



Chapter 5: Eligibility Determination

The Service Coordinator reviews all existing information from the intake and evaluation process to determine eligibility. This information may include screening, medical records, parent reports, observations, DAYC results and assessments. This review can be done without a team meeting unless the Service Coordinator needs additional input in considering all of the data and reaching a conclusion.

I. Newborn or diagnosed conditions

If a child has a newborn or diagnosed condition, at a minimum, the Service Coordinator would need to obtain written documentation from, or have a conversation with, two or more disciplines or professions that can verify that the child has the condition. Additionally, the professional shall describe what developmental issues are likely to occur as a result of the condition. Written documentation of this information is requested and placed in the hard copy record. The Service Coordinator must document any face to face or telephone conversations in case notes. This, combined with other information obtained through the intake process, should be sufficient for determining eligibility. **Children with confirmed newborn or medical conditions will not need an evaluation (DAYC) to determine eligibility.** However, assessment for IFSP planning will likely need to be done if sufficient developmental information was not obtained during the intake and eligibility process.



Other Medical Conditions: Informed Clinical Opinion

Other conditions not listed in the eligibility criteria, but known to be associated with mental retardation or developmental disabilities, should be considered for eligibility. The decision must be based upon informed clinical opinion by Board-certified neonatologists, pediatricians, geneticists, and/or pediatric neurologists. When obtaining information from one of these physicians, they must complete the *Physician Informed*

Clinical Opinion form to indicate the specific condition and document the potential impact of the condition in any or all of the five developmental areas.



II. Developmental Delay

When determining eligibility for a child with a suspected developmental delay, the Service Coordinator will use the DAYC results in addition to the other information already gathered to make an eligibility determination. In some cases, the results of the DAYC will clearly confirm eligibility based on at least a half age delay.

It is very important to understand that no single procedure is used as the sole criterion for determining a child's eligibility. For example, a test score should not be the determining factor for eligibility. That is simply one piece of information that should be looked at in combination with all of the other information that has been gathered about the child.

In a situation where only one discipline conducted an evaluation and no medical information related to development is available, the Service Coordinator may be considered the second discipline/profession in the multidisciplinary evaluation. This is due to their role in the evaluation process reviewing and integrating the available information gathered from screening, physicians, parents, and others conducting evaluations/assessments.

NOTE:

It is the policy of the State of Missouri, based on state law and regulations, to **not include** children considered to be "**at risk**" of having substantial developmental delays for eligibility. The phrase "at risk" includes infants and toddlers who are not otherwise covered by the eligibility definitions described under Developmental Delay.

Developmental Delay: Informed Clinical Opinion

The phrase "as measured by appropriate diagnostic measures and procedures including the use of informed

clinical opinion” is important, as there may be situations in which a child’s development is highly unusual or atypical and not easily captured by checklists and evaluation tools. In these situations the test scores must be compared to other pieces of information, such as parent report and observation, to see if it is compatible with those sources of information.

Atypical development refers to behavior or functioning that is abnormal for children without disabilities who are the same age, such as echolalia, self-abusive behaviors, significant sensory issues, or a large gap between receptive and expressive language skills. Some children may exhibit atypical development that is significant enough to contribute to an eligibility determination based on informed clinical opinion.

While test results may not confirm a half age delay, the review of all available documentation supports the conclusion that the child is truly experiencing delays equivalent to that level. Documentation must be thorough enough to clearly support the decision to use informed clinical opinion as the basis for eligibility determination. However, 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 level of half age delay in any domain.



Residency Requirements

- 1) A child must be a resident of the State of Missouri to receive Part C services from the state's system.
- 2) A child living with a parent, legal guardian, or person "acting as a parent" within the definition of the Individuals with Disabilities Act in the State of Missouri is considered a resident.
- 3) Citizenship status cannot be used to deny Part C services to an eligible child and family.
- 4) A child living in Missouri solely for the purpose of receiving Part C services is not considered a resident.
- 5) Citizenship or immigrant status is not a requirement of residency.

Determining Eligibility

- If the **child is determined ineligible**, the family is informed of this decision through a Notice of Action of Ineligibility and a copy of the Parental Rights Statement. Additionally, the Service Coordinator should provide the family with information about additional community resources and/or services that may benefit the family. Or if making a referral on behalf of the family, a Release of Information must be obtained for these agencies prior to the referral. This could include a referral to a variety of community services including Parents as Teachers and Early Head Start.



The family should be reminded they can make another referral to First Steps in the future, should they believe that their child's lack of development might qualify them for First Steps services at that time. Finally, the child's hard copy record is closed and the electronic record is "inactivated."



- If **the child is determined eligible**, the Service Coordinator completes the required steps for eligibility determination in WebSPOE including, the diagnosed medical condition, or the area(s) in which the child was found to be delayed and the degree of delay. Once the child is determined eligible, the Service Coordinator continues, with the family, to facilitate the next steps towards planning and preparing for the development of the Individualized Family Service Plan (IFSP). The Service Coordinator should review the available child information to ensure that there is adequate information available to move ahead with IFSP development.



If there is not sufficient information to complete the IFSP, the Service Coordinator should authorize any additional assessment activity necessary to support the development of the initial IFSP and move forward with identification of priorities and concerns identified by the family.



Early Childhood Outcomes (ECO)

Within 30 days of determining a child eligible for First Steps, the Service Coordinator must complete an ECO entry rating for each eligible child. This federal requirement is designed to gather performance data for young children receiving services through Parts B and C of IDEA. Local school districts and SPOEs began assessing all children entering and exiting First Steps and Early Childhood Special Education (ECSE) programs in fall 2006.



The U.S. Department of Education's Office of Special Education Programs (OSEP) through the State Performance Plan (SPP) has identified the following outcome areas to be assessed for each child:

1. Positive social-emotional skills (including social relationships);
2. Acquisition and use of knowledge and skills (including early language/literacy and communication); and
3. Use of appropriate behaviors to meet their needs

The Service Coordinator, with information from the intake, screening and evaluation process, determines the rating from 1 – 5 for each of the 3 areas described above. The rating descriptions are:

- 1 – Not Yet (*does not attempt*)
- 2 – Emerging (*attempts if prompted*)
- 3 – Occasionally (*some of the time*)
- 4 – Frequently (*most of the time*)
- 5 – Completely (*all of the time/typical*)

The ratings and the information utilized to assign the rating is summarized on the Missouri Outcomes Summary Sheet (MOSS). The MOSS form is designed to synthesize existing information into a comprehensive summary and is not an evaluation of the child.



A MOSS form is completed for the child's entry rating and another MOSS is completed when the child exits First Steps at age 3 or earlier, if applicable. The only exception to using the MOSS form is if a SPOE has selected to use the ECO Tool created for children between the ages of 0-3 by a pilot group of Missouri ECSE programs. Regardless of which of these two forms is used to document the ECO ratings, a copy of the form must be placed in the child's hard copy file at the SPOE.



The SPOE reports entry and exit data to DESE once a year in July. DESE is required to report the ECO data each year in the Annual Performance Report (APR).

