

# Idaho Infant Toddler Eligibility Criteria (Definition of Developmental Delay)

July, 2013

## **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 will be used for intervention services for infants and toddlers at risk for developmental delay because of medical/biological or environmental factors.<sup>1</sup> 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 the Act.
- Are coordinated with all other 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 in reasonable time lines.
- 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 which facilitates the developmental progress of children age birth to three (3) whose developmental patterns are atypical or are at serious risk of becoming atypical through certain physical or mental conditions.

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

- Provided under public supervision.

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<sup>1</sup> 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.

- 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 not limited to:
  - Assistive technology device;
  - Assistive technology service;
  - Audiology;
  - Family training and counseling;
  - Health services;
  - Medical services;
  - Nursing services;
  - Nutrition services;
  - Occupational therapy;
  - Physical therapy;
  - Psychology services;
  - Service coordination;
  - Service coordination services;
  - Sign language and cued language services;
  - Social work services;
  - Special instruction;
  - Speech-language pathology services;
  - 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 – Evaluation of the Child and Assessment of the Child and Family to Determine Eligibility**

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.<sup>2</sup>

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<sup>2</sup>*"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 multi-disciplinary team seek to answer the question "What are the child's abilities and needs within his/her natural environment?"*

The Idaho Infant Toddler Program (ITP) ensures that, subject to obtaining parental consent, each child under the age of three who is referred for evaluation or early intervention services under Part C of IDEA and suspected of having a disability, receives:

- A timely, comprehensive, multidisciplinary evaluation of the child in accordance unless eligibility is established using medical and other records or by informed clinical opinion.
- If the child is determined eligible as an infant or toddler with a disability, a multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs.
- A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler.

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 five developmental areas constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability.

Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child.

Informed clinical opinion may be used as an independent basis to establish a child's eligibility under Part C of IDEA even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.

In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under Part C of IDEA. Procedures must include:

- Administering an evaluation instrument;
- Taking the child's history (including interviewing the parent);
- Identifying the child's level of functioning in each of the five developmental areas;
- Gathering information from other sources such as family members or other care-givers, if necessary, to understand the full scope of the child's unique strengths and needs; and
- Reviewing medical, educational, or other records.

Assessment of the child must include the following:

- A review of the results of the evaluation conducted;
- Personal observations of the child; and
- The identification of the child's needs in each of the five developmental areas.

A family-directed assessment must:

- Be voluntary on the part of each family member participating in the assessment;
- Be based on information obtained through an assessment tool and also through an interview with those family member who elect to participate in the assessment; and
- Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

If the multidisciplinary team cannot reach consensus regarding whether the child meets eligibility criteria, evaluation data and recommendations will be reviewed by the regional supervisor and/or early

intervention specialist (EIS) to advise in eligibility determinations. The supervisor or EIS in coordination with the Program Manager will assist the MDT to make the final eligibility determination.

Note: All children determined non-eligible for early intervention are offered enrollment in the developmental monitoring program (Developmental Milestones).

## **ELIGIBILITY CATEGORIES**

Categorical definitions (developmental delay and established condition) are included for purposes of reporting eligibility for funding and transition. Functional definitions which describe a child's developmental level are to be used for delivering intervention services.

### **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 fine motor skills requiring precise coordinated use of the small muscles. Also includes sensory processing as well as tactile, vestibular and kinesthetic input (i.e., sensory integration, sensory processing disorders).
  - Communication - Speech and language development - including expressive and receptive skills and non-verbal communication.
  - Social/Emotional development - Attachment, interpersonal relationships, and interactions.
  - Adaptive development - Daily living skills relating to feeding, dressing, hygiene, grooming.

The verification of measurable<sup>3</sup> delay is obtained through an evaluation process which uses at least three of the following:

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<sup>3</sup> *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 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 will provide the child's adjusted age.*

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

### **Established Condition**

**Definition:** These are the children with a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

### **Criteria:**

- Confirmed sensory impairments
  - Deaf-blind - Concomitant hearing and vision loss, the combination of which causes severe communication and other developmental and education problems.
  - Hearing impaired - Auditory impairments which include:
    - Hard of hearing - those children whose hearing is not included under the definition of deaf.
    - Deaf - Those children whose impairment in hearing, whether permanent or fluctuating, that adversely affects a child's development, or impacted by a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affect a child's 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 loss (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 which 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. The child has documentation of a visual impairment, not primarily perceptual in nature, resulting in measured acuity of 20/70 or poorer in the better eye with correction, or a visual field restriction of 20 degrees as determined by an optometrist or ophthalmologist.

- Physical impairment (orthopedic)

Physical impairment means 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:

- Spina bifida – meningocele,
- Spinal cord injuries,
- 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 I.D.E.A. or Head Start under seriously emotionally disturbed or behavior disorders that are applicable to this age group.

- Other health impairments

Health impairment is a limitation in strength, vitality, and alertness due to 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 (examples: 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  $\leq$  32 weeks.
    - Birth weight below 1500 grams (VLBW).
    - Intrauterine growth retardation (IUGR), as diagnosed by physician,  $\leq$  10<sup>th</sup> percentile.
    - Small for gestational age (SGA) as diagnosed by physician,  $\leq$  10<sup>th</sup> percentile.
    - Bronchopulmonary Dysplasia.
    - 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 gestational age) 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, 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.