance and counseling (including breast feeding and nutrition)
 - one routine eye examination by an ophthalmologist or optometrist every two years beginning at age three (routine eye exams offered between age three and six should include screening for amblyopia and strabismus.)
 - additional services or visits as required for specific findings or medical necessity

Content Source: TRICARE® Management Activity

Visit the TRICARE® website for more information about covered services.

Tf you are pregnant, postpartum, or breast-feeding, or have an infant or child under the age of five, you may qualify for nutritional assistance through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). WIC provides nutrition education and supplemental food to help women and children develop healthy lifestyles.

WIC provides you with vouchers to supplement the food you regularly buy at your local grocery store, commissary, or farmer's market. Vouchers are provided for the following foods:

- milk
- cheese
- fresh fruits and vegetables
- dried beans or peas

To be eligible for WIC, your family must meet certain income requirements and be nutritionally at risk. Nutrition risk is determined by a health professional such as a physician, nutritionist, or nurse, and is based on federal guidelines. The two major types of nutrition risk include medically-based risks (such as anemia, being underweight or overweight, and having history of pregnancy complications) or dietary risks (such as failure to meet the dietary guidelines or healthy nutrition practices).

For additional information about stateside WIC services, eligibility requirements, enrollment, and locations by state, visit the United States Department of Agriculture (USDA) Food and Nutrition Service website. For families stationed overseas, visit the TRICARE WIC Overseas website.

DID YOU **O** KNOW •

The New Parent Support Program (NPSP) assists expectant and new parents who are feeling challenged by the transition into parenthood and may need additional support. Many NPSPs offer classes on newborn baby care and positive parenting/behavior management for both moms and dads. Educational materials, such as books and pamphlets, are often available and some programs may also have a lending library of various parenting and family life media. For more information about the NPSP, visit MilitaryHOMEFRONT.

- eggs
- infant fruits and vegetables
- iron-fortified infant formula and infant cereal
- iron-fortified adult cereal
- peanut butter
- vitamin C-rich fruit and/or vegetable juice
- whole-grain bread and/or brown rice
- canned tuna, salmon, and mackerel

In addition to supplemental foods, WIC offers nutrition and health screenings, tips on how to prepare balanced meals, and access to other health screenings and resources to help you and your family lead healthier lifestyles.



Photo Credit: United States Marine Corps Private First Class Daniel Boothe

Newborn Screening Awareness Month

September is National Newborn 1.3 Screening Awareness Month. Even a baby with an underlying medical condition may seem normal and healthy at birth. However, without vital screening of newborn babies, rare disorders and other conditions, which can lead to intellectual disabilities, physical disabilities, and even death, could go undetected. When a medical disorder is detected early, babies can receive the necessary medical treatment they need to improve their chances of leading a normal, healthy life.

"The issue of newborn screening is nothing new," states newborn screening advocate, Joseph M. Valenzano Jr. "All babies in this nation have received what has been commonly referred to as the "PKU Blood Spot Test" at birth. A nurse will draw three drops of blood from the baby's heel and this blood is then screened to detect four disorders, all of which are eminently treatable if detected early, usually with a change in diet. If not detected, there is a high probability that the baby will develop intellectual and/or physical disabilities and even death. The good news today is that we have FDA approved screening capability using sophisticated technology capable of detecting up to fifty-nine conditions, which can result in severe disability and even death if not detected at birth. The bad news is that not enough people know about it, understand it, or use it."

Each state requires all newborn babies to be tested for various rare medical disorders before they leave the hospital (usually within the first twenty-four to forty-eight hours). The type and number of tests conducted varies depending on the state and hospital in which



Photo Credit: United States Navy Mass Communication Specialist 2nd Class Chantel M. Clayton

the child is born. If you decide to have expanded newborn screening tests conducted, you may have to pay out-of-pocket if they are not covered by TRICARE or your other health insurance. The cost is likely to be less than \$100. Parents should always ask about expanded newborn screening and, if not offered in the state in which their baby is born, ask about participating in any number of expanded newborn screening laboratories around the country. It is a simple procedure that provides you with peace of mind and the assurance that if there is a problem, it will be detected early, allowing treatment to commence immediately.

A baby will need to be retested for various reasons. Parents should verify their contact information is accurate and up to date so they can be notified if there is a problem. It is important that parents have their child retested

right away if needed. In general, all babies who leave the hospital before twenty-four hours will need to be retested. Retesting is also conducted when there is a problem with the blood sample, or if the first test result is positive. Parents are notified by the health department in their state or by the baby's doctor when their baby needs to be retested. Newborn screening tests can save lives. If you have questions about newborn screening, talk to your child's physician or Primary Care Manager, or contact the health department Newborn Screening Program in your state. You may also visit the United States Health and Human Services Department website for more information about newborn screening.



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