Michigan Department of Education
Early On® Reference Bulletin No. 10
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Eligibility Determination
Notice to Coordinators

BACKGROUND

Effective July 1, 2010 the eligibility criteria for children to enter *Early On*® Michigan has changed. Infants/toddlers are eligible for *Early On* if they have an established condition and/or a developmental delay of 20 percent or more in one or more developmental domains or a score of one standard deviation below the mean.

REQUIREMENTS

Evaluation and assessment shall include:

- written consent from the child's parent or guardian to conduct an evaluation to determine the child's initial and continuing eligibility for early intervention services;
- performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child, (each assessment and evaluation shall be nondiscriminatory); and,
- complete evaluation and assessment activities and hold an Individualized Family Service Plan (IFSP) meeting within 45 calendar days of referral, if eligible.

Eligibility criteria: Eligibility shall be determined:

- Jointly by a multidisciplinary team consisting of at least two or more qualified professionals representing different disciplines.
- Based on review of documentation of the diagnosis provided by a health or mental health care provider who is qualified to make that diagnosis, to qualify under established condition.

Established Condition: Children with established conditions are those from birth through age two who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Categories of Established Conditions:

- Congenital Anomalies
- Chromosomal Anomalies
- Infectious Conditions
- Endocrine/Metabolic Disorders
- Other Diseases
- Hearing Deficiency
- Other Fetal/Placental Anomalies
- Exposures Affecting Fetus
- Chronic Illness
- Developmental Disorders
- Mental Health Conditions

Developmental Delay

- Developmental delay is defined as follows:

Age	Percent Delay
Up to 2 months* old	Any delay
2-36* months old	20 percent delay in one or more areas of development (or a score of one standard deviation below the mean)

*adjust for prematurity through chronological age of 24 months

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REFERENCES

The requirements delineated in this bulletin are referenced and supported in the following federal and state statutes, regulations, rules, and policies:

1. Public Law 108-446 Individuals with Disabilities Education Act 2004, Part C
   - 34 CFR 303 Early Intervention Services
2. 34 CFR 303 Early Intervention Program for Infants and Toddlers with Disabilities
   - 34 CFR 303.322(a)-(e) Evaluation and Assessment
3. 34 CFR 303 Early Intervention Program for Infants and Toddlers with Disabilities
   - 34 CFR 303.166 Evaluation, Assessment, and Nondiscriminatory Procedures
4. 34 CFR 303 Early Intervention Program for Infants and Toddlers with Disabilities
   - 34 CFR 303.321(a)-(e) Comprehensive Child Find System
5. Michigan State Plan, Part 3
   - Comprehensive Child Find System, Section V
   - Evaluation, Assessment, and Nondiscriminatory Procedures, Section VI

DEFINITIONS

Assessment refers to the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify the child's unique strengths and needs; the family's resources, priorities and concerns related to the development of the child; and the nature and extent of early intervention services that are needed by the child and the child's family to meet the previously listed needs.

Evaluation is a comprehensive procedure used by appropriate qualified personnel to verify the presence of a disability or delay, to describe the nature and extent of the disability or delay, and to determine a child's initial and continuing eligibility in the five domains of development: physical development (fine and gross motor) including vision and hearing, communication development, cognitive development, social/emotional development, and adaptive/self help.

An **Evaluation Tool** is a criterion-referenced or norm-referenced instrument that assists in the identification of the unique needs of the child in terms of the developmental areas. The tool must provide a more comprehensive view of the child's functioning than does a screening tool. The evaluation tool must be utilized by qualified personnel trained in its use. There must be fixed procedures of administration, scoring, standard materials, and instructions.

Screening is the process of identifying those children who have a high probability of exhibiting delayed development. Screening is intended to identify problems at an early stage and to use this information to flag individuals for further, in-depth evaluation. Screening does not specify the nature of the problem, or the reasons for its existence. Screening procedures are quick and easily administered and may be used by persons with limited training. Most screening instruments have scores based on two standard deviations from the mean, meaning that many children who have a delay of less than 50 percent would not be identified.

DISCUSSION

A child's initial eligibility for early intervention services is based upon four sources of information:

1. A developmental history, including medical history;
2. An observation of the parent(s)/primary caregiver(s) and child together;

3. A recent health status report (within three months if the child is under 18 months, within six months if the child is 18 months or older); and,
4. An appropriate formal evaluation measure.

The purpose of a developmental history is to obtain information directly from the parents regarding the prenatal, perinatal, and family life experiences which may have influenced the child's current developmental functioning.

The purpose of the observational evaluation and assessment is to understand the development of the child within the context of his/her care-giving environment and across multiple developmental domains of functioning: cognitive, physical, communication, social and emotional, and adaptive. Observation of the child's behavior and parent-child interaction during caretaking or play activities, as well as during other natural interactions, is used to achieve this goal. The observational assessment provides a method for identification of: the child's developmental capabilities and levels of functioning in all areas under optimal conditions (in the home or with parents); the child's style of interaction with parents and play things; and the unique capacities that the parents demonstrate in taking care of the child.

The purpose of the health appraisal is to obtain information regarding the child's past and current physical development and health status.

The purpose of the formal evaluation measure is to enable professionals and parents to systematically observe the specific behaviors and capabilities of the child under standard test conditions.

The information obtained from all of these procedures is essential for understanding the developmental abilities of the child and the child's growth within the cultural context of his/her own family.

<u>Developmental Delay</u>

Children who are developmentally delayed are those from birth through age two years whose development is delayed in one or more of the following areas:

1. Cognitive;
2. Communication;
3. Social/Emotional;

4. Adaptive/Self-Help; and,
5. Physical, including vision and hearing.

Calculating Developmental Delay Based on Age

- Adjust for prematurity until a child is 24 months.
- Compute chronological age—once age is computed in months and days, the days need to be rounded. Ignore the number of days if they are less than 15. If the number of days is 15 or greater, round the month up by one. You need to correct for prematurity if the child is less than 24 months.
- For each developmental domain, determine the functional age (month) of the child.
- The tool used may calculate standard deviations. If this is the case, a child is eligible for *Early On* if he/she is functioning one standard deviation below his/her chronological age.
- On the chart, see if the child is at a 20 percent or more delay in at least one developmental domain. The chart will show what a 20 percent delay is from month one to month 36. If the child is functioning at that month or below, the child will be eligible for *Early On*.
- Only whole months are shown on the chart. In some instances there will be two "child's age in months" that have the same 20 percent delay.

Child's age in months	**20 Percent Delay** If the child is functioning at the listed month or below, the child will be eligible for *Early On*.
1	Any Delay
2	Any Delay
3	2 months
4	3 months
5	4 months
6	4 months
7	5 months
8	6 months
9	7 months
10	8 months
11	8 months
12	9 months
13	10 months
14	11 months
15	12 months
16	12 months

17	13 months
18	14 months
19	15 months
20	16 months
21	16 months
22	17 months
23	18 months
24	19 months
25	20 months
26	20 months
27	21 months
28	22 months
29	23 months
30	24 months
31	24 months
32	25 months
33	26 months
34	27 months
35	28 months
36	29 months

Early On Michigan bases eligibility determination on documented evidence (evaluation results or established condition evidence). Informed Clinical Opinion is especially important if standardized procedures are not appropriate for infants two months of age or younger. The child should be re-evaluated at his/her six month review if the service area used informed clinical opinion.

A service coordinator/provider who suspects that a child is no longer eligible for early intervention services based on Michigan *Early On*'s eligibility definition shall follow procedural safeguards and evaluate and/or assess the child to determine if the child has a 20 percent or more delay in one of the developmental domains. If the child no longer qualifies for *Early On*, the service coordinator/provider shall exit the child at that time. If the parent/legal guardian of the child still wishes for the child to remain in *Early On* and the child has a current IFSP, the service coordinator/provider shall wait for the IFSP to expire, develop and implement a transition plan, and then exit the child from *Early On* services when the IFSP has expired. The service coordinator/provider shall write and implement a transition plan when any child is leaving *Early On*.

A child who is found to be ineligible for *Early On* at initial eligibility determination should be re-evaluated for *Early On* when another referral is made.

Early On must have clear written evidence that matches one of the eligibility category definitions. Evidence may include test scores, levels on developmental checklists, genetic reports, ophthalmology, or audiology reports. *Early On* uses informed clinical opinion, in addition to the documented evidence, when deciding if the identified conditions for the child and/or family are associated with developmental concern and there is a need for developmental, therapeutic, or educational intervention.

If a child has an established condition, he/she is eligible for *Early On* as long as that diagnosis is current. Information on each category of established condition can be found at the end of this document.

When a service area suspects that a child will also be eligible for Michigan Special Education, then the child should be referred to Michigan Special Education as well. It is possible that children who are eligible for *Early On* may not be eligible for Michigan Special Education.

Early On® Michigan
Established Conditions

List of Established Conditions that indicate automatic eligibility for *Early On*® supports and services. Conditions must be **diagnosed** by an appropriate health care or mental health provider and include, but are not limited to, the following:

1. Congenital Anomalies

1.1. Central Nervous System
- Agenesis of the Corpus Callosum
- Holoprosencephaly
- Hydrocephalus w/o Spina Bifida
- Microcephalus
- Spina Bifida w/o Anencephaly

1.2. Eye, Ear, Face and Neck
- Anopthalmos/Micropthalmos
- Anotia/Microtia
- CHARGE Syndrome
- Congenital Cataract
- Pierre Robin Sequence
- Treacher Collins

1.3. Heart and Circulatory System
- Aortic Valve Atresia & Stenosis
- Coarctation of Aorta
- Hypoplastic Left Heart
- Patent Ductus Arteriosus (PDA)
- Tetralogy of Fallot

1.4. Respiratory System
- Choanal Atresia
- Lung Agenesis/Hypoplasia

1.5. Cleft Lip & Palate
- Cleft Palate w/o Cleft Lip
- Cleft Lip w/ and w/o Cleft Palate

1.6. Digestive System
- Esophageal Atresia/Tracheoesophageal Fistula
- Hirschsprung's Disease
- Pyloric Stenosis

1.7. Genital & Urinary Organs
- Hypospadias and Epispadias
- Renal Agenesis

1.8. Musculoskeletal System
- Achondroplasia
- Arthrogryposis
- Congenital Hip Dislocation
- Lower Limb Reduction Deformities
- Upper Limb Reduction Deformities
- Other Congenital Anomalies of the Musculoskeletal system

1.9. Other and Unspecified
- Bardet-Beidl Syndrome
- Fragile X Syndrome

2. Chromosomal Anomalies
- Angelman Syndrome
- Cri-du-Chat
- DiGeorge Syndrome (Velo-Cardial-Facial Syndrome)
- Kleinfelter Syndrome
- Prader—Willi Syndrome
- Trisomy 21 (Down Syndrome)
- Trisomy 13 (Patau Syndrome)
- Trisomy 18 (Edwards Syndrome)
- Turner Syndrome
- Williams Syndrome

3. Infectious Conditions

3.1. Congenital Infections
- HIV / AIDS
- Syphilis
- TORCH:
  - Toxoplasmosis
  - Rubella
  - Cytomegalovirus
  - Herpes

3.2. Acquired Infections
- Bacterial Meningitis
- Encephalitis
- Poliomyelitis
- Viral Meningitis

4. Endocrine/Metabolic Disorders

4.1. Mucopolysaccharidosis
- Hunter Syndrome
- Maroteaux-Lamy Syndrome
- Sanfilippo Syndrome
- Scheie Syndrome
- Sly Syndrome

4.2. Enzyme Deficiency
- Biotinidase Deficiency
- Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD)
- Oculocerebrorenal Syndrome (Lowe Syndrome)

4.3. Abnormalities of Amino Acid Metabolism
- Argininosuccinic Aciduria
- Citrullinemia
- Homocystinuria
- Infant Phenylketonuria (PKU)
- Maple Syrup Urine Disease
- Methylmalonic Acidemia (MMA)
- Ornithine Transcarbamylase Deficiency

4.4. Abnormalities of Carbohydrate Metabolism
- Galactosemia
- Glycogen Storage Disease

4.5. Abnormalities of Lipid Metabolism
- Gaucher Disease
- Niemann Pick Disease

4.6. Abnormalities of the Purine/Pyrimidine Metabolism
- Lesch Nyhan Syndrome

4.7. Abnormalities of the Parathyroid
- Untreated Hyperparathyroidism
- Untreated Hypoparathyroidism

4.8. Abnormalities of the Pituitary
- Hyperpituitary
- Hypopituitary

4.9. Abnormalities of Adrenocortical Function
- Congenital Adrenal Hyperplasia
- Hyperadrenocortical Function
- Hypoadrenocortical Function

4.10. Hemoglobinopathies
- Sickle Cell Disease
- Thalassemia (major and minor)

4.11. Abnormalities of the Thyroid Hormone
- Congenital Hypothyroidism

4.12. Peroxisomal Disorders
- Adrenoleukodystrophy (ADL)
- Cerebrohepatorenal Syndrome (Zellweger Syndrome)
- Rhizomelic Chondrodysplasia Punctata

Note: *The Endocrine/Metabolic Disorders Category also includes all disorders tested for in the Michigan Newborn Screening Program.*

Early On® Michigan
Established Conditions

List of Established Conditions that indicate automatic eligibility for *Early On*® supports and services. Conditions must be **diagnosed** by an appropriate health care or mental health provider and include, but are not limited to, the following:

5. Other Disorders/Diseases

5.1. Neurological Disorders

Neuromotor/Muscle Disorders
- Cerebral Palsy
- Congenital Myasthenia
- Kernicterus
- Muscular Dystrophies
- Paralysis
- Periventricular Leukomalacia
- Torticollis
- Werdnig Hoffman Disease

Cerebrovascular Disease
- Cerebral Arterial Thrombosis
- Cerebral Embolus Thrombosis
- Cerebral Venous Thrombosis

Brain Hemorrhages
- Intracranial Hemorrhage
- Intraventricular Hemorrhage (grades III & IV)

Degenerative Disorders
- Acute Disseminated Encephalomyelitis
- Cockayne Syndrome
- Friedreich's Ataxia
- Gangliosidosis
- Kugelberg-Welander Syndrome
- Leigh's Disease
- Leukodystrophy
- Schilder's Disease
- Tay Sachs Disease

Neurocutaneous Disorders
- Block-Sulzberger Syndrome
- Neurofibromatosis
- Sturge Weber Syndrome
- Tuberous Sclerosis
- Xeroderma Pigmentosa

Malignancies
- Intracranial Tumors and Other Malignancies of the CNS

Head and Spinal Cord Trauma
- Fracture of vertebral column with or without spinal cord lesions
- Shaken Baby Syndrome
- Traumatic Brain Injury

Hypoxic/Anoxic Brain Injury
- Hypoxic Ischemic Encephalopathy (Newborn Encephalopathy)
- Near Drowning

5.2. Vision Impairment
- Amblyopia
- Cortical Visual Impairment (CVI)
- Low Vision (20/700)
- Nystagmus
- Retinopathy of Prematurity (ROP) (Stage 3 - Stage 5)
- Visual Field Loss

6. Hearing Deficiency
- Auditory Neuropathy
- Bilateral or Unilateral hearing loss of ≥ 25 dB at 2+ frequencies between 500-4000 Hz.
- Mixed Hearing Loss
- Permanent Conductive Hearing Loss
- Sensorineural Hearing Loss
- Waardenburg Syndrome

7. Other Fetal/Placental Anomalies
- Twin to Twin Transfusion Syndrome
- Umbilical Cord Prolapse

8. Exposures Affecting Fetus/Child

8.1. Prenatal
- Fetal Alcohol Spectrum Disorders - Diagnosed
- Fetal Drug Exposure - Diagnosed
- Maternal PKU

8.2. Postnatal
- Lead – Blood Lead level at or above 10 micrograms per deciliter (10 µg/dL)
- Mercury – for recent exposure, blood level of more than 2 micrograms per deciliter (>2 µg/dL); for chronic exposure, urine level of more than 5 micrograms per deciliter (> 5 µg/dL)

9. Chronic Illness

9.1. Medically Fragile
- Renal Insufficiency

9.2. Medical Illness
- Bronchopulmonary Dysplasia
- Cancer
- Chronic Hepatitis
- Connective Tissue Disorders
- Cystic Fibrosis
- Diabetes
- Immune Disorders (ex. Juvenile Arthritis)
- Organic Failure to Thrive
- Renal Failure
- Very Low Birth Weight (<1500 grams or 3.3 lbs.)
- Chronic Asthma – moderate to severe
- Intrauterine Growth Retardation (IUGR)
- Small for Gestational Age (<10% weight for age) (SGA)

10. Developmental Delay

10.1. Pervasive Developmental Disorders
- Autism Spectrum Disorder
- Childhood Disintegrative Disorder
- Pervasive Developmental Disorders (NOS)

10.2. Rett's Disorder

10.3. Regulatory Disorders of Sensory Processing
- Hyposensitive / Hypersensitive
- Sensory-Seeking/Impulsive

11. Mental Health Conditions
- Adjustment Disorders
- Depression of Infancy and Early Childhood
- Maltreatment/Deprivation Disorder (A diagnosis of Reactive Attachment Disorder should be cross-walked to this diagnosis which is listed in the DC:0-3R)
- Disorders of Affect
- Mixed Disorders of Emotional Expressiveness
- Post Traumatic Stress Disorder (PTSD)
- Regulatory Disorders**

** Difficulties in regulating physiological, attentional, motor or affective processes, and in organizing a calm, alert or affectively positive state. These disorders affect the child's daily routines and interpersonal relationships. Must be diagnosed by a qualified professional. (Greenspan, 1992)

Note: *The Endocrine/Metabolic Disorders Category also includes all disorders tested for in the Michigan Newborn Screening Program.*