

Wisconsin Department of Health and Family Services

Wisconsin Birth to 3 Program:

***Guidelines for Determining Eligibility
Follow-up Question and Answer Document***

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Diagnosed Conditions

1. *Are there any additions to Chart 1, Diagnosed Conditions?*

Yes. Trisomy 9 (complete, mosaic, or involving segmental aneuploidy, such as trisomy 9p or 9q) has been added as a diagnosed condition on Chart 1.

2. *What do you do if you receive a referral for a child with a condition on Chart 2, Evaluate for Developmental Delay, Including Atypical Development (e.g. torticollis)?*

Screen or proceed directly to evaluation to determine eligibility based on delay rather than diagnosed condition.

3. *Why is hearing loss a diagnosed condition in Chart 1?*

Research shows hearing loss documented by testing has potential to affect a child's ability to learn and communicate. The team must make a determination as to the type and degree of hearing loss and its likely impact on development. That informed clinical opinion determines eligibility for a diagnosed condition rather than a documented delay in such children. Please see page 19 of the eligibility guidelines for further clarification.

4. *If a child is given a hearing aid and is functioning well with it, are they then ineligible for Birth to 3 services?*

No, but the team (including parents) may decide that the outcomes have been met and there is no further need for early intervention. Please see guidance on continuing eligibility/ending early intervention services located on Waisman Center Wisconsin Birth to 3 Training and Technical Assistance website (<http://waisman.wisc.edu/birthto3/EndingEI.pdf>).

Tools

5. *Are multidomain tools required to establish eligibility (examples: Battelle Developmental Inventory (BDI), Hawaii Early Learning Profile (HELP), Early Learning Accomplishment Profile (ELAP), Early Intervention Developmental Profile (EIDP), Infant-Toddler Developmental Assessment (IDA), and Assessment, Evaluation and Programming System (AEPS))?*

No, a multidomain tool is one way to obtain information in all five areas of development. This information can also be gathered using domain-specific tools, observations, and interviews.

6. *Can portions of multidomain tools be used to establish eligibility?*

Portions of multidomain tools may be used only if the individual sections have been validated to stand alone. The information gathered from these tests, however, can be used as one source of information in determining eligibility. Please refer to the guidelines' individual sections on developmental domains for additional information.

7. *Is one multidomain tool sufficient to establish eligibility?*

Yes, it may be sufficient if additional information (such as observations and interviews) is available to support findings and assist the team in reaching an informed clinical opinion. Each team member must rely on his or her professional judgment as to whether additional information is needed to support solid decision-making.

8. *If one multidomain test is used, how many people have to be involved on the team?*

Gathering information and determining eligibility must always involve professionals from at least two disciplines.

9. *Do you need to “test” in all five developmental areas?*

No, “testing” is not required but information must be gathered in each of the five developmental areas.

10. *What is the relationship between information gathered to determine eligibility and completing the Summary of All Developmental Areas of the new IFSP?*

Information gathered to determine eligibility is one source of data for these pages.

11. *Are teams required to use norm-referenced tests to determine eligibility?*

HSF90 considers either norm-referenced or criterion-reference tests acceptable for determining eligibility. However, all tools should be used for their intended purpose, as described in the manual of the tool.

12. *Why might you choose to use a norm-referenced test over a criterion-referenced test?*

Norm-referenced tests are generally preferred as they rarely include ranges and thus generate cleaner data to establish eligibility. These tests are often faster to administer leading to quicker eligibility decisions so that authentic ongoing assessments can begin more promptly. Please see Appendix 7, *Evaluation Instruments--Some Advantages and Disadvantages*, on page 34 for additional information.

Eligibility team members

13. *Do you still need two disciplines represented in evaluation when a child has a diagnosed condition listed on Chart 1?*

Yes, two disciplines are still required to gather and review information in all five areas of development. This serves as the beginning of ongoing assessment information. Children with a confirmed diagnosed condition do not need to be evaluated to establish eligibility.

14. *Who are the “other” people qualified to be one of the two disciplines on the eligibility team?*

Such people must have knowledge of child development, be trained in the tools used, and have expertise otherwise unrepresented on the team. Examples are persons with infant mental health training, paraprofessionals with experience and training to administer a specific tool, or child care providers. Counties are ultimately responsible for validating the qualifications of eligibility team members. Parents may also invite additional people for support and advocacy to participate in eligibility discussions.

15. *Who is qualified to be the person knowledgeable in typical and atypical child development on the eligibility team?*

This description often applies to the early childhood special educators. Others, such as nurses and speech and language therapists may also have these skills. Again, counties are accountable for documenting such persons' expertise.

Screening

16. *How can screening tool data be used to establish eligibility?*

This information can be used as part of the information gathering to determine eligibility. A screener cannot be used alone to establish eligibility.

17. *Can the Ages and Stages Questionnaire: Social-Emotional (ASQ: SE) screener stand alone in determining eligibility in the SE developmental area?*

No, it cannot stand alone but it may be used in combination with other evaluations to determine eligibility in this area.

18. *At a six-month rescreening of a child who was initially ineligible, do you need to screen or evaluate again if the initial evaluation was negative?*

Start with screening, with particular attention to the initial area of concern. This information will determine if the child needs to proceed to another evaluation. Teams may also choose to evaluate the child without performing another screen first, followed by another eligibility determination meeting.

19. *For children who are not eligible, are multiple rescreens required beyond the initial six month rescreen?*

No.

Prematurity

20. *How about adjusting for prematurity on evaluation and assessment tools?*

The Wisconsin Birth to 3 Program calls for adjustment for prematurity up to 24 months chronological age. Please refer to page 20 in the guidelines' introduction section.

21. *Does one need to adjust for prematurity on the new Battelle Developmental Inventory, 2nd Edition (BDI)?*

While the Birth to 3 Program calls for adjustment for prematurity up to 24 months, specific tools may have their own guidelines based on the population used in developing the norms. The guidelines for administering the BDI do not recommend adjusting for prematurity.

22. *What is considered prematurity?*

Prematurity is commonly defined within the medical community as birth before 37 weeks of gestation.

Area-specific Delays

23. *Does a team need to document both gross and fine motor delays for a child to be eligible?*

No. A greater than 25% delay in either of these two areas is sufficient for eligibility. Please refer to the gross motor and fine motor sections of the eligibility guidelines for additional information.

24. *Does a child need both an expressive and a receptive language delays to be eligible?*

No. A 25% delay in either of these areas is sufficient to qualify for services. Please refer to the communication section of the eligibility document for additional information.

25. *Can a child be found eligible based only on social emotional or adaptive development delays?*

Yes. A child may be found eligible based solely on social emotional or adaptive delays, although the vast majority of children are found eligible based on delays in the other developmental areas.

26. *If a child is found eligible based on social emotional delays, what are the implications of this eligibility status at the time of transition into schools?*

The tools listed in the document under social emotional development are well validated. This information will be considered by the IEP Team in determining a disability and eligibility for special education.

Other

27. *How can we integrate the requirements for the early intervention (EI) team report with the requirement to include the child's developmental status in the IFSP?*

The new IFSP document is designed to allow for this integration. Please see the IFSP guidelines for clarification (<http://waisman.wisc.edu/birthto3/Guidelines.pdf>).

28. *Once a child is eligible, does reaching typical development end their eligibility?*

No, but the team (including parents) may decide that the outcomes have been met and there is no further need for early intervention. Please see guidance on continuing eligibility/ending early intervention services located on Waisman Center Wisconsin Birth to 3 Training and Technical Assistance website (<http://waisman.wisc.edu/birthto3/EndingEI.pdf>).