

Idaho Infant Toddler Eligibility Criteria
(Definition of Developmental Delay)
September, 2008

ASSURANCES

Idaho Code, Title 16, Chapter 1 assures that there are procedures in place defining Developmental Delay and Established Conditions for children and their families eligible under this Part.

PROCEDURES

For the purpose of implementing the *Individuals with Disabilities Education Act* (IDEA) Part C, the provisions for eligibility in Idaho include a two-tiered model:

- Child Find: includes screening, tracking, monitoring, and referral services for children who are suspected to be at risk or delayed.
- Early intervention: includes developmental and therapeutic services for children who are subsequently identified as Developmentally Delayed or have an Established Condition for delay.

Child Find

Is a screening, tracking, monitoring, and referral process of identifying individual children who are thought to be at risk of manifesting developmental difficulties. No Part C funds are to be used for intervention services for infants and toddlers at risk for Developmental Delay because of medical/biological or environmental factors.¹ Child Find activities including screening, tracking, monitoring, and referral are available to this group. Tracking is implemented within the confines of confidentiality and parental informed consent.

Child Find services include the following procedures and conditions:

- Are consistent with the state's child identification, location, and evaluation procedures required under Part C of IDEA.
- Are coordinated with all major Child Find efforts conducted by various public and private agencies throughout the state.
- Include procedures for making referrals to the Central Registry database and to service providers.
- Actions are delivered within reasonable time lines.

¹ This does not prevent eligibility based on Informed Clinical Opinion for those infants and toddlers having a combination of risk factors that taken together make Developmental Delay highly probable.

- Include procedure for participation by and education of primary referral sources including hospitals and post-natal care facilities, physicians, parents, other health care providers, public health facilities, and child care programs.

Early Intervention

A comprehensive program of educational and therapeutic services for the eligible child and family that facilitates the developmental progress of children age birth to three (3) whose developmental patterns are atypical or are at serious risk of becoming atypical due to certain physical or mental conditions.

Early intervention services are developmental in nature and satisfy the following conditions:

- Provided under public supervision.
- Provided at no cost, except when federal and state law allow.
- Designed to meet the developmental needs of children across the five functional areas, as needed.
- Meets state and federal standards.
- Include, but are not limited to:
 - Assistive technology devices and services;
 - Audiology;
 - Cued language services;
 - Family training, counseling, and home visit;
 - Health services;
 - Dental services;
 - Medical services only for diagnostic or evaluation purposes;
 - Nutrition services;
 - Occupational therapy;
 - Physical therapy;
 - Psychological services;
 - Respite care;
 - Service coordination;
 - Sign language services;
 - Social work services;
 - Special instruction/developmental therapy;
 - Speech-language therapy;
 - Transportation and related costs; and
 - Vision services.
- Provided by qualified personnel.
- To the maximum extent appropriate, are provided in natural environments including the home and community settings in which children without disabilities participate.

- Are available to all infants and toddlers with disabilities in the state and their families, including:
 - Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the state.
 - Infants and toddlers with disabilities who are homeless children and their families.
 - Infants and toddlers with disabilities who are wards of the state.
- Delivered in conformity with the IFSP.

ELIGIBILITY DETERMINATION

The multidisciplinary team that considers the multidisciplinary evaluation of the child and subsequent recommendations, family information, parent recommendations, observational information, and professional judgment determines whether the child meets the criteria for Developmental Delay or Established Condition. ²

The evaluation of the child must be based on professional judgment and include:

- A review of pertinent records related to the child’s current health status and medical history.
- An evaluation of the level of functioning, as needed; in cognitive development, physical development including vision and hearing, communication development, social/emotional development, and adaptive development.
- An assessment of the child’s unique needs in terms of developmental areas and identification of services appropriate to meet those needs.
- A summary of the family’s information regarding the child.

NOTE: All children determined non-eligible for early intervention services should be offered enrollment in Developmental Monitoring.

ELIGIBILITY CATEGORIES

Categorical definitions (Developmental Delay and Established Conditions) are included for purposes of reporting eligibility. Functional definitions that describe a child’s developmental level are to be used for delivering intervention services.

² Informed Clinical Opinion makes use of qualitative and quantitative information to assist in forming a determination of eligibility regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. Appropriate training, previous experience conducting evaluation, sensitivity to cultural needs, and the ability to elicit and include family perceptions are all important elements of Informed Clinical Opinion. In using Informed Clinical Opinion, the individual evaluator and the multidisciplinary team seek to answer the question “What are the child’s abilities and needs within his/her natural environment?”

Developmental Delay

Definition – The degree of functional delay required for service eligibility is defined as follows:

- Performs thirty percent (30%) below age norm or exhibits a six-month delay, whichever is less; adjusted for prematurity up to twenty-four (24) months or as designated by the test manual.
- Demonstrates at least two (2) standard deviations below the mean in one (1) functional area.
- Is at least one and one-half (1.5) standard deviation below the mean in two (2) or more of the following functional areas:
 - Cognitive development – Reasoning skills or ability to problem solve.
 - Physical development (including vision and hearing) – Gross motor skills used for postural control and movement and/or fine motor skills requiring precise coordinated use of the small muscles. Also includes sensory processing disorder (or deficits) related to tactile, vestibular, auditory, and proprioceptive input.
 - Communication – Speech and language development, including expressive and/or receptive skills and non-verbal communication.
 - Social/emotional development – Attachment, interpersonal relationships, and interactions.
 - Adaptive development - Daily living skills relating to feeding, dressing, hygiene, and grooming.

The verification of measurable ³ delay is obtained through an evaluation process that uses at least three of the following:

- Informed Clinical Opinion to, include observational assessment.
- Standardized development test(s).
- Developmental inventory.
- Behavioral checklist.
- Adaptive behavior measure.
- Parent interview.

³ Measurable delay is the difference between the child's chronological age and current level of functioning. Chronological age is the birth date of children born near term or full term. For those children born less than 37 weeks gestation, a corrected age is used to consider this prematurity in evaluating developmental achievement. This corrected age is not used after a chronological age of 24 months has been reached. The ideal gestational age is 40 weeks. To determine a child's corrected age, use the following steps: Subtract the actual number of weeks gestation from 40. Then, subtract the difference from the child's chronological age. This calculation provides the child's adjusted age.

Established Condition

Definition: These are children with a diagnosed physical or mental condition that has a high probability of resulting in Developmental Delay.

Criteria:

- Confirmed sensory impairments.
 - Deaf-Blind- Concomitant hearing and visual impairment, the combination of which causes severe communication and other developmental and education problems.
 - Hearing Impaired – Auditory impairments which include:
 - Hard of hearing – Children whose hearing is not included under the definition of deaf.
 - Deaf – Children whose hearing impairment is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects communication and development.
 - Hearing loss in any degrees listed below (in one or both ears at one or more of the following frequencies - 500 Hz, 1000 Hz, and 4000 Hz):
 - Mild hearing loss - 20-40 dB HL
 - Moderate hearing loss - 41-55 dB HL
 - Moderately severe hearing loss - 56-70 dB HL
 - Severe hearing loss - 71-90 dB HL
 - Profound hearing loss - 91 or greater dB HL
 - Hearing impairment (deaf or hard of hearing) that meets legal definition of such an impairment in the State of Idaho.
 - Chronic Otitis Media, chronic allergies, and/or eardrum perforations that result in temporary or fluctuating hearing loss and may impair listening skills, language development, or articulation.
 - Visually Impaired – Visual impairments which, even with correction, adversely affect a child’s functioning. The term includes both partially sighted and blind. Partially Sighted refers to the ability to use vision as one channel of learning if learning materials are adapted. Blind refers to the prohibition of vision as a channel of learning, regardless of adaptation of materials. Central acuity does not exceed 20/200 in the better eye with corrective lenses, or materials. Central acuity does not exceed 20/200 in the better eye with corrective lenses, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision.
- Physical impairment (orthopedic).

Physical impairment refers to having a condition that involves muscles, bones, or joints and is characterized by impaired ability to perform fine and gross motor activities or self-help skills. Diagnoses include, but are not limited to:

- Spinabifida – meningocele,
 - Spinal cord injuries,
 - Juvenile Arthritis,
 - Severe burns,
 - Muscular dystrophy,
 - Loss of or deformed limbs, and
 - Transient Dystonia (abnormal muscle tone including hyper and hypotonia).
- Neurological/Physiological Impairments/Developmental Disabilities.

A severe chronic disability that manifests itself at an early age, is likely to continue indefinitely, and has a high probability of resulting in a Developmental Delay. These may include, but are not limited to:

- Autism,
 - Pervasive Developmental Disorder,
 - Epilepsy or other seizure disorders including neonatal seizures,
 - Mental Retardation,
 - Cerebral Palsy,
 - Down Syndrome,
 - Other syndromes and chromosomal disorders, and
 - Intracranial hemorrhage (level 3 or 4 bleed) or infarct.
- Interactive disorders.

Interactive disorders include serious communication or psycho/social impairments that interfere with the infant or toddler's daily functioning and relationships. Categories under this condition include, but are not limited to:

- Severe diagnosed attention deficit disorders,
 - Disorders of attachment, and
 - Those categories listed in Part B of IDEA or Head Start under seriously emotionally disturbed or behavior disordered that are applicable to this age group.
- Other health impairments.

Health impairment is a limitation in strength, vitality, and alertness resulting in a chronic health problem. Typically, the program does not classify a short-term medical problem as a health impairment. Diagnoses include, but are not limited to:

- Hydrocephaly – microcephaly – encephaly,
- Endocrine and metabolic disorders (e.g., hypothyroidism, cystic fibrosis, diabetes),
- Cleft lip/palate,

- Feeding abnormalities/difficulties/swallowing disorders,
 - Heart conditions,
 - Syndromes related to mother's substance ingestions (e.g., fetal alcohol syndrome) or infant/toddler positive exposure related to parental abuse (e.g., children tested positive for meth or cocaine in their system).
 - Illness of a chronic nature with prolonged convalescence (e.g., malignancies, severe asthma, failure to thrive, HIV positive, leukemia, lead poisoning, recurring respiratory syncytial virus-RSV).
- Medically Fragile Infant

Medically Fragile Infant include, but are not limited to:

- Gestational age ≤ 32 weeks.
 - Birth weight below 1500 grams (VLBW).
 - Intrauterine growth retardation (IUGR), as diagnosed by physician, $\leq 10^{\text{th}}$ percentile.
 - Small for gestational age (SGA), as diagnosed by physician, $\leq 10^{\text{th}}$ percentile.
 - Bronchial Pulmonary Displasia.
 - Feeding abnormalities/difficulties.
 - Central nervous system (CNS) instability as demonstrated by significant disorganized states of arousal and confirmed by a medical/therapeutic professional.
- Prematurity (≤ 36 weeks G.A.) PLUS Significant Environmental Risk, such as one or more of the following:
- Parent-infant attachment risk factors (e.g., decreased responsiveness or reciprocity of infant or parental depression/withdrawal, etc.) as diagnosed by a medical or mental health professional or clearly documented in medical history.
 - Parent with significant chronic, physical, or mental health problem; or with a Developmental Disability where supportive or therapeutic services could facilitate parenting.
 - Abused and/or neglected child.
 - Multi-problem or severely stressful life situation (e.g. parent perception of severe financial problems, drug/alcohol problems in family, incarceration, homeless, etc.).
 - No prenatal care.
 - Maternal age 15 years and under.
 - Foster placement of child.

NOTE: The above risk factors, either singly or in combination, may also be sufficient to warrant eligibility for children born full-term. Refer to the Informed Clinical Opinion footnote in this document.