

May 21, 2009 Task Force Summary of Topic Discussions

Topic – Medicaid
Facilitator – Lauren Brown, School Nursing Supervisor and Hamilton County ESC
Medicaid Point of Contact
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What topics/issues were discussed?

Medicaid provider application

Videoconference on Medicaid School Program – May 27, 2009 at CRES – only 30 people can attend

You may attend all or part of the day

PowerPoint will be available from ODE @ www.ode.state.oh.us search for “Medicaid”

ODE and Ohio Dept of Job and Family Services will be conducting these trainings.

Audio Conference available during any date.

Patricia Grey – Facilitator at ODE Patricia.grey@ode.state.oh.us

See ODE STARS system for event dates and audio conference instructions

Financially responsible – how to make a determination if it would be worth your time.

- Look at the percentage of student population who are on free/reduced lunch
 - Look at the number of students with current IEP
 - Apply the percentage of free/reduced lunch to the number of students with IEP
 - For example: 1000 students in district.
 - 50% on free/reduced lunch
 - 100 students with IEPs
 - $100 \times 50\% = 50$ students with IEPs may be eligible for Medicaid. These are the students that may be eligible for billing via the Medicaid schools program.
 - Look at the percent of time spent on Medicaid eligible services. Percentage will be determined through time studies and will be set through the state and applied to all service providers. (based on statements from the ODE teleconference May 27th).
- May have one student with intensive needs on their IEP (speech, OT, PT, nursing, etc) who are Medicaid eligible that may make district participation worthwhile.
- Student with catastrophic needs must be Medicaid eligible. The will most likely need to apply for Medicaid because biller looks for/relies on the Medicaid number to determine eligibility.
- Diane – it is worth it because you are getting some money back into the district as opposed to district spending its own money.

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Are their districts that have a good history of participation in billing getting reimbursed?

No. The program is too new at this point for any district to have long term history of billing or reimbursement.

What ideas were shared related to the topic/issue?

ODE Website at www.ode.state.oh.us search for "medicaid"
Bill Shackelford is the Medicaid contact at ODE. He works part time but he will get back to you via phone or e-mail. You can e-mail him through schoolmedicaid@ode.state.oh.us

How do districts get started with billing or billing agents?

- Create a relationship with an approved EDI (Electronic Data Interchange) billing partner;
- Submit claims to them according to their procedures
- All EDI billing partners are HIPAA compliant.
- The billing will put request into form to submit to ODJFS.
- What questions do we need to ask the billing partners?
 - How is the biller charging the district?
 - Per student?
 - Per billing episode (visit/service) for each student?
 - Flat fee?
 - Are there any maximum amounts the biller will take? capping
 - How is the biller getting their money?
 - What if the district sends incomplete information? Are they re-billing the district for that?

What is required for each billing item?

- Refer to your EDI biller for exact details of their system
- Who provided the service? Name of SLP/OT/Nurse, etc
- Date of service/activity
- Student's legal name
- Number of students in the group? (individual or group therapy)
- Duration of service (in minutes)
 - What time did the provider begin working with student?
 - What time did the provider finish working with the student?
- Description of service/method (including location)
- The billing code for the service that was provided
- Description of progress: **Clarification from ODE/ODJFS will be coming**
 - Has there been positive, negative or neutral progress working with the student? Needs to show either:
 - Positive progress in two consecutive three-month period
 - or**
 - Service methods have been modified to improve student progress.

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Note: All services **MUST** be written on the IEP – For example, nursing services has to be written into the IEP

Back claiming has not been determined at this point. Ohio Dept. of Medicaid is still working with the Federal CMS to determine this requirement. Usually only allowed from 1 year prior to the start of the program- Oct. 1, 2008. Back billing has not been determined yet. Official start of the program is October 1, 2009 through Sept. 30, 2010 according to information given during the ODE teleconference May 27, 2009.

Do schools need to have parental permission to bill Medicaid?

The answer to this question as discussed at the roundtable was incorrect and therefore deleted. Parents are concerned that the amount of services they get from medical doctor (i.e. OT, PT, nursing, etc) will be reduced because schools will be billing. Community/medical services that are available through the medical home are separate from the services the school bills Medicaid for.

According to the Teleconference on May 27th-

- Parents **must** provide annual written consent to release records to bill Medicaid- IDEA/FERPA requirement not a Medicaid requirement.
- District must inform parents
 - That district will be billing for Medicaid Services
 - That parent refusal of consent will not reduce the IEP services for their child.
- Annual consent must be on file for every child with IEP regardless of the child's Medicaid eligibility.
- Consent for billing must be obtained before any assessment or service is provided (otherwise service is not billable)
- May obtain consents at time parent signs for MFE/ETR (to consent to bill for initial assessment/evaluation)and IEP (gives consent to bill for services contained in the IEP for the next year)
- ODE has a sample form (on website) or district may use their own.

Note: If you are using IDEA part B dollars to pay the provider/for service, you cannot bill Medicaid for those services.

Medicaid program is an **actual** cost reimbursement for personnel (may include salary, benefits, etc.)

RMTS - Time study – random moment in time – online – What were you doing at a certain minute in time. Trainings on this are expected in Oct. More information will be coming in the future. Ohio State University is helping to coordinate/facilitate the RMTS.

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Reimbursed money can be used in whatever way the district chooses. CPS has an intra-district agreement that a percentage of the dollars goes back to the school/service provider department that generated the dollars.

Information from Medicaid Teleconference May 27, 2009

The following information is only some of the important information that was presented during the teleconference. Please refer to the ODE website for notes and powerpoint presentations.

- Services must be reassessed and/or re-evaluated every year
 - The IEP annual review is not sufficient
 - This is not a whole ETR process
 - The service provider for each service (SLP, OT, etc) must do a reassessment to show and document the medical necessity for the service annually from **the date of their last assessment** (not the ETR/IEP date, or even the date they signed the report), but the date they completed their assessment

- IEP requires name and title of person providing service-
 - According to Ann Guinan at ODE: If the provider name changes, but title/certification remains the same (OT changes from Mary to Sally) schools have to amend the IEP but may be done via phone call to parent- no team meeting needed.
 - If qualifications of the service provider change (i.e. from OT to OT aide) must call an IEP meeting with parent. Only the service that is affected need to be present at the meeting (not a full IEP team meeting).

- Audiology services are currently only billable for assessment/evaluation- not direct services to students. Any changes in this must be handled through an official rule revision process.

- If service provider is not a required member of the IEP team- is their signature required? If they are the evaluator their signature **is required to be on the IEP** as recommender of service. They do not have to at the meeting, but may sign the IEP after the meeting. They do not need to be "excused" from the meeting via waiver as they are not required team members.

- Billing for reimbursement:
 - Every billing must include a billing code **and** diagnosis code
 - ICD-9 (Diagnosis) code is required. Must be part of the documentation. Should be reason for service (not need to be listed on IEP) but must correspond to conditions or limitations documented in IEP/MFE
 - ODE Webpage- has one page fact sheet regarding diagnosis codes and scope of practice for licensed providers.
 - Billing codes are in an appendix of 5101:35-04
 - Back claiming will be for claims from 10/1/08 through 9/30/09
 - May not be paid until 2011.

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- Cost report from 10/2009 through 9/2010 is required from districts for billing
- No list of approved providers
- ODE has list of Certified Public Accountants who are interested in helping school districts with the cost reporting process. Not “approved” list but only those who have expressed interest in helping schools.
- Districts need to name a time study coordinator for the district. May contract with 3rd party time study coordinator, but must have a district contact for time study.
- Public entities cannot make a profit from Medicaid.
- Schools will be paid actual cost regardless of amount of interim reimbursement.
- Expectation of 95% compliance of all of the “assigned moments” with RMTS participants.
- ODE and ODJFS will **not** take percentages from direct service reimbursements (ODJFS and ODE take 7.5% from Medicaid Administrative Claiming).
- IEP/ETR discussion Services not in Appendix for 5101:3-35-04 they are not reimbursable.

Topic – 504 Plans Facilitator – Betsy Ryan

What topics/issues were discussed? 504

- 22 attendees
- Expanded definition of life events
- Mitigation issues--I have this medical document that says they need to place on a 504
- How is the process set up in districts for initial and follow up

What ideas were shared related to the topic/issue?

- Forest Hills has a scheduled meeting with an invitation. Review data and have all the required team members present. May do standardized evaluation.
- Use Likert scale to determine extent of limitation on life event.
- 504 building coordinators plus a district coordinator
- Establish a timeline for reviews and conduct three-year reevaluations
- Related services as the only thing on a 504 plan
- Keep IDEA and 504 forms separate to make clear what you are doing.
- LRP 504 Advisor is an excellent source of information

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What questions still need to be addressed?

Other Comments:

- This was a very well attended session with questions that ranged from basic to complex. There was enough interest that a more specific training with legal focus would be well attended.

Topic – Apraxia

Facilitator – Ann Slone, Sally Demmler, Laurie Frank, Dawn Betz

What topics/issues were discussed?

- Diagnosis of apraxia is coming from CCHMC and DDBP.
- Recommendations for school programming are being made by certain doctors at CCHMC including the recommendation that a child must go to St. Rita's *Sign and Say* program. One doctor who has made these recommendations also served as a consultant to St. Rita's *Sign and Say Program*. Many are feeling this is a conflict of interest. Dr. Amy Neumeier has left Children's Hospital.
- St. Rita uses *Sign and Say* – absolutely NO augmentative device is allowed in the school.
- If districts get to the point of money, St. Rita's will say their *Sign and Say Program* costs \$24000/year (this does not include OT and Speech); however, when visiting the website, a sliding scale was mentioned and no one will be turned away.
- Population of other students at St. Rita includes no typical speaking peer models.
- In an observation at St. Rita's, their espoused signing approach to communication was not being used all the time.
- St. Rita's uses a combination of types of signing but mostly ASL, they do not always use English word order. This is a language and literacy concern for these children with apraxia.
- St. Rita's has a strong advocate who is adversarial to public schools and she accompanies many parents to ETR and IEP meetings to advocate for placement and services at St. Rita's.
- St. Rita's will come to district meetings with their own IEP which is confusing to parents.
- When it comes time to bring a child back to the district, the child has not made the progress toward the curriculum that would allow the child to return to the district at grade level.
- St. Rita will say they use PROMPT and this is the best approach for children with apraxia.
- St. Rita's has a strong family-oriented program that parents feel they will not get in their public school district.

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What ideas were shared related to the topic/issue?

- Powerpoint from Carol Grasha/Erin Redle's recent presentation about childhood apraxia. In Clermont County was shared.
- A document that Forest Hills SLP's put together about treating children with apraxia in the public schools was also shared.
- Many public school districts have programs that can properly accommodate children with apraxia.
- Many times there are overlapping disorders with many of the children with apraxia including other motor disabilities, cognitive disabilities, etc.
- Literature cites signing, augmentative systems, PROMPT, Kaufman as possible approaches to supporting children with apraxia but there is no real research to say what is "best".
- Many schools use a Total Communication approach and feel this is great service to these children.
- At the end of the day the goals and objectives are the same for the public school and St. Rita's and it comes down to what is the LRE for student.
- CPS has already taken the perspective that if they can find a comparable program for the child they will use that and meet the expectation of the student to prevent St. Rita's from manipulating the placement.
- School districts should make sure they have data that supports progress is being made toward goals and objectives.
- When determining disability category when child transitions from preschool to school-age:
 - (Mason) When child went from preschool to school age child went as speech and language because parents didn't want to go to CD, but then during the year ended up doing a re-eval. This was difficult for the parents.
 - Other school districts have identified children with apraxia as MD.
- Types of therapy in public schools include individual therapy but also include a total communication approach in the classroom.
- One district cited the apparent disconnect between the apraxia team at CCHMC and the apraxia clinic at DDBP when SLPs from each setting were asked to share information with school SLP's.
- Madeira also hired a signing consultant for their classroom to train the classroom team to sign. This HCESC interpreter uses "conceptually signed English" which uses English word order and word endings.
- A group of SLPs from CCHMC, DDBP, schools, UC have been meeting to study this issue and present a more collaborative approach to serving children with apraxia in this region. To date, SLPs from *Sign and Say* have not attended these meetings.
- A study done at DDBP indicated a large proportion of children with verbal apraxia also have fine motor disorders. This contraindicates that they will be successful with signing as an alternative to speech.

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What questions still need to be addressed?

- What is best programming and treatment for children with apraxia? Frequent, focused and functional speech therapy is necessary according to Erin Redle. This is because of the motor learning that is necessary.
- How many students “graduate” from St. Rita’s *Sign and Say Program* and return to their home school? Originally, the *Sign and Say Program* only went to second grade.
- What is the “apraxic sign” that is being used at St. Rita’s?
- What amount of services and types of services do districts offer when they identify a child with apraxia? Most districts said they would like to say it depends on the individual child’s needs but actually it depends on the parents’ needs.
- Can a paraprofessional be trained to deliver some of the frequently needed services to children with apraxia?
- What are research-based approaches to serving children with apraxia?

Topic – Culturally Responsive Practices English Language Learners Facilitator – Connie Reyes-Rau

What topics/issues were discussed?

- ESL services for children 3-5 yrs. If a young child should enroll in preschool the district will serve.
- Implications for defining service at the preschool level, assessing English language proficiency for young children and funding.
- An email from Dan Fleck addressing questions regarding LEP preschool age children was distributed
- Dual identified children (LEP and SWD) - Where to document LEP service on the IEP. This should be noted on the Special Factors page on the IEP
- Connie and the Title III consortium will be crafting an email addressing further questions
- Connie outlined the process required for assessing and identifying LEP Pre-K age children
- Who can provide ESL service to Pre – K? Service has to be provided by a TESOL endorsed provider.
- How to get a HQT TESOL endorsement?
- A LEP End of the Year EMIS Tracking Form developed by Connie was distributed
- The guidelines for developing a Title III district LEP Improvement Component Plan. This plan must be entered in the CCIP. Districts not meeting AMAO for two consecutive years must complete a LEP improvement component plan. Those districts involved in the OIP can indicate strategies and actions included in the plan that addresses the LEP components. Districts not using the OIP
- At Scarlet ESOL classes for families are available at no cost

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What ideas were shared related to the topic/issue?

- Districts creating a procedural guideline for Pre-K ESL service.
- TESOL provider to conduct consultation block with Early Learning Providers
- Information regarding the ESOL program at Scarlet will be shared. Jackie Gardier will forward information to Connie for distribution
- Someone from the Scarlet ESOL program presenting at a Title III consortium meeting

What questions still need to be addressed?

- The content standard for English Language proficiency starts at kdg. What content standards for ELP should be used for Pre-K.?
- Can Early Learning standards be used? Can the National TESOL be used?

Topic – Foster Care Issues Facilitator – Barb Kalbli

What topics/issues were discussed?

- Cincinnati Public – work group committee with subgroups – Foster Care committee. The committee developed a pilot program to track students in foster care and through Cincinnati Public. Has looked at issues example being school fees. Is it time to start involving other school districts in these conversations? The committee looked at the placement of the foster care students and did invite other school districts (top five) to these conversations to build relationships. Cincinnati Public has done trainings for school staff related to foster care. The meeting is held at Legal Aid – Elaine Fink.
- Students are pulled out of school for many different meetings – working with case managers to try to keep them in school and put meetings after school.
- Collect data surrounding foster care students and students with disabilities
- Difficult to track down the records and tracking these records.
- Sign in sheet developed regarding contacts for foster student.
- So much moving around for the student – difficult to track records and even know if they have an IEP.
- Three schools even make it more difficult
- Surrogate parent assignment process and changes in identification – district of residence holds responsibility; temporary custody should be appointed a surrogate and children in permanent custody should be appointed a surrogate (this was a conversation during the foster care committee); but conversation did center around ODE being on board with this (this was discussed with the task force committee).
- Butler County – uses legal aid as the guardian ad litem and cannot serve as a surrogate
- Homeless – discussed transportation, unaccompanied needs a surrogate
- Paperwork updated – easy way to do this?

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- Trends regarding foster students? Fewer foster students, 1200 in Hamilton county (approximate), majority Cincinnati Public. Church groups are assisting in licensing foster care homes.
- Big issue (summary) – tracking the students, time involved in enrolling/paperwork
- Other committees as part of the overall committee – intersection committee – mental health pieces and protocols established (transition planning).

What ideas were shared related to the topic/issue?

- Enrollment questions – discussion centered around attending the Foster Care Committee meetings to make contacts regarding professional development for the schools.
- Inter-state compact – discussion regarding this form about moving states
- Technology – to track the student/records (goes with the student)
- Who has accountability for student's records? Agency?

What questions still need to be addressed?

- Notification of moving out of the district an issue

Other Comments.

- June 18 – Foster Care Committee at Legal Aid (11:30 am)

Topic – Gifted Education Facilitator – Tracy Quattrone

What topics/issues were discussed?

- Budget
- Twice Exceptional
 - How do we assure equity in opportunities for culturally linguistic
 - Challenge – How to have students referred
 - Review progress monitoring systems (ex. AIMS Web)
 - Provide Professional Development to staff
- Getting data in teachers' hands
 - How to communicate data, filter information, interpret results
- How to serve the twice exceptional?
 - How do gifted fit with RtI
 - How to more effectively identify gifted/students with disabilities
- Behavior issues
 - If students do not perform in a school mode, they typically are not referred

What ideas were shared related to the topic/issue?

- Bullet 1 of twice exceptional – districts required to file an identification revision in June addressing how to identify sub-groups, i.e. LEP
 - examine OAT results for individuals

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- review individual assessments that are state approved
- Utilize non-verbal assessments (part of ETR)
- Utilize individual assessments to students who are not able to meet criteria on “typical” tests
- Data question/challenge
 - Teach staff how to interpret results
 - Access to multiple points of data
- Columbus Public Schools – did training on how to refer/screen LEP students for gifted
 - Connie will email out the information from Columbus Schools
- Student behaviors
 - U STARS – a means of engaging students, addresses student behavior

What questions still need to be addressed?

- Looking at disproportionate representation of sub-groups
- How to address RtI discussion for ALL

Other Comments.

- Must identify sub-group students by grade 3 or “lose them”
- Need to address RtI training inclusive of all students – gifted, ESL as well as at risk.

Topic – IEP Practices and Issues – 1st Session Facilitator – Deb McGraw

What topics/issues were discussed?

- HCESC website lists the most recent update and changes to the annotated guides and forms.
- Software used to write IEP’s and ETR’S may not be available with new forms until close to September 1, 2009 date of implementation. Team had questions regarding ability for software program to connect with EMIS.
- Discussion on how districts have conducted training on new forms
- Interventions for preschoolers (How to do this with Help Me Grow Children?)
- Optional forms were posted on ODE for FBA, BIP, Manifestations, excusal for a team member
- Related Services: Minimum times: there are no minimum times- you can list a range of services but make sure you are not providing the minimum most of the time. Be careful that the child is not pulled out for more than the IEP requires because they may be missing instructional time. Consultative times should also be listed on the IEP.

What ideas were shared related to the topic/issue?

- Involving parents in the IEP training, developing forms (agenda for IEP meetings)
- HCESC taskforce site training powerpoint updates

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- How do you dismiss or add a related service: These were added
- What were the most common ODE findings for districts for out of compliance issues?
- Overview to all staff, individual building trainings for teachers in their computer lab

What questions still need to be addressed?

- What kind of statement are teams writing on IEP's when the child is not attending the public school? (itinerent services, community based, daycare, home)
- Accommodations and Modifications: There is no place for each goal to list them- they are lumped together on the services page. There is a place to write what goal the accommodation is for.
- Extra Curricular: What are we required to provide? Brownies? Job Coaching and after school work experiences?

Other Comments.

Topic – IEP Practices and Issues – 2nd Session Facilitator – Deb McGraw

What topics/issues were discussed?

- Updates: Quick reference for IEP/ETR on Edresourcesohio.org site.
- The newest IEP form was updated May 6 and ETR updated Apr 6
- Ann Guinan Q &A updated yesterday. Parental Revoke of consent issues are being updated.
- It was stated that using the new forms takes longer than the older form.
- Special ed staff is overwhelmed with the requirements and duties of an intervention specialist to complete paperwork, IEP's, duties, etc. Administration must consider this and be creative about how teachers can best meet the requirements.

What ideas were shared related to the topic/issue?

- Martha of Edgewood Schools trained special ed staff. Training went very well. Binders were made. Will train building principals in August. Mt. Healthy also did training yesterday. Mt. Healthy staff had questions about ESY and extracurricular activities, software questions. Sycamore is doing trainings also and parents are invited.
- Roy Gordon's IEP version is very similar to the ODE IEP.
- Cincinnati Public had after school sessions to train staff on forms. They will also be providing summer classes for staff to use forms.
- Progress book and Roy Gordon systems are being used by the school districts represented. Some administrators like Progress book but many teachers do not like it. Both systems have pros and cons. It was stated that Progress Book works well with EMIS.
- There were more issues with Mac users with Progress book

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What questions still need to be addressed?

- If a district wants to use their own forms, they will have to get the state approved.
- What is the cost of maintaining a server to host Roy Gordon?

Topic – Post Secondary Options Facilitator – Patrick Wong

What topics/issues were discussed?

- New forms
- New process
- Post-secondary measurable goals written for each SWD by the age 16
- Data needed for planning
- Where specialized instruction comes into transition plans

What ideas were shared related to the topic/issue?

- Staff being overwhelmed with new forms/process
- Learning / using the new language
- Assessment is required to write post-secondary goals – most difficult part for IEP team
- Aligning course of study with post-secondary goals
- We need to know competencies for all programs / post secondary options
- Reverse planning

What questions still need to be addressed?

- Competencies / requirements for post-secondary educational opportunities
- What is the role of the school counselor?

Other Comments.

Topic – RtI/PBS Facilitator – Wendy Strickler and Karen Stine

First session. 11 in attendance.

What topics/issues were discussed?

- Use of stimulus funding to support RtI
- The idea that RtI is a structured framework for having a process to support all students.
- As a PPD director, how to introduce RtI without it appearing to be a “special education issue”?
- What training options in the district are available for next year?
- Embedding RtI within OIP
- Data Collection – what does it look like? Discussed universal screeners

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- When a teacher submits an intervention folder, how to help? Language is often vague (e.g., “disrespectful”) and don’t always know what happened prior to a behavioral incident.
- What is available for math (universal screeners)?
- Using DRA and DIBELS as universal screeners (pro vs. con)
- PBS training available in the fall

What ideas were shared related to the topic/issue?

Addressed some ‘misinformation’ regarding Rtl:

- “we are doing PBS, not Rtl”
- “we have interventions, so we are doing Rtl” – is a system of supports, including curriculum, interventions and data system
- data is not for looking an individual students only, but looking at data across the system (i.e., grade level, school, district)
- Not a special education initiative

SST 13 website was shared as a source of information on Rtl www.sst13.org

What questions still need to be addressed?

Topic - Rtl/PBS Facilitator – Wendy Strickler and Karen Stine

Session Two: 13 in attendance

What topics/issues were discussed?

- Use of stimulus funds to support PBS and Rtl
- Defining evidenced-based and research-based with the curriculum department – using formative assessments to give feedback on use of current curriculum. Rtl Action Network, and www.fcrr.org are resources for determining whether your curriculum is research-based. Also, using the Literacy Analysis Guide or University of Oregon Consumer’s Guide to guide the conversation about curriculum. Another consideration: look at subgroup population in a district that has a high percentage of passing in order to reduce complacency- do you have disproportionality?
- Public Relations of Rtl with parents – how to handle parents who think schools are “delaying” help to their students when Rtl is described as a means of providing assistance. One district shared that they have developed a pamphlet that describes Rtl and has a parent mentor run sessions for parents and explain Rtl. How to provide information to parents about the process – additionally, do we really have an effective system in place so that we are meeting the needs of students efficiently?

What ideas were shared related to the topic/issue?

- Rtl is a structured framework for meeting the needs of students

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- Rtl is a systems level structure – systematic framework to make decisions about what students need
- Not about making decisions at an individual student level only
- PBS is part of Rtl – is the behavioral side of Rtl
- Not a special education initiative – coordinating with curriculum department

Website to access resources on Rtl: www.sst13.org

What questions still need to be addressed?