

# IDAHO INFANT TODDLER PROGRAM ELIGIBILITY & ANNUAL REVERIFICATION CHECKLIST

Name:

Date of Birth/Expected DOB:

Meets ITP Eligibility:      **Yes**      **No**      **Initial Eligibility**      **Annual Reverification**      **Other**  
 (Other = Eligibility reverification occurring at times other than initial eligibility or annual reverification based on team.)

Date of Determination:

MDT Team:

Sources and dates of supporting information:

Recommended ICD-10 Diagnosis Code(s):

Infant Toddler Program participants must **meet one of three** eligibility categories listed below, as defined in the *Idaho Infant Toddler Program eManual*, "Eligibility" section. Documentation must be obtained to support eligibility.

ELIGIBILITY CATEGORY (check one)	DUE TO... (must <b>select one</b> for the category identified)
<p style="text-align: center;"><b>DEVELOPMENTAL DELAY</b></p> <p style="text-align: center;"><i>Children with or without an established diagnosis who, by assessment measurements, have fallen significantly behind developmental norms in one or more of the five functional areas.</i></p> <p style="text-align: center;"><b>OR</b></p>	<p>30% below age norm, or exhibits a six-month delay, whichever is less, adjusted for prematurity up to 24 months in one (1) or more functional areas as indicated below:</p> <p><b>OR</b></p> <p>Demonstrates at least two (2) standard deviations below the mean in one (1) of the functional areas as indicated below:</p> <p><b>OR</b></p> <p>Demonstrates at least one and a half (1.5) standard deviations below the mean in two (2) or more of the functional areas as indicated below:</p> <p><b>FUNCTIONAL AREAS - Check to indicate area(s) of delay as defined above:</b></p> <p>Cognitive                      Social/Emotional                      Adaptive                      Physical ( fine and/or gross motor and/or sensory)                      Communication ( receptive and/or expressive)</p>
<p style="text-align: center;"><b>ESTABLISHED MEDICAL CONDITION</b></p> <p style="text-align: center;"><i>Refer to "Idaho Infant Toddler Eligibility Criteria" in the ITP eManual</i></p> <p style="text-align: center;"><b>OR</b></p>	<p>Confirmed sensory impairment must document that child has <u>at least one</u> of these conditions:</p> <p style="padding-left: 20px;">Deaf-Blind                      Hearing Impaired: must document that child has <u>at least one</u> of these conditions: Hard of Hearing, Deaf, Hearing Loss, Hearing Impairment, Chronic Otitis Media, chronic allergies, and/or eardrum perforations                      Visually Impaired</p> <p>Physical Impairment (Orthopedic)                      Neurological/Physiological Impairments/Developmental Disabilities                      Interactive Disorders                      Medically Fragile Infant                      Prematurity Plus Significant Environmental Risk                      Other Health Impairments:</p>
<p style="text-align: center;"><b>INFORMED CLINICAL OPINION</b></p> <p style="text-align: center;"><i>Refer to "Idaho Infant Toddler Eligibility Criteria" in the ITP eManual</i></p>	<p>Factors influencing the decision:</p>
<p><b>EI Provider Signature:</b> _____ <b>Date:</b> _____</p>	