Illinois Department of Human Services
JB Pritzker, Governor · Grace B. Hou, Secretary

Chapter 9 - Early Intervention Eligibility Criteria, Evaluation and Assessment

9.1 Eligibility Criteria in Illinois

Children residing in Illinois who are under the age of 3 years old and their families are eligible for EI services if a child has one of the following:

9.1.1 Physical or Mental Conditions Resulting in Developmental Delay

"A physical or mental condition which typically results in developmental delay" means a medical diagnosis or a physical or mental condition which typically results in developmental delay.

The medical or mental condition must have been:

1. Approved by DHS as an eligible condition (see the Medical Conditions Resulting in a High Probability of Developmental Delay list at the end of this Chapter); or
2. Confirmed by a qualified family physician, pediatrician or pediatric sub-specialist as being a condition with a relatively well-known expectancy for developmental outcomes/within varying ranges of developmental disabilities. Pediatric sub-specialists include those such as pediatric neurologists, geneticists, pediatric orthopedic surgeons and pediatricians with special interest in disabilities. If a child exhibits a medical condition not approved by DHS as being an eligible condition, the qualified multidisciplinary team may use written verification by one of the physician categories identified above that the child's medical condition typically results in substantial developmental delay within the varying ranges of developmental disabilities.

9.1.2 Developmental Delay

Developmental delay means a DHS determined eligible level of delay (30% or greater) exists in one or more of the following areas of childhood development also known as domains: cognitive, physical (including vision and hearing), communication, social or emotional, or adaptive as confirmed by a multidisciplinary team.

Per federal and state regulations, eligibility decisions are based on a child's domain level performance. While subdomain information, e.g. fine motor/gross motor within the physical domain, can provide critical information regarding a child's developmental strengths and challenges, can be used to inform intervention planning, and can help teams determine which team members have the necessary skills and experience to support the identified IFSP outcomes, determination of eligible levels of delay are based on the five identified domains.

The eligible level of delay must have been:

1. Measured by DHS-approved diagnostic assessment instruments (as listed in the Early Intervention Approved Evaluation and Assessment Instruments) and standard procedures, or
2. If a child is unable to be appropriately and accurately tested by the standardized measures available, informed clinical opinion of the qualified staff based upon multidisciplinary evaluation may be used to document the level of delay.

9.1.3 At Risk Condition

At risk of substantial developmental delay, based on informed clinical opinion means a child was not able to be determined eligible under 9.1.1 or 9.1.2 but that there is a consensus of qualified staff based upon multidisciplinary evaluations and assessments that development of a DHS-determined eligible level of delay is probable if EI services are not provided, because a child is experiencing either:

1. A parent who has been medically diagnosed as having a mental illness or serious emotional disorder defined in the Diagnostic and Statistical Manual 5 (DSM 5) that has resulted in a significant impairment in the client's level of functioning in at least one major life functional area or a developmental disability; or
2. Three or more of the following risk factors:
    a. Current alcohol or substance abuse by the primary caregiver;
    b. Primary caregiver who is currently less than 15 years of age;

c. Current homelessness of the child. Homelessness is defined as children who lack a fixed, regular and adequate nighttime residence, in conformity with the McKinney Vento Homeless Assistance Act;

d. Chronic illness of the primary caregiver;

e. Alcohol or substance abuse by the mother during pregnancy with the child;

f. Primary caregiver with a level of education equal to or less than the 10th grade, unless that that level is appropriate to the primary caregiver's age; or

g. An indicated case of abuse or neglect regarding the child and the child has not been removed from the abuse or neglect circumstances.

9.2 Evaluation of Child

9.2.1 EI definitions for Evaluations

Initial Evaluation - the procedures used by qualified personnel to determine the child's initial eligibility for the early intervention program.

Evaluation - the procedures used by qualified personnel to determine a child's continuing eligibility at annual redetermination.

9.2.2 Initial Evaluations to determine eligibility shall be completed by EI credentialed/enrolled Evaluators only. Evaluations to determine on-going eligibility shall be completed by EI credentialed/enrolled providers. A minimum of two or more separate disciplines are required to complete Initial Evaluations and Evaluations.

9.2.3 Evaluation services to evaluate the child shall include:

1. administration of the evaluation tool;
2. collection of the child's history (including interviewing the parent);
3. identification of the child's level of functioning in each of the five developmental areas;
4. gathering information from other sources such as family members, other care-givers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
5. reviewing medical, educational, and other records.

9.2.4 With consent, the Service Coordinator must obtain any existing medical records, educational records, i.e. Early Head Start, existing evaluations or therapy records, or other records for review. The Service Coordinator must review the existing records to determine if initial eligibility is met based on existing records in one of the following ways:

1. An already-determined level of functioning in one or more of the developmental areas exists which constitutes an EI developmental delay of 30% or greater (See Developmental Delay).

NOTE: For meeting eligibility based on these criteria, ensure the medical records and/or evaluations are current within the last six months.

1. A physical or mental condition exists that has a high probability of resulting in delay (See Medical Conditions Resulting in Developmental Delay).
2. At Risk eligibility should be determined based upon the appropriate records to establish the At Risk criteria. (See 9.1.3, above At Risk Condition Through Informed Clinical Opinion)

9.2.5 If information is received concerning HIV/AIDS, do not share this information with any other entity without a consent that is specific to HIV/AIDS that has been signed by the parent or guardian only. It is a violation of public health laws to share HIV/AIDS information without specific consent.

9.2.6 If existing medical records, educational records, evaluation records or other records DO establish Initial Eligibility, Initial Evaluations are not required. However, the Service Coordinator must do the following:

With consent, authorize credentialed/enrolled evaluators to perform multidisciplinary Initial Assessments of the child.

With consent, share existing medical records and/or reports used to determine initial eligibility (including the Intake/Social History Summary Sheet), and the signed CFC Consent for Release of Information, CFC Parental Consent and Ability to Decline Services and CFC Consent to Use Personally Identifiable Information (PII) & Bill Public Benefits with the Evaluators.

9.2.7 If existing medical records and/or evaluations DO NOT indicate eligibility, the Service Coordinator must do the following:

With consent, authorize credentialed/enrolled evaluators to perform Initial Evaluations and Initial Assessments of the child.

With consent, share existing medical records and/or reports if relevant and the Intake/Social History Summary Sheet, and the signed CFC Consent for Release of Information, CFC Parental Consent and Ability to Decline Services and CFC Consent to Use Personally Identifiable Information (PII) & Bill Public Benefits with the Evaluators.

9.2.8 Unless clearly not feasible to do so, evaluations must be conducted in the language normally used by the child.

9.2.9 Use developmental information obtained through the Referral and Intake processes to help determine the most appropriate composition of an evaluation team for each child.

9.3 Assessment of Child and Family

9.3.1 EI definitions for Assessments

Initial Assessment - the assessment of the child and family conducted prior to the child's first IFSP meeting.

Assessment - the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the EI services appropriate to meet those needs throughout the child's eligibility under EI, which includes the assessment of the child and the child's family.

9.3.2 Initial Assessments of the child shall be completed by EI credentialed/enrolled Evaluators only. Assessments of the child and family to determine on-going services shall be completed by EI credentialed/enrolled providers. A minimum of two or more separate disciplines are required to complete Initial Assessments and Assessments.

When any team member feels the need to recommend further Assessments for adding a new service, the member must inform the Service Coordinator to communicate the need for the Assessment. No service can be added to an IFSP unless the Assessment process is completed as outlined below, the team has met and agreed on the need for the service, the need meets a Functional Outcome outlined on the child's IFSP and consent is received by the parent for the service.

Assessments of the child shall include:

1. a review of the results of the evaluations;
2. personal observations of the child;
3. identification of the child's needs in each of the developmental areas (cognitive development, physical development, communication development, social or emotional development and adaptive development).
4. If medical records determined eligibility, the assessment of the child shall also include the review of those records.

Unless clearly not feasible to do so, assessments of the child must be conducted in the language normally used by the child.

9.3.3 The family directed assessment shall be completed by Service Coordinators. See Section 8.1.8 for details. Family directed assessment includes an 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.

The family-directed assessment must:

1. be voluntary on the part of each family member participating in the assessment;
2. be based on information obtained through the Routines Based Interview (RBI), an assessment tool, and also through an interview with those family members who elect to participate in the assessment; and
3. include the family's description of its resources, priorities, and concerns related to enhancing the child's development.
4. Unless clearly not feasible to do so, assessments of the family must be conducted in the native language of the family members being assessed.

9.4 Eligibility Determination

9.4.1 If the child is eligible for EI and parent wants EI, an IFSP meeting must be held. It is important to remember that eligibility decisions focus on the child's eligibility for participation in the EI program. Service decisions, including provider type, intensity, and frequency are based on the support the family needs in order to help their child achieve the identified IFSP outcomes. This means that children are not

eligible or ineligible for specific types of services. They are eligible for the EI program and services are driven by IFSP outcomes. See Chapter 9.8 and Chapter 12 - Individualized Family Services Plan (IFSP) for additional information.

9.4.2 The Service Coordinator must introduce and discuss the CFC Waiver of Written Prior Notice with the family.

9.4.3 If the child is NOT eligible, DO NOT hold an IFSP meeting.

The Service Coordinator must follow Chapter 9.1 for determining eligibility following the hierarchy of any existing conditions, Evaluation/Assessment reports indicating a department-determined eligible level of delay, or at risk conditions. Review all reports to ensure that an eligibility reason has not been overlooked by evaluators and that the team feels that evaluations/assessments accurately capture the child's current levels of performance. If reports indicate that an accurate representation was not obtained or that evaluators obtained conflicting views of the child's performance, contact team members to gather information about potential eligibility and discuss use of clinical opinion. If no eligibility criteria are met, the child is not eligible for EI. The initial evaluating/ assessing providers should submit claims for the evaluations/assessments completed after they submit the reports to the CFC. IFSP meeting (IM) authorizations are NOT required for billing the Evaluation/Assessment since no IFSP meeting will be held due to a child being found not eligible.

NOTE: The EI record has to be closed before the provider can bill.

The Service Coordinator shall complete the following activities:

1. Contact the family in order to provide verbal notification of ineligibility for EI.
2. Provide written notification of ineligibility determination to the family by sending Sample Letter 14: Ineligible - Initial Eligibility Determination indicating EI ineligibility and right to dispute the determination. (Refer to Chapter 6-Disputes). With receipt of a signed CFC Consent to Release Information (see Chapter 8-Intake), copy the referral source at initial eligibility determination.
3. Provide copies of all Evaluation/Assessment and Assessment reports to family and all evaluating providers on the team.
4. Discuss any remaining developmental concerns and other community resources, referring to those resources, as appropriate.
5. Document the child's ineligibility for EI in Cornerstone case notes.
6. Complete case closure. (Refer to Chapter 14-Transfer and Case Closure).

9.5 Prior to the IFSP Team Meeting

9.5.1 The SC is responsible to ensure the following occurs with respect to the Initial Evaluation (if needed), the Initial Assessment of the child and the family directed assessment:

1. occur prior to the initial IFSP meeting;
2. fully address the five developmental domains; and
3. includes the timely return of the reports.

9.5.2 Physician's orders (prescriptions) are not required to complete initial evaluations or initial assessments, but are required for direct service provision, as described in Chapter 12, under 12.1.3.

9.5.3 The Service Coordinator shall be responsible for arranging any additional evaluations or assessments that may be needed prior to writing the initial IFSP.

9.6 Reports

All Evaluation/Assessment services must be performed within 14 calendar days from the date the request for an evaluation/assessment is received by the provider. The authorization start date will serve as the request for the evaluation/assessment and should reflect the date that the service will be provided. The provider must report the findings of the Evaluation/Assessment to the Service Coordinator within those 14 calendar days. The written Evaluation/Assessment report is due to the Service Coordinator no later than 4 business days from the date that the Evaluation/Assessment is completed (actual service date). The intention of this practice is to ensure that the required 45 days are met and families receive services without delays.

9.6.1 To ensure that providers comply with deadlines, CFCs are encouraged to enter IFSP meeting authorizations into the Cornerstone system, but refrain from printing the authorization until after the evaluation/assessment report is provided to the CFC. Printing the authorization triggers the transmission of the authorization to the CBO. Using this practice ensures that providers are unable to bill for the

evaluation/assessment and IFSP meeting until the report is received. This practice has been proven very successful. The Initial Evaluation, Evaluation, Initial Assessment and Assessment reports must be provided to the parent(s)/guardian(s) in their native language. A copy of each original (and each translated, if needed) report must be retained in the child's permanent record.

9.6.2 A copy of each report listed must be provided to all Evaluation/Assessment team members.

9.6.3 Service Coordinators shall ensure all reports are submitted in required EI report formats. Reports that are not fully completed or reports that have added components such as recommendations for frequency, intensity, length and duration should be returned to the provider with the request to immediately correct and resubmit the report.

NOTE: Medical Diagnostic reports might include medical recommendations for the family outside of the EI scope of services.

9.6.4 Recommendations for frequency, intensity, length and duration of services are made at the IFSP meeting and must be based upon the functional outcomes developed by the IFSP team as a whole.

NOTE: Medical Diagnostic reports might include medical recommendations for the family outside of the EI scope of services.

9.6.5 Recommendations for frequency, intensity, length and duration of services are made at the IFSP meeting and must be based upon the functional outcomes developed by the IFSP team as a whole.

9.7 IFSP Team Meeting

9.7.1 The IFSP Team Meeting must occur within 45 days of the referral unless an exception applies.

The 45-day timeline may be exceeded if the child or parent is unavailable to complete any of the following due to exceptional family circumstances that are documented in the child's EI records

the initial evaluation,

the initial assessments of the child and family or

the initial IFSP meeting,

or if the parent has not provided consent for the initial Evaluation/ Assessment of the child despite documented repeated attempts by the Service Coordinator. The IFSP Team Meeting must occur as soon as possible once the exception no longer exists.

9.7.2 The initial evaluation, the initial assessments (of the child and family), and the initial IFSP meeting should be completed as soon as possible after the documented exceptional family circumstances no longer exist or parental consent is obtained for the initial evaluation and the initial assessment of the child. An interim IFSP should be developed, to the extent appropriate.

9.7.3 The CFC Program Manager must inform DHS of the 45-day delay due to exceptional family circumstances.

9.8 Arena or Team Evaluations

9.8.1 Arena or team evaluations and/or assessments may be used. Initial Evaluations, Initial Assessments, eligibility determination and IFSP development may occur on the same day only if the following criteria apply:

All required intake activities and a review of existing records has been previously completed as required in this Chapter and Chapter 8-Intake of this manual;

The family has been contacted and has had the benefits and drawbacks of same-day versus different day procedures explained, and has agreed, with informed consent, to the completion of the Initial Evaluations, Initial Assessments, eligibility determination and the development of the IFSP on the same day;

The activities have been scheduled on a date that is convenient to the family and the family has received prior written notice of that date and the activities that are to occur on that date.

NOTE: Service Coordinators must always include activities that will occur on the agreed to date in the letter of prior notice to the family;

The most appropriate composition of the evaluation team has been determined using developmental information obtained through the Referral and Intake processes;

The review of existing records and the completion of the assessments or evaluations/assessments have provided sufficient information regarding each developmental domain to ensure development of a comprehensive plan if the child is determined eligible;

The CFC Waiver of Written Prior Notice has been completed in the presence of the family prior to developing the IFSP. Documentation must include:

The most appropriate composition of the evaluation team has been determined using developmental information obtained through the Referral and Intake processes;

The review of existing records and the completion of the assessments or evaluations/assessments have provided sufficient information regarding each developmental domain to ensure development of a comprehensive plan if the child is determined eligible;

The CFC Waiver of Written Prior Notice has been completed in the presence of the family prior to developing the IFSP. Documentation must include:

1. the evaluation team's determination regarding eligibility;
2. including the reason for the team's decision; and
3. the parent's consent to waive written notice of eligibility determination and written prior notice of the IFSP meeting.

9.8.2 The Service Coordinator should carefully observe the family and ensure that they are adequately informed and emotionally prepared to proceed with the development of the IFSP. If the Service Coordinator feels that the parent(s) needs time to consider the evaluation findings or lack sufficient support to proceed, the Service Coordinator must immediately stop the meeting and work with the family and providers to reconvene the team at a later date that is convenient to the family.

9.8.3 The Service Coordinator shall ensure the evaluation team attends the IFSP meeting. Authorizations for IFSP meetings are to be generated at the end of each meeting and are based upon attendance. Service Coordinators are responsible for generating the IFSP meeting authorizations and for giving each provider their authorization number at the end of each meeting.

9.8.4 Providers must attend the entire IFSP meeting in order to receive authorization for payment. In the very rare instance a provider cannot attend an IFSP meeting in person or by telephone conference call due to exceptional circumstances, the Service Coordinator will consult the family to determine if a second IFSP meeting with the full team is necessary to integrate the missing provider's input in order to complete the plan. A provider's absence can seriously delay finalizing the IFSP and potentially delay the provision of their discipline-specific services to the child.

Audiologists who have completed an evaluation prior to the initial IFSP meeting with test results that were obtained within the normal range may choose not to participate in the initial IFSP meeting. If the audiologist chooses not to participate, he/she must complete the CFC Individualized Family Service Plan Meeting Attendance Waiver for Audiologists and attach it to the audiological evaluation claim for the CBO to process payment.

9.9Medical Diagnostic Clinics

Medical services only for diagnostic and evaluation/assessment purposes means services provided by an enrolled licensed physician or a multidisciplinary team (if needed) under the direction of an EI enrolled licensed physician to determine a child's developmental status and need for EI support services. Medical diagnostic services may be appropriate 1) when the child's record documents that other evaluations have failed to determine the child's eligibility for EI and the child is likely to be determined eligible if additional developmental diagnostic services are provided, or to establish a diagnosis which would potentially meet the eligibility parameters for services; or 2) when a child has significant developmental delays and/or lacks developmental progress, presents with unexpected regression, or demonstrates atypical development that cannot be explained based upon known medical, developmental or social etiology.

Medical referrals may be required if the need for medical testing is identified. EI does not pay for medical testing. The diagnostic report must include a statement about the child's eligibility, developmental status and intervention recommendations for consideration by the child's IFSP team for the development of the IFSP. The report may also include additional medical, educational and family support recommendations. Service coordinators (SC) may assist families with the recommendations not covered by EI by making referrals to other community resources.

An example of a standard referral process could be:

- Service Coordinator sends referral to the Medical Diagnostic Clinic.
- The Medical Diagnostic Clinic Intake staff contacts the family and sets up an appointment(s) based on Service Coordinator's input and family concerns.

- Info is given to family about appointment, i.e., what to expect & how long, possibility of a diagnosis that day, address & phone numbers, answers to family's questions, etc.
- Confirmation letter is sent out to family.
- Request is made to Service Coordinator for current IFSP, current (performed within the last 6 months) evaluations and assessments, most recent IFSP team's reports, existing scripts, and authorizations. Authorization info for Medical Diagnostic Clinic is sent in as well. (Service Coordinator must ensure that child's information is updated 2 to 4 weeks prior to scheduled diagnostic clinic.)
- Diagnostic team meets with family to discuss findings and/or summary.
- The final report is completed and submitted no later than 14 days after the meeting with family and sent to referring CFC and family.

9.10 Continuing Eligibility

9.10.1 Eligibility must be re-determined at the end of each annual IFSP period using the same steps as used when completing the Initial Evaluation and/or Initial Assessment.

NOTE: Refer to Chapter 12 - Individualized Family Service Plan (IFSP), see 12.11 & 12.12 for the required annual review policy and procedure.

9.10.2 Children who do not meet current eligibility criteria upon re-determination will continue to be eligible only if they:

have entered the program under any of the eligibility criteria in Chapter 9.1 but no longer meet the current eligibility criteria under that Chapter; and

Either:

Continue to have any measurable delay; or

Have not attained a level of development in each of the following domains: cognitive, physical (including vision and hearing), communication, social or emotional, or adaptive, that is at least at the mean of the child's age equivalent peers; and

Have been determined by the multidisciplinary team to require the continuation of EI services in order to support continuing developmental progress, pursuant to the child's needs, and provided in an appropriate developmental manner. The type, frequency, and intensity of services will differ from the initial IFSP because of the child's developmental progress, and may consist of only service coordination, and assessment.

9.10.3 If the child is no longer eligible:

Contact the family in order to provide verbal notification of ineligibility for EI.

Ensure family understands their child is no longer eligible for services prior to discontinuing services if the child was found ineligible through annual re-evaluation. Send Sample Letter 15: Ineligible - Annual Eligibility Determination.

Ensure providers are made aware that all existing authorizations end the day prior to case termination when found ineligible through annual re-evaluation.

Conduct an exit meeting and discuss other community resources and refer to those resources, as appropriate.

Document the child's ineligibility for EI in Cornerstone case notes.

Complete case closure. (Refer to Chapter 14 - Transfer and Case Closure).

9.10.4 When eligibility for EI services is reviewed at any time thereafter, Service Coordinators shall determine a family's enrollment status in All Kids. If the child is not enrolled in All Kids, and the child may be eligible, with parent consent refer family to an All Kids agent or complete an All Kids application and make a referral to DSCC, if indicated.

9.11 Discontinuation of Services - Family Choice

9.11.1 If a family removes a child from services prior to reaching the age of 3 years old and the child is later referred again, the child must meet eligibility criteria in effect at the time of the subsequent referral in order to be re-enrolled.

NOTE: Service Coordinators must complete all steps required to complete an initial IFSP when re-enrolling a child that was previously removed from the program, beginning with the Intake process.

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