

Completing Early Intervention Eligibility Process during Stay at Home Order

During the coronavirus (COVID-19) shelter in place order, the Bureau of Early Intervention's (EI) primary goal is to protect families and EI providers. Due to current health and safety restrictions and best practices, there currently cannot be face-to-face contact with families, so this document provides step-by-step guidance for service coordinators (SC) and providers about how to complete the EI eligibility process using the methods currently available to us.

To create these guidelines, the Bureau of EI sought guidance from system stakeholders, reviewed Office of Special Education Programs (OSEP) guidance and federal regulations, consulted technical assistance websites, and reviewed guidance from other states regarding administering evaluations via technology. SCs should ensure all communication and evaluation activities are well-documented in case notes. Providers will also need to document in their report format how the initial evaluation was conducted using technology chosen by the IFSP team.

This process will require Individualized Family Service Plan (IFSP) teams to rely more on information shared during the Intake process from SC to help determine eligibility and, if applicable, develop individualized services and supports for families. It is imperative for service coordinators to accurately and completely document the family's responses as these responses will be shared with the providers who will utilize this vital information as part of these new practices during the shelter-in-place pandemic period.

When determining a child eligible for EI using an evaluation, current procedures require the following:

- 1) administering a department-approved evaluation tool;
- 2) reviewing the child's history through the information that the service coordinator has collected during intake, e.g. intake and social history summary;
- 3) identifying the child's level of functioning in adaptive, cognitive, communication, physical (including fine and gross motor, vision, and hearing), and social and emotional developmental domains; and
- 4) gathering information from other sources, such as family members, other caregivers, medical providers, social workers, and educators, as necessary, to understand the full scope of the child's unique strengths and needs.

When administering the approved tool via parent report and virtual observation, it is known that some skills are able to be accurately evaluated with a high confidence level while others may be evaluated at a lower confidence level (as compared to in person evaluation).

Based on these factors, the Bureau of EI has developed the following guidance for conducting initial evaluations for the purpose of determining eligibility via technology.

Step 1: Service Coordinators will determine if the parent wants to complete the eligibility process or wait.

If the parent chooses to wait:

- Do not close the case; determine the frequency with which the SC will follow up with family (at least every 14 days unless the parent requests otherwise).
- Determine if the family has any current needs and make the necessary referrals.
- If the child is within 90 days of their third birthday, provide the local education agency (LEA) contact information.
- Create a reminder to follow up with the parent as agreed upon.

- If the family chooses to wait and the IFSP is not completed within 45 days, a family exceptional circumstance (FEC) or COVID-19 code, as appropriate, may be used.
- Thoroughly document all conversations in case notes.

If the parent chooses to proceed:

- ✓ Move to **Step 2**.

Step 2: Determine if the child has a diagnosed condition or meets the criteria for eligibility via risk factors.

If the child has a diagnosed physical or mental condition with a high probability of resulting in a developmental delay or meets the criteria for eligibility via risk factors:

- SC should obtain a Consent for Release of Information from the parent during intake to obtain medical records. (SC may need to reach out to the physician to see what method of signature they will accept, e.g., electronic).
- Obtain documentation of diagnosed condition or verify risk factors (to the extent possible).
- ✓ Move to **Step 3**.

If the child does not have a diagnosed condition or qualifying risk factors, but the parent has a concern about development:

- ✓ Move to **Step 3**.

If the child does not have a diagnosed condition or qualifying risk factors, and the parent does not have continued concerns about development:

- Offer the family resources to help, such as the EI Clearinghouse, that the family can review and reconnect with the Child and Family Connection office (CFC) if the situation changes.
- Close the case if the family is comfortable with their decision and the resources offered.

Step 3: Determine if the family has access to technology with visual capability (phone, tablet, webcam, etc.).

If the child has a diagnosed condition or qualifying risk factors and the family has access to visual technology:

- Proceed to the assessment process using, at a minimum, the following:
 - personal observation of the child (such as live visual observation, pre-recorded videos submitted by family for team to review, etc.). NOTE: Any videos submitted by family must be destroyed once the evaluation/assessment has taken the information derived from the video into account
 - parent interview,
 - review of medical records,
 - gathering of any additional information from other sources,
 - and identification of the child's level of functioning in all five domains.
- The SC will:
 - Set parents'/guardians' expectations of what this unique type of assessment will look like.
 - Provide the names and disciplines of assessment team members.
 - Ask about what device(s) the family has available. (e.g., smart phone, tablet, iPad, computer)
 - Family Technology Checklist: [Family Technology Checklist for Live Video Visits](#) (pdf)

- Describe how the assessment will be conducted virtually and present option for individual or arena assessment.
 - *Sample text: Because of the Coronavirus pandemic, aka COVID-19, we're having to do things a bit differently. We're going to be doing evaluations and assessments using technology such as a smart phone, tablet, or computer. We need to be able to see and hear each other at the same time. One of the evaluators/assessors will contact you once the evaluation/assessment has been scheduled to determine what materials may be helpful to have available on the day of the visit. There will be multiple evaluators/ assessors joining the visit. One evaluator/ assessor will take the lead in asking you questions and providing suggestions for tasks/ activities that it would be helpful to observe. The other evaluators/assessors may turn off their cameras at this time to reduce distractions and enhance the quality of the video connection. Other evaluators/assessors will then ask questions as needed to complete their tools and develop a full understanding of your child's developmental strengths and needs.*
- The lead assessor will be responsible for providing the parent/guardian with a pre-assessment set-up/orientation to assessment.
- He or she will describe the steps of an assessment to the parent, including explaining that the assessors will:
 - Have reviewed the information that the SC collected during intake
 - Obtain additional history from parent(s) and other caregivers
 - Make observations of child
 - Make observations of caregiver-child interaction
 - Make observations of how child performs requested activities OR routine activities.
 - Not be able to replicate the test kit, so will benefit from knowing the answers to some of the following questions (as appropriate for age):
 - ★ What are your child's favorite toys?
 - ★ What does your child like to write with?
 - ★ Does your child have a favorite doll or stuffed animal?
 - ★ Do they have a favorite picture book?
 - ★ Can you have a couple of cups, bowls, and spoons available?
 - ★ What is your child's favorite snack?
 - ★ Does your child have something that they like to stack?
- Ensure that the parent/guardian understands that the assessor will suggest activities or tasks in order to be able to accurately observe the child's strengths and needs. For example, use of large and small muscles, how the child lets people know what s/he wants, how the child behaves with different people and in different situations
- Coordinate and plan with other assessors to assess developmental strengths and needs in all five domains and proceed to IFSP development

If the child has a diagnosed condition or qualifying risk factors and the family does not have access to visual technology:

- Advise family of the various resources available via the LVV Guidance and the EI Clearinghouse. Express that these resources can help answer questions/concerns and provide options for obtaining the necessary technology.
- If technology remains a barrier, the SC shall provide the family options of waiting for technology. If obvious immediate needs were identified even at the time of referral, the SC may also explain that the family may choose to move forward with developing an Interim IFSP (as outlined in the CFC Procedure Manual, Section 12.1-12.2) by phone.

- If the family chooses to wait for technology or normal assessment via face-to-face, do not close the case. Maintain contact with the family as outlined in Step 1. If the family chooses to allow Interim IFSP, the process may proceed by completing the following activities:
 - Provide family, potential providers, and any other participants with IFSP Meeting Notice via email or mail. Include Referral, Intake materials (e.g., the ASQ:SE, RBI, and an accurate and detailed Intake/Social History Summary) or any other information that could assist the IFSP team in determining the needs of the child/family.
 - Provide family a copy of Waiver of Written Prior Notice because you are proposing to begin a new service.
 - The SC coordinates services and funding.
 - IFSP Team convenes and completes Interim IFSP based on a consensus and following the guidance of CFC Procedure Manual Section 12.1-12.2.
 - IFSP team must document their discussion and how they determined needed services.
 - Provide family and provider(s) via mail/email copy of Interim IFSP within 10 days of Interim IFSP meeting.
 - Services must start within 30 days of Interim IFSP (document any reasons for delays).
 - As soon as possible, complete child assessment and initial IFSP (updating interim IFSP). During the stay at home order, assessments may be conducted virtually if the family's circumstances change.

If the child needs an evaluation, or the parent requests an evaluation, and the family has access to visual technology:

- The SC will coordinate the evaluation.
 - Determine who the team will be.
 - Identify potential days/times. The virtual evaluation may need to be done over more than one session.
 - Prepare evaluators to conduct an evaluation utilizing LVV (telehealth)
 - Determine what platform will be used and how the family will access the visit.
 - Evaluators must have a smart device and internet connection.
 - [Professional Technology Checklist for Live Video Visits](#) (pdf)
 - Evaluators must have a space that is quiet and free from distractions (e.g., noises, other conversations, other persons in the space).
 - SC sends consent for LVV, intake/social history summary, PII, consent to evaluate, release of information, and authorization to each evaluator.
 - Determine who will perform the lead evaluator/assessor tasks listed above.
 - Share the following tips with evaluators who will be conducting evaluations utilizing LVV:
 - Evaluators must use care in selecting assessment tools and techniques that are appropriate to the technology and take into consideration the family's cultural, linguistic, and educational background. Typical assessment materials and procedures may need to be modified in order to account for the lack of physical contact.
 - Typical evaluation instruments are not normed on LVV administration. It is unlikely that reporting scores from a norm-referenced instrument will be appropriate when doing evaluations via LVV. It is important, though, to use a tool to determine a child's functional abilities and eligibility for the Program. What will be most helpful will be the use of detailed behavioral observations and clinical opinion.
 - It is required that the evaluator discuss what the parent/caregiver can do to foster their child's development and address their specific concerns as part of the evaluation process.

- It is likely that there will be instances where an evaluation conducted by LVV will not provide adequate information to determine the child's eligibility.

✓ Move to **Step 4.**

If the child needs an evaluation or the parent requests an evaluation and the family does not have access to visual technology or chooses not to have a virtual evaluation:

- Explain to the parent that an accurate evaluation requires observation and discuss potential options (e.g., submitting video).
- Advise family of the various resources available via the LVV Guidance and the EI Clearinghouse. Express that these resources can help answer questions/concerns and provide options for obtaining the necessary technology.
- Identify family priorities and needs through conversation.
- Offer to provide service coordination to assist the family in accessing resources until completion of an evaluation is possible.
- Determine the frequency with which the SC will follow-up with family (at least every 14 days unless the parent requests otherwise).
- If technology remains a barrier, the SC shall provide the family option of waiting for technology. On an individualized basis an interim IFSP may be posed as an option to the family if obvious immediate needs were identified at the time of referral (as outlined in Step 3 above or in the CFC Procedure Manual, Section 12.1-12.2).
- If the family chooses to wait for technology or a face-to-face evaluation, do not close the case. Maintain contact with the family as outlined in Step 1.
- If the family chooses to proceed with an Interim IFSP, the process may proceed by completing the activities outlined in Step 3 above.

Step 4: Complete evaluation in all five domains using an approved tool and credentialed evaluators. Evaluators should document any adaptations made when conducting evaluation using live video visits. The evaluation team can support the parent in acting as a guided facilitator for some of the evaluation test items.

If the child is eligible due to a 30% or greater delay in any of the five domains:

- Complete the assessment process using, at a minimum:
 - personal observation of the child (such as live visual observation, pre-recorded videos, etc.).
NOTE: Any videos submitted by family must be destroyed once the evaluation/assessment has taken the information derived from the video into account,
 - parent interview,
 - review of medical records,
 - gathering of any additional information from other sources, and
 - identification of the child's level of functioning in all five domains.
- Evaluators will document how they modified assessment materials and/or procedures in order to account for the lack of physical contact. For example, if the parent rather than the therapist handled or positioned the child, this should be documented and explained.
- Few tools will be able to be administered in a standardized format, so to the degree possible, include the following in live video visit with the family:
 - Interview with caregiver(s)

- Virtual observation of play session or other routine
- Guiding parent through simple activities with the child
- Once all individual evaluations have been completed, discuss findings as a team (all evaluators, SC, and family) to determine eligibility.
- After discussing eligibility, the SC will determine the family's desire to move on to IFSP development.

If child is not eligible because s/he does have a 30% delay in any of the five domains:

- Discuss if the team feels that the evaluation results do not accurately reflect the child's typical performance, consider the following before ineligibility is determined:
 - the child's responses and the family's belief about whether the responses were optimal;
 - whether there were distractions or interruptions;
 - if and how an interpreter was used via teletherapy;
 - who else was present during the evaluation and how their presence may or may not have affected the evaluation process and results; and
 - how using LVV for the assessment impacted the child's responses
 - If the team feels the process did not impact their ability to accurately determine the child's eligibility, close the case using the normal procedures and coding for case closure.
 - If the team feels the process did impact their ability to determine eligibility, move to **Step 5**.

Step 5: Determine whether or not the child may be eligible due to informed clinical opinion. Provide reasons that support the use of Informed Clinical Opinion.

If the child is eligible via Informed Clinical Opinion (ICO):

- Complete the assessment process using, at a minimum:
 - personal observation of the child (such as live visual observation, pre-recorded videos, etc.),
 - parent interview,
 - review of medical records,
 - gathering of any additional information from other sources, and
 - identification of the child's level of functioning in all five domains.
- As under typical circumstances, if a child is unable to be appropriately and accurately tested by the measures available, informed clinical opinion of the qualified staff based upon multidisciplinary evaluation may be used to document the level of delay. If the child's age equivalents do not accurately portray the child's developmental status and ICO will be used to determine initial eligibility, explain:
 - The reason(s) the child was unable to be appropriately and accurately tested using a formal evaluation tool, and
 - The observed atypical or delayed development that may be causing the child to experience an IDHS determined eligible level of delay or greater.
- ✓ Move onto IFSP coordination and development.

If the child is NOT eligible via delay or ICO:

- Have a conversation with the family to discuss any additional information that could result in eligibility.
- Inform family of their rights and the opportunity to contact the CFC in the future if concerns persist.
- Determine current family needs and make any appropriate referrals.

- SC will obtain reports from all evaluators, document the results of evaluation in case record, send a letter about eligibility to the family, and close case.

Reminders

- Procedural safeguards and privacy/confidentiality must be maintained to the highest degree possible.
- Thoroughly document every conversation and step of this process.