



Snapshots

States' Part C Eligibility Definitions Account for Differences in the Percentage of Children Participating in Early Intervention Programs

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Abstract

Whether differences in IDEA Part C Early Intervention Program eligibility criteria was related to differences in the percentage of the infant and toddler population served by states was the focus of this report. States were organized into three groups based on the use of informed clinical opinion as an eligibility determination practice and environmental or biological at-risk status as eligibility criteria. Results showed that states with more liberal eligibility definitions and criteria served a larger percentage of the birth to 36-month-old population.

Part C of the Individuals with Disabilities Act (1997) authorizes the provision of early intervention services to infants and toddlers with disabilities or delays by states and jurisdictions participating in this federal program. This program was first authorized in 1975 as Part H of Education for All Handicapped Children Education Act. As of 2004, all 50 states, the District of Columbia, and five jurisdictions (America Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands) participate in the IDEA Part C Early Intervention Program (Shackelford, 2004).

States and jurisdictions participating in the Part C Early Intervention Program are required to serve infants and toddlers with a diagnosed physical or mental condition associated with a high probability of a developmental delay and infants and toddlers who are experiencing developmental delays as ascertained by appropriate assessment tools and methods (Early Intervention Program, 2002). At their discretion, states and jurisdictions may provide services to infants and toddlers at risk for developmental delays using environmental or biological risk factors, or both, for eligibility determination.

Shackelford (2004) recently conducted a content analysis of state and jurisdictional eligibility definitions and criteria based on aggregate information included in

unpublished federal grant applications and through personal communications with State and Jurisdictional Part C Coordinators. Her analysis included a description of the level of developmental delay required for eligibility in the Part C Early Intervention Program and whether states and jurisdictions had environmental or biological at-risk categories for determining eligibility for early intervention. She also included information indicating whether informed clinical opinion or judgment was explicitly mentioned as a procedure for establishing child eligibility for early intervention as well as "additional comments" qualifying and clarifying the criteria used by states and jurisdictions for discerning infant and toddler early intervention program eligibility.

The purpose of this study was to ascertain whether differences in states' eligibility criteria was related to differences in the percentage of the infant and toddler population served by all 50 states and the District of Columbia. Information included in Shackelford's (2004) analysis was used to classify states into three categories based on the use of clinical opinion as an eligibility determination practice and whether environmental or biological risk factors were used by states for establishing eligibility.

Method

States and the District of Columbia were assigned to one of three groups based on the use of informed clinical opinion or environmental or biological risk factors

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for eligibility determination (Table 1). States assigned to Group 1 had definitions that included no mention of clinical opinion for eligibility determination and did not allow at-risk conditions to be used to determine child eligibility for early intervention. States assigned to Group 2 had definitions that included explicit mention of clinical opinion as a procedure for determining eligibility for early intervention but did not permit the use of at-risk conditions for determining eligibility. States in Group 3 allowed either biological or environmental risk factors, or both, to be used to determine child eligibility for early intervention. Six of these states also had definitions that included clinical opinion as an eligibility determination procedure.

The organization of the states and the District of Columbia into three groups placed the entities on a

continuum according to the scope of eligibility criteria ranging from *restricted* (Group 1) to *liberal* (Group 3). Group 2 was designated as having a *narrow* definition of eligibility determination for purposes of conducting the analyses reported in this *Snapshots*.

The relationship between states' eligibility definitions and criteria and the percentage of children served in early intervention was determined using the number of children enrolled in the states' Part C programs per 100 children birth to 36 months of age for nine reporting periods (1994 to 2002) as the dependent measure (Dunst, Hamby, & Fromewick, 2004). The number of children served was reported annually by states to the U.S. Department of Education, Office of Special Education Programs, as part of IDEA reporting requirements. The number of children birth to 36 months of age living in a

Table 1

Categorization of States According to Use of Informed Clinical Opinion and Biological or Environmental Risk Factors for Eligibility Determination

Restricted State Definitions				Narrow State Definitions				Liberal State Definitions			
State	Clinical Opinion	At-Risk ^a		State	Clinical Opinion	At-Risk		State	Clinical Opinion	At-Risk	
		E	B			E	B			E	B
AL	No	No	No	AK	Yes	No	No	CA	Yes	Yes	Yes
AR	No	No	No	DC	Yes	No	No	CT	Yes	No	Yes
AZ	No	No	No	GA	Yes	No	No	HI	No	Yes	Yes
CO	No	No	No	IA	Yes	No	No	IN	Yes	No	Yes
DE	No	No	No	ID	Yes	No	No	MA	No	Yes	Yes
FL	No	No	No	IL	Yes	No	No	MI	Yes	Yes	Yes
LA	No	No	No	KS	Yes	No	No	NC	No	Yes	Yes
MD	No	No	No	KY	Yes	No	No	NH	No	Yes	Yes
ME	No	No	No	MS	Yes	No	No	NM	Yes	Yes	Yes
MN	No	No	No	MT	Yes	No	No	WV	Yes	Yes	Yes
MO	No	No	No	ND	Yes	No	No				
NJ	No	No	No	NE	Yes	No	No				
NV	No	No	No	NY	Yes	No	No				
OK	No	No	No	OH	Yes	No	No				
OR	No	No	No	PA	Yes	No	No				
SD	No	No	No	RI	Yes	No	No				
TX	No	No	No	SC	Yes	No	No				
WA	No	No	No	TN	Yes	No	No				
				UT	Yes	No	No				
				VA	Yes	No	No				
				VT	Yes	No	No				
				WI	Yes	No	No				
				WY	Yes	No	No				

^aE = Environmental risk category; B = Biological risk category

^bAll the states in this category, except Connecticut and Michigan, have established at-risk eligibility categories. Both Connecticut and Michigan, however, permit the use of risk factors for corroborating an eligibility determination.

state during the three years corresponding to each reporting period was based on the U.S. Census Bureau (2004) yearly estimates. These estimates included all births, minus deaths, plus net migration. The number of infants and toddlers reported by states divided by the population estimates was used to calculate the percentage of birth to 36-month-old children served during each year between 1994 and 2002.

A 3 Between Group X 9 Reporting Period ANOVA was used to analyze the data to ascertain whether scope of eligibility criteria was related to differences in and patterns of participation in early intervention. Follow up analyses were conducted to further identify the influence of state eligibility criteria and definitions on the percentage of infant and toddlers served in early intervention.

Results

Figure 1 shows the percentage of children served by the states for the nine reporting periods for each of the three eligibility determination groups. There was a significant year-by-year difference in the overall percentage of infants and toddlers served during the reporting periods, $F(8, 384) = 22.18, p < .0001$, and a significant difference in the percentage of infants and toddlers served in the three eligibility determination groups, $F(2, 48) = 6.12, p < .01$. The patterns of increases (but not the percentage of children served) during the nine reporting periods were very much the same in the three eligibility determination groups, $F(16, 384) = 1.35, p > .05$.

Patterns of Participation

Tests for linear trends between 1994 and 2002 showed that a larger percentage of infants and toddlers were served across reporting periods in the groups having *restricted*, $F(1, 48) = 5.41, p < .05$, *narrow*, $F(1, 48) = 16.93, p < .001$, and *liberal*, $F(1, 48) = 14.37, p < .001$, eligibility definitions. In all three analysis, the results showed statistically significant improvements in states' efforts toward serving a larger percentage of eligible children.

Between Group Differences

The average percentage of the birth to 36-month-old population served during the nine reporting periods was 1.60 (SD = 0.65), 1.76 (SD = 0.71), and 2.80 (SD = 1.78) respectively, for the *restricted*, *narrow*, and *liberal* eligibility determination groups. Follow up analyses of these data showed that the percentage of infants and toddlers served by states having a *liberal* eligibility definition was larger compared to the states having either a *narrow*, $F(1, 48) = 9.01, p < .01$, or a *restricted*, $F(1, 48) = 11.19, p < .01$, eligibility definition. The percentage of the

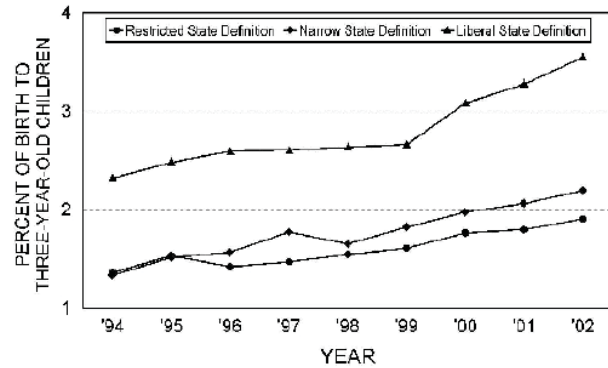


Figure 1 Percentage of birth to 36-month-old children served by states during nine reporting periods according to different eligibility determination groupings.

birth to 36-month-old population served by states having *restricted* or *narrow* eligibility definitions were not statistically different, $F(1, 48) = 0.34, p > .50$.

The same between group comparisons were made for the most recent three reporting periods (2000, 2001, 2002) to ascertain if the influence of eligibility criteria had a more pronounced influence on the differences in the percentage of infants and toddlers served by states. The analysis produced a significant between group difference, $F(2, 48) = 6.23, p < .01$. The average percentage of the birth to 36-month-old population served during the three reporting periods were 1.82 (SD = 0.60), 2.07 (SD = 0.74), and 3.30 (SD = 2.06), respectively, for the *restricted*, *narrow*, and *liberal* eligibility determination groups. The percentage of infants and toddlers served by states having a *liberal* eligibility definition was larger compared to states having either a *narrow*, $F(1, 48) = 8.66, p < .005$, or a *restricted*, $F(1, 48) = 11.67, p < .001$, eligibility definition. There was no significant difference in the percentage of infants and toddlers served in the *restricted* and *narrow* eligibility determination groups, $F(1, 48) = 0.55, p > .40$.

Within Group Differences

The average standard deviations in the percentage of infants and toddlers served by states for the nine reporting periods was 0.62, 0.66, and 1.80, respectively, for states having *restricted*, *narrow*, and *liberal* eligibility definitions. These data indicate considerably more variability in the percentage of infants and toddlers served in the liberal eligibility definition group compared to the other two groups of states. Thus, the finding showing that states with *liberal* eligibility definitions served a larger percentage of the birth to 36-month-old population is somewhat misleading because this was not uniformly the case.

Figure 2 shows the average percentage of birth to

36-month-olds served during the most recent reporting period (2002) and the standard deviation for the group means. The standard deviation for the *liberal* eligibility group ($SD = 2.39$) was 2 to 3 times greater than that for either the *restricted* ($SD = 0.66$) or the *narrow* ($SD = 0.90$) eligibility groups. Further inspection of the percentage of infants and toddlers served by individual states in the *liberal* eligibility determination group showed that three states (Indiana, Massachusetts, and Hawaii) were serving between 4% and 9% of the birth to 36-month-old population, whereas three other states (North Carolina, Michigan, and California) were serving less than 2% of the birth to 36-month-old population.

Six of the 10 states that had at-risk eligibility categories, or allowed risk factors to be used for eligibility determination, also explicitly included informed clinical opinion in their definitions as a procedure for determining child eligibility for early intervention (see Table 1). Whether this accounted for within group differences was determined as part of follow-up analyses. The average percentage of infants and toddlers served by states whose definitions explicitly mentioned or did not mention informed clinical opinion as an eligibility determination practice for the most recent three reporting periods was 2.47 ($SD = 0.67$) and 4.54 ($SD = 2.79$) respectively. Those findings indicate that the inclusion of an explicit statement about informed clinical opinion in a state's eligibility definition was not associated with a larger percentage of children served.

Discussion

Findings reported in this *Snapshots* showed that states that have at-risk eligibility categories or allowed at-risk factors to be used to corroborate eligibility determination, served, on average, a larger percentage of infants and toddlers in the general population compared to states who do not use risk conditions or factors for eligibility determination. Further analysis showed that this difference was accounted for, in part, by the fact the states who were serving a much larger percentage of the infant and toddler population compensated for the fact that three other states were serving a much smaller percentage of the birth to 36-month-old population. These results indicate that differences in eligibility definitions and criteria account for some but not all the variability in the percentage of the infant and toddler population served in early intervention programs (Dunst et al., 2004).

States who explicitly included informed clinical opinion in their eligibility definitions as a means for eligibility determination served no more children than did states that make no mention of this practice in their definitions. This may mean that providers and practitioners

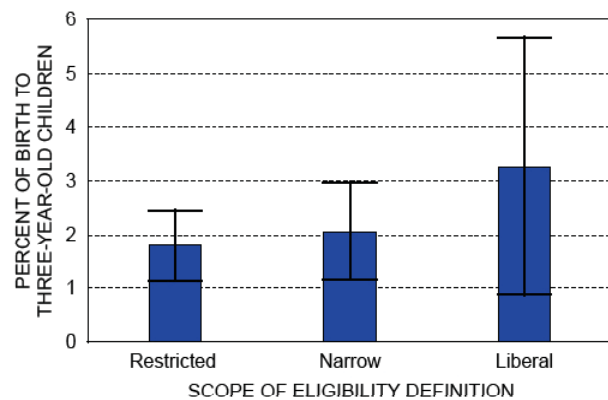


Figure 2 Means (bars) and standard deviations (bar lines) in the percentage of birth to 36-month-old children served by states in 2002.

do not use or take advantage of this eligibility determination practice (Bagnato, Matesa, Fevola, & Smith-Jones, in press) or that the procedure is used in states in the *restricted* eligibility determination despite the fact that it is not explicitly mentioned in states' eligibility definitions. Findings from the follow-up analyses of the use of clinical opinion by states having *liberal* eligibility definitions suggest that the practice may not be widely used. This is corroborated by results from a study conducted by TRACE investigators (Mott, Dunst, & Hamby, 2004) where infants and toddlers who met eligibility criteria were not made eligible without going through a lengthy and unnecessary eligibility determination process.

One purpose of the extant database studies being conducted by TRACE investigators is identifying the factors that are associated with variations in states' efforts to serve children eligible for early intervention. Studies like the one reported in this *Snapshots* are specifically designed to accomplish this purpose in ways leading to a better understanding of which factors under which conditions best explain differences in states efforts to locate, evaluate, and enroll eligible children in the IDEA Part C Early Intervention Program.

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