

Eligibility Q/A – January 2009

Question 1: Is "frequent ear infections" a medical condition for eligibility under viruses/bacteria?

A: No. This is a medical condition. Viruses/bacterial infections that may be considered for eligibility include: herpes simplex with unspecified complication; herpes simplex without complication; congenital syphilis; unspecified; cytomegaloviral disease; infection congenital cytomegalovirus; rubella without complication; and Toxo Plasmosis.

Children who have had frequent ear infections may present with delays in language development and have a high probability of loss of hearing. At a minimum, there must be a hearing screen to rule out hearing loss. The eligibility criteria for developmental delay may be applied but keep in mind that there must be a 50% delay in the overall area of communication.

Question 2: What services are available for children who have delays but are not eligible for First Steps?

A: There are various programs offered by the Department of Health that may be a possibility, depending upon if a child meets the eligibility (either medical condition, income level or both criteria). Some children may receive services through the Medicaid ESPDT program or through the care ordered by their primary physician. Early Head Start may be an option if that program is available in your community. The Parents as Teachers program offers parent education to all families with children under the age of 3. Local philanthropic groups may also sponsor services for children in their community where there is no other state or federal program to serve them.

Question 3: Can children be eligible if they have just a medical condition but no evidence of a 50% delay?

A: Yes, the eligibility criteria for First Steps includes physical or mental conditions that are associated with developmental disabilities or have a high probability of resulting in a developmental delay or disability. These specific conditions are listed on the First Steps eligibility criteria at:

<http://www.dese.mo.gov/divspeced/FirstSteps/documents/FSEligibilitypg.pdf>

Question 4: Does First Steps require the child's evaluations to be conducted in the Natural Environment?

A: While it is recommended practice for the evaluations to be conducted in the natural environment it is not a requirement under Part C state or federal regulations.

Question 5: Often there is difficulty obtaining medical records for eligibility determination. This results in not meeting the 45 day timeline for IFSP development. Is there any plan in place to address this issue?

A: Intake coordinators can obtain the medical information via telephone from a medical professional involved in the child's care and continue in the eligibility process while waiting for the hard copy information. This telephone conversation must be documented in the progress notes, indicating who gave the information. The hard copy will be maintained in the child's early intervention record.

Question 6: If a premature infant is dependent upon Continuous Positive Airway Pressure (CPAP), High Humidity Nasal Cannula (HHNC), Flow Positive Airway Pressure (flowPAP), Sigh Positive Airway Pressure (SiPAP), and/or Bi-Level Positive Airway Pressure (BiPAP) for more than 72 hours, can we determine the child eligible in the same way as if the child had been ventilator dependent for 72 hours?

A: Yes. Recent changes in neonatal practices have added new modalities of respiratory support to premature infants. These therapeutic modalities may be considered as a factor in qualifying a child for First Steps if the child is dependent on it for 72 hours and weighed less than 1500 grams at birth.

Question 7: How is adjusted chronological age calculated, and when should this be used?

A: Corrected or adjusted chronological age must be used at the point of eligibility if the child is being considered for First Steps eligibility based on developmental delay. It should also be used when interpreting Developmental Assessment for IFSP planning. It is calculated by deducting one-half the prematurity (based on 37 weeks gestation) from the child's chronological age. It should be assigned for a period of up to 12 months or longer if recommended by the child's physician. Example: If a child is born eight weeks premature, you would divide eight by two and then subtract four weeks from their chronological age. So if the child is 12 weeks old, their adjusted chronological age would be eight weeks.