



Practice Manual

Chapter 4: Eligibility Determination

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Office of Special Education
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4 ELIGIBILITY DETERMINATION

Determining a child eligible for First Steps occurs when the Service Coordinator compares information collected for a child (i.e., medical records, other records or results of the evaluation of the child) to the *First Steps Eligibility Criteria* (see Chapter 4 Documents).

SECTION I: ELIGIBILITY REQUIREMENTS

Missouri Part C State Plan Section X. (34 CFR 303.21)

Missouri Part C State Plan Section XI. (34 CFR 303.321)

When preparing for eligibility determination, the Service Coordinator must conduct a review of documentation collected during the referral, intake and/or evaluation process to ensure each child meets two requirements: residency and eligibility reason.

A. Residency Requirement

A child must be living with a parent who is a resident of the state of Missouri to be considered for eligibility for First Steps. Parents may be asked to prove their state residency by supplying the System Point of Entry (SPOE) with one or more of the following documents:

- Missouri Medicaid (MO HealthNet) card;
- Missouri driver's license or non-driver identification card; or
- Utility bill (e.g., gas, electric or telephone bill).

If a child is living with family in Missouri solely for the purpose of receiving First Steps services, the child is not considered a resident.

Children and families do not have to be legal residents of the United States to participate in First Steps, and are not asked to produce documentation pertaining to their U.S. citizenship status.

B. Eligibility Reason

Prior to eligibility determination, the Service Coordinator has been collecting and reviewing records to identify if more information is necessary to determine eligibility. However, in the eligibility determination review, the Service Coordinator must examine records for the purpose of determining an eligibility reason.

Children are found eligible for First Steps under one of three reasons: Newborn Conditions, Diagnosed Conditions or Developmental Delay. Each of these reasons is commonly referred to as an eligibility “track.” The selection of an eligibility track is generally determined by the nature of the First Steps referral. For example, if the Neonatal Intensive Care Unit (NICU) refers a child due to extremely low birth weight, then the referral falls under the track for Newborn Conditions.

Once a referral starts down one of the eligibility tracks, the Service Coordinator attempts to keep the referral on that specific track while collecting information for eligibility determination. There may be rare occasions when the Service Coordinator is unable to obtain satisfactory information for eligibility determination under one track but believes there may be sufficient information to change tracks to pursue eligibility. For example, a child is referred with a suspected medical diagnosis, but the documentation obtained does not confirm the diagnosis; however, a developmental delay is suspected. The Service Coordinator then switches eligibility tracks to pursue eligibility for developmental delay.

Eligibility documentation must be present in the child’s record. The type of required documentation to confirm eligibility depends on the track. The following sections of this chapter describe the three eligibility tracks in more detail.

SECTION II: NEWBORN CONDITIONS

Missouri Part C State Plan Section X. (34 CFR 303.21)
Missouri Part C State Plan Section XI. (34 CFR 303.321)

Newborns weighing significantly less than typical newborns are likely to have additional medical concerns at birth and throughout the first few years of life that may impact all areas of development. Therefore, these newborns and their families may need specialized support and information within the first three years.

The following explains the eligibility criteria for very low birth weight and the necessary documentation to determine eligibility on the newborn conditions track.

A. Eligibility Criteria for Newborn Condition

Newborn conditions relate to those children born with a very low birth weight (less than 1,500 grams or 3.49 pounds). These children must also have one of the following additional conditions diagnosed within 30 days post birth:

- APGAR of 6 or less at 5 minutes;
- Intraventricular hemorrhage (Grade II, III, or IV);
- Any Positive Pressure Ventilation greater than 48 hours, including ventilator or oscillator; or
- Resuscitation/code-event requiring chest compressions.

When calculating the required 48 hours of positive pressure ventilation, there are a variety of acceptable forms of respiratory support, including 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). Additionally, the 48 hours of positive pressure ventilation are cumulative hours within the 30 days post birth, not consecutive.

Children must be referred to First Steps before 12 months of age to qualify under the newborn condition criteria.

B. Documentation for Newborn Condition

When a child is referred for newborn conditions, the Service Coordinator must obtain medical records indicating the child's birth weight and at least one of the additional newborn conditions

before eligibility can be determined. The Service Coordinator documents in case notes any conversations with medical professionals.

Children with a confirmed newborn condition are determined eligible based on medical records and do not require an evaluation of the child. However, after eligibility determination and prior to the Initial Individualized Family Service Plan (IFSP), the Service Coordinator must conduct an initial assessment of the child. For more information on the initial assessment of the child, see Chapter 6.

To document the sources used for eligibility determination, the Service Coordinator enters the information, or a summary of the information, used for eligibility into the child's electronic record. Generally, the professional confirming eligibility is a neonatologist or attending physician at the NICU making the referral.

SECTION III: DIAGNOSED CONDITIONS

Missouri Part C State Plan Section X. (34 CFR 303.21)
Missouri Part C State Plan Section XI. (34 CFR 303.321)

Numerous diagnosed conditions impact a child's development and result in a developmental delay or disability. When a diagnosed condition has a high probability of developmental delays or disabilities, it is important to begin intervention services early to support the child and family, and to minimize the developmental impact.

The following explains the eligibility criteria for children with a medical diagnosis and the necessary documentation to determine eligibility on the diagnosed conditions track.

A. Eligibility Criteria for Diagnosed Conditions

There are specific diagnosed conditions known to have a high probability of developmental delay or disability which, with confirmation from a physician or other medical professional, automatically establishes eligibility for First Steps. The following are examples of diagnosed conditions:

- **Autism Spectrum Disorders**
Autism, Pervasive Development Disorder-Not Otherwise Specified
- **Chromosomal Trisomy**
Down syndrome, Edwards Syndrome, Patau Syndrome
- **Craniofacial Anomalies**
Cleft lip, Cleft Palate, Cleft Lip/Palate
- **Disorders of the Nervous System**
Cerebral Palsy, Encephalopathy, Epilepsy, Hydrocephalus, Infantile Spasms, Macro/Microcephalus, Periventricular Leukomalacia (PVL), Seizure Disorder, Shaken Baby Syndrome, Spina Bifida, Stroke, Traumatic Brain Injury (TBI)
- **Disorders Related to Exposure to Toxic Substances**
Fetal Alcohol Syndrome, Lead Poisoning Level >10 µg/dL
- **Infections/Viruses/Bacteria**
Acquired Immune Deficiency Syndrome, Cytomegalovirus, Herpes, Rubella, Syphilis, Toxoplasmosis
- **Other Chromosomal Abnormalities**
Angelman Syndrome, Cri-du-Chat Syndrome, DiGeorge Syndrome, Fragile X Syndrome, Triple X Syndrome, Williams Syndrome

- **Other Genetic/Congenital/Metabolic Conditions**
Cyanotic Congenital Heart Disease, Hypoplastic Left Heart Syndrome, Pierre Robin, Muscular Dystrophy – Duchenne Type, Noonan Syndrome, Phenylketonuria (PKU), Tetralogy of Fallot
- **Sensory Impairments**
Blind, Deaf, Hard of Hearing, Visually Impaired
- **Severe Attachment Disorders**

The above list is not an exhaustive list of diagnosed conditions that establish eligibility for First Steps. However, the diagnosis must fit with one of the eligibility categories and be associated with developmental disabilities or have a high probability of resulting in a developmental delay or disability. For example, a child with a diagnosis of Prader-Willi is eligible because Prader-Willi is a genetic disorder associated with developmental disabilities under the eligibility category of Other Genetic/Congenital/Metabolic Conditions.

1. Blindness and Visually Impaired

To qualify under the Sensory Impairment category with a diagnosis of blindness or visually impaired, the child must have a vision impairment in one or both eyes not correctable with visual aids, such as glasses. For example, a child with a diagnosis of near-sightedness or far-sightedness, correctable with glasses, does not meet the eligibility criteria of Sensory Impairment.

2. Deaf or Hard of Hearing

To qualify under the Sensory Impairment category with a diagnosis of deaf or hard of hearing, the child must have a permanent sensorineural or conductive hearing loss. For example, a child with temporary hearing loss due to fluid on the eardrum or frequent ear infections does not meet the eligibility criteria of Sensory Impairment.

B. Documentation for Diagnosed Conditions

When a child is referred for a diagnosed condition, the Service Coordinator must obtain written medical records indicating the child’s condition before eligibility can be determined. The Service Coordinator documents in case notes any conversations with medical professionals.

A child with a confirmed diagnosed condition is determined eligible based on medical records and does not require an evaluation of the child. However, after eligibility determination and prior to the Initial IFSP, the Service Coordinator must conduct an initial assessment of the child. For more information on the initial assessment of the child, see Chapter 6.

To document the sources used for eligibility determination, the Service Coordinator enters the information, or a summary of the information, from what was used for eligibility into the child’s

electronic record. Generally, the professional confirming eligibility is a Geneticist, Pediatrician or other physician who made the referral.

C. Eligibility Criteria for “Other” Diagnosed Conditions

A child may be determined eligible based on other diagnosed conditions with a high probability of developmental delay or disability not specifically listed in the First Steps eligibility criteria. In this case, the child’s physician indicates the diagnosis will likely impact the child’s development and have a high probability of developing a disability or delay. While textbook or internet information about the child’s diagnosis may be useful in helping the SPOE to understand the child’s condition, this alone is not sufficient to determine eligibility for First Steps.

D. Documentation for “Other” Diagnosed Conditions

When a child is referred for other diagnosed conditions, the Service Coordinator must obtain medical records indicating the child’s condition before eligibility can be determined. The Service Coordinator documents in case notes any conversations with medical professionals.

In order to find a child eligible under a diagnosed other condition, the Service Coordinator must obtain an impact statement on the *Physician Informed Clinical Opinion and Impact Statement* form (see Chapter 4 Forms) by a Board certified Neonatologist, Pediatrician, Geneticist, Pediatric Neurologist, and/or other pediatric specialist. These specialists must indicate the specific condition and document the potential impact of the condition in any of the five developmental areas.

A child with a confirmed other diagnosed condition is determined eligible based on medical records and does not require an evaluation of the child. However, after eligibility determination and prior to the Initial IFSP, the Service Coordinator must conduct an initial assessment of the child. For more information on the initial assessment of the child, see Chapter 6.

To document the sources used for eligibility determination, the Service Coordinator enters the information, or a summary of the information, from what was used for eligibility into the child’s electronic record. The professional confirming eligibility for a diagnosed other condition must be a Board certified Neonatologist, Pediatrician, Geneticist, Pediatric Neurologist, and/or other pediatric specialist.

SECTION IV: DEVELOPMENTAL DELAY

Missouri Part C State Plan Section X. (34 CFR 303.21)
Missouri Part C State Plan Section XI. (34 CFR 303.321)

A child is determined eligible with a developmental delay in one of two ways: the child has a documented half-age delay in at least one developmental area; or based upon Informed Clinical Opinion (ICO) the child demonstrates atypical development.

The following explains the eligibility criteria for children with developmental delays and the necessary documentation to determine eligibility on the developmental delay track.

A. Eligibility Criteria for Developmental Delay – Half Age

The Service Coordinator reviews all existing information from the intake and evaluation process to determine eligibility. Based on the information reviewed, the Service Coordinator must determine if the child exhibits a half-age delay when compared to children of equal age who are typically developing. The half-age delay must be identified in at least one of the following areas:

- Adaptive development,
- Cognitive development,
- Communication development,
- Physical development, including vision and hearing, and
- Social or emotional development.

1. Prematurity and Adjusted Chronological Age

When an infant is born prematurely (i.e., less than 37 weeks gestation), adjusted chronological age must be used to determine eligibility for developmental delay. The adjusted chronological age is calculated by deducting one-half the prematurity from the child's chronological age. For example, if a child is born at 29 weeks gestation (or eight weeks premature), divide eight by two and then subtract four weeks from their chronological age. So if the child is currently 12 weeks old, the child's adjusted chronological age is eight weeks. Adjustments for prematurity are made until the child is 12 months of age, or beyond 12 months if recommended by the child's physician.

2. Communication Development

In order to be determined eligible for First Steps in communication development, a child must exhibit a half-age delay or greater in overall communication development (combined expressive and receptive). A half-age delay in only receptive or only expressive communication is not sufficient evidence to determine a child eligible for First Steps.

Additionally, it is not required a child have a half-age delay in both receptive and expressive communication in order to be eligible.

Some instruments yield an overall combined score for receptive and expressive communication. If an instrument used does not yield this type of data, then the provider conducting the test needs to record information that enables the Service Coordinator to determine the overall communication level of the child. The provider conducting the test must have the expertise to interpret the data and articulate this to the Service Coordinator and parents.

3. Physical Development

In order to be determined eligible for First Steps in physical development, a child must exhibit a half-age delay or greater in overall physical development (combined fine and gross motor). A half-age delay in only gross or only fine motor is not sufficient evidence to determine a child eligible under First Steps. Additionally, it is not required a child have a half-age delay in both fine and gross motor in order to be eligible.

The information discussed above in Communication Development related to the interpretation of test results also applies in the area of fine and gross motor development.

4. Test Scores Do Not Indicate Half-Age Delay

Some children present with atypical development not captured by test scores. When information from the intake and evaluation process warrants further discussion about the child's atypical development, the Service Coordinator considers Informed Clinical Opinion (ICO) as part of the eligibility determination process.

A child's test scores may indicate a developmental delay less than half-age and no atypical development. While the child may benefit from services, the child is not eligible for First Steps. The Service Coordinator refers the family to other programs to support the child's development.

5. Inconclusive Information

If there is a discrepancy or insufficient information identified during the evaluation of the child, then the Service Coordinator seeks clarification from the individuals already involved in the evaluation process. The individuals synthesize all of the information collected from the evaluation of the child (i.e., parent report, medical records, test reports). The Service Coordinator may need to obtain additional information from a third party who was not initially involved in the evaluation of the child (e.g., another provider conducts a second test). Using the additional information, the Service Coordinator determines whether the child meets the eligibility criteria.

B. Documentation for Developmental Delay – Half Age

Documentation requirements for the developmental delay eligibility track vary based on whether the child had a test conducted outside of First Steps or an evaluation of the child by First Steps professionals.

1. Referred with a Test Conducted Outside of First Steps

For a child referred with a test completed outside of First Steps, the Service Coordinator confirms the report contains a formal score in at least one developmental area. If a formal score indicates a half-age delay, then the Service Coordinator determines the child eligible for First Steps. An evaluation of the child is not required; however, after eligibility determination and prior to Initial IFSP, an initial assessment of the child must be conducted.

To document the sources used for eligibility determination, the Service Coordinator enters the information, or a summary of the information, used for eligibility into the child's electronic record. The Service Coordinator places a copy of the report in the child's paper record. The professional confirming eligibility is the individual who conducted the test completed outside of First Steps.

2. Received a First Steps Evaluation of the Child

For a child referred without existing documentation to confirm eligibility, an evaluation of the child is required. For these children, a single document cannot be the sole source for determining a child's eligibility. For more information on the evaluation of the child, see Chapter 3.

To document the sources used for eligibility determination, the Service Coordinator must summarize the child's history, parent interview, and the results of any medical, educational or other records in the child's electronic record and place a copy, if available, in the paper record. Additionally, the First Steps provider must provide a written report of the instrument used to address all five developmental areas. The written report is either uploaded into the child's electronic record or a copy is placed in the paper record. The two professionals confirming eligibility are the Service Coordinator and at least one First Steps provider.

C. Eligibility Criteria for Developmental Delay - Informed Clinical Opinion

When test scores do not indicate a half-age delay but one or more professionals (e.g., provider, physician, Service Coordinator) involved in the evaluation of the child identifies concerns with atypical development, then ICO may be considered.

1. Definition of Atypical Development

Atypical development refers to one of these four areas: behaviors and skills not easily captured by instruments, lack of progress, regression of skills, or significance of delay when considering other factors. For example, atypical development may describe a child who has a significant delay in receptive language abilities but appears age appropriate in expressive language; or the child may engage in perseverative, self-abusive or significant sensory behaviors.

In order to use ICO for eligibility determination, the Service Coordinator builds a rationale for ICO based on information about the child's atypical development.

2. Rationale for Informed Clinical Opinion

The rationale for ICO must focus on the atypical development area identified during the evaluation of the child. During the intake visit, the parent may have shared concerns about the child's abilities that included atypical development. Additionally, the Service Coordinator may have observed the child and noticed some concerns or "red flags." These concerns are typically relayed to the evaluator for further investigation and may alert the Service Coordinator to consider ICO in eligibility determination.

While administering the instrument, the provider has the opportunity to observe the child and discuss any concerns the family may have with the child's development. If the provider observes any atypical development or other unique concerns, then the provider must document the observations in the written report. The provider's report must detail any concerns regarding the child's development and must synthesize all information collected through formal (e.g., an instrument) and informal (e.g., observations) methods. The provider's use of the phrase "in my informed clinical opinion" is not sufficient for the Service Coordinator to consider ICO, unless atypical development is identified.

When concerns regarding atypical development arise, the provider and the Service Coordinator must discuss the unique circumstances. The rationale for ICO is a discussion of the "whole child" that goes beyond a reporting of just test scores.

In addition to observations and a written report, the Service Coordinator reviews information from the evaluation of the child to build a rationale for ICO. Examples of information from the evaluation of the child that may be used for ICO may include:

- Parent interview by the Service Coordinator;
- Parents as Teachers screening or report;
- Medical records;
- Physician statement; and,
- Birth or family history.

3. Informed Clinical Opinion Considerations

The multidisciplinary team involved in the evaluation of the child determines the impact of the child's atypical development to assist the Service Coordinator with eligibility determination. The following are questions the multidisciplinary team should consider:

- Has the child lost skills in this developmental area?
- Has the child stopped making progress in this developmental area?
- Has more than one individual on the multidisciplinary team expressed concern with the atypical development?
- Is the atypical development impacting the child's daily routines and activities?

The Service Coordinator determines if the child is eligible based on a review of information collected from the multidisciplinary team.

When test scores indicate the child is functioning at a half-age delay in one or more developmental areas, ICO cannot be used to negate the scores (i.e., if a child has a documented half-age delay, then ICO cannot be used to determine the child ineligible).

If the Service Coordinator did not obtain information from the multidisciplinary team that indicates the child has atypical development, then the child is ineligible for First Steps.

ICO is not appropriate for children who only show scattered skills or global delays in multiple developmental areas. The ICO process is considered only for children with documented atypical development.

Best practice is for the Service Coordinator to review all ICO decisions with the SPOE Director or Lead Service Coordinator.

D. Documentation for Developmental Delay – Informed Clinical Opinion

For children determined eligible based on Developmental Delay – ICO, the child's record must have documentation supporting the decision.

The Service Coordinator documents the rationale for ICO in the Eligibility tab of the child's electronic record. After selecting the primary eligibility reason of Developmental Delay – ICO, the Service Coordinator selects the related developmental domain and an area of atypical development. The Service Coordinator records the key elements of the ICO rationale in the box labeled "*ICO Rationale: The child demonstrates atypical development based on (describe each professional's concern in the identified area of atypical development).*" Information recorded in this box may include:

- pertinent observations by the provider and/or Service Coordinator;
- birth history, family history or other information from the parent interview;
- provider concerns with atypical development; and,
- other information from the multidisciplinary team relevant to atypical development.

To document the sources used for eligibility determination, the Service Coordinator integrates observations, impressions and test results from individuals involved in the evaluation of the child. The two professionals confirming atypical development for ICO are the Service Coordinator and at least one First Steps provider.

SECTION V: TRANSFERRING FROM ANOTHER STATE

When a child receiving early intervention services in another state moves to Missouri and is referred to First Steps, the SPOE reviews the child's medical history, current level of functioning and continuing need for early intervention services to determine eligibility for First Steps. A child transferring from another state may or may not be eligible to receive early intervention services in Missouri.

A. Newborn Conditions

If the child was born weighing less than 1,500 grams (3.49 pounds) with one additional condition (as noted on the First Steps Eligibility Criteria) and was referred to the other state's Part C program prior 12 months old, then the child is eligible for First Steps upon receipt of the medical records and child's current level of functioning from the transferring state. If current assessment information is not available, the SPOE may obtain additional assessments for IFSP planning as needed but no further testing is necessary to determine eligibility.

B. Diagnosed Conditions

If the child was eligible in another state due to a diagnosed medical condition also found in the First Steps Eligibility Criteria, then the SPOE verifies eligibility through review of health and medical records. Additional assessments may be needed for IFSP planning but no further testing is necessary to determine eligibility.

C. Developmental Delay

The First Steps requirement for a half-age developmental delay is more restrictive when compared to surrounding states. There are some children who have developmental delays that may benefit from services, yet are not eligible for First Steps.

When a child eligible under developmental delay in another state transfers to Missouri, a re-evaluation of the child must occur to determine if the child meets the criteria for developmental delay in Missouri. If the child is not at a half-age delay when re-evaluated, then the SPOE may consider using ICO, as appropriate, based on the child's current level of functioning and the need for continuing early intervention services. Obtaining records from the transferring state is critical when considering ICO.

SECTION VI: ELIGIBILITY DETERMINATION

Missouri Part C State Plan Section XI. (34 CFR 303.322)

Once the Service Coordinator reviews all relevant information and compares this information to the First Steps Eligibility Criteria, the Service Coordinator proceeds with a determination of eligibility.

A. Child is Ineligible

If the child is determined ineligible for First Steps, the Service Coordinator contacts the parent to inform them of the decision and the reason for ineligibility. The Service Coordinator mails the parent the *Ineligible for First Steps Letter* (see Chapter 4 Letters) along with a Notice of Action, a copy of the provider's report, eligibility criteria (see Chapter 4 Documents) and the Parental Rights Statement (see Chapter 2 Documents). The Service Coordinator reminds the parent of the option to make another referral in the future if there are concerns about the child's development.

Furthermore, the Service Coordinator provides the parent with information on additional community resources that may benefit the family. Community resources may include Early Head Start, Parents as Teachers, local play groups, therapy agencies accepting private pay or insurance, and other state agencies depending on the child's health and developmental status. For example, some children may receive services through the Medicaid/MO HealthNet if ordered by a primary physician. At the request of the family and with a signed Release of Information, the Service Coordinator makes a referral on behalf of the family to the identified community resource.

Finally, the Service Coordinator closes the child's paper record and inactivates the electronic record as "Part C Ineligible". For more information on exit procedures, see Chapter 12.

B. Child is Eligible

If the child is determined eligible, the Service Coordinator updates the child's electronic record. Once "Child is Eligible" is selected in the child's electronic record, the Service Coordinator must complete documentation of the Eligibility Reason and Primary Diagnosis Code.

1. Eligibility Reason

The reason for eligibility must be documented in the child's electronic record as newborn condition, diagnosed condition, other diagnosed condition or developmental delay. For developmental delay, the Service Coordinator must designate a half-age delay or ICO and the developmental area in which the delay was identified.

2. ICD-10 Coding

The International Statistical Classification of Diseases and Related Health Problems – 10th Revision (ICD-10) is a uniform coding system created by the World Health Organization to consistently classify diseases and conditions in the medical community. ICD-10 was implemented on October 1, 2015, at which time all physicians and hospitals discontinued using ICD-9 codes and only used ICD-10 codes to classify medical conditions.

Each child is required to have an ICD-10 code at the time of eligibility determination. Generally the appropriate code is provided by the child’s physician or hospital when medical records are obtained during the referral or intake process. The Service Coordinator must verify the ICD-10 code is a billable code before entering it into the child’s electronic record. The Service Coordinator should reference the list of preferred ICD-10 codes on the ***ICD-9 to ICD-10 Conversion Coding System for Missouri First Steps*** worksheet (see Chapter 4 Documents). This worksheet is not an exhaustive list of conditions and codes; Service Coordinators may use other resources as indicated on the worksheet to determine a billable code.

For children who are determined eligible for First Steps, the Service Coordinator and parents move forward with planning and preparing for the development of the Initial IFSP. For more information on preparing for the Initial IFSP, see Chapter 6.

SECTION VII: FREQUENTLY ASKED QUESTIONS

Question 1: Is the NICU referral form considered written confirmation of a newborn condition to be used to determine eligibility?

Answer: If the NICU submits a paper referral via fax, mail or phone, then a physician's signature is required on the form before any information on the referral form may be used for eligibility determination.

However, if the NICU submits a referral electronically via WebSPOE, then information is considered written confirmation of a newborn condition given the NICU staff must enter an access code (assigned to the NICU by the Department of Elementary and Secondary Education) to submit the electronic referral.

Question 2: If a child with an active IFSP has a change in primary diagnosis or developmental status, is the child removed from First Steps?

Answer: No. First Steps does not re-determine eligibility for children with an active IFSP.

Question 3: If the child was found eligible under newborn condition and the child's record was closed due to unable to locate, then the child returns to First Steps over 12 months of age, how is eligibility coded in WebSPOE?

Answer: The Service Coordinator selects "diagnosed condition" for "other genetic/congenital/metabolic conditions" as the eligibility reason and enters the ICD-10 code for newborn condition. The Service Coordinator must case note the family re-established contact and the child was originally eligible under newborn condition.

Note: this answer also applies to children who were eligible under newborn conditions and transferred from another state.