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| UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES POLICY AND PROCEDURES | | |
| Baby Watch Early Intervention Program Policy: 1.B.6 | Page 1 of 5 | |
| ELIGIBILITY CRITERIA | | |
| <p>RATIONALE: To ensure consistent statewide eligibility determination processes and decisions, in alignment with federal Part C regulations and Baby Watch eligibility criteria</p> <p><i>Related Policies, Applicable Standards, Statutes:</i></p> <p>34 CFR § 303.113: Evaluation, assessment, and nondiscriminatory procedures 34 CFR § 303.12: Early intervention service provider 34 CFR §303.24: Multidisciplinary team 34 CFR § 303.31: Qualified personnel 34 CFR § 303.321: Evaluation of the child and assessment of the child and family 34 CFR § 303.322: Determination that a child is not eligible 34 CFR § 303.404: Notice to parents 34 CFR § 303.421: Prior written notice and procedural safeguards notice 34 CFR § 303.7: Consent Baby Watch Policy 1.B.4: Comprehensive System of Personnel Development (CSPD) Baby Watch Policy 1.B.7: Timely, Comprehensive, Multidisciplinary Evaluation and Assessment</p> | | |
| Original Effective: 7/01/2013, 7/1/2019 | Revision: February 2023 | Next Review Due: 3 years after |

I. DESCRIPTION

Criteria hierarchy used to determine a child’s initial and ongoing eligibility for early intervention (EI) services: 1) Approved diagnosis; 2) Standard score; 3) Informed Clinical Opinion, as well as the requirements for Child Outcomes Reporting

This policy supersedes any previous department policy governing this subject matter. It does not supplant any existing federal, state, or department laws/policies to which the department shall adhere.

II. DEFINITIONS

Assessment: As described in §303.321, the ongoing procedures used by qualified personnel to identify the child’s unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child’s eligibility.

Child Record: Detailed information about each child who receives early intervention services

DHHS or department: Utah Department of Health and Human Services and collectively all its operational units.

Evaluation: As described in §303.321, the procedures used by qualified personnel to determine a child's initial and continuing eligibility.

Individualized Family Service Plan (IFSP): As described in §303.20, a written plan for providing early intervention services to an infant or toddler with a disability and their family.

Informed Clinical Opinion (ICO): As described in §303.321, a basis for determining eligibility that takes into account all available assessment information, even when a test does not indicate the required percentage of state-identified delay or if the state-approved instrument is not appropriate for the particular child.

Initial Evaluation: As described in §303.321, the child's evaluation to determine initial eligibility under Part C.

OU: Operational units within DHHS, including divisions, offices, or standalone operations whose director reports to the executive director, a deputy director, an assistant deputy director, or a division director.

Parent Rights: As described in §303.401-421, the rights of parents and children related to the confidentiality of personally identifiable information and early intervention records, as well as the right to parental consent and notice.

Prior Written Notice: According to §303.421, the notice provided to parents a reasonable time before the lead agency or an EIS provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and that infant's or toddler's family.

Qualified Personnel: As described in §303.31, personnel who have met state-approved or recognized certification, registration, licensing, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations and assessments, or providing EI services.

III. POLICY

A. Automatic Eligibility

1. A child is automatically eligible for EI services when they have a documented diagnosis of a condition that has a high probability of resulting in a developmental delay.
2. Children with an approved diagnosis are automatically eligible for EI services for one year, at which time their eligibility is redetermined.
3. Local EI programs should refer to the most recent Baby Watch Approved Diagnosis List, available in BTOTS and on the Baby Watch website.
4. When an approved diagnosis is used to establish eligibility, diagnostic reports or supporting data must be included in the child's record.
5. NICU grads with qualifying diagnoses are automatically eligible until their first birthday.

6. When a child is eligible based on both an approved diagnosis AND standard score, the approved diagnosis takes precedence as the reason for eligibility.
7. Children enrolled in the Utah Schools for the Deaf and the Blind (USDB) Parent Infant Program (PIP) or Deaf-Blind Program are also automatically eligible for early intervention.

B. Initial Eligibility Based on Standard Score

1. All referrals shall be evaluated using the same state-required standardized, multi-domain testing tool. The Battelle Developmental Inventory – 2nd edition Normative Update (BDI-2 NU) was selected as the state-required evaluation tool in 2018. However, the state-required tool is subject to change over time as new editions are available.
2. At initial evaluation, a child is eligible for Part C services if, as measured by the state-required evaluation tool, the child achieves a standard score that is 1.5 standard deviations at or below the mean, or at or below the 7th percentile, in one or more domains: cognitive, motor, communication, social-emotional, and adaptive development.
3. Children with a qualifying standard score are eligible for EI services for one year, at which time their eligibility is redetermined.
4. A standard score on the state-required evaluation tool cannot be used to override or negate initial eligibility based on an approved diagnosis.
5. Local EI programs should refer to publisher recommendations and use their professional judgment to determine if the state-required evaluation tool is appropriate for determining the eligibility of children who have already been found eligible for USDB programs.

C. Ongoing Eligibility Based on Standard Score

1. Ongoing eligibility shall be determined annually. The state-required evaluation tool shall be administered within 30 days prior to the expiration date of the child's current IFSP.
2. A child continues to be eligible for services who has any of the following:
 - a) A documented diagnosis of a condition on the Baby Watch Approved Diagnosis List
 - b) A standard score greater than 1.0 standard deviation (SD) below the mean or below the 16th percentile in any developmental domain on the state-required evaluation tool
 - c) Eligibility based on an Informed Clinical Opinion.
3. When an initial diagnosis is acute in nature, it may be appropriate to establish ongoing eligibility by standard score or Informed Clinical Opinion (ICO).
4. A standard score on the state-required evaluation tool cannot be used to override or negate ongoing eligibility based on an approved diagnosis.

- D. Eligibility Based on Informed Clinical Opinion (ICO)
 - 1. Ongoing eligibility shall be determined annually. The required evaluation tool shall be administered within 30 days of the expiration date of the child's current IFSP.
 - 2. Informed Clinical Opinion (ICO) shall be used as an independent basis to establish a child's eligibility even when the child is not eligible based on an approved diagnosis or standard score.
 - 3. Eligibility based on ICO must be determined through a multidisciplinary evaluation and assessment by two or more qualified personnel representing different disciplines who have current Early Intervention Specialist credentials, and who have knowledge and expertise in the areas of concern identified by the parents or referral source.
 - 4. ICO cannot be used to override or negate initial or ongoing eligibility based on an approved diagnosis or standard score.

- E. Child Outcomes Reporting With State-Required Evaluation Tool
 - 1. Entry and Exit scores for all referrals shall be determined using the results of the state-required evaluation tool
 - 2. Each child's Entry and Exit testing results must be entered into BTOTS.
 - 3. If the state-required evaluation tool was used to determine initial eligibility for early intervention for a child enrolled in the Utah Schools for the Deaf and the Blind (USDB) Parent Infant Program (PIP) for the Blind and Visually Impaired, PIP for the Deaf and Hard of Hearing, or the Deaf-Blind Program, the same evaluation tool must also be used to calculate child outcomes.

- F. Entry Score
 - 1. Each child's Entry score is established on the date of initial eligibility using the state-required evaluation tool.
 - 2. If a child is determined eligible for early intervention based on an approved diagnosis, the state-required evaluation tool must be administered within 45 days of enrollment in order to obtain an Entry score.

- G. Exit Score
 - 1. Each child's Exit score is established using the state-required evaluation tool.
 - 2. If the state-required evaluation tool was used to determine a child's Entry score, and the child has received early intervention services for six consecutive months, then the same required evaluation tool must also be used to determine the child's Exit score.
 - 3. If annual eligibility has been determined using the state-required evaluation tool within six months of the exit date, the annual eligibility testing results may be used to determine an Exit score.
 - 4. If annual eligibility has NOT been determined within six months of the exit date, another administration of the state-required evaluation tool shall be conducted to obtain an Exit score.

III. PROCEDURES

A. Establishing Eligibility

1. All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and administered so as not to be racially or culturally discriminatory.
2. All evaluations and assessments of a child and family shall be conducted in the native language of the family members being assessed unless clearly not feasible to do so.
 - a) The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, or
 - b) The language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment
 - c) Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (e.g., sign language, braille, or oral communication).

B. Parental Notification of Eligibility Determination

1. All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and administered so as not to be racially or culturally discriminatory.
2. When, based on the initial evaluation, the EI program determines that a child is eligible or is not eligible for services, the program must provide the parent with prior written notice and include in the notice information about the parent's right to dispute the eligibility determination (e.g., Parent Rights & Responsibilities brochure, available in English and Spanish on the Baby Watch website).
 - a) The notice must be in sufficient detail to inform parents about the action that is being proposed or refused; summary of the evaluation results; the reasons for taking the action; and all procedural safeguards that are available, including a description of mediation, how to file a state complaint and a due process complaint, and any timelines under those procedures.
 - b) The notice must be written in language understandable to the general public and provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.
3. The results of any evaluations including standard scores, percentile ranks, diagnostic research, and ICOs must be kept in the child's record.

IV. EXCEPTIONS

Baby Watch may make exceptions to this policy as necessary.