

RESPONSES TO QUESTIONS REGARDING IDEA 2011 NEW REGULATIONS

Eligibility

Can you provide further clarification about the new established conditions?

The new conditions under an established condition are:

1. Disorders secondary to exposure of toxic substances, including Fetal Alcohol Syndrome;
2. Disorders reflecting disturbances of the development of the nervous system, including Autism Spectrum Disorders, Seizure Disorders and children born addicted to narcotics, alcohol, or an illegal substance; and
3. Congenital Infections, including Congenital Cytomegalovirus, Congenital Toxoplasmosis and Congenital Rubella Syndrome.

All established conditions must meet the AzEIP policy criteria as a physical or mental condition, which has a **high probability** of resulting in a developmental delay. Arizona's definition of a significant developmental delay is a 50% delay. The State's definition does not include children who are at risk. In researching any diagnosis, you must be able to establish that there is a high probability that the child's condition will result in a significant developmental delay in at least one area of development. If this information is not available or cannot quickly be obtained from a qualified physician or other qualified personnel, then you would need to proceed with an evaluation.

Does a diagnosis of Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects and exposure to drugs in utero mean automatic eligibility for AzEIP?

A diagnosis from a qualified professional (i.e., a physician) of Fetal Alcohol Syndrome (FAS) is a qualifying condition for AzEIP eligibility because it is known to have a high probability of resulting in significant (50%) developmental delay. If a child is born addicted to narcotics, alcohol, or an illegal substance, such as heroin, cocaine, methamphetamine, LSD or PCP, with appropriate medical records documenting the addiction, the child has a qualifying condition for AzEIP eligibility.

Fetal Alcohol Effects is a diagnosis in which not all the symptoms of FAS are evident but there is sufficient information to warrant this categorization. Like "exposure in utero", there is some evidence that the baby was exposed to a substance, however it was not enough to link it to a specific disorder. FAE and exposure in utero would both be considered risk factors for developmental delay, the degree to which would be unknown. Therefore, the child would not be eligible based on an established condition, but would need an evaluation to determine eligibility. The child's medical

risk factors should be considered, along with developmental information, when teams determine eligibility. In these instances, however, an instrument must be used and/or attempted to be used (such as when the child is very young). A determination of eligibility could be made using informed clinical opinion with documentation of the all the information gathered and notes that an instrument was not appropriate.

What documentation is required to determine eligibility by an established condition?

The required documentation to determine eligibility for an established condition must be from a qualified person, i.e., a physician, and in writing. A referral from a doctor's office for a child with Down's Syndrome, and Down's Syndrome is written on the referral forms **is not** sufficient. However, if the physician has written a report or otherwise signed a document, which provides the diagnosis, this is sufficient. The name and discipline of the team member determining eligibility based on an established condition documents the basis for the eligibility determination on the Prior Written Notice form, a copy of which is provided to the family.

Does a child with an established condition also need to show delays in development in order to be AzEIP eligible?

A child with an established condition does not also have to show delays in development to be eligible for AzEIP, because there is a high probability that significant delays will present as the child ages.

If a child has significant medical history but no known diagnosis, is he/she eligible for AzEIP?

A child with a significant medical history but no known diagnosis may have several risk factors for developmental delay even though they do not have an established condition. The team would need to do an evaluation to determine the existence of a significant developmental delay of at least 50% in one area of development. If a significant delay was not evident by test scores, then the team would consider using informed clinical opinion alone to determine eligibility. The team may decide to make the child eligible or not eligible.

What documentation is sufficient to determine automatic eligibility "review of records that show a 50% delay in development?"

A signed report from a qualified professional, such as a licensed therapist, with documentation that a child has a significant developmental delay of 50% or more delay in one area of development is sufficient to document the delay. The areas of

development are: physical, communication, cognitive, self-help/adaptive, and social-emotional). A report by a therapy assistant or aide is not acceptable. If a report comes from another state, the qualified professional(s) contributing to that report must be licensed, certified or otherwise meeting the state qualifications, which often will be evident by the credentials next to the signature on the report. A report should be no more than 6 months old.

Why does the Developmental Evaluation Report look so different?

The Developmental Evaluation Report was designed to document the elements required by AzEIP to document eligibility for AzEIP and to support the potential eligibility determination by the other AzEIP Service Providing Agencies (DES/Division of Developmental Disability and the Arizona States Schools for the Deaf and the Blind). All elements that were not required were removed. If a professional needs to write additional information for purposes of billing insurance, an addendum may be added or other fields expanded.

When do you complete the Developmental Evaluation Report? When do you complete the Summary of Informed Clinical Opinion section of the Developmental Report?

The Developmental Evaluation Report is completed for all children for whom an evaluation was conducted to document the child's eligibility or ineligibility for AzEIP and provide documentation to assist with eligibility for DDD and ASDB. (The Developmental Evaluation Report is not completed for children determined eligible based on a review of records.)

An evaluation must include the following:

- (1) administering an evaluation instrument;
- (2) taking the child's history (including interviewing the parent);
- (3) identifying the child's level of functioning in each of the developmental areas;
- (4) gathering information from other sources, such as family members and others, to understand the full scope of the child's unique strengths and needs;
- (5) reviewing medical, educational, or other records.

The results of the evaluation instrument(s) are documented in the Test Scores section. Pertinent information gathered through the requirements of (2) through (5) above is documented in the Summary of Informed Clinical Opinion section. When

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the child is determined eligible using informed clinical opinion alone, such as when the scores show developmental delays less than 50% in many areas or the child is a very young infant and there is not an appropriate instrument, the team members must document information used to determine the child's eligibility.

Can we use additional evaluation instruments, and if so, how do we report them?

The multidisciplinary evaluation team may use evaluation and other instruments to 1) determine eligibility for AzEIP and to 2) address specific parent and/or team member concerns.

The pertinent information used to determine AzEIP eligibility and to support potential DDD and/or ASDB eligibility is documented in the "test scores" and expanded upon in the "Summary of Informed Clinical Opinion" sections of the Developmental Evaluation Report.

What happens when a family who is eligible for DDD does not want a referral to the Arizona Long-Term Care System (ALTCS) and DDD must as a result disenroll the child?

AzEIP policy and procedures provide that when a family does not agree to proceed with a referral to ALTCS, then the child and family transfers to the DES/AzEIP contractor to provide early intervention services. The child is no longer eligible for DDD.