

## Determination of Initial Eligibility

Approved: July 1, 2019

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Who is responsible: Intake Coordinator

## Categories of IDEA/Part C Eligibility for Children Ages Birth to Three

In South Carolina, infants and toddlers are determined eligible for Part C if the child:

1. Is experiencing a developmental delay of 40% (2 standard deviations below the mean) in one area of development or a delay of 25% (1.5 standard deviations below the mean) in two areas of development, as measured by appropriate diagnostic instruments and procedures. Areas of Development: Cognitive development, Physical development (including vision and hearing), Communication development, Social or Emotional development, Adaptive development.  
OR
2. Has a diagnosed physical or mental condition (verified by a physician) that as a high probability of resulting in developmental delay: and includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; complications of prematurity; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

If a child's medical and/or other records indicate that a child meets state eligibility criteria for developmental delay, the child does not have to be evaluated. Medical and/or other records should be recent (within 90 days). With parental consent, the child will proceed to the child and family assessment.

## Preparation for the Eligibility Evaluation

Unless there are exceptional family circumstances, the initial eligibility evaluation may be conducted the same day as the orientation, intake, and screening activities.

The Intake Coordinator will ensure all items needed for evaluation are available, including scoring protocols, evaluation kit, and test item manipulatives.

## Determining Eligibility Based on Established Risk Conditions

For children referred on the basis of an established risk condition, the Intake Coordinator will request and review all available information from the child's healthcare providers and determine if the child has a diagnosis or condition that meets state eligibility criteria. Eligibility on the basis of complications of prematurity may be determined for children referred to IDEA/Part C before age two.

### Scenario 1: Child's Diagnosis or Condition Meets State Criteria

For children eligible for IDEA/Part C, the following **must** be completed by the Intake Coordinator prior to referring the child to a Service Coordinator:

- Document multidisciplinary eligibility team decision in the IDEA/Part C electronic record.
- Provide prior written notice of IDEA/Part C's eligibility decision.
- Provide family with a copy of the evaluation results.
- Ensure all appropriate sections of the IDEA/Part C electronic record are completed.
- State policy regarding selection of the Service Coordinator requires the following:
  - o If vision and/or hearing impairments are present, the South Carolina School for the Deaf and the Blind (SCSDB) will provide service coordination.

- o If the established risk condition does not include impairment of hearing and/or vision, parents have one business day to choose a service coordination provider or the local service coordination matrix will be used.
- The Service Coordinator has one business day to respond or the parent's next choice will be used.
- The Intake Coordinator will use the procedures for Service Coordination to transfer the record from Intake to the selected or assigned Service Coordinator.
- After accepting a referral, the service coordination agency will receive the file through BRIDGES and secure e-mail of hardcopy documents within one business day.
- Referral status update form is sent to the referral source.

## **Scenario 2: Child's Diagnosis or Condition Does Not Meet State Criteria**

**Option 1:** The Intake Coordinator may consult with his or her supervisor to ensure the diagnosis does not include a high-risk of lifelong impairment.

**Option 2:** The Intake Coordinator may proceed to determine if the child is eligible on the basis of significant delays in development.

## **Determining Eligibility Based on Significant Developmental Delays**

Approved tools for initial eligibility:

- Battelle Developmental Inventory-2 (BDI-2©)
- For infants and toddlers who were eligible in another state, a standard evaluation tool or the most recent assessment of the child (less than 90 days old) may be considered in the eligibility decision.
- If the M-CHAT follow-up interview and the STAT are positive for concerns, the child is presumed eligible for IDEA/Part C services pending the referral for and results of the Autism Diagnostic Observation Schedule, Second Edition (ADOS®-2) diagnostic evaluation. The BDI-2© should be completed as part of the eligibility evaluation in the event the ADOS®-2 are negative for an Autism Spectrum Disorder.

The Intake Coordinator will:

- Ensure prior written notice of the evaluation has been provided, and the parent has provided consent.
- Explain the purpose of the evaluation and how the BDI-2© is administered.
- Administer the BDI-2© by using the domain books or BDI-2© Mobile Data Solution evaluation protocol appropriately.
- Once BDI-2© is completed, the Intake Coordinator will enter results in the BDI-2© Data Manager and BRIDGES.

## **Scenario 1: Child Meets State Criteria for Significant Developmental Delay or High Risk of ASD**

For children eligible for IDEA/Part C, the following must be completed by the Intake Coordinator prior to referring the child to a Service Coordinator:

- Document multidisciplinary eligibility team decision in the IDEA/Part C electronic record.
- Provide prior written notice of IDEA/Part C's eligibility decision.
- Provide family with a copy of the evaluation results.
- Ensure all appropriate sections of the IDEA/Part C electronic record are completed.
- If parents have not chosen a service coordination provider, the service coordination matrix will be used.
- The Service Coordinator has one business day to respond or the parent's next choice will be used.
- The Intake Coordinator will use the procedures for Service Coordination to transfer the record from Intake to the selected or assigned Service Coordinator.

- After accepting a referral, the service coordination agency will receive the file through BRIDGES and secure e-mail of hardcopy documents within one business day.
- Referral status update form is sent to the referral source.
- If the results of the M-CHAT Follow-up Interview and the STAT are positive for high risk of an Autism Spectrum Disorder, the Service Coordinator is responsible for referral for the Autism Diagnostic Observation Schedule, Second Edition (ADOS®-2) diagnostic evaluation. See procedures for development of the initial IFSP for additional information.

## **Scenario 2: Child Does Not Meet State Criteria for Significant Developmental Delay or High Risk of ASD**

The Intake Coordinator will provide family with a copy of the evaluation results. If parents are not satisfied with the results, discuss the case with the Intake Coordinator supervisor for further guidance.

If the family has no further concerns, the Intake Coordinator will:

- Provide family with information about other resources based on the child's situation (private therapy providers, home visitation programs, etc.)
- Provide prior written notice of IDEA/Part C's eligibility decision and of the family's right to appeal or re-refer at any time before the child reaches 3 years of age. Families of children re-referred after 34.5 months of age will be directed to their local school district as potentially eligible for Part B services.
- Send the referral status update form is sent to the referral source.
- Document multidisciplinary eligibility team decision in the IDEA/Part C electronic record.
- Enter all necessary data for exit and closure in the IDEA/Part C electronic record.
- Ensure all appropriate sections of the IDEA/Part C electronic record are completed.
- Close the IDEA/Part C electronic record and
- Email the closure information to the [babynetferrals@scdhhs.gov](mailto:babynetferrals@scdhhs.gov) email account, in order for closure to be processed in MMIS and Curam. The closure reason the Intake Coordinator provides to the CRT must be the same as the closure reason provided on the Prior Written Notice to the parent. CRT will close case in Curam as outlined in the Curam Job Aide.

## **Use of Informed Clinical Opinion (ICO)**

If the diagnosis or the eligibility evaluation results do not meet state criteria ***and*** the Intake Coordinator has evidence the child has a significant delay, ICO may be used as an independent process for eligibility. All sources of documentation (i.e., medical records, therapy records), observation, and interview information should be considered as part of the ICO process.

There is no single evaluation tool that will capture every child with a significant delay. It is critical for the Intake Coordinator to obtain and review as much information as possible. If there is documentation to support a significant delay, the Intake Coordinator should staff the case with their supervisor. If additional discussion is needed, they should contact the state IDEA/Part C Eligibility Director.

## **Native Language of the Child**

Reasonable efforts must be made to conduct the initial eligibility evaluation in the native language of the child (as defined in this manual) unless it is not developmentally appropriate for the child.

There may be instances when conducting the initial eligibility evaluation in the native language of the child is not possible because, for example, interpreters for a particular language cannot be located. The Intake

Coordinator will make every effort to make sure foreign language or sign language interpretation is available, as appropriate. Refer to the EIS provider list for approved interpreter.

**Appendix A:**

**Appendix B:**

**Appendix C:**

**Appendix D:**

**Appendix E:**

**Appendix F:**

**Appendix G:**

**Appendix H:**

**Appendix I:**