Evaluation and Assessment

Provider Forum
November 13, 2015

What is Eligibility?

Children are determined eligible for <u>Early Intervention,</u> NOT for individual disciplines.

Once a child is determined eligible for EI, he/she can ACCESS any of the 16 other services available.

We need to change our language!

What is Eligibility?

Eligibility is based upon a hierarchy.

1. Medical Diagnosis
2. 30% Delay
3. At risk conditions
4. Annual re-determination

Eligible Medical Diagnosis

Physical or Mental Conditions Resulting in Developmental Delay

"A physical or mental condition which typically results in developmental delay" means a medical diagnosis or a physical or mental condition which typically results in developmental delay.

Developmental Delay

Developmental Delay

Developmental delay means a DHS determined eligible level of delay (30% or greater) exists in one or more of the following areas of childhood development also known as domains: **cognitive**, **physical** (including vision and hearing), **communication**, **social** or **emotional**, or **adaptive** as confirmed by a multidisciplinary team.

- **NOTE:** Per federal and state regulations, eligibility decisions are based on a child's **domain** level performance.

- While *subdomain* information, e.g. *fine motor/gross motor* within the **physical** domain, can provide critical information regarding a child's developmental strengths and challenges, can be used to inform intervention planning, and can help teams determine which team members have the necessary skills and experience to support the identified IFSP outcomes, determination of eligible levels of delay are based on the five identified **domains.**

At-Risk Conditions

At Risk Condition

At risk of substantial developmental delay, based on informed clinical opinion means a child was not able to be determined eligible under the above categories, but that there is a consensus of qualified staff based upon multidisciplinary evaluations and assessments that development of a DHS-determined eligible level of delay is probable if EI services are not provided, because a child is experiencing either:

1. **A parent who has been medically diagnosed** as having a mental illness or serious emotional disorder defined in the *Diagnostic and Statistical Manual 5 (DSM 5)* that has resulted in a significant impairment in the client's level of functioning in at least one major life functional area or a developmental disability; or

2**. Three or more of the following risk factors:**

a. Current alcohol or substance abuse by the primary caregiver;

b. Primary caregiver who is currently less than 15 years of age;

c. Current homelessness of the child. Homelessness is defined as children who lack a fixed, regular and adequate nighttime residence, in conformity with the McKinney Vento Homeless Assistance Act;

d. Chronic illness of the primary caregiver;

e. Alcohol or substance abuse by the mother during pregnancy with the child;

f. Primary caregiver with a level of education equal to or less than the 10th grade, unless that that level is appropriate to the primary caregiver's age; or

g. An indicated case of abuse or neglect regarding the child and the child has not been removed from the abuse or neglect circumstances.

Annual Re-Determination

Annual Re-Determination

Children who do not meet current eligibility criteria upon re-determination will continue to be eligible <u>only</u> if they:

A. have entered the program under any of the eligibility criteria listed above, but no longer meet the current eligibility criteria under that area; <u>AND either</u>

    a. Continue to have any measurable delay; <u>OR</u>

    b. Have not attained a level of development in each of the following domains: cognitive, physical (including vision and hearing), communication, social or emotional, or adaptive, that is at least at the mean of the child's age equivalent peers; <u>AND</u>

    c. Have been determined by the multidisciplinary team to require the continuation of EI services in order to support continuing developmental progress, pursuant to the child's needs, and provided in an appropriate developmental manner.

The type, frequency, and intensity of services <u>WILL DIFFER</u> from the initial IFSP because of the child's developmental progress, and may consist of only service coordination, and assessment.

Important Things to Consider

- Clinical opinion is not an eligibility category by itself, however it is used under all of the categories and is used in many aspects of the eligibility determination process.

- Domain specific tools ALWAYS supercede findings on global evaluation tools.

- Eligibility is a team decision and is not based on a single test.

- Each report stands alone based on the information gathered during the evaluation. The statement of eligibility may be different on each of the reports, but the team will determine the final eligibility category.

Evaluation vs. Assessment

EI definitions for Evaluations

- **Initial Evaluation** - the procedures used by qualified personnel to determine the child's <u>initial eligibility</u> for the early intervention program. Shall be completed by credentialed/enrolled EVALUATORS only.
- **Evaluation** - the procedures used by qualified personnel to determine a child's continuing eligibility at <u>annual redetermination</u>. Shall be completed by credentialed/enrolled providers.

<u>Evaluation services to evaluate the child shall include:</u>

1. administration of the evaluation tool;

2. collection of the child's history (including interviewing the parent);

3. identification of the child's level of functioning in each of the five developmental areas;

4. gathering information from other sources such as family members, other care-givers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and

5. reviewing medical, educational, and other records.

Evaluation vs. Assessment

EI definitions for Assessments

- **Initial Assessment** - the assessment of the child and family conducted prior to the child's first IFSP meeting. Shall be completed by credentialed/enrolled EVALUATORS only.
- **Assessment** - the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the EI services appropriate to meet those needs throughout the child's eligibility under EI, which includes the assessment of the child and the child's family. Shall be completed by credentialed/enrolled providers.

Assessments of the child shall include:

1. a review of the results of the evaluations;

2. personal observations of the child;

3. identification of the child's needs in each of the developmental areas (cognitive development, physical development, communication development, social or emotional development and adaptive development).

4. If medical records determined eligibility, the assessment of the child shall also include the review of those records.

What is New?

Authorizations will change

- Service Coordinators will now determine whether a child meets the highest eligibility criterion (eligible physical or medical condition) at intake, if there is sufficient information to warrant that eligibility.

If eligible, a team of at least 2 credentialed/enrolled EVALUATORS will receive an *IFSP Assessment* auth to conduct your initial <u>Assessment</u> regarding the child's strengths and needs (eligibility is no longer a consideration, now you are working on plan development.) You will hold an IFSP meeting, as is typical and develop an appropriate IFSP based on the child and family's needs.

If the SC does not find "automatic" eligibility at intake, a team of at least 2 credentialed/enrolled EVALUATORS will receive an *EA (evaluation/assessment)* auth to conduct an initial <u>Evaluation</u> to determine eligibility for Early Intervention. The information you gather will then be used to develop a plan if the child is eligible.

At ANNUAL IFSPs, if the child is "auto" eligible, you will receive an IFSP Assessment auth for annual IFSP planning (as you do now). If child does not have an eligible physical or medical condition, then you will receive an EA auth in order to re-determine annual eligibility.

What is New?

Eligibility Determination

If a child is determined <u>INELIGIBLE</u>, we will not hold an "IFSP meeting" and will not be able to issue any IFSP meeting auths. We will still have an eligibility discussion.

The SC will need to close the file in order for providers to bill for evals for children who are ineligible.

Please submit your reports in a timely manner in order for us to close files in a timely manner.

Continue to complete your reports based on YOUR individual testing tools and evaluations- even if it doesn't indicate agreement with the team decision. Evaluation reports always stand alone.

What is New?

Eligibility Determination

We will be having discussions in the IFSP meetings to come to a consensus about the <u>domain-level functioning.</u>

While sub-domain information is important and will be used for planning purposes, the SC's will need to have the overall domain age equivalency in each area and will document that <u>on the IFSP</u>.

A delay in a sub-domain does not necessarily equate to EI eligibility.

What does this mean?

We need to be thinking about level of <u>function</u> in the two "new" domain areas.

- Overall at what level is the child functioning? This is the consensus point that teams should be trying to reach.
- Less about percentage of delay and more about the age equivalency.
- Tests don't lump it into one large domain score.
- Team will be taking into account (more than they do now), what trajectory the child is on.

What does this mean?

- It is inappropriate to simply average your sub-domain scores to come up with a "total" domain score.

- This way of thinking does not allow any single provider to say the child is eligible. It must be a team discussion.

IFSP Discussion

Example 1

Child has a 35% delay in expressive language 0% delay in receptive language. Family has seen a lot of recent gains. Child is starting to say more sounds and becoming more vocal. Family feels comfortable with their daily routines and feels confident in following through on suggestions.

Is this child eligible?

Example 2

Child has a 35% delay in expressive language 0% delay in receptive language. Family saw gains for awhile, but now child has hit a plateau. Child is becoming frustrated during the time that mom is preparing dinner and is starting to throw tantrums out in public. Family has some strong daily routines and other times that are challenging.

Is this child eligible?

Information to Consider

- The same scores may yield two different outcomes for eligibility.
- Discussions should focus on the individualized needs of a particular child and family.
- Your testing results (tool)
- Other evaluators testing results (tools)
- Your observations
- Listening to and considering family routines, family priorities, child's history, family's ability to follow through.
- Providers will use their knowledge, skills and expertise to aggregate all of this information to determine "total" domain scores.

Final Thoughts

There is no

We have to get used to teaming again.
Discussions about eligibility MUST occur.

Bureau is working on an additional Provider Information Notice that may also reference FAQs from the recent webinars.

This will be a process.