CHAPTER 200 – ELIGIBILITY

200.1 – Comprehensive Child Find

GUIDING FEDERAL POLICY 34CFR Subpart D §303.301 – 303.303 *pre-referral policies, public awareness program, comprehensive child find system, and referral policies*.

BABIES CAN'T WAIT PROGRAM STANDARD

The Department of Public Health is responsible for ensuring that pre-referral policies, a public awareness program, comprehensive child find system, and referral policies are in place. This ensures that all infants and toddlers with disabilities in the State who are eligible for early intervention services under Part C are identified, located and evaluated, and an effective method is developed and implemented to identify children who are in need of early intervention (EI) services. Infants and toddlers with disabilities include Native American infants and toddlers with disabilities residing on a reservation geographically located in the State based in part on the information provided by the tribe, tribal organization, or consortium to the State lead agency under §303.731 (e)(1); infants and toddlers with disabilities who are homeless, in foster care, and wards of the State; and specific-at-risk infants and toddlers with disabilities (is the subject of a substantiated case of child abuse or neglect or is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure).

IMPLEMENTATION

A. Public Awareness Program

1. Public awareness activities must focus on both internal and external audiences to involve and communicate with major organizations throughout the State that have a direct interest in Part C, public agencies providing early intervention services as well as other services or sources of funding for early intervention services.
    a. Internal Audiences include all appropriate state agencies and their local offices, including but not limited to the Department of Public Health including the State Early Hearing Detection and Intervention System (EHDI), Department of Human Services, Division of Family and Children Services (both child protection and child welfare), Department of Behavioral Health and Developmental Disabilities, Department of Community Health including the Children's Health Insurance Program, Department of Education, Department of Early Care and Learning, the Governor's Office for Children and Families and the local program personnel who work with infants and children and Early Intervention (e.g., Women, Infant, and Children Nutrition, 1st Care, Children's Medical Services, Early Hearing Detection and Intervention, Newborn Metabolic/Genetic Screening, Children 1st, and others).
    b. External Audiences include the medical community (physicians, hospitals, including all birthing facilities and regional perinatal centers), advocates, public and private service providers, parents/legal guardians, civic, business and professional organizations, faith-based organizations, homeless family and domestic violence shelters, child care and early learning programs, tribes, tribal organizations and consortia, Early Head Start, educators, and teachers. Particular emphasis will be given to hospital neonatal intensive care units and regional perinatal centers specializing in the care of infants who were born premature and/or with complications.

2. Public awareness activities must provide detailed information on the availability of early intervention services, a description of how the child find system works, how to refer a child under age 3 for evaluation or for early intervention services, and a central directory of information on available early intervention services, supports, and projects within the state that is easily accessible to the general public.

3. Public Awareness reports are submitted to the state office by the **10th of the month following the end of each quarter.**

4. Implementation of a comprehensive well planned targeted outreach and public awareness activities at the state, local program and county levels to include:
    a. Use of population and program data to inform outreach;
    b. Use of family and child risk factors to predict and identify children who are most likely to have significant developmental delays;
    c. Identification of suspected developmental delays using a developmental screener which would trigger a referral to BCW;
    d. Provision of information about BCW to other Public Health programs and child care providers that may serve potentially eligible children;
    e. Education and awareness activities with physicians, hospitals, community agencies and the general public to ensure that they understand BCW and the functions of Children 1st as the Maternal and Child Health (MCH) system's Single Point of Entry (SPOE) or front door to these programs including BCW and how this referral process benefits children, families and providers:
    f. DPH's 18 local programs shall actively participate in community events minimally once per quarter in an effort to increase community awareness of early intervention services; and
    g. Public awareness activities include informing all parents served under Part C about preschool programs under Part B. This information must be provided no fewer than 90 days before the toddler's third birthday.

5. Early Intervention (EI) public awareness activities shall be continuous and coordinated with other Child Find efforts in the State (e.g., the Georgia Learning Resource System, United Way 211, Healthy Mothers Healthy Babies, Early Head Start and Head Start Programs, Part B/Special Education, Family Connections, Governor's Office for Children and Families including the Home Visiting Program, Prevent Child Abuse Georgia, etc.).

6. Materials including printed materials such as brochures shall be available in a variety of media, utilize a variety of settings, and reflect the diversity of individuals by using appropriate prevalent languages that are relevant to communities, and ensure the materials are user-friendly and sensitive to cultural diversity.

7. Community-based providers (e.g., family shelters, faith-based organizations, and recreation organizations) will be engaged through outreach efforts.

B. Central Directory

1. The State Lead Agency shall ensure the establishment and maintenance of the State's Central Directory, which shall include information about the following:
    a. Public and private EI services, resources, and experts available in the State;
    b. Public and private EI services, resources, and experts available at the local program, county and community levels;
    c. Scientifically based research and demonstration projects being conducted in the

State;
    d. Professional and other groups that provide assistance to children eligible under Part C and their families; and
    e. Training opportunities (e.g., continuing education courses, in-service training, and professional meetings).

2. The State Lead Agency shall ensure that a toll-free Central Directory number is available to the general public and staffed by trained personnel. Parent to Parent Phone Number: (800) 229-2038.

3. The State Lead Agency shall ensure that the Central Directory is updated annually. Each local program is responsible for assisting with keeping the Central Directory information up-to-date for their local catchment area.

4. Each local program is responsible for disseminating information about the Central Directory throughout their local area.

5. The State Lead Agency shall ensure the Directory is available to all persons through the toll-free statewide number; a telecommunications device (TDD) is available for persons who are speech and hearing impaired; and upon request printed information is available in large print face or Braille for those who are visually impaired.

C. Comprehensive Child Find System

1. Local programs are expected to collaborate with other agencies who serve children birth through 2 years of age to coordinate local Child Find efforts. These include but are not limited to: Early Head Start/Head Start; maternal child health programs such as Children's Medical Services, Health Check, Early Hearing Detection and Intervention (EHDI) systems, Healthy Mothers' Healthy Babies, DFCS (Department of Family and Children Services), family homeless shelters, child care centers, NICUs, perinatal centers, tribal organizations and organizations working with military families.

2. Participation by BCW in local interagency coordinating councils (LICCs) is required to foster collaboration with other agencies serving children birth to five. LICCs will be composed of community stakeholders who will make recommendations for activities to promote child find in their local programs.

3. Local BCW programs will identify and participate in local community events (i.e., health fairs, parent support groups) where families with infants and toddlers with disabilities may attend.

4. Local BCW program staff may attend conferences, or meetings attended by physicians and other health providers to provide information on the BCW program and referral process.

D. Referrals and Screening

1. Referrals of children birth to 5 years of age to public health services including EI services provided through BCW, will come through Children 1st. Children 1st is Georgia's Maternal and Child Health program Single Point of Entry. Referral sources, such as child care or physician communities, are informed through a variety of methods about referral procedures and the benefits of referring children birth to 5 years of age through Children 1st.

2. Referrals may come directly to BCW from families, other agencies or the public. Family information will be gathered on the Children 1st Screening and Referral form and sent to Children 1st in order to be presented at the weekly staffing meeting to be reviewed by the Birth to Five Review Team, to ensure the most appropriate referral(s) are made on behalf of the child and family.

E. Timelines to Act on Referrals

Once the local agency or C1st receives a referral, the district has 45 days to complete the referral process, which includes:

1. Intake
2. Evaluation and /or Assessment
3. IFSP development
4. If a child is referred less than 45 days from the child's third birthday, the local lead agency is not required to complete an evaluation or assessment or to hold an IFSP meeting, however, if that child may be eligible for preschool services or other services under Part B, the lead agency with the parental consent must refer the toddler to the State Educational Agency (SEA) and the appropriate Local Educational Agency (LEA).

200.2 – Child Abuse Prevention and Treatment Act (CAPTA) Policy

Children 1st is a single point of entry to Georgia's statewide collaborative birth-to-five system of public health and other prevention- based programs and services.

A. Babies Can't Wait

1. Accepts referrals from DFCS to BCW via Children 1st for children under the age of three who are:
   a. The subject of a substantiated case of child abuse or neglect; or
   b. Directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure; or
   c. Diagnosed with a BCW Category 1 condition or developmental delay.
2. Ensures that local BCW or Children 1st personnel conduct screenings on children under the age of three who are victims in a substantiated case of child abuse or neglect, and who are referred from DFCS.
3. Ensures that DFCS is provided with an Individualized Family Service Plan (IFSP), with parental consent for children who have been referred by DFCS and have been enrolled in the BCW program. The IFSP and Status of Eligibility (SOE) forms will only be sent to DFCS provided DPH has a signed form by the appropriate parent. As defined in section 602(23) of the IDEA of 2004, a "parent" is:
   a. A biological, adoptive, or foster parent of a child (unless a foster parent is prohibited by State LEA from serving as a parent*).
   b. A guardian (but not the state if the child is a ward of the state);
   c. An individual acting in the place of a natural or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or a person who is legally responsible for the child's welfare;
   d. An individual assigned to be a surrogate parent, in accordance with BCW policies.
4. Ensure that local BCW personnel participate in DFCS meetings and staffing via conference calls or face-to-face meetings held for foster children (those found eligible for BCW) and their families when appropriate as invited by DFCS.

5. Ensure that local C1st/BCW personnel with signed release of information notify DFCS Wellness Programming, Assessment, and Consultation (WPAC) unit via healthmatters@dhs.ga.gov (note child's county of custody in subject line of email) in writing if a parent of a child referred to DPH declines participation with the BCW process and procedures and provides DFCS the reason given for the refusal of services.
6. Ensure that local BCW personnel provide service coordination and intervention for eligible children referred to BCW.

B. Department of Family and Children Services (DFCS)

Referrals:

1. DFCS will use the Children 1st Referral Form and complete it in its entirety including caseworker's name, phone, and email, county of custody, supervisor's name.
2. DFCS shall include with their referral:
    a. DFCS Authorization for **Release of Information** form signed by the DFCS staff person handling the case.
    b. A **copy of any court order** stating that DFCS has legal custody of the child.
    c. DFCS Family Educational Rights and Privacy Act **(FERPA) Consent Form** signed by the parent or guardian of the child.

If any changes in placement or status occur for a child, DFCS will notify appropriate public health representatives in Child Health (Children 1st or BCW) within 15 days of change.

DFCS will make contact with the applicable Children 1st or BCW Coordinator in the district that serves the children in the care of DFCS, monthly to share information about children referred and ensure that systems and linkages are working appropriately.

C. Children 1st

Referral Process:

Day 1 of the 45 day time period begins on the day that the Children 1st SPOE receives a referral indicating that it is a BCW referral. Examples of BCW referrals include:

- A physician-initiated referral due to a suspected developmental delay or Category 1 diagnosis;
- A CAPTA referral made by a DFCS caseworker for a child (birth to three) with substantiated abuse or neglect;
- A referral received (from a parent, hospital or licensed professional) with a Category 1 diagnosis for eligibility; orA referral received from a parent, family member or child care provider who is concerned about the child's development.

Districts must work together to develop a process that maximizes the amount of time available for scheduling an evaluation and developing an Individualized Family Service Plan (IFSP) within the 45 days.

Category 1 Referral Process:

A referral from any source with a Category 1 diagnosis.

1. Category 1 referrals are sent by Children 1st directly to BCW within 2 business days of identification. BCW receives the referral, completes the BCW intake process and enrolls the child, if appropriate.

2. The referral is sent to the next staffing of the Birth of Five Review Team (BCW, Children 1st, 1st Care, EHDI, Children's Medical Services [CMS], Child Health Coordinators or some combination thereof) to determine most appropriate Public Health program referral(s).

Category 2 Referral Process:

1. The Developmental Specialist (or other trained DPH staff) will initiate contact with the family within three business days. Staff will use at least two unique forms of contact which may include a telephone call, letter or home visit.

2. Once contact has been made with the family, a screening may be scheduled using the Ages and Stages Questionnaire (ASQ-3). The Developmental Specialist (or other ASQ trained DPH staff) will complete the Ages and Stages Questionnaire Social and Emotional (ASQ-SE) if:
   a. The Children 1st Screening and Referral Form indicates mental health or socio-emotional concerns and the child is at least six months of age;
   b. After the review of the OVERALL QUESTIONS section of the ASQ- 3 and there is an indication that a social-emotional concern warrants an ASQ-SE screening;
   c. A score in the black/gray area of the ASQ-3 Personal-Social areas.

3. If the screening indicates possible developmental delays, then C1st will send the referral along with the ASQ-3 (and ASQ-SE if completed) to BCW within two business days.

4. If the screening indicates that the child is age appropriate or in the monitoring zone, the Children 1st Developmental Specialist will offer to enroll the child in Children 1st.

Birth to Five Review Team:

A representative from each child health program to include Babies Can't Wait, Children 1st, Early Hearing Detection and Intervention, and Children's Medical Services **shall meet at a minimum of once per week to review referrals.** All referrals that enter Children 1st as the SPOE shall be reviewed to determine the most appropriate referrals are made on behalf of the child's family. Each local Children 1st Coordinator will be responsible for documenting the frequency, attendance, and outcome of the Birth to Five Review Meeting. Each child health program shall be responsible for reporting the disposition of their referrals at a minimum, once per month to the Birth to Five Review Team. Documentation of these meetings shall be available upon request of State Office staff.

202.3 – Evaluation and Assessment: Determination of Eligibility

Guiding FEDERAL POLICY 34 CFR §303.321*Evaluation of the child and assessment of the child and family.*

BABIES CAN'T WAIT PROGRAM STANDARD

A timely, comprehensive, multidisciplinary developmental evaluation will be conducted for each child, birth through age two, referred for evaluation, including assessment activities related to the child and, with family consent, the child's family. Nondiscriminatory evaluation and assessment procedures shall be used in all evaluation and assessment activities of children and families.

Evaluation and Assessment

Section 303.321(a)(3)

1. A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) under this part if those records indicate that the child's level of functioning in one or more of the developmental areas identified in §303.21 (a)(1) constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability under §303.21. If the child's Part C eligibility is established under this paragraph, the lead agency or Early Intervention Service (EIS) provider must conduct

assessments of the child and family in accordance with the following section.

2. Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child.
3. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent method to establish a child’s eligibility as Category 2 under this part even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.

Section § 303.321

Evaluation and assessment of the child: All evaluations of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.

Unless clearly not feasible to do so, all evaluations and assessments of a child or family must be conducted in the native language of the child, in accordance with the definition of native language in § 303.25.

Procedures for evaluation of the child. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child‘s eligibility under this part. Procedures must include-

1. Administering an evaluation instrument;
2. Taking the child‘s history (including interviewing the parent);
3. Identifying the child‘s level of functioning in each of the developmental areas in §303.21 (a)(1);
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, or other records
6. Procedures for assessment of the child and family.
7. An assessment of each infant or toddler with a disability must be conducted by qualified personnel in order to identify the child’s unique strengths and needs and the early intervention services appropriate to meet those needs. The assessment of the child must include the following--
    a. A review of the results of the evaluation;
    b. Personal observations of the child; and
    c. The identification of the child’s needs in each of the developmental areas in §303.21 (a)(1).
8. A family-directed assessment must be conducted by qualified personnel in order to identify the family’s resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must--
    a. Be voluntary on the part of each family member participating in the assessment;
    b. Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and
    c. Include the family’s description of its resources, priorities, and concerns related to enhancing the child’s development.

Section 303.310

Post-Referral Timeline 45 days

A. Except as described in the following paragraph, any screening (if the State has adopted a policy and elects and the parent consents to conduct a screening of the child), the initial evaluation and initial assessments of the child and family must be completed within 45-days from the date the lead agency receives the referral of the child.

B. The 45-day timeline does not apply for any period when–
  1. The child or parent is unable to complete the screening (if applicable), the initial evaluation, the initial assessments of the child and family, or the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records; or
  2. The parent has not provided consent for the screening (if applicable), the initial evaluation, or the initial assessment of the child, despite documented, repeated attempts by the lead agency or EIS provider to obtain parental consent.

C. The lead agency must develop procedures to ensure that in the event that the child or family is unable to complete or the parent has not given consent for the screening (if applicable), the initial evaluation, the initial assessment, or the initial IFSP, the lead agency or EIS provider must-
  1. Document in the child's early intervention records the exceptional family circumstances or repeated attempts by the lead agency or EIS provider to obtain parental consent;
  2. Complete the screening (if applicable), the initial evaluation, the initial assessments (of the child and family), and the initial IFSP meeting as soon as possible after the documented exceptional family circumstances described above no longer exist or parental consent is obtained for the screening (if applicable), the initial evaluation, and the initial assessment of the child; and
  3. Develop and implement an interim IFSP, to the extent appropriate and consistent with §303.345.

D. The initial family assessment must be conducted within the 45-day timeline that begins with the date that the lead agency or EIS provider receives the referral of the child if the parent concurs and even if other family members are unavailable.

IMPLEMENTATION

A referral to the local lead agency (BCW) begins the Individual Family Service Plan (IFSP) process which ensures:

1. Completion of a developmental evaluation and assessment by a Multidisciplinary Team (MDT);
2. Eligibility determination through a review of developmental evaluation and assessment results and other information;
3. An IFSP meeting is held; and,
4. An initial IFSP is developed within 45 calendar days of receipt of referral by the local lead agency (BCW).

The evaluation and assessment of the developmental skills and functional levels of infants and toddlers cannot rely solely on standardized scores and/or measures (quantitative information). Professionals must also integrate qualitative information with traditional evaluation and assessment procedures (e.g., systematic observations, interviews, neonatal medical histories, etc.) through the use of informed clinical opinion. The following procedures relate to this process.

A. Eligibility

Children are eligible for Babies Can't Wait (BCW) in Georgia if they are:

1. Between the ages of 0 and 36 months;
2. Reside in the State of Georgia; AND

3. Meet eligibility criteria of Category 1 or Category 2 as follows:

B. Category 1 - Infants & Toddlers with Established Risk for Developmental Delay

Children who have an established risk of developmental delay due to a diagnosed physical or mental condition of known etiology and significant developmental consequences are considered to have a Category 1 condition, regardless of whether a delay is manifested at the time of identification. A child's medical and other records may be used to establish eligibility without an evaluation. Please refer to the Category 1 Conditions List in the Appendix for a complete list of eligible diagnoses.

Referrals of children with a diagnosed Category 1 condition from a physician must include a written medical diagnosis with the ICD-10 code confirming the Category 1 condition and all other medical diagnoses and accompanying code(s) available in the medical record. This written statement will be retained in the early intervention record.

<u>For Category I children, the local program must:</u>
Obtain a medical report which confirms a diagnosed mental or physical condition with ICD-10. This documentation must be received and obtained from a physician.
Assess the child in all five developmental domains by at least one qualified individual for the purposes of initial assessment for program planning using a curriculum-based assessment, such as:

1. The "Assessment, Evaluation, and Programming System for Infants and Children" (AEPS)
2. The "Hawaii Early Learning Profile" (HELP)
3. The Carolina Curriculum for Infants and Toddlers with Special Needs

C. Category 2 - Infants & Toddlers with a Significant Developmental Delay

Children eligible under Category 2 are those children who are determined by the MDT to have a significant developmental delay in one or more areas of development. A delay is considered significant when standardized measures yield a score of 2 standard deviations below the mean in one or more of the five developmental domains or at least 1.5 standard deviations (moderate delay) below the mean in two or more of the five developmental domains and/or the child's developmental issues interfere with their functional ability when compared with peers.

An initial evaluation tool must be completed for the purposes of eligibility determination by using, either the "Bayley Scales of Infant Development," the "Battelle Developmental Inventory" or the "Developmental Assessment of Young Children" (DAYC). **At least two qualified individuals must participate in the evaluation with one person having expertise in the area of suspected delay.** Personnel and training requirements for administration of each of the tools as outlined in the tool's administration guide must be used in determination of a qualified evaluator. All evaluators must have a background in child development and testing. Qualified personnel, under §303.31, are individuals who meet State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the developmental area in which the individuals are conducting an evaluation or assessments or providing early intervention services.

The second professional on the Multidisciplinary Team may use additional tools listed below to assist in identifying the unique strengths, needs, supports and services appropriate to meet the needs of the child:

1. Pre-school Language Scale (PLS) latest edition

2. Peabody Developmental Motor Scale latest edition
3. The Receptive-Expressive Emergent Language Test (REEL) latest edition
4. The “Assessment, Evaluation, and Programming System for Infants and Children” (AEPS)
5. The “Hawaii Early Learning Profile” (HELP)
6. The Carolina Curriculum for Infants and Toddlers with Special Needs

If the results of the above tools/procedures do not meet the criteria for a significant delay, the MDT may use informed clinical opinion to reach a determination. In addition, a child’s medical or other records may be used to establish eligibility (without conducting an evaluation of the child) if those records indicate a significant developmental delay or meets the criteria of a disability. The medical records must meet the criteria for Georgia’s BCW eligibility. i.e., appropriate tool, significant delay. 303.321 (a)(3)(i) If a child’s eligibility is established under this criteria, an assessment of the child must still be performed for IFSP planning.

D. Required Components of Initial Evaluation or Assessment

1. The choice of MDT/PSP members and developmental evaluation tools/procedures for any child should be based on the presenting developmental needs of the individual child and the priorities of the family.

2. If a parent has not provided consent to the initial screening, evaluation, or assessment of a child, despite documented, repeated attempts to obtain parental consent, the local lead agency must complete the initial evaluation, assessments, and IFSP meeting as soon as possible after parental consent is obtained.

3 An assessment is required once a child is determined eligible, regardless of how the child is determined to be eligible.

4 All initial evaluations or assessments must include the collection and review of the following information:
   a. Reason for referral/statement of concern and referral source;
   b. Parent(s) information which may include interview, questionnaire or developmental checklist, and other information collected during intake;
   c. Review of pertinent records, by a nurse or other trained medical professional, related to child’s current health status and medical history, which includes a written statement from the primary health care provider; and other diagnostic codes available in the medical record;
   d. Vision and hearing screening;
   e. A completed evaluation or assessment instrument covering five developmental domains: cognitive, communication, adaptive, physical, and social-emotional development.

      For children with Category I conditions, this will include:
      - A curriculum-based assessment
      - A physician’s written confirmation of the diagnosis, including diagnostic codes.

      For children with Category 2 conditions, this will include:
      - Appropriate standardized and norm-referenced diagnostic tools (at least one), and;
      - Standardized behavior checklists or curriculum-based measures; or

- Systematic observation of functional abilities in the child's daily routine or natural setting.

f. Adjusted or corrected age of the child must be used when evaluating infants and toddlers under age 2 who were born at or before 35 weeks gestation except in situations in which the publisher of the evaluation tool recommends using chronological age as the basis for scoring the instrument.

5 The eligibility decision is confirmed through consensus of the MDT.

6 If consensus of eligibility is not initially reached, additional developmental evaluation/assessment information is gathered and the decision is reached with the assistance of the Early Intervention Coordinator or designee.

7 If the parent does not agree with the determination of eligibility based on the developmental evaluation procedures as described above, the parent can initiate a due process hearing in accordance with the Procedural Safeguards Section.

8 The above-collected information must be documented in child's BCW early intervention record prior to IFSP development and before initiation of any services. For children with Category 2 conditions, this documentation must delineate how the MDT/PSP team reached an informed clinical opinion substantiating a significant developmental delay.

9 Any completed test protocols or question booklets that contain information about a specific child being evaluated or assessed by/for BCW must be retained for six years after child exits the program and be made available for parent review as part of the child's early intervention record under Federal Educational Rights and Privacy Act (FERPA).

10. If a child is found not eligible, the parent will be provided with prior written notice and information about the parent's right to dispute the eligibility determination through dispute resolution mechanisms under §303.430, such as requesting a due process hearing or mediation or filing a State complaint.

E. Informed Clinical Opinion

Under section § 303.300 and § 303.322(c)(2), States are required to ensure that informed clinical opinion is used in determining a child's eligibility. Informed clinical opinion is especially important if there are no standardized measures, or if the standardized procedures are not appropriate for a given age or developmental area. Informed clinical opinion will be used to determine the existence of a condition that has a high probability of resulting in developmental delay under § 303.16(a)(2).

If the team cannot identify appropriate instruments to accurately capture a child's developmental status because of health status, age, or characteristics of the disability, then Informed Clinical Opinion (ICO) can be used to determine eligibility. The early intervention professional or team uses both qualitative and quantitative information to shape an informed clinical opinion in determining a child's difficult-to-measure aspects of current developmental status and potential need for early intervention services. To do so, the professional must have knowledge of the multiple domains of development characteristic of infants and toddlers; the expected sequence of development; and the broad range of individual variations that may be seen in appropriately developing infants and toddlers.

In addition to meeting IDEA requirements, ICO provides a basis for planning appropriate services for children and families, for individual professionals and also at the team level. ICO is used throughout the process of evaluating and assessing an infant or toddler to yield a comprehensive and accurate description of the functional skills and behaviors a child uses to participate in routines and activities within his/her natural environments.

ICO is a process, not a definition of eligibility, and its use to determine eligibility does not replace or modify a state's definition of eligibility. In no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility (34CFR§ 303.321(a)3(ii)).

The rationale for ICO is a discussion of the "whole child" that goes beyond a reporting of just test scores. Therefore, the functional impact of documented developmental delays can be discussed and considered in determining eligibility.

In writing the ICO when documenting eligibility, the multidisciplinary team MUST document the following:

1. Who was involved in the team and in gathering information
2. Description of the procedures used and in which settings
3. Summary of the information and description of the functioning of the child in each developmental area.
4. That the informed clinical opinion was a consensus of the multidisciplinary team (not the judgment of only one member).Statement of the decision of the team and rationale for concluding that the child is eligible.

Methods and Procedures

Methods and procedures are to include the following:

1. Answers to the following questions regarding child's development:
    - How does the child's behavior/atypical development or delay adversely affect the child's day to day functioning, daily routines or activities? What are the child's abilities and needs within his/her natural environment?
    - Has the child lost skills and/or stopped making progress in this developmental area?
    - Has more than one person expressed concern with atypical or delayed development?
2. Objective data used to conclude that the child has a developmental delay and is in need of early intervention services. Any or all of the following can be used:
    - Clinical interviews with parents and family members;
    - Evaluation of the child in his/her daily routine;
    - Observation of parent-child interaction;
    - Information from teachers or child care providers;
    - Medical records;
    - Neurodevelopmental or other physical examinations;
    - Test scores (from additional testing performed that indicate significant delay)
    - Other developmental data including health status and medical history
    - Systematic observation tools which may include state-developed tools and/or selected parts of domain tools.

Information obtained from these methods are synthesized to form the informed clinical opinion of the child's development and family resources, priorities, and concerns and suggest areas that may need further assessment.

F. Review of Prior Developmental Evaluation/Assessment Data

With written, informed parental consent, MDT/PSP must consider any *standardized or curriculum-based developmental evaluation/assessment that meet Georgia requirements* that is less than six (6) months old. If the evaluation/assessment does not include a five-domain instrument that meets Georgia requirements, the MDT/PSP must complete a five-domain tool or procedure to ensure that all five domains are addressed. In this case, only one professional is required.

The MDT/PSP must prevent children and families from undergoing unnecessary assessments and avoid duplicating already existing evaluation/assessment information. In addition, a child's medical or other records may be used to establish eligibility (without conducting an evaluation of the child) if those records indicate a significant developmental delay that meets the Georgia BCW criteria of a disability.

G. Nondiscriminatory Procedures

Nondiscriminatory procedures must be used in all developmental evaluations and assessments. These nondiscriminatory procedures require that:

1. All tools/procedures are conducted and interpreted in the native language when used with respect to an individual who is limited English proficient. The language normally used by the individual, or in the case of a child, the language normally used by the parents of the child for evaluations and assessments conducted and language normally used by the child if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment. Native language, when used with respect to an individual who is deaf or hard of hearing, blind, or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, braille, or oral communication.

2. Any developmental evaluation/assessment(s) tools/procedures that are used are selected and administered in a racially or culturally sensitive and effective manner so as not to discriminate against but respect and recognize the culture of the family and child. In addition, tools/procedures must be adaptable to accommodate the physical and sensory needs of the child.

3. Developmental evaluations and assessments are conducted by qualified personnel.

4. Interpretation service must be offered and made available to families to ensure that families are full and active participants in the IFSP process.

H. Family Assessment

1. Family assessment refers to a process designed to assist families in identifying their resources, priorities, and concerns related to enhancing the development of the child. This process is family-directed and based on the family's determination of which aspects of the child's developmental delays are of high priority, relevance and importance.
2. Family assessment is strictly voluntary on the part of each family member and a family member's decision not to participate in this process will not affect the child's eligibility for BCW services.

3. Requirements Related to Assessment of the Family. If an assessment of the family is carried out, the assessment must:
    a. Be conducted by qualified personnel;
    b. Be based on information provided by the family through a personal interview;
    c. Incorporate the family's description of its resources, priorities, and concerns and the identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

4. Native Language in accordance to the definition in Evaluation and Assessment Policy.

I. Timeline for Initial Developmental Evaluations and Assessments

If a child with a Category 1 condition requires immediate services, an Interim IFSP (see IFSP Policy) may be developed prior to completing the initial assessment. Developmental assessments must be completed within the required timelines.

J. Maintaining MDT/PSP Members for Developmental Assessments

1. Selection of a developmental evaluation/assessment provider is the decision of the local program. Local programs must have written policies that indicate how and by whom this function will be implemented.

2. Each local program is responsible for establishing and maintaining a list of service providers who meet the highest entry-level requirements for their respective disciplines as specified by the Georgia Licensing Board, the BCW Program State Plan Application and Part C Personnel Policy for early intervention professionals and: 1) are employed by the local lead agency; or 2) have a current contract with the state lead agency.

3. The local lead agency must provide a copy of each evaluation/assessment to the parent within 21 calendar days, at no cost to the family.

K. State Approved Tools/Procedures

To make the eligibility determination for children with Category 2 conditions, evaluators must use at least one standardized, norm-referenced instrument appropriate for the child's age. In addition, a child's medical or other records may be used to establish eligibility (without conducting an evaluation of the child) if those records indicate a significant developmental delay or meets the Georgia BCW criteria of a disability.

One of the tools listed below **must** be utilized to establish eligibility:

1. Bayley Scales of Infant Development
2. Battelle Developmental Inventory (BDI)
3. Developmental Assessment of Young Children (DAYC)

For assessment for IFSP Planning, one of the following tools **must** be utilized:

1. The Carolina Curriculum for Infants and Toddlers with Special Needs
2. Hawaii Early Learning Profile (HELP)
3. Assessment, Evaluation and Programming System (AEPS)
4. The Trans-Disciplinary Play-based Assessment
5. Battelle Developmental Inventory (BDI)
6. Developmental Assessment of Young Children

These tools can track the child's ongoing developmental progress in the context of everyday routines and activities and obtain federally required information about child outcomes.

A formal evaluation/assessment is not required for determining COS exit ratings. Additional information from crosswalks of evaluation/assessment tools developed by the ECO Center, other approved evaluation/assessment tools, observation and informed clinical opinion can be considered in determining COS exit ratings.