

## Eligibility Determination TA Call

1/29/09

### Talking Points

#### Overview of Call:

- Good morning. This is Kyla. Bev Crouse and I will be presenting the information in this morning's call
- The purpose of this morning's call is to provide:
  - An overview of the first six chapters of the Infant & Toddler Connection of Virginia Practice Manual, including changes and clarifications that have been made in response to feedback received during and following the November 3, 2008 service pathway call and input from the six local systems that reviewed the first draft of the practice manual.
  - More specific information on implementing the referral, intake, eligibility determination and assessment for service planning steps of the service pathway for those local systems that wish to begin implementing those practices now.
- I will be giving an overview of the first steps in the service pathway as they relate to eligibility determination using the practice manual as our textbook
- Bev will then be walking through some sample scenarios to illustrate the flexibility in the pathway and options for combining steps depending on the specific child and family circumstances and family preferences.
- Finally, we'll talk briefly about some considerations as you look to implement these steps in the service pathway, whether you'll be doing that now or on July 1st
- We have a lot of information to share with you today and did not build in time for questions and answers. Instead we want to allow time for you to process what you hear, add to that your reading of the Q&A and the practice manual following the call and then we would welcome your questions in writing.
- Please mute your lines so we don't have a lot of background noise since this is not an operator-assisted call.

#### Start with reminders/overview:

Let me start with a quick reminder of the activities that have led up to today's call.

- On November 3<sup>rd</sup> we held a statewide TA call to introduce Virginia's Service Pathway. There was an opportunity to ask questions at that time. Some questions were answered that day and others we told you we couldn't answer yet because we were still working on a number of issues.
- Later in November the draft Practice Manual was sent to 6 local systems, one from each region. Those local systems agreed to have not only the LSM but also service coordinators and other providers review the draft manual. Most of the local systems provided written comments to us and we held a 1-hour phone call with each of the local systems to hear their reactions and input. This was a great opportunity for us to hear the diversity of opinion on some issues and consensus on others. We really appreciate the time and effort of these local systems.

- Based on the questions raised during the Nov. 3rd call and the feedback we received on the practice manual, Part C staff have spent considerable time working on revisions to the practice manual.
- Since the focus of today's call is on eligibility determination, we sent to you the first 6 chapters of the practice manual (that takes us up through assessment for service planning), the portion of the Q&A from the Nov. 3<sup>rd</sup> call that relates to these same steps in the process, forms that go with these steps, and a revised service pathway.
- We'll talk more at the end of our call this morning about the next steps and the remaining chapters of the practice manual.
- Please pull out your service pathway. -- We have made some minor changes in this document since you last saw it back in November ... to really make it Virginia's own now. For instance we've taken out the Parent:Parent circles since our system is not really set up with specific points in the process where we make that linkage. We've revised wording to use terms that match those we typically use in Virginia and we've reduced the number of words where possible. This revised version will now print completely on a regular-size piece of paper (8.5 x 11).
- Another document you received was the Q&A from the Nov. 3<sup>rd</sup> call (just the part reflecting the steps through assessment for service planning). Although we're not going to over the Q&A document today, I do want to mention that some of the answers in the written Q&A are not the same as the answer given during the November 3<sup>rd</sup> call. In some cases, we have revised or clarified practices based on input we received on November 3<sup>rd</sup> and/or on the draft practice manual. When that happened, we revised the Q&A to reflect the revised practice.
- Now, if you'll please take out the Infant & Toddler Connection of Virginia Practice Manual – I want to clarify the foundation of this document and how it fits into the picture of P&P, guidance documents, regulations, etc.
  - When we looked in 2007 to revise our Part C P&P, the OAG determined that Part C should be operating under state regulations rather than policies and procedures. The statements that are policies in our existing P&P (mostly federal Part C language) will become state Part C regulations. The state regulations will include the minimum amount of language necessary to establish legal authority in all aspects of the Part C system (e.g., child find, eligibility determination, assessment, IFSP, personnel, finance, etc.) since it is complicated and time-consuming to change regulations.
  - We need, then, something in writing that tells us how we will implement the state regulations. That's what the Practice Manual will be. The practice manual will replace the existing P&P (pulling particularly from procedures) and incorporates what are currently separate TA and guidance documents and policy pages. So with only a few exceptions, like the ITOTS manual, everything will be in the practice manual. It will be the document, the resource for implementing Part C in Virginia. For that reason, the practice manual is not just guidance. In our revisions from the first draft, statements in the manual have been changed to reflect when they are a recommendation or suggestion rather than an expectation and where there are opportunities for local flexibility as opposed to an expectation of consistency.
- Before we talk more specifically about the early steps in the service pathway, I want to point out 2 general concepts with regard to the practice manual.

- Each chapter is designed to stand alone so that if you have a question about intake, you can hopefully go to that chapter and find everything you need in order to implement that step in the process. That means there is some repetition between chapters but we believe this approach will make the manual more functional for day-to-day use.
- Although each step in the process (e.g., referral, intake, eligibility determination, assessment for service planning, etc.) is presented separately on the service pathway and has a separate chapter in the practice manual, this does not mean that each step needs to be a separate activity. One of the revisions we've made in the practice manual is to further highlight how and when steps can be combined. We'll also talk through some examples today to illustrate that flexibility.
- Please turn to Chapter 1 in the manual, page 3 -- This provides a one-page list of the principles of early intervention in Virginia. These statements reflect evidence based practice and most are pulled from the supports and services document.
- Turning the page, you'll see that Chapter 2 is a visual representation of our Part C infrastructure in Virginia.
- Now we'll turn to the nuts and bolts of today's call. I'm not going to walk you word for word through these next chapters. Instead I will highlight certain aspects of each chapter that speak to our different way of looking at eligibility determination and assessment for service planning. Along the way I will also point out places where practices have been revised or clarified since the November 3<sup>rd</sup> call.
- Chapter 3 of the manual begins on page 4 and covers referral.
  - As we said on November 3<sup>rd</sup>, referral practices will probably remain much like they are now for local systems.
  - During the referral step of the process you'll begin sharing some basic information with the family about the Infant & Toddler Connection system, including introducing the concept of eligibility determination. On page 10 of the manual... I'll give you a minute to flip to that page ... we've included a list of the basic information you'll begin to share with the family. The 8<sup>th</sup> bullet of that list focuses on briefly explaining eligibility determination
  - Information sharing during this early phone contact(s) with the family is a 2-way street of course and you'll also be asking the family about themselves and their child. In this way you begin to gather some information that can be used in eligibility determination. In that same box on page 10 where we were just looking, the 6<sup>th</sup> bullet speaks to this early gathering of information from the family.
  - At this point you are also looking into whether there are any medical or developmental records that might be available for use in eligibility determination. The family may have these and provide them by mail or during the first visit or you may be requesting consent to get these directly from the physician or other provider or even going ahead and making the request.
  - In requesting medical records, the information requested should be specific to eligibility determination and service planning (e.g., diagnostic information and developmental screening and assessment results). A full medical record is generally not necessary or appropriate.
  - Since this health and developmental information is important for eligibility determination, service coordinators are expected to make every effort to

obtain physician and other appropriate records prior to eligibility determination. That may require following up on initial requests with actions such as phone calls to request a fax of the needed records, going to the physician's office to pick up copies, or collecting the information via a telephone call with a hard copy received later for inclusion in the child's record.

- Efforts to obtain the records need to be documented in the child's record, and eligibility determination can proceed without those records if necessary.
- Chapter 4 provides information on the Intake step of the process and begins on page 13 of the manual
  - The process of sharing basic information that you started during referral continues during Intake. Page 14 of the practice manual provides an outline of topics to discuss with families. The 3<sup>rd</sup> bullet in this box expands on the information shared at referral about how the eligibility determination process works.
  - The Intake step of the process is when a lot of the information gathering for eligibility determination occurs. Specifically,
    - You'll be gathering more information from the family about the child's development, his health history and his medical home information. If you'll look at the bottom of page 16 of the manual, you'll see that there are several conversation starters that may assist you in gathering information to be used in eligibility determination.
    - If parents have copies of reports from physicians or other providers you'll gather those now. Or you'll be seeking parent signature on release forms for any additional information needed.
  - You may also be gathering information by conducting a developmental screening. This is an area of the process where we have made some revisions and clarifications. Please refer to the bottom of page 17:
    - A developmental screening must be conducted using a tool unless there is (1) a diagnosed physical or mental condition with a high probability of resulting in developmental delay, (2) documented developmental delay or atypical development, or (3) the child has already received a developmental assessment or screening prior to referral. This part of the practice is the same as what we shared with you during the service pathway call.
    - We have revised the practice by adding that: For those children who must receive a developmental screening using a tool (those who do not fall into one of the three exceptions listed above), it is acceptable to first screen in the area of the suspected delay. If screening in that area(s) indicates the child will be eligible for Part C, then it is not necessary to screen in the remaining areas of development. This maintains the important consistency and structure of documenting a delay using a screening tool while not requiring screening beyond what is needed to provide the multidisciplinary team with the information they need to establish eligibility.
    - Another way that we will build in some flexibility is that we will review homemade instruments (like intake interview tools) for consideration as approved screening tools for local use

- No child may be found ineligible for Part C without having a developmental screening completed in all areas of development. Example.
  - Just above the section we just looked at on page 17 is information on hearing and vision screening. This has not changed from what was presented during the November 3<sup>rd</sup> call. I will point out, though, that the hearing and vision screening forms and instructions have undergone some minor revisions and are included in the packet of forms you received this morning. The primary change is that if the child has had a full audiological or vision evaluation within the past 6 months and medical/health and developmental screening information indicate no reason for concern then only sections 1 and 5 of the Virginia hearing or vision screening form must be completed.
  - Talking with families about procedural safeguards is an important part of Intake and is discussed on pages 15 and 16. On page 15 you'll see there is information on what forms need to be used under what circumstances and you'll see that there is flexibility to have the family receive information about and sign notice and consent forms for multiple steps in the process (screening, eligibility determination and even assessment for service planning) at the intake visit. So, at intake, depending on the child and family circumstances and family preferences, you might be having the family sign the Notice and Consent for Screening and the Notice and Consent for Eligibility Determination or maybe even the Notice and Consent for Eligibility Determination and the Notice and Consent for Assessment for Service Planning.
  - The box at the top of page 16 provides information and sample language that can be used in talking with families about conducting screening on the same day they sign the notice and consent form for that activity.
- We'll move now to Chapter 5 - Eligibility Determination, which begins on page 20
  - At this point in the process the service coordinator is making sure she has all of the available information pulled together for the multidisciplinary team to use in eligibility determination.
  - Remember this step does not have to involve a meeting. We have added clarification to the practice manual and will illustrate in Bev's examples how the process of eligibility determination can vary and how it might be combined with the assessment for service planning based on individual child and family circumstances and preferences.
  - In thinking about who needs to be involved in the eligibility determination:
    - Federal Part C regulations make no requirement about how the multidisciplinary team is selected ... so it is not required that the team member's disciplines correspond with the areas of concern for the child. This allows a lot of flexibility in how a local system sets up and uses their eligibility determination teams.
    - Also in thinking about team members, I want to highlight a revision that I think will address concerns expressed by a number of you. On page 21, take a look at the second open bullet at the bottom of the page: We have revised our practices to allow a report from a physician or another discipline to count as one discipline on the multidisciplinary team, without the need for that individual to participate in a phone contact or meeting, if (1) the report or cover letter states that this individual believes the child is eligible for Part

C based on \_\_\_\_\_ (developmental delay, atypical development or diagnosed condition as evidenced by \_\_\_\_); or (2) the report states the child's level of development or percent of delay, gives the diagnosed condition, or states the presence of atypical development; or (3) the report gives enough specific data about the child's skills that the other team member can determine that the child has at least a 25% delay in development or atypical development.

- Let's look now at the second open bullet at the top of page 22. This talks about the role of the family in the eligibility determination process. All families participate in the eligibility determination process by sharing information during intake that is reviewed by the multidisciplinary team and used in determining eligibility. The family may be invited to participate further in the process by phone, in writing or through a meeting, depending on how the eligibility process works in the local system and what makes sense for this specific child and family. We have revised our wording to make it clear that local systems may invite families to participate further in eligibility determination; but we will not require that families be invited to a meeting. In the practice manual we have specified that if the family did not participate in the actual eligibility determination discussion and the team finds their child ineligible, then the service coordinator is expected to facilitate an opportunity for the family to talk with the eligibility determination team if the family has questions or disagrees with the eligibility finding and if desired by the family. You may want to make yourself a note for later that the issue of family participation in eligibility determination is also addressed on page 18 (which is in the Intake chapter, where you will be talking with the family about their role in the process).
- The role of the service coordinator in eligibility determination is described on page 24, in the first bullet under Service Coordinator Responsibilities. The service coordinator will be participating in the eligibility determination by sharing information from the family and from any screening and/or observation completed by the service coordinator. This information may be shared in writing or verbally (based on contact notes). This may occur face-to-face with other team members, by phone, or in writing.
- As I mentioned before, eligibility determination will look different in different situations. I'm going to touch on this here and then Bev will expand on it with some examples.
  - When a child has a diagnosed condition, it probably makes sense to determine eligibility in conjunction with the assessment for service planning rather than having a separate desk process since eligibility can be quickly confirmed by the review of existing documentation at the same time assessment is conducted. Assuming that the family consents.
  - In the case of less clear eligibility, the multidisciplinary team will review available information and either determine the child is eligible and may move forward to assessment for service planning or is not eligible.



- Although they don't relate directly to eligibility determination, there are 2 other sections of this chapter that I want to point out:
- The first is at the bottom of page 37. In the last open bullet on that page, there is information about combining the assessment for service planning with the IFSP meeting. The language here states that: While development of the IFSP is a separate step in the process, the IFSP meeting may occur on the same day as the assessment for service planning if that is the family's preference. Families may need time to review and consider the assessment information, do research or ask questions in understanding and preparing for the IFSP development process. Parents may want to talk with other family members or individuals who offer guidance and support to them before participating in the IFSP meeting. A decision to combine the assessment and IFSP meeting activities on the same date must be made by a fully informed family and cannot be required by the local system.
- The box on the next page provides sample language that can be used in talking with families about the advantages and disadvantages of combining these 2 steps on the same day.
- The second issue I want to address is selection of an ongoing SC. The Part C Office has decided that we will not require family choice of service coordinator at this time (beyond what Medicaid requires for TCM). Both the practice manual and the service pathway now reflect that the ongoing SC is identified at this point in the process allowing local system to continue doing the same way they do now.
- I know that's been a lot of information to process so Bev's going to now walk through some sample scenarios to illustrate how all of those rather abstract steps and practices might come together for children and families who come into the system with varying types of available information and circumstances. Bev ...

#### Wrap-Up

- The original purpose of today's call was to provide more specific information about these early steps in the service pathway for those who wanted to go ahead and implement the new practices associated with eligibility determination now.
  - Local systems planning to implement need to notify their TA consultant by February 5th.
  - These local systems will receive individualized TA and will have their questions answered through that process.
  - Those who implement also will provide the next set of stakeholder input that will be reviewed and considered for additional revisions to the practice manual and forms
- For those of you not implementing early, if you have questions from today we're asking that you please submit those in writing and we will address those in a written Q&A that will be shared with everyone.
- I want to point out that as you review the practice manual in more depth following today's call ... the ITOTS section of each chapter will be revised as the ITOTS system enhancements occur so this is not a place to focus your questions or concerns.
- Similarly, to avoid confusion, I'm going to ask you to please flip to page 16 of the practice manual. Looking below the box, the third open bullet talks about a 2-part question that must be used in asking the family about their child's

race/ethnicity. This way of collecting race/ethnicity is something that's coming but it's not required right now and ITOTS is not set-up to match these race/ethnicity categories. So even those local systems who decide to implement the new practices related to eligibility determination earlier than July 1 will not implement this specific piece just yet.

- Revisions to the remaining chapters (PM and Service Pathway Q&A) – will be sent to you as they are completed. At that point, you'll also receive a document listing the comments we received from the 6 local systems that reviewed the first draft of the practice manual along with our responses to those comments and the resulting changes to the manual and forms.
- Looking a little farther into the future the online training module on the service pathway, which will link with the practice manual, is targeted to be available in March. A complete draft PM will go to all local systems in conjunction with the module coming on line.
- Talking points from today's call will be posted to our website in the next few days.