

## **Eligibility Determination: Questions and Answers**

This document provides written answers to questions received following the January 29, 2009 statewide technical assistance call on eligibility determination.

1. Please share the “whys” of the changes reflected in the Practice Manual. Are they because the localities in Virginia have been doing something wrong – if so, could you please share what they are? Are the changes meant to address any of the recognized challenges within Virginia’s system, such as to reduce the number of children evaluated and found ineligible or to increase Child Count or to improve the financial situation in Virginia?

Answer: As stated during the November 3, 2008 statewide technical assistance call and reflected in the written talking points from that call (available on our website, [www.infantva.org](http://www.infantva.org)), we “want to be very clear that the service pathway was not developed because somebody was doing something wrong. The perspective of the Part C Office is that:

- a. The pathway really builds on the many good practices already in place in Virginia.
- b. Where you see things that look very different from what you’re doing now that’s because clarification in the proposed Part C regulations (based on IDEA 2004) gives us the opportunity to (1) better align our practices with federal intent and (2) do things in ways that use personnel and existing information in the most effective and efficient way possible while maintaining strong family-centered practices.”

2. What type of evaluation measures and data collection will be used to identify the outcomes and benefits that have occurred as a result of the changes?

Answer: The Part C Office will continue to collect and analyze data related to the federal monitoring indicators (those identified in the State Performance Plan/Annual Performance Report) as well as local expenditure and revenue data to evaluate the effectiveness of the Infant & Toddler Connection of Virginia system in meeting compliance and performance targets. Changes in compliance and performance following implementation of the system transformation efforts will reflect the impact of not only the changes in practices related to eligibility determination and assessment for service planning but also expanded reimbursement through Medicaid and changes in family cost share practices.

3. Literature and training in early childhood special education have used the terms “screening” and “assessment” differently than it is now used in the Practice Manual. “Screening” has typically been used as the term for a very brief look at the child to identify if that child should be evaluated for eligibility. “Assessment” has been used as the term for the comprehensive evaluation of the child, from more sources, to determine eligibility. That is still the terminology that is used in other fields. Sometimes the terms “assessment” and “evaluation” have been used interchangeably, but not “screening” and “assessment.” Will the Practice Manual give more clarification about this terminology, realizing that the use of those terms in the Practice Manual is a major change for many of us in the field?

Answer: A glossary is being developed for inclusion in the Practice Manual and will include definitions of both terms. However, the change is less about how the terms are defined and more about how screening and assessment information is used in the process of eligibility determination and service planning. The practices in the manual recognize that, for some children, screening information combined with parent report and medical information will provide enough information that two qualified individuals from different disciplines can review that information and determine that the child meets Virginia’s eligibility criteria. In those situations, we do not need to spend time assessing the child with an eye to determining whether they’re eligible, and for those who are eligible, we can take a much more functional approach to assessment with a focus on service planning. As stated in the Practice Manual, there will be children for whom the screening combined with parent report and medical

information will not be enough to determine eligibility. In those situations, assessment will be conducted to provide the information necessary to determine eligibility.

4. The Practice Manual indicates that the (temporary?) service coordinator would share “tips and information on parenting and child development” during their intake. This could be a concerning recommendation since it is very possible that the service coordinator would be a paraprofessional and the level of information needed could be beyond their area of expertise. As an example, if a child has an underlying sensory integration dysfunction/regulatory disorder and the service coordinator recommends tips to help the child’s disordered sleep, it could do more harm than good. Likewise, if the child actually has a receptive language delay and the service coordinator recommends behavioral strategies to address what the parent has perceived as the child’s lack of compliance, it could be a problem. Will this be clarified in the Practice Manual?

Answer: The Practice Manual does not state that the service coordinator shares tips and information on parenting and child development. The statement in the manual is, “At the point of intake, the local Infant & Toddler Connection system is already beginning to provide supports and services to the family by sharing tips and information on child development and/or parenting and by providing referrals to other resources, as appropriate and with parent consent.”

5. It was very helpful to hear that the IFSP could include a listing of actual age levels based on testing. Without this specific information, the IFSP could not be used as part of the documentation for some important services, such as SSI, Part B, etc., and would mean that those referrals would be delayed for the family. Having the child’s age levels and percentage of delay can also help identify rate of progress, which can be important for parents and other diagnosticians. It would be helpful if the Practice Manual made it clear to systems that, while it is not “required” to have age levels or percentage of delay, it is very beneficial for planning and for referrals for the child.

Answer: While we appreciate this suggestion, we believe that local systems should have the flexibility of deciding for themselves if, when, and where it is most beneficial to document age levels and/or percentage of delay.

6. Is it projected that Part B will be changing its process and requirements to be similar to the new Part C process? For example, would they be able to use results of a screening, parent interview, and physician report to determine eligibility?

Answer: The Infant & Toddler Connection of Virginia Practice Manual addresses practices under Part C of IDEA.

7. Although it is acceptable according to the Regulations to “conduct eligibility” without the presence of the family, isn’t this another area in which engagement of the family is a practical step in recognizing the importance of the family on the “team”? From my experience dealing with this issue within my own family, I would hesitate to implement any practice that did not include the family fully in the eligibility process.

Answer: The practice manual does not require you to implement any practice that does not include the family fully in the eligibility process.

8. It would be helpful if the Practice Manual could include information that would enhance understanding of at least “good practice”. For example, in the section on Receiving and Processing a Referral, bullet #3, it is clear that the regulations do not require parent consent prior to making a referral to Part C. The Practice Manual makes the statement that “it is recommended that the referral source inform the family prior to making the referral”. However, if there is a concern that Virginia has a high number of children referred but not moving to eligibility and services, shouldn’t this be recognized as a key place to engage a family in participating in early intervention services, rather than simply informing them that they are being referred?

Answer: The next revisions to the Practice Manual will be based on the experiences and input from the local systems that are implementing the new eligibility determination practices early. When those revisions are made, consideration will be given to strengthening the language related to informing families prior to a referral.

9. It was very helpful on the 1/29 phone call to have the presenters share that some meetings or activities in the process could be combined. Could you please respond to the following scenarios:

- A newborn with Down syndrome has been referred to the local system and the temporary service coordinator makes an initial visit for intake within the next few days. The child is very alert and is generally doing well. The family is very eager for specific information and guidance on feeding, positioning and exercises to assist with motor development, and overall developmental recommendations, and they would like to begin services as soon as possible. Would it be acceptable to offer a team meeting with the physical therapist, speech therapist, and service coordinator the next week and during that meeting conduct eligibility, assessment for service planning, and IFSP development all at that time, if that is what the family wants? If so, how would be the best way to document that is family preference?

Answer: As shared during the 1/29/09 TA call, it is acceptable to combine these steps as long as the service coordinator has explained each step, discussed with the family the pros and cons of combining the steps, and the fully informed family has provided written consent for each of these steps. The family's written consent must be documented on the Notice and Consent forms, and the service coordinator's discussion with the family must be documented in a contact note.

- The local pediatrician calls the central point of entry about an 18-month old child that she would like screened. She said that the child is new to her practice and cried during his visit, so she could not complete a screening. The pediatrician asked if the system could do a developmental screening in the home – she does not ask for an evaluation. The parent does not have concerns about the child's development but would be comfortable with the screening. The screener/ temporary service coordinator goes to the home and sees that the child is doing very well, other than some stranger anxiety, and is performing all skills expected. Could this be counted as a Child Find activity or does it require that an "eligibility" meeting with a team be held after the screening?

Answer: A referral to the Infant & Toddler Connection of Virginia is considered a referral for eligibility determination. However, after the screening is conducted (with parent consent) the family may decline to proceed to eligibility determination.

- The parent of a two-year calls the central point of entry to say that she is concerned that her child has autism. She said that he does not have any actual words, does not wave bye, screams all the time, hits himself, and only throws toys rather than playing with them. She said that she has not been to the family physician for a few months because she cannot afford to take any more days off work. She said her babysitter is really good with her son and she asked if all meetings could be at the babysitter's house, which is right near her office, and then she could go there over her lunch break. Once the temporary service coordinator does the intake, would it be acceptable to offer a team meeting with the occupational therapist, speech therapist, and service coordinator as soon as possible, and have the eligibility, assessment for service planning, and IFSP meeting all at the same time?

Answer: Assuming that the developmental screening results and the service coordinator's or other provider's observations confirm the delays and atypical development reported by the parent, the determination of eligibility would appear to be very straight-forward in this example. Since the family would like to proceed as soon as possible, it may be helpful to have the eligibility determination team meet following intake and prior to the next meeting with the family so that the next visit can proceed directly with the assessment for service planning and the IFSP meeting. However, it is acceptable to combine these steps as long as the service coordinator has explained each step, discussed with the family the pros and cons of combining the steps, and the

fully informed family has provided written consent for each of these steps. The team needs to establish eligibility before proceeding to assessment for service planning, but this can occur all at the same meeting.

10. On the original state automatic eligibility list, cleft lip and palate are not automatic, but a risk factor. In the service pathway manual it now says it is automatic. Would you please clarify so we know what to tell families?

Answer: Cleft lip and cleft palate (without any qualifiers) were added to the revised Virginia Part C Policies and Procedures proposed and sent out for public comment in 2007. This addition was based on the recommendation of the Virginia Interagency Coordinating Council (VICC) and information gathered through a review of literature and consultation with medical personnel. Although the revised policies and procedures were not adopted (we were advised by the Office of the Attorney General that state regulations were required instead), the recommended addition of cleft lip/cleft palate is reflected in the practice manual and will be included in Virginia's Part C regulations when those are drafted in the near future.

11. What payment source will we use to pay providers (PT, OT, SLP, SI) for the desk eligibility determination process? Will we be able to bill Medicaid under EPSDT?

Answer: Part C funds will be used to pay for participation in the desk eligibility process when it occurs separately from the assessment for service planning.

12. When doing assessment for service planning, say we have an SLP and PT as part of the team. Speech was the only concern. As the manual indicates, we do speech assessment first - now child is age appropriate and not eligible. Can we bill Medicaid for PT's time if she/he did not complete an evaluation? If not, we will then be using Part C funds for something that under old model, we could bill for.

Answer: It is not clear if this question is referring to the situation in which a child is found eligible by the eligibility determination team and then found to be ineligible when the assessment for service planning is conducted or the situation in which the eligibility determination team needs more information to determine eligibility. The first scenario is expected to be a rare occurrence. If this is happening more frequently than that, then there is a need to review the eligibility determination team(s) and process being used locally.

If the eligibility team needs more information to determine eligibility, then the team really needs to give some thought as to how this combined step of assessment for eligibility determination and assessment for service planning can occur in a way that is family centered and time- and cost-effective. If the only area of concern is language, then perhaps the PT is not the best choice as the second discipline for the reasons cited in the question. Part C staff members will take a careful look at the experiences of the local systems that are implementing early to determine if there is a need for clarification in the practice manual around this situation.

13. At one point there seemed to be an indication that the Part C office was going "to identify a list of approved assessment tools that were to be used as foundation tools to assess all areas of the child's development as well as a list of approved screening tools". Is this still the plan? If so, have the tools been identified?

Answer: The Part C Office still plans to identify either approved or recommended assessment tools for use as the foundation tool in the assessment for service planning. Staff members are currently reviewing the information gathered through the provider survey conducted in October 2008 about what tools are being used now.

14. Can a parent decline a screening and still move to eligibility determination?

Answer: Yes, a parent may decline a screening and still move to eligibility determination. The service coordinator is expected to explain to the family the purpose of the screening and how

developmental screening results, along with information from the child's doctor, the family and observations by the service coordinator or other provider will be used in eligibility determination.

15. How can a team determine that a child has at least a 25% delay in one area of development without doing an assessment?

Answer: The team may be able to determine that a child has a developmental delay of at least 25% in at least one area of development by using their informed clinical opinion based on medical information, developmental screening results, observation of the child, and parent report. For instance, if the child is 12 months old and the physician and mother both report that the child is unable to sit and the service coordinator's observation and screening results indicate the same thing, then 2 qualified professionals do not need to complete an assessment to determine that this child meets Virginia's definition of eligibility. When available information (e.g., medical reports, screening results, observation and parent report) is not enough for the team to determine that the child has at least a 25% delay in at least one area of development, then assessment is done in order to determine eligibility.

16. The most recent draft Annual Performance Report (APR) indicates on page 39 that the "Service Pathway is expected to...support accurate determination of eligibility since all children referred will proceed to multidisciplinary eligibility determination with parent consent". How is this any different from our current practices?

Answer: Current practices allow that the local system may screen a child and determine that the child is not in need of evaluation (eligibility determination).