

 <p>UTAH DEPARTMENT OF HEALTH Baby Watch Early Intervention Birth to Three Development</p>	Policy #	1.B.6
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PURPOSE

To define the eligibility criteria for the Baby Watch Early Intervention Program (BWEIP); the procedures for eligibility determination; and to ensure that all initial and ongoing eligibility determinations for early intervention are made in accordance with BWEIP policies and IDEA Part C.

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.

Baby Watch Early Intervention Program (BWEIP): Utah's lead early intervention agency, with the single line of responsibility to carry out all the provisions of IDEA Part C.

Baby & Toddler Online Tracking System (BTOTS): The secure database used by Utah EI programs and providers to record service information. BTOTS is designed to track EI activities, encourage compliance with state and federal regulations, and support compliance and monitoring with statewide child information.

Batelle Developmental Inventory – 2nd edition Normative Update (BDI-2 NU): A standardized evaluation tool that tests children from birth to 7 years 11 months in five developmental domains: personal-social, adaptive, motor, communication, and cognitive. Published in 2016, BDI-2 NU meets federal requirements for eligibility and aligns with all three Office of Special Education Programs (OSEP) Early Childhood outcomes and Head Start Child™ outcomes.

Child Outcomes: As defined in *The Early Intervention Workbook*, a system for measuring the results of early intervention for children served. Child outcomes capture the benefits a child might experience as a result of early intervention. All states now participate in gathering these data and reporting to OSEP yearly.

Child Outcomes Summary (COS): A team process for summarizing information on a child's functioning in each of the three child outcome areas using a 7-point scale.

Child Record: Detailed information about each child who receives early intervention services stored in the Baby & Toddler Online Tracking System (BTOTS).

Consent: As described in §303.7, consent means that:

- a. A parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language;
- b. The parent understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released; and
- c. (1) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.
(2) If a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

Early Intervention (EI): Part C programs or services selected in collaboration with parents, designed to meet the developmental needs of a child birth to age 3 and the needs of the family to assist in the child's development.

Early Intervention Service (EIS) Provider: As described in §303.12, an entity (whether public, private, or nonprofit) or an individual that provides services under Part C of Individuals with Disabilities Education Act (IDEA).

Early Intervention Services: As described in §303.13, developmental services that are:

- a. Provided under public supervision;
- b. Selected in collaboration with the parents;
- c. Provided at no cost, except where federal or state law provides for a system of payments by families, including a schedule of sliding fees;

1.B.6 Eligibility Criteria

- d. Designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the child's development, as identified by the IFSP team;
- e. Meet the standards of the State in which the early intervention services are provided, including the requirements of IDEA Part C;
- f. Are provided by qualified personnel;
- g. Are provided in natural environments to the maximum extent appropriate;
- h. Are provided in conformity with an IFSP;

Early Intervention Specialist: An early intervention employee who holds a current Early Intervention Specialist credential and serves families as part of an IFSP team. All direct service providers, regardless of education or licensure, are Early Intervention Specialists.

Eligibility Determination: As defined in *The Early Intervention Workbook*, the process of conducting an initial or annual multidisciplinary evaluation to determine if a child meets the state's eligibility criteria.

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.

Individuals with Disabilities Education Act (IDEA): As established by Public Law 94-142 and amended most recently in Public Law 108-446, a federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.

Informed Clinical Opinion (ICO): As described in §303.321 and *The Early Intervention Workbook*, 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 his or her initial eligibility under Part C.

Multidisciplinary Team: As described in §303.24, the involvement of two or more individuals from separate disciplines or professions conducting evaluations and assessments.

Norm-Referenced: As described in *The Early Intervention Workbook*, norm-referenced tests are designed to examine a child's performance and compare that to a representative group. Norm-referenced tests are largely standardized.

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.

Part C of IDEA: The section of the Individuals with Disabilities in Education Act (IDEA), 34 CFR Part 30, that establishes a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, ages birth through age 2 years, and their families.

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.

1.B.6 Eligibility Criteria

Referral: As described in *The Early Intervention Workbook*, an infant or toddler referred to early intervention by a parent, other family member, physician, child care provider, or other individual who is familiar with the child and who has a concern about how the child is developing.

Standardization: As described in the *Early Intervention Workbook*, standardization refers to the manner in which a test is administered. Standardized tests are those that must be administered in a structured, prescribed manner.

Utah Schools for the Deaf and the Blind (USDB): Utah's statewide educational agency tasked with providing programs and services for students who are deaf, hard of hearing, blind, visually impaired or deaf-blind.

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PRINCIPLES AND PROCEDURES

1. Procedures for Establishing Eligibility

- a. 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.
- b. All evaluations and assessments of a child and family ~~assessments~~ shall be conducted in the native language of the family members being assessed unless clearly not feasible to do so.
 - i. 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
 - ii. The language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment
 - iii. 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).

2. Eligibility Based on an Approved Diagnosis

- a. A child is ~~automatically~~ eligible for EI services when ~~s/he has~~ they have a ~~documented diagnosis diagnosed physical or mental of a~~ condition that has a high probability of resulting in a developmental delay.
- b. The ~~established~~ Baby Watch Approved Diagnosis List shall be used when determining if a child is eligible for EI services (See [Attachment 4 Appendix A](#)).
~~To establish eligibility based using on a diagnosis not included on the BWEIP Approved Diagnosis List, EI providers shall:~~
 - ~~i. Contact the BWEIP for approval to use the diagnosed condition to establish eligibility~~
 - ~~ii. Include information from the diagnostic work-up, including physician reports and recommendations; and~~
 - ~~iii. Include other supporting research or data, e.g. research journal articles, text information, etc., which that supports the fact that a child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.~~
- c. When an ~~approved diagnosis diagnosed condition~~ is used to establish eligibility, diagnostic reports or supporting data will be included in the child's ~~file record for verification of eligibility~~.
 - i. When a child is eligible based both ~~an approved diagnosis AND standard score, a diagnosed established condition and a developmental delay,~~ the ~~diagnosed established condition approved diagnosis~~ takes precedence as the reason for eligibility.

3. Initial Eligibility Based on Standard Score

- a. ~~In Utah,~~ A child is considered to be experiencing a developmental delay that establishes ~~initial~~ eligibility for Part C services if, as measured by ~~Battelle Developmental Inventory – 2nd edition Normative Update (BDI-2 NU) appropriate diagnostic instruments and procedures,~~ the child ~~exhibits a delay~~ achieves a standard score that is 1.5 standard deviations (SD) at or below the mean, or at or below the 7th percentile, in one or more of the following areas of development:
 - i. Cognitive development
 - ii. Physical development
 - iii. Expressive and receptive communication development
 - iv. Social or emotional development
 - v. Adaptive development

1.B.6 Eligibility Criteria

- b. The standardized, norm-referenced Battelle Developmental Inventory – 2nd edition Normative Update (BDI-2 NU) will be used as a multi-domain testing process to provide standard scores (see [Appendix B](#)).
- c. In no event may a standard score be used to negate a child's initial eligibility based on an approved diagnosis.
~~the results of evaluation instruments used to establish eligibility.~~
- d. Children 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 are automatically eligible for early intervention.
 - i. Early Intervention Specialists may use their professional opinion to determine if the BDI-2 NU is an appropriate tool for determining ~~E~~eligibility for early intervention for children who have already been determined eligible for USDB programs.

4. Ongoing Eligibility Based on Standard Score

- a. Ongoing eligibility shall be determined annually. ~~Appropriate evaluations and assessments~~ The BDI-2 NU shall be administered ~~shall be reviewed and/or completed~~ within 30 days of the anniversary of the child's ~~current initial or previous~~ IFSP.
- b. A child continues to be eligible for early intervention services who has any of the following:
 - i. A documented ~~physical or mental condition~~ diagnosis of a condition on the Baby Watch Approved Diagnosis List (see [Appendix A](#)).
 - ii. A ~~standard score delay~~ greater than 1.0 standard deviation (SD) below the mean or below the 16th percentile on the Battelle Developmental Inventory – 2nd Ed. Normative Update (BDI-2 NU) in any developmental domain (see [Appendix B](#)).
 - iii. ~~Met the eligibility criteria due to~~ Been determined eligible based on an Informed Clinical Opinion.
- c. In no event may a standard score be used to negate a child's ongoing eligibility based on an approved diagnosis.

5. Eligibility Based on Informed Clinical Opinion (ICO)

~~Evaluation and Assessment Procedures to Establish Eligibility and Measure a Child's Development~~

- ~~a. Procedures for evaluation and assessment to measure a child's development include an evaluation, by qualified personnel, of the child's level of functioning in each of the areas of development as listed in IV-A. a-e. above. This evaluation may be used to establish a developmental delay, according to Utah's definition above, in one or more areas.~~
- ~~b. Standardized, norm-referenced measures can be used as a multi-domain testing process or in single areas of stated concern to provide standard scores (standard deviation or percentile). The qualified professionals completing the evaluation utilize their professional experience and expertise (informed clinical opinion) when considering the evaluation results.~~
- ~~c. Informed clinical opinion is used for each child to support, augment, or validate the final information and findings.~~
- a. Informed Clinical Opinion (ICO) shall be used as an independent basis to establish a child's eligibility even when ~~other instruments do not establish eligibility~~ the child is not eligible based on an approved diagnosis or standard score. Eligibility ~~based on through utilization of~~ ICO must be determined through a multidisciplinary evaluation and assessment, by two qualified ~~professionals~~ personnel representing different disciplines, one of whom must be credentialed by BWEIP as an Early Intervention ~~I~~ Specialist, and who has knowledge and expertise in the areas of stated concern identified by the parents or referral source.

- b. In no event may ICO be used to negate a child's initial or ongoing eligibility based on an approved diagnosis or a standard score (See [Appendix B](#)). ~~the results of evaluation instruments used to establish eligibility.~~
- ~~c. A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child), if those records indicate that the child's level of functioning in one or more of the developmental areas constitutes a developmental delay, or that a child has a diagnosed condition that may result in a developmental delay according to the BWEIP Approved Diagnosis List.~~

6. Procedures for Parental Notification of Eligibility Determination

- a. 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.
 - i. 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.
 - ii. 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.
- b. The results of any evaluations including ~~standard scores, percentile ranks, standard deviations/percentiles,~~ diagnostic research, and ICOs ~~of those performing eligibility determinations~~ must be kept in the child's ~~file record~~.

7. Child Outcomes Reporting

- a. BDI-2 NU
 - i. For any child referred on or after November 12, 2018, child outcomes Entry and Exit scores will be determined using the results of the BDI-2 NU (See [Appendix B](#)).
 - ii. Each child's Entry and Exit BDI-2 NU results must be entered into BTOTS.
 - iii. If the BDI-2 NU 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 BDI-2 NU must also be used to calculate child outcomes.
- b. Entry Score
 - i. Each child's Entry score is established on the date of initial eligibility using the BDI-2 NU.
 - ii. If a child is determined eligible for early intervention based on an approved diagnosis, the BDI-2 NU must be administered within 45 days of enrollment in order to obtain an Entry score.
- c. Exit Score
 - i. Each child's Exit score is established using the BDI-2 NU.
 - ii. If the BDI-2 NU was used to determine a child's Entry score, and the child has received early intervention services for six consecutive months, then the BDI-2 must also be used to determine the child's Exit score.
 - iii. If annual eligibility has been determined within six months of the exit date, the annual eligibility BDI-2 NU results may be used to determine an Exit score.
 - iv. If annual eligibility has NOT been determined within six months of the exit date, another BDI-2 NU shall be conducted to obtain an Exit score.
 - v. For children referred prior to November 12, 2018 whose Entry score was determined using the Child Outcomes Summary (COS) process, the COS will also be administered to obtain an Exit score before the child leaves early intervention.

AUTHORITY

- 34 CFR § 303.31: Qualified personnel
- 34 CFR § 303.113: Evaluation, assessment, and nondiscriminatory procedures
- 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

REFERENCES


Pletcher, L.C., & Younggren, N (2013). *The Early Intervention Workbook*. Baltimore: Paul H. Brookes Publishing Co.

RELATED DIRECTIVE

BWEIP Policy 1.B.7: Timely, Comprehensive, Multidisciplinary Evaluation and Assessment

REVISION LOG

February 14 2019: New policy

	February 14 2019
Lisa A. Davenport, Ph.D., BWEIP Program Manager	Date

Appendix A: Baby Watch Approved Diagnosis List

Available on the Baby Watch Early Intervention Program website



Baby Watch Approved Diagnosis List

Children from birth to age three years automatically qualify for early intervention services if they have a documented medical diagnosis of any of the following conditions:

18q Deletion syndrome	Herpes, congenital	Optic Atrophy
2p21 Deletion syndrome	HIV, congenital	Optic Nerve Hypoplasia
49, XXXXX (Pentasomy X)	Hunter syndrome	Osteogenesis imperfecta
49, XXXXY syndrome	Hurler-Scheie syndrome	Persistent Hyperplastic Primary Vitreous
9p Deletion syndrome	Hypothyroidism, untreated	Pervasive Developmental Disorder (PDD), NOS
Aicardi syndrome	Hypoxic Ischemic Encephalopathy (HIE)	Phenylketonuria (PKU), untreated
Albinism	Jacobsen syndrome	Phthisis Bulbi
Amyoplasia	Kleefstra (9q34 Deletion) syndrome	Pierre-Robin syndrome
Angelman syndrome	Klinefelter syndrome	Prader-Willi syndrome
Aniridia	Kugelberg-Welander disease (SMA3)	Retinal Detachment
Anophthalmia	Lead Poisoning, venous blood level > 10mcg/dL	Retinopathy of Prematurity (ROP), Stage 4/5
Anoxic brain injury	Leber's Congenital Amaurosis	Rubella, congenital
Apert syndrome	Lesch-Nyhan syndrome	Rubenstein-Taybi syndrome
Arthrogryposis	Limb Reduction Defect	Sanfilippo syndrome
Autism Spectrum Disorders	Lowe syndrome	Schizel-Giedion syndrome
Bardet-Biedl syndrome	Maple Syrup Urine Disease	Semilobar holoprosencephaly
Bilateral Perisylvian syndrome, congenital	Marshall-Smith syndrome	Septo-Optic Dysplasia
Brachial Plexopathy	Menkes syndrome	Sly syndrome
Brain Malformation, congenital	Methylmalonic acidemia	Spina Bifida
Cerebral Palsy	Microcephaly	Spinal Cord Injury with Cord Involvement
CHARGE syndrome	Microphthalmia	Spinal Muscular Atrophy (SMA)
Cockayne syndrome	Möbius Sequence	Sturge-Weber syndrome
Cornelia de Lange syndrome	Muscular Dystrophy	Syphilis, congenital
Cortical Visual Impairment	Muscular Dystrophy, Becker Type	Tay-Sachs disease
Cri du chat syndrome	Muscular Dystrophy, Duchenne Type	Tethered Cord syndrome (TCS)
Cytomegalovirus (CMV), congenital	Myopathies	Towoplasmosis, congenital
Deafblind delayed	Neonatal Abstinence syndrome (NAS)	Treacher Collins syndrome
Delayed Visual Maturation (DVM)	Neurofibromatosis Type 1	Trisomy 13 (Patau syndrome)
DiGeorge/Velocardiofacial syndrome	Neurotrauma, inflicted	Trisomy 18 (Edwards syndrome)
Down syndrome (Trisomy 21)	NICU grad: Fluctuating tone	Trisomy 21 (Down syndrome)
Encephalocele	NICU grad: Full/partial NG/NJ/G tube required	Tuberous Sclerosis
Failure to Thrive	NICU grad: Inconsolability	Unbalanced Chromosomal Translocation
Familial Exudative Vitreoretinopathy (FEVR)	NICU grad: Learning to eat difficult/slow	VACTERL association
Fetal Alcohol syndrome	NICU grad: Poor coord suck/swallow/breath	Ventilator dependence
Fetal Hydantoin syndrome	NICU grad: Severe sleep disorder	Wardenburg syndrome, Types I & II
Fetal Valproate syndrome	NICU grad: Significant irritability, neuro-based	Walker-Warburg syndrome
FG syndrome	NICU grad: Significant tremors at rest	Werdnig-Hoffman disease (SMA1)
Fragile X syndrome	NICU grad: Unable to come to quiet alert state	Williams syndrome
Gaucher Disease, Type II	NICU grad: Unable to take 100% oral nutrition	Wolf-Hirschhorn syndrome
Goldenhar syndrome	NICU grad: Unusually high or low tone	Zika, congenital
Hearing loss	Niemann-Pick disease	

2/12/2018

Appendix B: Eligibility and BDI-2 NU

	Eligibility	BDI-2 NU
<p>1. Approved Diagnosis</p> <p>↓</p>	<p>Automatic eligibility: documented diagnosis of a condition on Baby Watch Approved Diagnosis List</p>	<p>Required for child outcomes reporting, but NOT for eligibility</p>
<p>2. Standard Score</p> <p>↓</p>	<p>Initial eligibility: BDI-2 NU Standard Score at least 1.5 SD below mean (7th percentile) in any domain</p> <p>Ongoing eligibility: BDI-2 NU Standard Score at least 1.0 SD below mean (15th percentile) in any domain</p>	<p>Required for eligibility AND child outcomes reporting</p> <p>Standard Score cannot override an Approved Diagnosis.</p>
<p>3. Informed Clinical Opinion</p>	<p>Child not eligible by Approved Diagnosis or Standard Score, BUT additional assessments suggest child is delayed.</p> <p>ICO cannot override an Approved Dx or Standard Score.</p>	