PART C ADMINISTRATOR IMPLEMENTATION TECHNICAL ASSISTANCE GUIDE

ELIGIBILITY CRITERIA

INTRODUCTION

The Individuals with Disabilities Education Act (IDEA) requires that all States define which infants and toddlers are eligible to receive services under the IDEA program for infants and toddlers (Part C). An eligible infant or toddler must either have a developmental delay or a diagnosed physical or mental condition with a high probability of resulting in developmental delays. Each State establishes the criteria for the extent of the developmental delay and may identify the established conditions that make a child eligible for services. Furthermore, under Part C, States may also choose to serve eligible children who are at-risk of developing delays or disabilities. At-risk infants or toddlers are those who would be at risk of experiencing a substantial developmental delay if early intervention services are not provided (e.g., children born significantly prematurely). Refer to the Summary of State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA Part C as compiled by the Early Childhood Technical Assistance Center and the Center for IDEA Early Childhood Data Systems to see each State's eligibility criteria.

IDEA PART C STATUTORY AND REGULATORY KEY PRINCIPLES

- Comprehensive child find system
- Early and appropriate identification of all eligible children, including from underserved groups
- Coordination among agencies and early childhood programs
- Outreach to and engagement with families and primary referral sources
- Promoting development, learning, and school readiness

IDEA sections 632, 634, 635(a)(1)-(8), 636(a), and 637(a)(3)-(7) and 34 C.F.R. Part 303.

Because IDEA allows States to define delays and list eligible diagnoses, IDEA creates variability in eligibility criteria across States, which can result in significant differences in both the number and demographics of children who receive Part C services. Since States set different thresholds for the significance of a delay, a child with a 25-percent delay in one area of development, for example, could qualify for Part C in some States but not in others with higher delay thresholds. The statute gives States similar latitude to determine which diagnosed conditions or at-risk factors make a child eligible for Part C services. For example, a child with fetal alcohol syndrome may be automatically eligible in certain States but not in others.[1] States may also engage in different processes to establish eligibility criteria. States establish criteria in State statute, through State regulations, or through policies established by the State Interagency Coordinating Council. Regardless of the process used to establish or modify eligibility criteria, IDEA regulations require that States solicit public input on changes to the eligibility criteria.[2]

INTRODUCTION

Cumulative child count data, which capture the number of children who receive Part C services throughout the year, show a significant variability in the percentage of children served across States. Recent national data show that 6.9 percent of infant and toddlers receive Part C services, but the rates between States vary from a low of approximately 2 percent to a high of nearly 21 percent. Eight states serve 10 percent or more of infants and toddlers in Part C, and 10 States serve 5 percent or fewer over the course of a year.[3] While a variety of factors influence the number of children served in each State--including poverty levels, program funding, and family outreach efforts--some research has shown an association between narrow eligibility criteria for developmental delay and decreased receipt of Part C services.[4] The Infants and Toddlers Coordinators Association (ITCA), which supports Part C Coordinators in administering Part C, groups States into three categories based on how narrowly or broadly they define their eligibility criteria for developmental delay. States in Category A have the broadest criteria (e.g., children qualified for services with a 25-percent or greater delay) while Category B (33 percent or greater) and Category C (40 percent or greater) have more restrictive criteria. Fifty-three percent of category A and 47 percent of category B States enrolled children in Part C at rates above the national average. In contrast, only 37 percent of category C States enrolled infants and toddlers at rates above the national average, which suggests that States' eligibility criteria for developmental delay can influence the percentage of children served under Part C. The Child Count Data Chart prepared by ITCA provides a detailed description of each category and respective State groupings.

State policies that make children with certain conditions automatically eligible for services streamline the enrollment process for qualifying children. This can, in turn, reduce barriers that make it harder for historically underserved children to enroll in Part C, such as biases and access to practitioners who determine eligibility. Restrictive criteria for established conditions may also deny children with disabilities critical early intervention services and can exacerbate inequities among historically underserved children. For example, research shows that participation in Part C is an effective strategy to improve developmental trajectories, particularly of children born premature or with low birthweight.[5] While there is a lot of variability in the criteria, 35 States include eligibility for Part C enrollment using birth weight or prematurity as established conditions.[6] However, some States with high rates of low birthweight or prematurity do not include these conditions as part of their eligibility criteria. This may disproportionally impact Black children and families, as studies conducted in serval States and metropolitan areas have suggested Black children are substantially more likely to be born with low birthweight than White children.[7]

CASE STUDY: HOW SOUTH CAROLINA DEVELOPED A NEW POLICY ON ELIGIBILITY TO EXPAND ACCESS TO CHILDREN WITH AUTISM

In response to the Centers for Disease Control and Prevention's Learn the Signs, Act Early campaign, the State of South Carolina developed the South Carolina Act Early Team (SCAET), a collaboration of State agencies, universities, health care systems, private organizations, and families to improve early identification and intervention for young children with autism spectrum disorder (ASD). This group determined that the number of children under age 3 who were diagnosed or presumed to have ASD and receiving Part C services was smaller than the number of children likely to benefit from such services. The SCAET developed a new policy for presumptive eligibility for Part C for children determined to be at-risk for ASD, a condition likely to result in developmental delays. The policy was implemented collaboratively by BabyNet, South Carolina's interagency early intervention system, and the South Carolina Agency for Developmental Disabilities Services.

Baby Net provides early intensive behavioral intervention services for children under age 3 without a diagnosis of ASD on the basis of a 2-tiered screening process. Children found at-risk for ASD on the Modified Checklist for Autism in Toddlers and the Screening Tool for Autism in Toddlers and Young Children are eligible to begin early intensive behavioral interventions services while they await a comprehensive evaluation for ASD.

To support their eligibility policy change, SCAET engaged in the following practices:

- Increasing emphasis on routine screening across State agencies.
- Training medical and other professionals on earlier identification and home-based behavioral intervention for young children at risk for ASD.
- Implementing the process across agencies and developmental evaluation centers.

South Carolina saw a fivefold increase in children eligible for early intensive behavioral intervention without waiting for a diagnosis of ASD following the policy implementation. The false-positive rate was low, with only 2.5 percent of children found not to have ASD from a comprehensive evaluation. Determining that the child did not have ASD did not impact eligibility for other BabyNet services beyond the intensive behavioral interventions. This model demonstrates one approach Part C administrators can consider to expand eligibility to successfully identify and provide services faster to children with or at risk for ASD,[8] which can improve developmental trajectories and may reduce the need for more special education or more intensive supports when children are older.

STRATEGIES IN ACTION: CALIFORNIA BROADENS ELIGIBILITY CRITERIA

California recently enacted legislation to increase access to early intervention services through a number of reforms to its eligibility criteria. The legislation lowered the threshold for eligibility to Part C from a 33-percent delay in either cognitive, communication, social or emotional, adaptive, or physical and motor development, including vision and hearing, to a 25-percent delay in cognitive, expressive communication, receptive communication, social and emotional, adaptive, or physical and motor development, including vision and hearing. Additionally, the law clarified that children who experienced fetal alcohol syndrome were eligible for early intervention services. See California's Early Start Information Packet for more information.

STRATEGIES

State Part C administrators can promote high-quality eligibility practices designed to accurately and equitably identify infants and toddlers eligible for IDEA Part C services by implementing the following strategies:

PROMOTE THE USE OF INFORMED CLINICAL OPINION[a]

Research shows that informed clinical opinion in the eligibility determination process can serve as a necessary safeguard against eligibility determinations based upon isolated information or test scores alone.[9] A State may establish informed clinical opinion as its own eligibility category or as an alternative way to determine whether a child meets a State's developmental delay criteria or has an eligible diagnosis. For example, a child who is not found eligible based on standardized assessments may still be found to have a developmental delay and determined eligible based on informed clinical opinion. Informed clinical opinion makes use of quantitative and qualitative information, including family needs, priorities, and concerns, to assist in forming a determination regarding difficult-to-measure aspects of developmental status and the potential need for early intervention. State administrators should make sure that providers have ongoing professional development regarding the use of informed clinical opinion within the eligibility and assessment process; know how to document decisions based on informed clinical opinion; and understand that a child who is not found eligible based on standardized scores may be eligible based on informed clinical opinion. The Early Childhood Technical Assistance Center has a document that provides more information on informed clinical opinion as well as a checklist on using informed clinical opinion to determine eligibility. Wisconsin has a tip sheet on using informed clinical opinion and South Dakota has an informed clinical opinion documentation form to help providers document decisions during the eligibility determination process.

CONSIDER SOCIAL DETERMINANTS IN ELIGIBILITY DETERMINATIONS

Social determinants of health or environmental risk can have powerful influences on children's development and learning. Part C systems should review their policies and procedures so that children who have life circumstances known to negatively impact development can be eligible for Part C services, even in the absence of a developmental delay or a diagnosed condition. For example, Idaho has prematurity plus significant environmental risk as an established condition. Providers should also be encouraged to consider social determinants within informed clinical opinion. Examples of social determinants or environmental risk may include: trauma, such as abuse and neglect,[10, 11] lack of resources, such as housing instability,[12] and food insecurity,[13] and financial stressors.[14] Rhode Island provides examples of significant circumstances that may be considered in the context of informed clinical opinion in determining a developmental delay.

CONSIDER HOW CHILDREN APPROACH LEARNING AS PART OF ELIGIBILITY DETERMINATIONS

In determining eligibility, IDEA requires providers to evaluate children's competencies in cognitive, motor, communication, social emotional and adaptive domains. Although domain-based competencies reflect an essential component of child development, there is a growing recognition that children's approaches to learning are critical processes used to acquire new competencies and support future learning. Examples of these include executive function, mastery motivation or persistence, self-regulation, and self-determination. Competence in these areas can propel development whereas deficits in these areas can impact future development and school performance. Including approaches to learning in eligibility determinations, as part of informed clinical opinion, can provide a more comprehensive developmental profile and assure eligibility decisions are based not only on what the child knows and can do, but also how the child approaches opportunities to learn new knowledge and skills.[15]

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[a] Informed clinical opinion is mandated and defined within IDEA (34 CFR § 303.3212(a)(3)(ii)) as follows: "Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility 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 under paragraph (b) of this section."

STRATEGIES

GATHER INPUT ON ESTABLISHED CONDITIONS FOR PART C ELIGIBILITY

Part C systems should routinely gather input from the community—including parents, faculty in higher education, Part C practitioners, pediatricians, and other medical providers—on their list of established conditions for Part C eligibility to ensure the list includes conditions that have a high probability of developmental delay based on the most recent scientific evidence.[16] The list of eligible conditions should include both medical conditions such as those on the Recommended Uniform Screening Panel identified through newborn screening[17] and conditions that put a child-at risk for developmental delay such as prematurity, low birth weight,[18, 19, 20, 21] and prenatal drug exposure.[22, 23, 24] The Early Childhood Technical Assistance Center has a map that highlights selected established conditions by State.

ENSURE POTENTIAL REFERRAL SOURCES UNDERSTAND THE ELIGIBILITY CRITERIA AND THE ELIGIBILITY PROCESS

Health care providers need to understand how their IDEA Part C system determines if infants and toddlers are eligible for services to support the referral process. To make well-informed referral decisions, health care providers also must understand their role in referring families to Part C and their respective organizations' policies and practices. State Part C administrators should specifically work with health care providers to ensure they understand the State's established conditions that make a child eligible for early intervention services, as well as the State's definition of developmental delay. Engagement with health care providers should go beyond pediatricians to include nurse practitioners, physician assistants, and family care providers. For example, in applicable States, the Part C system should inform neonatal intensive care unit providers that a child born prematurely or at a low birth weight can be automatically eligible for Part C. The messaging should include the importance of connecting young children as early as possible with Part C and other available services, such as home visiting programs.

SUPPORT CONTINUITY OF ELIGIBILITY BETWEEN PART C AND PART B SYSTEMS

States have the option of using a developmental delay category for children ages three through nine under IDEA Part B. While States can develop their own definition for developmental delay for Part B, which can be different than the definition of developmental delay under Part C, to best support families and young children in a seamless transition between Part C and Part B systems, Part C and Part B agencies should align their definitions of developmental delay. Alignment requires commitment from both systems, engagement of partners including families, and ongoing cross-agency collaborations to examine how the definition of developmental delay is used across their systems and how alignment decisions will impact the services provided to young children with disabilities and their families. States should also consider the Part C Extension Option, which provides flexibility for States to extend Part C services beyond age three for children with disabilities who received services under Part C and are eligible for services under Part B. The Office of Special Education Programs IDEA Part C Extension Option Policy Checklist highlights how the State Part C lead agency and the State educational agency must work collaboratively to jointly develop a policy, supporting the Part C Extension Option. Additionally, Part C programs should take advantage of recently enacted flexibilities in IDEA appropriations laws to prevent gaps in summer services by extending eligibility for Part C services from age three until the start of the school year after a child's third birthday.

RESOURCES FOR SUPPORT: MAKING DECISIONS ON ELIGIBILITY

The former Tracking, Referral and Assessment Center for Excellence (TRACE) Center created a comprehensive framework and algorithm for the Part C eligibility process. The algorithm provides a step-by-step problem-solving process or problem-solving procedure to help providers make decisions on if an infant or toddler is eligible for IDEA Part C services.

PUTTING THE STRATEGIES INTO PRACTICE

HOW CAN ADMINISTRATORS SUPPORT HIGH-QUALITY PART C ELIGIBILITY PROCESSES IN THEIR STATES?

ENHANCE KNOWLEDGE OF ELIGIBILITY CRITERIA AND MAKING ELIGIBILITY DECISIONS

When determining eligibility for IDEA Part C services, practitioners need to conduct a comprehensive, multidisciplinary evaluation that examines developmental competence across multiple domains and considers factors that impact development. State and local administrators should ensure that practitioners in their States have readily available information about the eligibility criteria and how this aligns to any State-approved eligibility evaluation measures. They should also ensure that practitioners receive ongoing professional development on the eligibility process, using informed clinical opinion, and making eligibility determinations (see the Resources box). The Missouri Part C program has created a professional development module on eligibility determinations for practitioners.

RAISE AWARENESS OF ESTABLISHED CONDITIONS OR AT-RISK FACTORS TO STREAMLINE THE ELIGIBILITY PROCESS

In partnership with early intervention practitioners, families, and health care providers, State administrators should develop a universal checklist to help health care providers identify children with concerns for developmental delay or established conditions to streamline the process from referral to beginning appropriate services. In addition to established conditions, States should also consider risk factors for having a disability or delay, such as low birth weight, exposure to substances, or experiencing homelessness. The TRACE center has a universal referral checklist that can be modified to align to a State's criteria. Maine has developed an online child find intake form for referral sources. Mississippi's joint referral form was developed for referral to both Part C and for services for children with special health care needs.

PUTTING THE STRATEGIES INTO PRACTICE

WHAT PRACTICES CAN CONTRIBUTE TO GREATER EQUITY IN ELIGIBILITY DETERMINATIONS?

COLLECT AND REVIEW LOCAL DATA

To support continuous improvement and evaluate equity within their systems, State and local programs should identify the types of data that will help them determine if there are disparities in the outcomes of the eligibility process. Data could include the demographics of children found eligible versus ineligible for IDEA Part C services; demographics of children who are found ineligible but then re-referred and found eligible at a later time; data on whether children are found eligible based on developmental delay, established condition, or informed clinical opinion; and any inconsistencies in eligibility determinations across communities in the State. Data should be analyzed to assess whether changes in the criteria for developmental delay or established conditions, or policy changes on the eligibility process impacted access for groups of children historically underserved by the Part C system. Systems should also examine data on models of service delivery, specifically how service delivery models impact eligibility determination and whether there are differences in how teams, disciplines, or providers' workload impact eligibility determinations.

ENGAGE PARTNERS TO DISCUSS THE ELIGIBILITY PROCESS

Administrators can think creatively about engaging community partners to connect with families who can benefit from IDEA Part C services but have been traditionally underserved. Some communities have successfully trained and worked with community ambassadors. For example, the East Saint Louis (IL) Family and Community Engagement Center connects individuals from within its community, a traditionally underserved area, with trusted community members who have an understanding of IDEA Part C services, the referral process, and other supports for families. Word- of-mouth can be extremely valuable in informing families about IDEA Part C services. States can also leverage Act Early Ambassadors who promote developmental monitoring and screening for all children birth to age 5 and connect programs with free tools, in multiple languages and customizable with local IDEA Part C referral information, so families can monitor development.

DEFINE AND MEASURE PROGRESS TOWARD EQUITABLE ACCESS

State administrators can lead their agencies in identifying barriers to equitable access and determining how to measure progress toward a more equitable eligibility process. States could conduct systems-level reviews to identify barriers to access and set benchmarks for improvement. The Early Childhood Technical Assistance Center's System Framework can help States conduct a baseline review of their Part C system and its impact on families' and children's access to services, and the Child Find Self-Assessment can help States assess their child find systems in particular.

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