

Sources of Information About Eligibility Determination Definitions and Practices

Carl J. Dunst, Stephen J. Bagnato, Ellen Gorman, and Carol M. Trivette

This *Milemarkers* bibliography includes selected references to sources of information about criteria and practices for determining child eligibility for the Individuals with Disabilities Education Act (IDEA) Early Intervention Program and Preschool Special Education Program. The information is useful for knowing which children with what kinds of disabilities or delays are eligible for early intervention or preschool special education and which practices can facilitate decision making in terms of the enrollment of eligible children.

The Individuals with Disabilities Education Act (1997) and the regulations for both the Part C Early Intervention (Early Intervention Program, 2002) and Part B(619) Preschool Special Education (Assistance to States, 2002) programs include the definitions and eligibility criteria for discerning those infants, toddlers, and preschoolers who are eligible to receive early intervention and preschool special education. The Act and regulations also include information regarding allowable practices (e.g., informed clinical opinion) for determining eligibility and the categories of disability or delay that states can use to make children eligible for early intervention or preschool special education (e.g., developmental delay).

This *Milemarkers* includes selected references to research and practice pertaining to eligibility determination definitions and practices. We include sources of information that make clear which children by law are eligible for early intervention or preschool special education and which children may be eligible at the discretion of states. We also include sources of information on three practices (informed clinical opinion, presumptive eligibility, and triage) that can facilitate the eligibility determination process. Eligibility definitions and eligibility determination practices are two types of eligibility-related activities (Dunst & Trivette, 2004) that constitute the focus of research and practice at the Tracking, Referral and Assessment Center for Excellence (www.tracecenter.info).

Eligibility Determination Definitions

Early Intervention

Infants and toddlers with identified conditions or disabilities (e.g., Down syndrome, cerebral palsy, hearing loss), infants and toddlers who have a diagnosed physical or mental condition that has a high probability of result-

ing in a delay or disability (very low birth weight), and infants and toddlers experiencing developmental delays as determined by appropriate assessment procedures and who meet a state's criteria for being developmentally delayed (see Shackelford, 2004) are eligible for the IDEA Part C Early Intervention Program. At a state's discretion, infants and toddlers who are at risk for developmental delays or poor outcomes because of environmental or biological risk factors, or both, may be eligible for Part C program participation if the at-risk condition(s) would lead to substantial developmental delay if the children did not receive early intervention.

Benn, R. (1993). Conceptualizing eligibility for early intervention services. In D. M. Bryant & M. A. Graham (Eds.), *Implementing early intervention: From research to effective practice* (pp. 18-45). New York: Guilford Press.

Brown, W., & Brown, C. (1993). Defining eligibility for early intervention. In W. Brown, S. K. Thurman, & L. F. Pearl (Eds.), *Family-centered early intervention with infants and toddlers: Innovative cross-disciplinary approaches* (pp. 21-42). Baltimore: Brookes.

Milemarkers is a publication of the Tracking, Referral and Assessment Center for Excellence (TRACE) funded by the U.S. Department of Education, Office of Special Education Programs (H324G020002). Opinions expressed in this publication are those of TRACE and do not necessarily reflect the views of the U.S. Department of Education. TRACE is a major initiative of the Center for Improving Community Linkages, Orelena Hawks Puckett Institute, www.puckett.org. Copyright © 2004 by the Orelena Hawks Puckett Institute. All rights reserved.

- Danaher, J., Shackelford, J., & Harbin, G. (2004). Revisiting a comparison of eligibility policies for infant/toddler programs and preschool special education programs. *Topics in Early Childhood Special Education, 24*, 59-67.
- Foster, R. E., & Foster, B. F. (1993). Definitional issues: Prevalence, participation, and service utilization. In D. M. Bryant & M. A. Graham (Eds.), *Implementing early intervention: From research to effective practice* (pp. 67-91). New York: Guilford Press.
- Harbin, G., Gallagher, J. J., & Terry, D. V. (1991). Defining the eligible population: Policy issues and challenges. *Journal of Early Intervention, 15*, 13-20.
- Shackelford, J. (2004, September). State and jurisdictional eligibility definitions for infants and toddlers with disabilities under IDEA. *NECTAC Notes*(No. 16), 1-15. Chapel Hill: National Early Childhood Technical Assistance Center, The University of North Carolina.
- Shonkoff, J. P., & Meisels, S. (1991). Defining eligibility for services under PL 99-457. *Journal of Early Intervention, 15*, 21-25.
- Division for Early Childhood. (2000). *Position statement on developmental delay as an eligibility category*. Retrieved January 26, 2005, from <http://www.dec-sped.org/pdf/positionpapers/Position%20Dev%20Delay.pdf>.
- Division for Early Childhood. (2001). *Concept paper on developmental delay as an eligibility category*. Retrieved January 25, 2005, from <http://www.dec-sped.org/pdf/positionpapers/Concept%20DevDelay.pdf>.
- Kochanek, T., Kabacoff, R., & Lipsitt, L. (1990). Early identification of developmentally disabled and at-risk preschool children. *Exceptional Children, 56*, 528-538.
- La Paro, K. M., Olsen, K., & Pianta, R. C. (2002). Special education eligibility: Developmental precursors over the first three years of life. *Exceptional Children, 69*, 55-66.
- Snyder, P., Bailey, D. B., & Auer, C. (1994). Preschool eligibility determination for children with known or suspected learning disabilities under IDEA. *Journal of Early Intervention, 18*, 380-390.

Preschool Special Education

Preschool-aged children with identified disabilities are eligible for the IDEA Part B(619) Preschool Special Education Program. These include children with mental retardation, hearing impairments, speech or language impairments, visual impairments, serious emotional disturbances, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities. At a state's discretion, the category of *developmental delay* may be used for eligibility determination if a child is experiencing a delay in physical, cognitive, communication, social or emotional, or adaptive development. Almost 75% of states (N = 35) now use developmentally delayed as an eligibility category for preschool special education (Danaher, 2004).

- Bernheimer, L., Keogh, B., & Coots, J. (1993). From research to practice: Support for developmental delay as a preschool category of exceptionality. *Journal of Early Intervention, 17*, 97-106.
- Danaher, J. (2004, January). Eligibility policies and practices for young children under Part B of IDEA. *NECTAC Notes*(No. 13), 1-18. Chapel Hill: National Early Childhood Technical Assistance Center, The University of North Carolina.
- Danaher, J., Shackelford, J., & Harbin, G. (2004). Revisiting a comparison of eligibility policies for infant/toddler programs and preschool special education programs. *Topics in Early Childhood Special Education, 24*, 59-67.

Eligibility Determination Practices

Informed Clinical Opinion

The IDEA regulations for the Part C early intervention program include a provision that informed clinical opinion be used to conduct the evaluation and assessment of a child to determine initial and continuing eligibility for early intervention (Early Intervention Program, 2002). As stated in the regulations, informed clinical opinion is based on a review of available child records, formal and informal evaluations of a child's developmental functioning, and information provided by the child's parents and other family members. Simeonsson, Huntington, and Parse's (1980) review of the clinical judgment literature indicates that the practice has been effectively used by professionals for assessing children with disabilities for many years.

Bagnato, Matesa, Smith-Jones, and Fevola's (in press) synthesis of the literature on informed clinical opinion or clinical judgment found that the practice "refers to the knowledgeable perceptions of caregivers and professionals about the elusive and subtle capabilities and contexts of children which must be defined and quantified so that an individual and a team can reach an accurate decision about a child's eligibility for early intervention." Informed clinical opinion is characterized by the use of different sources of information obtained through various means used to make decisions about a course of action (e.g., eligibility) or the need for supports, resources, or services (Records & Tomblin, 1994).

- Bagnato, S. J. (1984). Team congruence in developmental diagnosis and intervention: Comparing clinical judgment and child performance measures. *School Psychology Review, 13*, 7-16.
- Bagnato, S. J., & Neisworth, J. T. (1985). Assessing young handicapped children: Clinical judgment versus developmental performance scales. *International Journal of Partial Hospitalization, 3*, 13-21.
- Barnett, D., Bell, S. H., Gilkey, C. M., Stone, C. M., Smith, J. J., & Macmann, G. M. (1999). The promise of meaningful eligibility determination: Functional intervention-based multifactorial preschool evaluation. *Journal of Special Education, 33*, 112-124.
- Davis, W. A., & Shepard, L. A. (1983). Specialists' use of tests and clinical judgment in the diagnosis of learning disabilities. *Learning Disability Quarterly, 6*, 128-138.
- Glascoc, F. P. (1991). Can clinical judgment detect children with speech-language problems? *Pediatrics, 87*, 317-322.
- Greener, D. (1988, November/December). Clinical judgment in nurse-midwifery. A review of the research with implications for education. *Journal of Nurse Midwifery, 33*, 261-8.
- Records, N., & Tomblin, B. (1994). Clinical decision making: Describing the decision rules of practicing speech-language pathologists. *Journal of Speech and Hearing Research, 37*, 144-156.
- Records, N., & Weiss, A. L. (1990). Clinical judgment : An overview. *Journal of Childhood Communication Disorders, 13*, 153-165.
- Sampers, J., Cooley, G., Cornelius, K., & Shook, L. (1996). Utilizing clinical judgment in the early identification of premature infants with motor difficulties. *Infant-Toddler Intervention: The Transdisciplinary Journal, 6*, 117-124.
- Shackelford, J. (2002, May). Informed clinical opinion. *NECTAC Notes*(No. 10), Chapel Hill: National Early Childhood Technical Assistance Center, The University of North Carolina.
- Suen, H., Lu, C.-H., Neisworth, J. T., & Bagnato, S. J. (1993). Measurement of teams decision-making through generalizability theory. *Journal of Psychoeducational Assessment, 11*, 120-132.
- eligible using more formal eligibility determination procedures (Klein, 2003). The purpose of presumptive eligibility is to prevent delay in the provision of supports, resources, and services to individuals that need or require intervention or treatment.
- Presumptive eligibility has been used for almost a decade for expediting enrollment of children in states' children's health insurance programs (Klein, 2003). Bagnato, Matesa, Fevola, and Smith-Jones (in press) recently completed a review of the presumptive eligibility literature specifically in terms of its implication for early intervention and preschool special education eligibility determination. These investigators noted that presumptive eligibility, when used in the context of a complete understanding of a state's eligibility criteria (Danaher, 2004; Shackelford, 2004), can be effectively used for facilitating and streamlining eligibility determination. The references in this section of the bibliography include information about how presumptive eligibility has been used to expedite enrollment in different kinds of service programs.
- Clayton, S., Lee, C., Buckelew, S., & Brindis, C. (2002). *Innovations, issues, and ideas for investing in adolescent health: Improving health care access through teen-oriented outreach*. Los Angeles: California Adolescent Health Collaborative.
- Horner, D., Lazarus, W., & Morrow, B. (2003). Express land eligibility. *Future of Children, 13*, 224-229.
- Kaplan, D. W., (Chairperson). (2000). Improving the implementation of state children's health insurance programs for adolescents: Report of an invitational conference sponsored by the American Academy of Pediatrics, Section on Adolescent Health [Electronic version]. *Pediatrics, 105*, 906-912.
- Klein, R. (2003). Presumptive eligibility. *Future of Children, 13*, 230-237.
- Lu, M. C., Bragonier, R., Silver, E. R., & Bemis-Heys, R. (2001). *Where it all begins: The impact of pre-conceptual and prenatal care on early childhood development*. Los Angeles: UCLA Center for Healthier Children, Families and Communities.
- Piper, J. M., Mitchel, E. F., Jr., & Ray, W. A. (1994). Presumptive eligibility for pregnant Medicaid enrollees: Its effects on prenatal care and perinatal outcome [Electronic version]. *American Journal of Public Health, 84*, 1626-30.
- Sadler, D. K. (1989). Presumptive eligibility: Early access to prenatal care [Electronic version]. *Journal of the Tennessee Medical Association, 82*(2), 88-9.
- Weber, M. C. (1994, July-September). Towards access, accountability, procedural regularity and participation: The Rehabilitation Act Amendments of 1992 and 1993. *Journal of Rehabilitation, 21*-25.

Presumptive Eligibility

A practice that has major implications for improving early intervention and preschool special education eligibility determination is presumptive eligibility. Presumptive eligibility is a decision-making process that encourages (and empowers) practitioners to make temporary eligibility determinations for individuals who obviously are or have a high probability of subsequently being deemed

Triage

A practice that could be used to improve eligibility determination is triage (Robertson & Molyneux, 2001). The procedure is a decision-making process used to both identify persons most in need of attention (treatment, intervention, etc.), and to prioritize those who should be treated or provided services first, then second, and so forth. Triage decision-making procedures have been used in the medical field for many different purposes aimed specifically at improving the timely provision of appropriate treatments or services.

The effectiveness of triage is directly related to the decision-making rules that are used to prioritize service provision (Laupacis, Sekar, & Stiell, 1997). A decision-making rubric could easily be developed for triaging eligibility determination decisions for early intervention or preschool special education program enrollment. For example, one rule might be that all children with identified conditions or disabilities (e.g., trisomies) that are known to be associated with mental retardation be made eligible in the absence of any other information. Similar decision-making rules could be developed to facilitate enrollment of children with other kinds of disabilities as well. The various uses of triage as a decision-making process are described in the references in this section of the bibliography.

- Barr, M. A. (1990). Evaluation and triage. In W. D. Lerner & M. A. Barr (Eds.), *Handbook of hospital based substance abuse treatment* (pp. 7-17). Elmsford, NY: Pergamon Press.
- Cole, K. N., & Mills, P. E. (1997). Agreement of language intervention triage profiles. *Topics in Early Childhood Special Education, 17*, 119-130.
- Cole, K. N., Dale, P. S., & Mills, P. E. (1992). Stability of the intelligence quotient-language quotient relation: Is discrepancy modeling based on a myth? *American Journal on Mental Retardation, 97*, 131-143.
- Gorelick, M. H., Lee, C., Cronan, K., Kost, S., & Palmer, K. (2001). Pediatric emergency assessment tool (PEAT): A risk-adjustment measure for pediatric emergency patients. *Academic Emergency Medicine, 8*, 156-162.
- Jones, E., Lucey, C., & Wadland, L. (2000). Triage: A waiting list initiative in a child mental health service. *Psychiatric Bulletin, 24*, 57-59.
- Laupacis, A., Sekar, N., & Stiell, I. G. (1997). Clinical prediction rules: A review and suggested modifications of methodological standards. *Journal of the American Medical Association, 277*, 488-494.
- Murphy, J., Philip, M., Walsh, A., McShane, D., O'Regan, M., Roche, E., & Hoey, H. M. C. V. (2004). Hearing screening triage in children with Down's syndrome

using otoscopy, tympanometry, and distortion product oto acoustic emissions [Electronic version]. *Archives of Disease in Childhood, 89*(14), A22.

- Richards, D. A., Meakins, J., Tawfik, J., Godfrey, L., Dutton, E., Richardson, G., & Russell, D. (2002). Nurse telephone triage for same day appointments in general practice: Multiple interrupted time series trial of effect on workload and costs. *British Medical Journal, 325*, 214-217.
- Scoble, M. (2004). Implementing triage in a children's assessment unit [Electronic version]. *Nursing Standard, 18*(34), 41-44.
- South Wiltshire Out of Hours Project Group. (1997). Nurse telephone triage in out of hours primary care: A pilot study. *British Medical Journal, 314*, 198-199.
- Travers, D. A., Waller, A. E., Bowling, J. M., Flowers, D., & Tintinalli, J. (2002). Five-level triage system more effective than three-level in tertiary emergency department. *Journal of Emergency Nursing, 28*, 395-400.

Summary

Knowledge of the eligibility definitions for the Part C Early Intervention Program and Part B(619) Preschool Special Education Program and the decision-making practices that are used for eligibility determination, can ensure timely provision of needed supports, resources, and services to infants, toddlers, and preschoolers with or at risk for disabilities or delays. This *Milemarkers* includes selected references to background information on eligibility definitions and practices that can be used to facilitate eligibility determination. Practitioners interested in improving eligibility determination should find the source material useful for examining current practices and developing new approaches to enrolling eligible children in early intervention or preschool special education.

Acknowledgments

Appreciation is extended to Tharesa Owenby for typing, Teresa Imfeld for editing, and Kaki Roberts for final formatting of the manuscript.

References

- Assistance to States for the Education of Children with Disabilities, 34 C.F.R. § 300 (2002).
- Bagnato, S. J., Matesa, M., Smith-Jones, J., & Fevola, A. (in press). Foundations for using clinical judgment in early intervention. *Cornerstones, 1*(2).
- Bagnato, S. J., Matesa, M. M., Fevola, A. V., & Smith-Jones, J. (in press). Characteristics of presumptive

- eligibility promoting program enrollment. *Cornerstones*, 1(3).
- Danaher, J. (2004, January). Eligibility policies and practices for young children under Part B of IDEA. *NECTAC Notes*(No. 13), 1-18. Chapel Hill: National Early Childhood Technical Assistance Center, The University of North Carolina.
- Dunst, C. J., & Trivette, C. M. (2004). Toward a categorization scheme of child find, referral, early identification and eligibility determination practices. *Tracelines*, 1(2), 1-18. Available from <http://www.tracecenter.info/products.php>.
- Early Intervention Program for Infants and Toddlers with Disabilities, 34 C.F.R. § 303 (2002).
- Individuals with Disabilities Education Act [IDEA] Amendments, 20 U.S.C. § 1400 *et seq.* (1997).
- Klein, R. (2003). Presumptive eligibility. *Future of Children*, 13, 230-237.
- Laupacis, A., Sekar, N., & Stiell, I. G. (1997). Clinical prediction rules: A review and suggested modifications of methodological standards. *Journal of the American Medical Association*, 277, 488-494.
- Records, N., & Tomblin, B. (1994). Clinical decision making: Describing the decision rules of practicing speech-language pathologists. *Journal of Speech and Hearing Research*, 37, 144-156.
- Robertson, M. A., & Molyneux, E. M. (2001). Triage in the developing world: Can it be done? [Electronic version]. *Archives of Disease in Childhood*, 85, 208-213.
- Shackelford, J. (2004, September). State and jurisdictional eligibility definitions for infants and toddlers with disabilities under IDEA. *NECTAC Notes*(No. 16), 1-15. Chapel Hill: National Early Childhood Technical Assistance Center, The University of North Carolina.
- Simeonsson, R. J., Huntington, G. S., & Parse, S. A. (1980). Expanding the developmental assessment of young handicapped children. *New Directions for Exceptional Children*, 3, 51-74.

Authors

Carl J. Dunst, Ph.D., is Co-Principal Investigator of the Tracking, Referral and Assessment Center for Excellence (TRACE) and Research Scientist at the Orelena Hawks Puckett Institute in Asheville, North Carolina (dunst@puckett.org). Stephen J. Bagnato, Ed.D., is a Professor of Pediatrics and Psychology; Director of Early Childhood Partnerships; and Faculty Director of Developmental Psychology Training at the UCLID Center at the University of Pittsburgh (steve.bagnato@chp.edu); Ellen Gorman, M.Ed., is a Research Assistant at the Orelena Hawks Puckett Institute (egorman@puckett.org); Carol M. Trivette, Ph.D., is Co-Principal Investigator of the Tracking, Referral and Assessment Center for Excellence (TRACE); and Research Scientist at the Orelena Hawks Puckett Institute in Asheville, North Carolina (trivette@puckett.org).

