



# Informed Clinical Opinion

## Technical Assistance Document July 2006

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Determining eligibility for Missouri First Steps is a process of gathering information about the child and using informed clinical opinion as a framework for organizing and analyzing the data. Informed clinical opinion makes use of all available information to assist in analyzing difficult-to-measure aspects of a child's current developmental status and the potential need for early intervention.

The National Early Childhood Technical Assistance Center (NECTAC) developed a document entitled "Informed Clinical Opinion" in which they described how informed clinical opinion can be used by individuals and evaluation teams when determining eligibility and making appropriate IFSP team decisions. They explain how the use of informed clinical opinion helps:

- ensure a dynamic assessment approach;
- support and encourage the acquisition and interpretation of multiple sources of information as part of the evaluation and assessment process; and
- permit greater compatibility between a child and family's needs and the provision of services.

This document can be found on NECTAC's web site at: <http://www.nectac.org/~pdfs/pubs/nnotes10.pdf>

The purpose of this technical assistance document is to provide Missouri First Steps System Points of Entry (SPOEs), service coordinators, and service providers with information specifically related to the following two applications of informed clinical opinion (ICO):

1. *ICO for Developmental Delay* - The majority of questions about ICO center around situations in which a child's formal evaluation scores do not clearly indicate a 50% or greater delay, and yet one or more professionals on the team believe that there are unique circumstances related to the child's development, skills/behaviors, and possibly medical conditions that need to be considered when making the eligibility determination.
2. *ICO for "Other Conditions"* - When a child has a condition not listed in Missouri's FS eligibility criteria yet the child's pediatrician, Board certified neonatologist, geneticist or pediatric neurologist believes the child's condition has a potential impact

in any of the 5 developmental areas, their input must be documented in order to determine the child eligible for First Steps.

### **ICO for Developmental Delay**

Part C of IDEA requires an evaluation and assessment of each child based on informed clinical opinion. However, informed clinical opinion becomes particularly important when a child's test scores do not clearly reflect at least a 50% delay and one or more individuals involved in conducting the evaluation believe the test scores do not capture all of the necessary factors that need to be considered related to eligibility.

Some children may exhibit atypical development that is significant enough to contribute to an eligibility determination based on informed clinical opinion. Atypical development refers to behavior or functioning that is abnormal for children without disabilities who are the same age. Atypical development may describe a child who presents a very unusual course of development such as the child who has a 50% delay in receptive language abilities but appears age appropriate in expressive language. Or, the child may engage in perseverative behaviors such as echolia or self abusive behaviors. Children who are eligible for First Steps based upon atypical development are children whose development is highly unusual and not easily captured by checklists and evaluation tools. It is not appropriate to use this rationale for children who show general scatter in developmental domains or who have global delays that are not at the 50% level in any domain.

When a child's test scores indicate a 50% or greater developmental delay and this delay is substantiated by parent report and other informal assessments, the need for detailed documentation of informed clinical opinion is not necessary. On the other hand, when the child's test scores do not indicate at least a 50% delay and/or there are inconsistencies in test results and/or observations, and the provider believes there are unique circumstances that need to be considered for eligibility determination, it is extremely important that the evaluation report clearly articulate the evaluator's informed clinical opinion related to his/her findings. Informed clinical opinion is not simply a statement by a clinician that, "In my informed clinical opinion, this child meets First Steps eligibility requirements in the area of communication." The rationale behind a recommendation for eligibility must be clearly outlined in the provider's evaluation report and must synthesize all the various pieces of information collected through a variety of informal and formal methods.

In addition to the informed clinical opinion of individual evaluators, it is equally important for the multidisciplinary team to use informed clinical opinion. This opportunity to integrate observations, impressions and evaluation findings of all individuals involved facilitates a "whole child" approach to evaluation and assessment that goes beyond a reporting of test scores. In this way, the functional impact and the implications of noted delays or differences in development can be discussed and considered by the team in determining eligibility and developing the IFSP.

Documentation of the team's decision to find the child eligible in a specific developmental domain based upon informed clinical opinion must be documented in the child's electronic record by the service coordinator. The most appropriate place to record this information in the Child Care Management System is under the Domains tab and the Eligibility tab. The intake coordinator must summarize the information that was used for ICO including the source of the information, the method in which it was obtained and the key elements of the data that were utilized to lead to eligibility determination.

Missouri's First Steps eligibility criterion for a developmental delay is restrictive. There are some children who have developmental delays and may benefit from services, yet they are not eligible. It is intended that informed clinical opinion be used as the deciding factor in eligibility determinations only when there are truly unique circumstances that may not be captured by test scores, and those circumstances or factors are significant enough to make the case that the child has a significant (equivalent to 50% or greater) delay even though all of the test scores do not reflect this.

### **ICO for "Other Conditions"**

In order to find a child eligible for First Steps due to a medical condition other than those listed in the eligibility criteria, the System Point of Entry must obtain an impact statement from a Board Certified Neonatologist, Pediatrician, Geneticist and/or Pediatric Neurologist. First Steps has developed a worksheet for use by the System Point of Entry for the purpose of gathering this information (See Attachment A). Above all, it is crucial for the physician to focus on the developmental issues related to the diagnosis/condition, not just the medical issues. Textbook or internet information about the child's diagnosis may be useful in helping to understand the child's condition, however, this in and of itself is not sufficient to determine eligibility for First Steps. The physician must specifically indicate which developmental areas are likely to be impacted by the diagnosis/condition and how significant the delay is likely to be for this particular child. It is also important for the physician to indicate if intervention will benefit the child by lessening the impact of the diagnosis/condition.

**Attachment A**

**First Steps  
Physician's Documentation of Informed Clinical Opinion**

*If a child is referred to First Steps due to a conditions that is not listed within the State's Eligibility criteria, documentation must be obtained from a **Board Certified Neonatologist, Pediatrician, Geneticist and/or Pediatric Neurologist** of the condition and the potential impact of the condition in one or more of the five developmental areas.*

Child's Name \_\_\_\_\_

Child's Diagnosis \_\_\_\_\_

Physician's Name \_\_\_\_\_

Speciality \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

***Please indicate below the potential impact of the condition in any area of development.***

**Cognitive:**

\_\_\_\_\_  
\_\_\_\_\_

**Physical, including vision and hearing:**

\_\_\_\_\_  
\_\_\_\_\_

**Communication:**

\_\_\_\_\_  
\_\_\_\_\_

**Social/Emotional:**

\_\_\_\_\_  
\_\_\_\_\_

**Adaptive:**

\_\_\_\_\_  
\_\_\_\_\_

**Physician's Signature**

\_\_\_\_\_