

Determination of Initial Eligibility

Approved: July 1, 2019

Updated: July 7, 2023

Who is responsible: Intake Coordinator

Categories of IDEA/Part C Eligibility for Children Ages Birth to Three

In South Carolina, infants and toddlers are determined eligible for Part C if the child:

- Is experiencing a developmental delay of 40% (2 standard deviations below the mean) in one area of development or a delay of 25% (1.5 standard deviations below the mean) in two areas of development, as measured by appropriate diagnostic instruments and procedures. Areas of Development: Cognitive development, Physical development (including vision and hearing), Communication development, Social or Emotional development, Adaptive development.
- OR
- Has a diagnosed physical or mental condition (verified by a physician) that as a high probability of resulting in developmental delay: and includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; complications of prematurity; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

If a child's medical and/or other records indicate that a child meets state eligibility criteria for developmental delay, the child does not have to be evaluated. Medical and/or other records should be recent (within 90 days). With parental consent, the child will proceed to the child and family assessment.

Preparation for the Eligibility Evaluation

The Intake Coordinator will review the intake packet to familiarize themselves with the information and ensure all items needed for evaluation are available.

Two days prior to the intake appointment, the Administrative Assistant will make a reminder call to the parent.

Determining Eligibility Based on Established Risk Conditions

For children referred based on an established risk condition, the Intake Coordinator will request and review all available information from the child's healthcare providers and determine if the child has a diagnosis or condition that meets state eligibility criteria. Eligibility based on complications of prematurity may be determined for children referred to IDEA/Part C before age two.

Scenario 1: Child's Diagnosis or Condition Meets State Criteria

For children eligible for IDEA/Part C, the following **must** be completed by the Intake Coordinator prior to referring the child to a Service Coordinator:

- Document multidisciplinary eligibility team decision in BRIDGES.
- Provide family with a copy of the evaluation results.
- Ensure all appropriate sections of BRIDGES are completed.
- State policy regarding selection of the Service Coordinator requires that if the child has documented vision and/or hearing impairments, the South Carolina School for the Deaf and the Blind (SCSDB) will provide service coordination.
- The parent will be asked to provide the Intake Coordinator with their top ten choices for ongoing service coordination. The Intake Coordinator will notify the service coordination agencies of a potential referral through a joint e-mail. The service coordination agencies have 24 hours to respond. The referral will be

transferred to the highest ranked provider that accepts the referral and responds within the required timeframe.

- If the BNIC does not reach the family during the evaluation results call, they will leave a message asking for a call back.
 - The BNIC will also send an email asking the family to contact the BNIC to discuss eligibility results.
 - Inform the family that if the BNIC is not able to get in touch with them, the BNIC will attempt one more contact, the next business day. If at that time the BNIC is not able to reach the family a no contact will be sent to the family.
- The family will have seven (7) days to respond and can re-refer at any time, prior to 34 ½ months of age.
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- The Intake Coordinator will use the procedures for Service Coordination to transfer the record from Intake to the selected or assigned Service Coordinator.
- After accepting a referral, the service coordination agency will receive the file through BRIDGES and secure e-mail of hardcopy documents within one business day.
- Referral Status Update form is sent to the referral source.

Scenario 2: Child's Diagnosis or Condition Does Not Meet State Criteria

Option 1: The Intake Coordinator must consult with his or her supervisor to determine if the child's diagnosis and corresponding information would warrant an eligibility decision based on Informed Clinical Opinion (ICO).

Option 2: If there is any question about whether a diagnosis is considered an established risk condition under IDEA/Part C, the Intake Coordinator should proceed with the completion of an eligibility evaluation, to determine if the child is eligible based on significant delays in development.

Determining Eligibility Based on Significant Developmental Delays

Approved methods for determining initial eligibility:

- State-approved standardized instrument
- For infants and toddlers who were eligible in another state, a standardized evaluation tool or the most recent assessment of the child (less than 90 days old) may be considered in the eligibility decision.
- If the M-CHAT follow-up interview and the STAT are positive for concerns, the child is presumed eligible for IDEA/Part C services pending the referral for and results of a diagnostic evaluation for Autism Spectrum Disorder (ASD). The IDEA/Part C evaluation instrument should be completed as part of the eligibility evaluation in the event the results of the evaluation are negative for ASD.

The Intake Coordinator will:

- Ensure Prior Written Notice of the evaluation has been provided, and the parent has provided consent.
- Explain the purpose of the evaluation and how the evaluation instrument is administered.

Scenario 1: Child Meets State Criteria for Significant Developmental Delay or High Risk of ASD

For children eligible for IDEA/Part C, the following must be completed by the Intake Coordinator prior to referring the child to a Service Coordinator:

- Document multidisciplinary eligibility team decision in BRIDGES.
- Provide family with a copy of the evaluation results.
- Ensure all appropriate sections of BRIDGES are completed.
- The parent will be asked to provide the Intake Coordinator with their top ten choices for ongoing service coordination. The Intake Coordinator will notify the service coordination agencies of a potential referral

through a joint e-mail. The service coordination agencies have 24 hours to respond. The referral will be transferred to the highest ranked provider that accepts the referral and responds within the required timeframe.

- If the BNIC does not reach the family during the evaluation results call, they will leave a message asking for a call back.
 - The BNIC will also send an email asking the family to contact the BNIC to discuss eligibility results.
 - Inform the family that if the BNIC is not able to get in touch with them, the BNIC will attempt one more contact, the next business day. If at that time the BNIC is not able to reach the family a no contact will be sent to the family.
 - The family will have seven (7) days to respond and can re-refer at any time, prior to 34 ½ months of age.
- The Intake Coordinator will use the procedures for Service Coordination to transfer the record from Intake to the selected or assigned Service Coordinator.
- After accepting a referral, the service coordination agency will receive the file through BRIDGES and secure e-mail of hardcopy documents within one business day.
- Referral Status Update form is sent to the referral source.
- If the results of the M-CHAT Follow-up Interview and the STAT are positive for high risk of autism spectrum disorder, the Service Coordinator developing the initial IFSP is responsible for:
 - The referral for the diagnostic evaluation.
 - Adding Early Intensive Behavioral Intervention (EIBI) services to the IFSP.
 - Requesting prior authorization of EIBI services by the IDEA/Part C State Office (see Procedures for Development of the Initial IFSP for additional information.)

Scenario 2: Child Does Not Meet State Criteria for Significant Developmental Delay or High Risk of ASD

The Intake Coordinator will provide family with a copy of the evaluation results. If parents are not satisfied with the results, discuss the case with the Intake Coordinator supervisor for further guidance.

If the family has no further concerns, the Intake Coordinator will:

- Provide family with information about other resources based on the child's situation (private therapy providers, home visitation programs, etc.).
- Provide Prior Written Notice of IDEA/Part C's eligibility decision and of the family's right to appeal or re-refer at any time before the child reaches 3 years of age. Families of children re-referred after 34.5 months of age will be directed to their local school district as potentially eligible for Part B services.
- Send the Referral Status Update form is sent to the referral source.
- Document multidisciplinary eligibility team decision in BRIDGES.
- Ensure all necessary information is completed in BRIDGES.
- In OnBase, mark the referral as ineligible and upload all documentation.

Use of Informed Clinical Opinion (ICO)

If the diagnosis or the eligibility evaluation results do not meet state criteria, ICO should be considered as an independent process for eligibility. All sources of documentation (i.e., medical records, therapy records), observation, and interview information should be considered as part of the ICO process.

There is no single evaluation tool that will capture every child with a significant delay. It is critical for the Intake Coordinator to obtain and review as much information as possible. If there is documentation to support a significant delay, the Intake Coordinator should staff the case with their supervisor. If additional discussion is needed, they should contact the state IDEA/Part C Eligibility Director.

Native Language of the Child

Reasonable efforts must be made to conduct the initial eligibility evaluation in the native language of the child unless it is not developmentally appropriate for the child. The Intake Coordinator will make every effort to make sure foreign language or sign language interpretation is available, as appropriate. See Appendix C of Procedures for Early Intervention Service Provider Agreements for additional information regarding use of Foreign Language Interpretation and Translation Providers.