

# **Roles and Responsibilities of Local EI/ECSE program Partners in Eligibility Determination, Assessment, and IFSP Development for Infants with a Diagnosed Physical or Mental Condition Associated with Significant Delays in Development**

*The following Federal Rules and Regulations and Oregon's State Plan provide policy guidance on this topic:*

Oregon's EI/ECSE program has defined the following categories of eligibility for Part C.

## **Categorical Eligibility**

OAR 581-015-2780 (3) (a)

- (A) The child meets the minimum criteria for one of the following disability categories in OAR 581-015-2130 through 581-015-2180: autism spectrum disorder, deafblindness, hearing impairment, orthopedic impairment, traumatic brain injury or visual impairment.
- (B) If the child meets the disability criteria for a categorical eligibility in subsection (A), the child's disability does not need to be presently adversely affecting the child's development for the child to be eligible for EI services.

## **Children with Significant Delays in Development**

OAR 581-015-2780 (3) (c): "The child experiences a developmental delay and as a result needs EI services. Developmental delay means two standard deviations or more below the mean in one or more of the following developmental areas, or 1.5 standard deviations below the mean in two or more of the developmental areas:" cognitive, physical, communication, social or emotional, adaptive as assessed by qualified professionals utilizing appropriate methods and procedures.

## **Children with Diagnosed Physical or Mental Conditions that have a high probability of resulting in Developmental Delay**

OAR 581-015-2780 (3) (b): indicates that a child may be found eligible for Early Intervention if "the child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, as documented by one of the following with the appropriate State Board licensure: a physician, a physician assistant, or a nurse practitioner." Children may or may not be exhibiting delays in development at the time of diagnosis. Oregon has adopted a list of categories that correspond to the categories referenced in IDEA, Part C.

Written documentation of eligibility based on conditions likely to result in delays in development shall consist of physician's report, health and medical history information or other medical records. Children eligible under this criterion are entitled to a multidisciplinary assessment as part of the process of developing an IFSP and determining what supports/services, if any, are needed.

(References: CFR 303.16 (a) (2.)

## **Children with Diagnosed Physical or Mental Conditions Associated with Significant Delays in Development**

OAR 581-015-2780 indicates that a child may be found eligible for Early Intervention if "the child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, as documented by one of the following with appropriate State Board licensure: a physician, a physician assistant, or a nurse practitioner."

The EI/ECSE program, including the parent, makes the determination of eligibility. Assessment is still required in all areas of development, but norm referenced, standardized scores are not required. Curriculum Based Assessments can be administered in all areas of development by local EI/ECSE personnel to assist in gathering

information. The team shall determine whether the child meets the minimum criteria and the early intervention services needed by the child and family.

Examples of diagnosed physical or mental conditions associated with significant delays in development include but are not limited to:

- Chromosomal syndromes and conditions associated with delay in development
- Congenital syndromes and conditions associated with delays in development
- Sensory impairments
- Metabolic disorders associated with delays in development
- Infections, conditions, or event, occurring prenatally through 36 months, resulting in significant medical problems known to be associated with significant delays in development, such as: recurring seizures or other forms of ongoing neurological injury, an
- APGAR score of 5 or less at five minutes, evidence of significant exposure to known teratogens (agents that might interfere with normal development of the embryo).
- Low birth weight infants weighing less than 1,200 grams
- Postnatal acquired problems resulting in significant delays in development, including, but not limited to, attachment and regulatory disorders based on the Diagnostic Classification: 0 – 3.

### **Procedures Used to Determine Eligibility Based on Established Conditions Associated with Significant Delays in Development**

Children identified with one of the conditions listed in Appendix A and who may or may not be exhibiting delays in development are eligible for Early Intervention and do not require developmental screening or evaluation to be deemed eligible. Written documentation of eligibility based on conditions associated with delays in development shall consist of physician's report, health and medical history information or other medical records. Children eligible under this criterion are entitled to a multidisciplinary assessment as part of the process of developing an IFSP and determining what supports/services, if any, are needed.

#### **Who is responsible for determining and documenting eligibility for children with a diagnosed physical or mental condition associated with significant delays in development?**

Referrals come from many sources e.g. parents, public health, Head Start, the Oregon Child Development Coalition, hospitals, and others. Eligibility is then determined by local EI/ECSE personnel by verifying that the diagnosis or condition has been appropriately documented by a physician, physician assistant, or nurse practitioner on the "Medical Statement" for EI Eligibility. Documentation should be considered appropriate when it includes the name of the established condition, the name of the qualified physician, or nurse practitioner. (as per OAR 581-015-2780 (3) (b)) who made the diagnosis and the date they made the referral, and the name of the facility that made the diagnosis. This information should be recorded on the Statement of Eligibility and include the date the determination of eligibility was made by local EI/ECSE personnel.

#### **What kinds of assessment methods and procedures are appropriate for very young and/or fragile infants?**

Traditional assessment procedures are generally not appropriate for gathering assessment information for very young and/or medically fragile infants. Appropriate methods of gathering assessment information to complete an initial IFSP (including present levels of development in all developmental domains) include: conversations with the family, observation of the child, curriculum based assessments, further medical record review, and if possible, conversations with the physician, physician assistant, or nurse practitioner that is working with the infant and the infant's family. Assessments must be completed by a team representing two or more disciplines or professions, including persons knowledgeable about the child, and the child's parents.

## Appendix A

**Oregon's EI/ECSE program has defined the following categories of eligibility for Part C:**

- 1. Children with Significant Delays in Development:** Children with significant delays in development shall mean those children birth through two years of age who are experiencing a significant developmental delay in one or more of the following domains: cognition, communication, physical including hearing and vision, social or emotional development and adaptive behavior, as assessed by qualified professionals utilizing appropriate methods and procedures.
- 2. Children with Diagnosed Physical or Mental Conditions Associated with Significant Delays in Development:** Children birth through two years of age with a diagnosed physical or mental condition known to have a high probability of resulting in significant delays in development, and who may or may not be exhibiting delays in development at the time of diagnosis. Oregon has adopted a list of categories that correspond to the categories referenced in IDEA, Part C.

| Conditions Associated with a High Probability of Significant Developmental Delay:<br><i>Examples include but are not limited to:</i>  | Conditions NOT Associated with a High Probability of Significant Developmental Delay<br><i>Examples include but are not limited to:</i>  |
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| <b>a) Chromosomal syndromes and conditions</b> – autosomal, e.g. Down syndrome  | a) Chromosomal – sex chromosome disorders, e.g. Turner’s Syndrome  |
| <b>b) Congenital syndromes and conditions</b> – symptomatic; severe congenital malformations, such as meningocele and congenital hydrocephalus.   | b) Congenital infection – asymptomatic; mild congenital malformations, such as spina bifida occulta or partial syndactyly.   |
| <b>c) Sensory impairments</b> where appropriate treatment still leaves impairment, e.g. vision not corrected to normal for age in either eye, or mild or greater hearing loss in the better ear persistent even after appropriate treatment.  | c) Sensory impairments, e.g. vision or hearing losses which are corrected with appropriate treatment, unilateral hearing loss, unilateral vision loss.   |
| <b>d) Metabolic disorders</b> where the diagnosis is late, or there is no or inadequate treatment, such as maple syrup urine disease, galactosemia, urea cycle defects, lysosomal storage diseases, early onset neurodegenerative disorders and those carbohydrate disorders associated with CNS involvement.   | d) Inborn errors of metabolism where early diagnosis is possible and appropriate treatment has been implemented such as PKU, prirdoxine-responsive homocystinuria, hypothyroidism biotinadase deficiency.  |
| <b>e) Infections, conditions, or events, occurring prenatally through 36 months, resulting in significant medical problems known to be associated with significant delays in development,</b> such as: <ul style="list-style-type: none"> <li>• Recurring seizures or other forms of ongoing neurological injury (e.g. Epilepsy, where seizures are frequent or difficult to control, or the underlying condition is frequently associated with cognitive impairment, e.g. infantile spasms),</li> <li>• APGAR score of five or less at five minutes,</li> <li>• Evidence of significant exposure to known teratogens (e.g. Fetal Alcohol Syndrome),</li> <li>• Severe encephalopathy resulting from insult to the brain, such as trauma, drowning, poisoning, or infection,</li> <li>• HIV infection</li> <li>• Lead poisoning, with lead level of 5 µg/dL or greater</li> <li>• Intraventricular hemorrhage – Grades III or IV</li> </ul> | e) Infections, conditions, or events, occurring prenatally through 36 months, though medically complex, are not known to be associated with a high probability of significant delays in development: <ul style="list-style-type: none"> <li>• Isolated or infrequent seizures, such as a single neonatal seizure, febrile seizures, or seizures associated with mild trauma,</li> <li>• Infants exposed prenatally to drugs not associated with significant developmental delays (e.g. cocaine, marijuana, heroin),</li> <li>• Mild insults to the brain that leave no sequelae and are not associated with significant developmental delay,</li> <li>• Infant born to an HIV positive mother where the status of the infants’ infection is unknown and the child has no symptoms of HIV infection.</li> <li>• Intraventricular hemorrhage – Grades I or II</li> </ul> |
| <b>f) Low birth weight infants weighing less than 1,200 grams (or dropping below 1,200 grams).</b>  | f) Prematurity with birth weight of greater than 1,200 grams   |
| <b>g) Postnatal acquired problems resulting in significant delays in development, including, but not limited to, attachment and regulatory disorders based on the Diagnostic Classification: 0-3.</b>   | g) Postnatal acquired problems which do not have a high probability of resulting in significant developmental delays: anxiety disorders, sleep behavior disorder, prolonged bereavement/grief reaction, and depression in infancy and early childhood.   |