

Talking Points–Eligibility Determination Call-Examples January 29, 2009

Let's talk now about children who may be referred to the local system's point of entry. We will discuss a child who is referred by his family with a diagnosed condition, another child who is referred with a written report that clearly documents developmental delay, and a third child whose eligibility is unclear at the time of referral. In each of these examples we will consider that the referrals have come from the parents.

The steps of intake, eligibility determination, and assessment for service planning would not change if the referral source had been different for each example. We just wanted to keep the referral source constant in each of these examples.

These examples are not intended to reflect every practice in the service pathway. How the steps occur for a particular child and family will depend on the information available at the time of intake. A family's need for information for each of the steps may differ from other families. Families also have rights and safeguards available to them at steps in the process, and those rights and safeguards must be clearly discussed even when steps are combined.

Some of you may find it helpful to look at the Service Pathway as we go through the examples. You may find it useful to visualize how families are moving through the steps.

Example 1

First we will discuss the child who is referred by his parents with general concerns about their son's development. There is no diagnosed condition. Also, there is no written information from other sources to document developmental delay or atypical development. The mother indicated that her son had received his immunizations at a health clinic, but had not seen his primary medical care provider in nine months. No screening had been done at that last visit with his physician.

The service coordinator will schedule an initial face to face visit with this family to begin to gather information necessary for eligibility determination. At this initial visit, the service coordinator will welcome the family and will describe the Infant & Toddler Connection system. She will share options and opportunities available to the child and family through the local system. Supports and services may begin to be provided 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.

At this visit, as the service coordinator talks with the parents and listens to their concerns about their son, the parents share general concerns about his development, but no one area of development becomes apparent as the concern; thus, the service coordinator will need to complete a screening in all areas of development, including vision and hearing, with parental notice and consent. The service coordinator confirms that there is no written report, nor information on any diagnosed condition.

A tool will be needed to screen all areas of development, plus the Virginia Part C Hearing Screening and the Virginia Part C Vision Screening for those areas. Any service coordinator who has been trained to use the developmental as well as vision and

hearing screening tools may complete the screening. The Notice and Consent for Screening must be signed by the parent prior to conducting the screening.

The service coordinator will explain to the parents that the information from the screening will be used as one method for determining the child's eligibility for Part C. She will also document her observations about the child, her interview with the family, which will include the parents' reporting of the child's skills, behaviors, etc., and will explain to the parents that the eligibility determination team will review all of the information to determine the child's eligibility for Part C. The parent must provide signed consent on the Notice and Consent for Eligibility Determination form in order to proceed to eligibility determination.

The service coordinator returns to the local Infant & Toddler Connection system knowing that she has gathered appropriate, and probably, sufficient information for the eligibility determination team composed of two disciplines to decide this child's eligibility.

The service coordinator and two disciplines convene and review the information which in this case includes the results of the screening, the parent report, and the observations of the child by the service coordinator. In this particular example, the team is meeting face to face, but this review may have occurred by phone or video conference. It does not have to be a face to face encounter.

The two disciplines on the eligibility determination team review the information which includes screening results, parent report, and observation by the service coordinator, plus their informed clinical opinion. The team finds that this child has a delay of at least 25% in one area of development and is eligible for Part C. The team completes the eligibility determination form.

The eligibility determination team has been able to use the existing information presented to them by the service coordinator to determine a delay in one or more areas of development or atypical development.

This child who has been found eligible will move on to the fourth column on the service pathway: Assessment for Service Planning. Child assessment as well as family assessment of their concerns, priorities, and resources will occur during this step. There may be one or more phone calls and one or more visits with the family to accomplish activities. Families will differ in their need for information, and some may need more time to consider options. There may be other family scheduling preferences which will impact the progression of the activities as well.

During the assessment of the child, an assessment tool will be used as an objective anchor for a comprehensive assessment of the child's functional skills. The child's skills will be compared to same age peers to determine his entry status on the OSEP child indicators.

Two disciplines will participate in this child's assessment for service planning because as you will recall, there was no report from another source available to use. If there had been existing medical and/or developmental information available, then the assessment for service planning team would review that information for its possible use. But for this child, the team will review the results of the assessment tool, and information from the parents as well as from the observations of the child by team members. Their

assessment will assist the IFSP team in identifying the early intervention supports and services necessary to meet the child's unique needs.

Let's now think about this example and what would have occurred if the eligibility determination team had decided that they did not have enough information to determine eligibility. You will recall that the results of the screening conducted by the service coordinator, the parents' report, and the observations by the service coordinator did allow for an eligibility determination. What if the eligibility determination team had not been able to make a decision based on that information?

Suppose that when the eligibility determination team reviewed the available information they determined the child was at or very close to age level in most areas of development, but there was some concern about language and cognitive development. The degree of delay in language and cognitive development were unclear, though, and further assessment was needed.

The appropriate providers to carry out assessment activities necessary for eligibility determination would be determined. These providers then could combine the assessment needed to determine eligibility with the assessment for service planning, with parent consent.

In planning for and conducting the assessment, the assessment team members would need to consider how the assessment could proceed in such a way that if it became clear that the child did not meet eligibility criteria, a full assessment for service planning would not be necessary, nor completed.

In this situation, the team members begin the assessment by looking specifically at language and cognitive development and are able to quickly establish that there is a 25% delay in language development. Right then and there the team members are able to say that, yes, this child is eligible, and they then proceed to complete the assessment for service planning, assessing all areas of development and focusing on the child's functional skills, strengths and needs in order to provide the IFSP team with information that is helpful in identifying outcomes and planning supports and services.

This example illustrates the fact that when eligibility is initially unclear and additional assessment is needed, this assessment can be combined with the assessment for service planning, and it is not necessary for the multidisciplinary eligibility determination team to meet again, as a separate activity, to determine eligibility before proceeding to assessment for service planning.

Example 2

Now let's consider the child who is referred by his parents and who has a diagnosed condition. At the time of referral, the request to obtain a copy of available screening and/or assessment information, as well as appropriate existing medical or developmental records, will be discussed with the family. Information about the local Infant & Toddler Connection system will be shared. Even if a developmental screening has not previously been completed, no screening will be necessary because the child has a diagnosed physical or mental condition with a high probability of resulting in developmental delay.

At the time of referral or at the intake, there will be discussion with the family about combining the eligibility determination and assessment for service planning steps since eligibility can be quickly confirmed by the review of existing documentation at the same time assessment is conducted. The purpose of both steps in the process must be explained, and parent consent for both eligibility determination and assessment for service planning must be obtained.

The service coordinator will coordinate the multidisciplinary assessment of the child for service planning, with two or more different disciplines being involved.

The assessment for service planning includes reviewing available pertinent records that relate to the child's current health status and medical history and conducting personal observation and assessment of the child in order to identify the child's unique strengths and needs, including an identification of the child's level of functioning in each area of development, based on objective criteria, which must include informed clinical opinion. The assessment information is also used to determine entry ratings for the three child indicators.

Example 3

Let's now think about the child who is referred by her parents, and who had an assessment conducted a month ago. The parents have a written report from that assessment indicating a 25% developmental delay in one area of development. The documented developmental delay means that no developmental screening will be necessary.

The service coordinator will meet with this family for the intake visit. She will explain that two providers from two different disciplines participate in the determination of eligibility. When the service coordinator facilitates the identification of the team, she will be able to use the written report to count towards the requirement for two disciplines to participate in eligibility determination because the report states that the child is eligible for Part C based on a developmental delay and because the stated evidence of that delay is included in the report.

In this situation, eligibility determination may occur as a separate step, with one other discipline reviewing the assessment report and other available information and completing the Eligibility Determination form. The service coordinator will then coordinate the multidisciplinary assessment of the child for service planning.

Or, the other way it could happen, is that with parent consent, eligibility determination may be combined with the assessment for service planning since there is already documentation of a developmental delay. Since there is an assessment report available, only one more individual (from another discipline) is needed to complete the assessment for service planning. That individual can begin her assessment by reviewing the available assessment report to make the determination of eligibility and then conduct the assessment needed for service planning and for determining the child's entry ratings on the three child indicators.

In this example, the provider who supplied the written report will count as one of the two disciplines required to participate in the eligibility determination and in the assessment

for service planning as the report documents necessary information about this child's developmental status and functional level.

Summary

In summary, we have reviewed three examples of children who may be referred to the local system. We hope that you now have more information about the steps along the service pathway. Information which has been shared about practices and steps can be found in each of the chapters in the practice manual. Each step does stand alone as a chapter in the practice manual, but that does not mean that each step has to be a separate activity. As has been described in these examples, some steps can be combined, and there is flexibility about how they are combined.

Considerations for Implementation of Eligibility Determination and Assessment for Service Planning

Now I would like for you to pull out your handout Considerations for Implementation of Eligibility Determination and Assessment for Service Planning. The questions which you see on the handout will be helpful in thinking about planning for implementation of these Service Pathway steps. The local systems that choose to go ahead and implement new practices early will help to expand this list, and then other systems will benefit from their additions to the list. Even if you do not plan to implement early, you should begin to think about these questions.

Let's look now at a few of the questions. The questions provide some direction in thinking about the set-up of your local system. Some local systems now have set evaluation teams, with set providers, and with evaluations occurring on certain days and times of the week, and the local system may continue a similar practice as the eligibility determination team is formed, with set teams, set times, set locations.

There should be also an analysis of trend data, for example, the number of children being referred. Certainly you will want to consider the strengths of team members. So the questions are a starting point. If you decide to implement early, then individualized technical assistance will be provided to assist you in implementation of the Service Pathway.

Kyla will now share with us some closing remarks...