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## **1.0 PURPOSE AND SCOPE**

- 1.1.1. This procedure provides instruction for Connecticut Birth to Three Programs and Providers evaluating and assessing families of children for Birth to Three Early Intervention Services (EIS).


## **2.0 REFERENCES**

### **2.1 Associated Documents**

- 2.1.1. Child Outcome Summary Procedure
- 2.1.2. Document Control and Records Procedure
- 2.1.3. Early Intervention Record
- 2.1.4. Form 1-4, Consent to Conduct an Evaluation/Assessment
- 2.1.5. Form 1-6, Prior Written Notice
- 2.1.6. Form 3-1, Individualized Family Service Plan (IFSP)
- 2.1.7. Form 3-3, Authorization for Programs to Release Information
- 2.1.8. Form 3-16, Birth to Three Nutrition Screening
- 2.1.9. Form 3-17, Birth to Three Vision Screening
- 2.1.10. Form 3-18, Child Outcome Summary Form
- 2.1.11. Guideline #1, Autism Spectrum Disorder Procedure
- 2.1.12. Guideline #3, Children Referred to Speech Delays Procedure
- 2.1.13. Guideline #4, Infant Mental Health Procedure
- 2.1.14. Individualized Family Service Plan Procedure
- 2.1.15. Insurance, System of Payments Procedure
- 2.1.16. Personnel Standards Procedure

### **2.2 Source Information**

- 2.2.1. Connecticut Birth to Three Evaluation and Assessment Procedure, Effective July 1, 1996. Revised July 1, 2021.
- 2.2.2. Connecticut Birth to Three Evaluation and Assessment Guidance Document, Effective July 1, 1996. Revised Oct. 1, 2021.

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### 3.0 INSTRUCTIONS

#### 3.1 Initial Eligibility and Evaluation


##### 3.1.1. Pre-gathering Information:

1. **CONTACT** family within one working day of receiving a referral.
  - a. **INFORM** families the referral was received and **PROVIDE** Birth to Three contact information.
  - b. **PROVIDE** parents with the following within four days:
    - (1) Form 1-6, Prior Written Notice Form.
2. **IF** more than two areas of concern are identified at referral or through in-depth discussion with the family,

**THEN INCLUDE** at least two professionals to address the primary areas of concern.

##### 3.1.2. Evaluation:

1. **REVIEW** information collected at intake, including families concerns and priorities.
  - a. **FORM** an evaluation team and **CHOOSE** members based on:
    - Developmental domains cited as referral concerns.
    - Family's concerns.
    - Family's priorities.
    - Resources.
    - Child's history.
    - Pertinent developmental and family information.
    - Primary service provider for eligible child.

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2. **PERFORM** the following during evaluation:

a. **USE** an evaluation instrument.

(1) **REFER TO** Attachment 2, Child Referred - Initial Eligibility Determination, chart for description of tools.

(2) **IF** administration of a standardized, norm-referenced tool is **NOT** necessary for eligibility determination (i.e. when using medical records or diagnosed condition),

**THEN USE** an authentic curriculum-based tool.

b. **OBTAIN** child's history through parental interviews.

c. **IDENTIFY** child's level of functioning in all five areas of development:


- Cognitive
- Physical (including vision and hearing)
- Communication
- Social or emotional
- Adaptive

d. **GATHER** information from a variety of sources to understand the full scope of child's unique strengths and needs, including but not limited to:

- Family
- Caregivers
- Medical or social providers
- Educators


e. **CONFIRM** through medical records the child has either a:

- Significant developmental delay.
- Diagnosed physical or mental condition with a high probability of resulting in a development delay.

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- f. **REVIEW** child's records, including:
  - Medical
  - Educational
  - Other records
  
3. Using Form 1-6, Prior Written Notice, **PROVIDE** prior written notice to parents within a reasonable time prior to lead agency or provider proposing or refusing to initiate or change the following for their infant or toddler:
  - Identification.
  - Evaluation.
  - Placement.
  - Provision of early intervention services to the infant or toddler with a disability and family.
  
4. Prior to beginning the evaluation or assessment **OBTAIN** with parental consent, Form 1-4, Consent to Conduct an Evaluation/Assessment.
  
5. **COMPLETE** evaluation or assessment within 45 days of referral to 211 Child Development (CD).
  - a. **IF** programs are unable to locate families and children before evaluation, **THEN MARK** determination as Cannot Locate in Birth to Three Data System.
  
6. **INCLUDE** all five areas of development in evaluation or assessment.
  
7. **ENSURE** evaluation or assessment team is multidisciplinary, including either:
  - a. Two professionals from different disciplines.
  - b. One professional qualified in more than one discipline/profession.
    - (1) **WHEN** using existing medical records meeting requirements for determining developmental delay or a diagnosed condition is used to determine eligibility, **THEN PERMIT** the use of one professional qualified in more than one discipline or profession.


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8. **CONDUCT** culturally and racially non-discriminatory evaluation or assessment.
  - a. **REFER TO** Personnel Standards Procedure for information on qualified personnel.
  - b. **PERFORM** evaluation/assessment in the native language(s) of the child and the family, unless clearly not feasible to do so.
    - (1) **DO NOT** use family members or neighbors for interpretation unless family specifically requests them.
  
9. **PROVIDE** eligibility decision clearly stating reason for determination of eligibility in the form of written report, a one-page summary or visit note within four days.
  - a. **IF** discussions with family results in changes in the choice of eligibility evaluation team members initially assigned due to family's priorities and concerns,
 


**THEN DOCUMENT** changes in:

    - (1) Child's Early Intervention Record.
    - (2) Notes box on eligibility screen in the data system.
  
10. **PROVIDE** families of eligible children information and choice regarding other available programs serving their town.
  - a. **EXPLAIN** what Birth to Three supports and services entail based on best practices in Early Intervention.
    - (1) **REFER TO** [www.birth23.org/lookslke](http://www.birth23.org/lookslke).
  
11. Using Form 3-3, Authorization for Programs to Release Information, **OBTAIN** parents written consent prior to sharing any information about the child or family, including:
  - Referral source
  - Eligibility status, etc.

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12. **PERFORM** the following for initial eligibility decisions:
  - a. **REFER TO** the following for diagnosis and information for automatic eligibility:
    - Birth to Three website for a list of approved diagnoses for automatic eligibility, <https://www.birth23.org>.
    - Connecticut Birth to Three Evaluation and Assessment Guidance document for supporting evidence required when confirming eligibility due to diagnosed condition.
  - b. **WHEN** children are **NOT** eligible based on a multi-domain SNR instrument, **THEN ENSURE** a domain specific tool was professionally completed for the specific primary areas of concern.
  
13. **OBTAIN** the following information from parents or other medical providers for the evaluation, the child's:
  - Health
  - Vision
  - Hearing
  - a. **IF** child has **NOT** had a vision exam, **THEN USE** Form 3-17, Birth to Three Vision Screening.
    - Newborn hearing screening is valid for one year.
    - (1) **SEND** identified concerns on vision screening, with parent consent, to child's physician for follow-up.
    - (2) **ADDRESS** status of vision and hearing in Individualized Family Service Plan (IFSP).
  - b. **COMPLETE** additional screening as necessary, including:
    - Form 3-16, Birth to Three Nutrition Screening.


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3.1.3. Eligibility:

1. **KNOW** a child eligible during Initial Eligibility Evaluation who are under the age of three, live in Connecticut, and have:
  - A significant developmental delay (-2 SD in one developmental domain, or -1.5 SD in two or more domains).
  - A diagnosed physical or mental condition with a high probability of resulting in a developmental delay as defined in Connecticut's eligibility criteria.
2. **DETERMINE** eligibility of every child referred for evaluation or services:
  - a. **PERFORM** an eligibility evaluation.
3. **ENCOURAGE** parent's active participation during evaluation and assessment process, including:
  - Demonstrating
  - Validating
  - Interpreting
  - Informing
  - Observing
  - a. **REFER TO** and **PROVIDE** family with Connecticut Birth to Three Family Handbook: Guide 1, <https://www.birth23.org/files/Families/FamilyHandbook1.pdf>.
4. **WHEN** a program obtains a child's records with written results of an existing evaluation, and the following criteria are met:
  - a. Completed within the past three months.
  - b. Provides information from a standardized, norm referenced instrument confirming scores meeting Connecticut eligibility criteria,

**THEN** using the records **DETERMINE** eligibility without conducting an evaluation of the child, per Individuals with Disabilities Education Act (IDEA) Part C regulations.
5. **REFER TO** Attachment 2, Child Referred - Initial Eligibility Determination.



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### 3.1.4. Clinical Opinion


1. **USE** more than one procedure to determine a child's eligibility, as follows:
  - a. **USE** informed clinical opinion to conduct an evaluation and assessment of a child.
  - b. **WHEN** standardized norm-referenced (SNR) instruments are either:
    - **NOT** an effective tool due to an infant's age or significant illness.
    - Require significant adaptation for a child to perform the items, thereby invalidating the results.

**THEN USE** informed clinical opinion to substantiate the equivalent delay of either:

    - 2 SD in one developmental domain
    - 1.5 SD in two or more domains
  - c. **WHEN** clinical opinion is used to substantiate eligibility,
 


**THEN RE-EVALUATE** child within six months using a SNR tool to determine child's delay meeting initial eligibility criteria.
  - d. **USE** clinical opinion of qualified personnel on an independent basis to determine eligibility.
    - (1) **DO NOT** use clinical opinion to negate results of a standardized evaluation tool.
2. **PERFORM** the following for determining Initial Eligibility Due to a Diagnosed Condition:
  - a. **REFER TO** the Diagnosed Conditions list at <https://www.birth23.org/providers/provider-resources/icd-coding/>.
    - (1) **NOTE** the diagnosed condition list is not exhaustive and may be edited with review by lead agency.
    - (2) **CONTACT** Birth to Three at [CTBirth23@ct.gov](mailto:CTBirth23@ct.gov) for questions.
  - b. **WHEN** diagnosed condition is used to determine eligibility,
 

**THEN** multi-disciplinary team **PERFORM** an initial assessment of the child in all five areas of development.

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- c. **ENSURE** proper documentation is available for diagnosed conditions, as required.
  - d. **OBTAIN** audiology or physician report for hearing impairment.
  - e. **OBTAIN** medical provider report for visual impairment.
  - f. **OBTAIN** a speech language pathologist report documenting alignment with Birth to Three eligibility criteria for any of the following:
    - (1) Childhood apraxia of speech.
    - (2) Stuttering-like disfluency (childhood onset fluency disorder).
    - (3) Speech sound disorder.
      - **REFER TO** Guideline #3, Children Referred for Speech Delays Procedure, for specific eligibility criteria.
3. **PERFORM** the following for children with Initial Eligibility Due to Developmental Delay:
- a. Evaluation team **CONFIRM** developmental delay by considering any of the following:
    - (1) Standard deviation scores determined during eligibility evaluation meeting Connecticut's eligibility criteria.
    - (2) Documentation of standard deviation scores in one or more areas that meet eligibility criteria from current (within 3 months) medical or other report.
    - (3) Clinical opinion substantiating a significant delay meeting Connecticut's eligibility criteria.

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4. **COMPLETE** initial assessment prior to the first Form 3-1, Individualized Family Service Plan (IFSP) meeting.
  - a. **USE** an objective assessment tool for initial assessment, including:
    - SNR tool.
    - An authentic curriculum-based tool in combination with information provided by the family.
  - b. **IF** a SNR tool is used for eligibility determination **AND** forming the initial assessment,
 

**THEN PERFORM** the following:

    - (1) **COMPLETE** a curriculum-based tool within the first three months.
    - (2) **USE** curriculum-based tool continuously with the family.


3.1.5. Special Considerations:

1. **ADHERE** to the following steps for the following concerns:
  - Expressive Communication
  - Motor Delays
  - Children Born Prematurely
  - Children with Social or Emotional Concerns
  - Custody Issue and Permission to Evaluate/Assess

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2. For Expressive Communication only, **CONSIDER** a child eligible whose delay in expressive communication is at least 2 SD below the mean, but whose combined communication score is not 2 SD below the mean, **AND** has one of the following risk factors identified by a speech language pathologist:
  - Oral motor disorders.
  - Moderate to severe phonological impairment (fewer than 65% of consonants correct in a 5-minute continuous speech sample).
  - Chronic otitis media for duration of six months or longer.
  - Family (parents or sibling) history of language impairment or developmental delay.
  - Significant birth history including: congenital infection; craniofacial anomalies including cleft lip; birth weight less than 1500 grams; hyperbilirubinemia at a level requiring exchange transfusion; ototoxic medications; bacterial meningitis; Apgar scores of 0-4 at one minute and 0-6 at five minutes; mechanical ventilation lasting more than five days; head trauma associated with loss of consciousness or skull fracture.
  - Ongoing concerns by the family or the evaluator about child’s qualitative performance in the areas of social or emotional, interpersonal skills, play interest, or sensory concerns.
  - a. **ENSURE** biological risk factors are documented through:
    - Medical records
    - Additional assessment
    - Behavioral observations
    - (1) **ACCEPT** family report in the case of family history of language impairment or developmental delay.

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b. **CONSIDER** the following for children with communication delays:

- (1) **ENSURE** an audiological evaluation is performed.
- (2) **USE** a speech-language standardized tool administered by a speech language pathologist **PRIOR** to the child being found ineligible with use of a multi-domain tool.
  - For example: The most recent version of Preschool Language Scale or Receptive-Expressive Emergent Language Test.
- (3) **IF** a child lives in a home where English is **NOT** the primary language,


**THEN** evaluator **CONFIRM** the child has a significant delay in communication in their primary **OR** dominant language, using the following, if necessary:

  - Interpreter
  - Tool normed in the child's primary language
- (4) **CONSIDER** a child recently adopted from a non-English speaking country ineligible until at least six month's post adoption as there will be a significant delay in English communication.
  - Multidisciplinary team **PERFORM** evaluation in all five developmental areas using their native language to identify significant delays.
  - **REFER TO** Guideline #3: Children Referred with Speech Delays, for additional information.

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3. **PERFORM** the following for initial eligibility for children with motor delays:
  - a. **CONSIDER** the following as separate developmental areas for purpose of eligibility determination:
    - Gross Motor Skills
    - Fine Motor Skills
  - b. **DETERMINE** a child eligible with either:
    - (1) A delay of 2 or more standard deviations below the mean in either gross or fine motor.
    - (2) A delay of 1.5 SD below the mean in both gross and fine motor.
  - c. Motor therapist **USE** standardized motor tool prior to the child being found ineligible with use of a multi-domain tool.
    - For example: The most recent version of the Alberta Infant Motor Scale or Peabody Developmental Motor Scales.
  - d. **DETERMINE** eligibility due to undiagnosed neurological disorder by considering the child's medical history and early signs of motor dysfunction in the following areas:
    - Reflexes
    - Tone
    - Posture
    - Decreased motor activity
    - Decreased movement variability
    - (1) **ENSURE** positive eligibility status based on clinical opinion substantiating a delay is performed by an Occupational or Physical therapist.

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4. **PERFORM** the following for initial eligibility for children born prematurely:

a. **REFER TO** the following:

- (1) Connecticut Birth to Three website, <https://www.birth23.org/>.
- (2) Birth to Three referral for the diagnosed conditions list and gestational and weight parameters to confer automatic eligibility.
- (3) Insurance, System of Payments Procedure.

b. **APPROVE** continued eligibility for a child who was automatically eligible by meeting gestational and weight parameters in the diagnosed conditions list:


- If the Individualized Family Service Plan (IFSP) team is concerned about the child, or
  - Until child functions at age level in all areas of development.
- (1) **ENTER** an additional International Classification of Diseases (ICD) code into Birth to Three data system for a child who was eligible due to prematurity or extremely low birthweight for insurance billing.
    - **DO NOT** change the original eligibility ICD code for gestational age or birth weight that conveyed automatic eligibility.

c. **IF** a child with a history of prematurity does **NOT** meet automatic eligibility due to diagnosed condition eligibility criteria,

**THEN PERFORM** the following:

- (1) **REFER TO** Section **Error! Reference source not found., Error! Reference source not found.**, of this procedure regarding motor delays.
- (2) **USE** an appropriate tool to determine eligibility with assessment of early signs of motor dysfunction.


d. **PERFORM** the following for initial eligibility for children with social or emotional concerns:

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- e. Mental health clinician **USE** a domain specific tool prior to the child being found ineligible through use of a multi-domain tool. Mental health clinicians include:
- Social worker
  - Counselor
  - Psychologist
  - Other licensed mental health clinician
- f. **IF** the child is found **NOT** eligible for Birth to Three **BUT** mental health concerns are identified,
- THEN REFER** child to a licensed mental health care provider for evaluation and treatment.
- (1) **OBTAIN** parental permission with Form 3-3, Authorization for Programs to Release Information, for referral.
- (2) **IF** permission for referral is refused,
- THEN:**
- **DOCUMENT** refusal in the child's early intervention record.
  - **PROVIDE** parent with information on mental health resources.
- g. **UNDERSTAND** children in foster care experience significant family disturbance and are at risk for social/emotional delays.
- (1) **REFER TO** Guideline #4: Infant Mental Health Procedure, for information on:
- Behaviors signaling concerns.
  - Specific social/emotional assessment tools to assist in determining requirements for initial evaluations and assessments.



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5. **ADHERE** to the following regarding Custody Issues and Permission to Evaluate or Assess children:
  - a. **ENSURE** Child Development Infoline (CDI) obtained information during intake at the time of referral regarding:
    - Custody issues
    - Decision-making authority
  - b. Provider **CONFIRM** validity of the information during first call to the family.
  - c. **SEND** Form 1-6, Prior Written Notice, to both parents, **UNLESS** parental rights have been terminated.
  - d. **UNDERSTAND** either parent can provide written consent for an evaluation or assessment, regardless of divorce or separation, with exception to the following:
    - (1) One parent's parental rights have been terminated.
    - (2) There is a State Court custody order requiring decisions be made jointly.
    - (3) Custody order gives sole decision-making authority to one of the parents.
  - e. **IF** the referring parent indicates joint decision-making is required,
 

**THEN SEND** Form 1-4, Consent to Conduct and Evaluation/Assessment, to both parents.


    - (1) **NOTE** the evaluation can proceed as long as one parent gives permission.
  - f. **IF** there is a disagreement between parents,
 

**THEN PROCEED** with evaluation with permission from only one parent, regardless of marital status.
  - g. **SEND** the following documents to all addresses listed for parents:
    - Form 1-6, Prior Written Notice
    - Evaluation Report

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6. **ADHERE** to the following for Children who move to Connecticut:
7. **DO NOT** automatically consider children eligible for Connecticut Birth to Three services who move to Connecticut from another state where they were eligible due to being at risk for a developmental delay.
  - a. **IF** child is currently demonstrating significant developmental delay,  
**THEN CONSIDER** the child as eligible.
8. **CONSIDER** children eligible for Connecticut Birth to Three services who move to Connecticut from another state where they were eligible due the following as eligible for Connecticut Birth to Three services **UNLESS** they are functioning within normal limits in all five areas of development:
  - Diagnosed condition.
  - Significantly delayed at the time of their referral to the other state's program (for example: 2 SD or 30% delay in one area or 1.5 SD or 25% delay in two areas).
  - a. **USE** current information (not older than three months) from child's previous early intervention program to determine age level of functioning in all five areas of development.
  - b. **IF** current information from child's previous early intervention program is not available,  
**THEN** program **CONDUCT** an evaluation to determine eligibility based on:
    - Child's current age level in all areas of development, or
    - If child is still demonstrating a delay.
  - c. **COMPLETE** multidisciplinary assessment for eligible children for program planning and initial Individualized Family Service Plan (IFSP) development.

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9. **UNDERSTAND** Connecticut Birth to Three System is **NOT** required to provide Part C early intervention services to children receiving IDEA Part C early intervention services in another state if that child and their family are only temporarily visiting in Connecticut.
  - a. **DO NOT** apply this requirement to children who are:
    - Homeless
    - Highly mobile family (e.g. migrant workers)
    - Displaced by a catastrophic event
    - Wards of the state
    - Reside on an Indian reservation
10. **ADHERE** to the following for Autism Spectrum Disorder:
  - a. **ENSURE** assessment reports from Birth to Three or outside providers include information on:
    - (1) Three core deficit areas of ASD (communication, social interaction, and a restricted range of interests/activities).
    - (2) General developmental information leading to ASD diagnosis.
11. **ENSURE** ASD diagnosis corresponds with the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.
12. **ENSURE** ASD diagnosis was provided by one of the following:
  - Physician
  - Licensed clinical social worker
  - Licensed clinical psychologist
13. **USE** a published, validated screening tool for ASD, such as:
  - Modified Checklist for Autism in Toddlers Revised with Follow-Up (M-CHAT-R/F)
  - Brief Infant Toddler Social-Emotional Assessment (BITSEA)

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14. **PERFORM** the following during the determination process:
  - a. **REVIEW** autism screening completed to confirm diagnosis.(this may be done as part of the original screening completed by the Birth to Three program.)
  - b. **REVIEW** child's health information and **DETERMINE** if child's hearing has recently been screened or evaluated to rule out a possible hearing loss.
    - (1) **ENSURE** hearing test is performed prior to ASD assessment.
      - **IF** this is **NOT** possible,
 

**THEN** programs **PROCEED** with Autism assessment and **ENSURE** a hearing test is completed within three months of a child receiving ASD diagnosis.
      - **MONITOR** progress of hearing test.
  - c. **REVIEW** previously completed assessments to ensure child demonstrates a delay greater than 1 standard deviation below the mean in:
    - Receptive language
    - Expressive language
    - Social-emotional
    - Adaptive behavior skills
    - (1) **PERFORM** additional developmental assessments to gather additional information, if necessary, such as:
      - Vineland Adaptive Behavior Scales, or
      - Preschool Language Scales (latest editions)

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- d. Licensed physician, licensed psychologist, or licensed clinical social worker **PERFORM** further assessments if required, including:
- Autism Diagnostic Observation Schedule (ADOS-2) for children 12 months and older.
  - Autism Diagnostic Interview-Revised (ADI-R) for children 24 months and older.
  - Childhood Autism Rating Scale (CARS 2) for children 24 months and older.
15. **DOCUMENT** ASD diagnosis on summary form.
- a. **IF** the child is diagnosed with ASD,  
**THEN OFFER** parents a choice of:
- Transferring to program completing ASD assessment.
  - Choosing a different program specializing in autism serving their town.
  - Remaining with or choosing another Birth to Three program serving their town who is accepting new referrals.
- (1) **DOCUMENT** parent's decision on summary form.
16. **PERFORM** the following for Eligibility Determination for a Child Referred for Possible ASD:
- a. **IF** a child is screened or determined by a doctor to have a high risk of having an autism spectrum disorder **AND** directly referred to a program specializing in autism during Intake,  
**THEN DETERMINE** if the child either:
- (1) Is eligible for Birth to Three based on developmental delay.
  - (2) Has a DSM-5 diagnosis of ASD.

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- b. **OFFER** parents of children determined to have DSM-5 diagnosis of ASD the choice of:
- (1) Remaining with their program, or
  - (2) Choosing a different program specializing in autism serving their town.
- c. **OFFER** parents a choice of a Birth to Three program serving town of eligible children:
- (1) Due to developmental delay.
  - (2) **NOT** determined to have an ASD diagnosis.
- d. **IF** the child is **NOT** eligible due to a developmental delay **AND** does **NOT** have an ASD diagnosis,
- THEN REFER TO** Section 3.7, Children Found Not Eligible for Birth to Three, of this procedure.
17. **WHEN** a child has already received a diagnosis of ASD based on the DSM-5 or the Birth to Three Autism Diagnostic Checklist prior to referral,
- THEN KNOW** Child Development Infoline offers the family a choice a program specializing in autism serving their town.
- a. Receiving program **CONFIRM** sufficient information on the diagnosis is available.
  - b. Receiving program **COMPLETE** the following assessments **PRIOR** to developing initial Form 3-1, IFSP:
    - Multi-disciplinary in all five developmental areas
    - Family

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18. **WHEN** children are **NOT** eligible due to a developmental delay **BUT** the ASD screening indicates the presence of critical behaviors indicating ASD,
- THEN** program specializing in autism **PERFORM** further assessment to determine if the child meets the diagnosis of autism as determined by the latest version of the Diagnostic and Statistical Manual.
- a. **OBTAIN** parental consent prior to performing additional assessments.
  - b. **LIST** the child's eligibility status as Pending until final determination of an autism spectrum disorder.
  - c. **ALLOW** the child to remain with their original program during the autism assessment.
  - d. **PROVIDE** parent and referring program a brief written summary of the:
    - Process, and
    - Result of the assessment the day it is completed.
  - e. **SEND** a full report to parent and referring program when complete.
19. **COMPLETE** the following forms prior to the first time a curriculum-based or other assessment tool is used:
- Form 1-6, Prior Written Notice
  - Form 1-4, Consent to Conduct an Evaluation/Assessment
20. One of the following individuals **ASSIST** family in updating curriculum routinely during home visits:
- Primary interventionist
  - Paraprofessional functioning as the family's primary interventionist

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### 3.2 Continuing Eligibility

3.2.1. **RECOGNIZE** difference in requirements for continuing eligibility versus initial eligibility in the state of Connecticut.

3.2.2. **CONSIDER** a child continuously eligible after initial determination when either:


1. Individualized Family Service Plan (IFSP) team has concern about development.
2. Until child functions at age level in all areas of development.
  - a. **USE** a Standardized Norm Referenced (SNR) or Curriculum Based tool:
    - To determine continuing eligibility.
    - When necessary to support a child's transition from Birth to Three.
    - If requested by the parent.
  - b. **DETERMINE** if prior authorization is required prior to evaluations.
    - (1) **REFER TO** Insurance, System of Payments Procedure.

### 3.3 Annual Eligibility and Evaluation

3.3.1. **REVIEW** information collected at intake, including families concerns and priorities.


1. **FORM** an evaluation team and **CHOOSE** members based on:
  - Developmental domains cited as referral concerns.
  - Family's concerns.
  - Family's priorities.
  - Resources.
  - Child's history.
  - Pertinent developmental and family information.
  - Primary service provider for eligible child.



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3.3.2. **PERFORM** the following during evaluation:

1. **USE** an evaluation instrument.
  - a. **REFER TO** Attachment 2, Child Referred - Initial Eligibility Determination, chart for description of tools.
  - b. **IF** administration of a standardized, norm-referenced tool is **NOT** necessary for eligibility determination (i.e. when using medical records or diagnosed condition),  
  
**THEN USE** an authentic curriculum-based tool.
2. **OBTAIN** child's history through parental interviews.
3. **IDENTIFY** child's level of functioning in all five areas of development:
  - Cognitive
  - Physical (including vision and hearing)
  - Communication
  - Social or emotional
  - Adaptive
4. **GATHER** information from a variety of sources to understand the full scope of child's unique strengths and needs, including but not limited to:
  - Family
  - Caregivers
  - Medical or social providers
  - Educators
5. **CONFIRM** through medical records the child has either a:
  - Significant developmental delay.
  - Diagnosed physical or mental condition with a high probability of resulting in a development delay.

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6. **REVIEW** child's records, including:

- Medical
- Educational
- Other records

3.3.3. Using Form 1-6, Prior Written Notice, **PROVIDE** prior written notice to parents within a reasonable time prior to lead agency or provider proposing or refusing to initiate or change the following for their infant or toddler:


- Identification.
- Evaluation.
- Placement.
- Provision of early intervention services to the infant or toddler with a disability and family.

3.3.4. Prior to beginning the evaluation or assessment **OBTAIN** with parental consent, Form 1-4, Consent to Conduct an Evaluation/Assessment.


3.3.5. **INCLUDE** all five areas of development in evaluation or assessment.

3.3.6. **ENSURE** evaluation or assessment team is multidisciplinary, including either:

1. Two professionals from different disciplines.
2. One professional qualified in more than one discipline/profession.
  - a. **WHEN** using existing medical records meeting requirements for determining developmental delay or a diagnosed condition is used to determine eligibility, **THEN PERMIT** the use of one professional qualified in more than one discipline or profession.

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- 3.3.7. **CONDUCT** culturally and racially non-discriminatory evaluation or assessment.
1. **REFER TO** Personnel Standards Procedure for information on qualified personnel.
  2. **PERFORM** evaluation/assessment in the native language(s) of the child and the family, unless clearly not feasible to do so.
    - a. **DO NOT** use family members or neighbors for interpretation unless family specifically requests them.
- 3.3.8. Using Form 3-3, Authorization for Programs to Release Information, **OBTAIN** parents written consent prior to sharing any information about the child or family, including:
- Referral source
  - Eligibility status, etc.
- 3.3.9. **OBTAIN** the following information from parents or other medical providers for the evaluation, the child's:
- Health
  - Vision
  - Hearing
1. **IF** child has **NOT** had a vision exam,  
**THEN USE** Form 3-17, Birth to Three Vision Screening.
    - Newborn hearing screening is valid for one year.
    - a. **SEND** identified concerns on vision screening, with parent consent, to child's physician for follow-up.
    - b. **ADDRESS** status of vision and hearing in Individualized Family Service Plan (IFSP).
  2. **COMPLETE** additional screening as necessary, including:
    - Form 3-16, Birth to Three Nutrition Screening.

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### 3.4 Evaluation Reports

3.4.1. **SEND** eligibility reports to the parent within two weeks.

1. **DO NOT** consider report finalized until reviewed by the parents.
2. **PERMIT** parents to suggest changes.
  - a. **REFER TO** Parents Rights Under the Individuals Disabilities Education Act (IDEA) Part C booklet for parent's rights regarding their child's record.

3.4.2. **COMPLETE** eligibility reports as follows:

1. **INCLUDE** in eligibility reports:
  - a. Evaluator input typed or legibly written in one report.
  - b. Program name and address.
  - c. Parent's names and address.
  - d. Child's name, date of birth, age at the time of the evaluation.
  - e. Date and location of the evaluation.
2. **DESCRIBE** the following in evaluation or assessment:
  - a. Reason(s) why the child was determined eligible or not eligible.
  - b. Process and instruments used to complete evaluation/assessment and standard scores, if used.
  - c. Explanations of scores and in plain language for parents to understand the meaning.
  - d. Family's input and participation in evaluation/assessment process, including referencing unique information about the child shared by the family.
  - e. Current levels of functioning across all five areas of development, including next steps in development.

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f. Family's daily activities and child's functioning and participation during those activities and routines.

(1) **IF** child is determined eligible through use of medical records or due to a diagnosed condition,

**THEN ADDRESS** comprehensive information in areas of development during initial assessment.

(2) **IF** a child is found **NOT** eligible **BUT** shows some degree of developmental delay,

**THEN INCLUDE** in the evaluation report.

(3) **EXPLAIN** decision to parents regarding decision and explanation of developmental delay.

(4) **PROVIDE** parents with information about appropriate community resources and programs.

3.4.3. **ENSURE** all providers participating in the evaluation/assessment and licensed practitioner sign and date report.


- Original or electronic as per Department of Social Services requirements for electronic signature.

1. **IF** licensed practitioner did not participate in evaluation,

**THEN INCLUDE** documentation in the record from a licensed practitioner recommending the evaluation.

3.4.4. **OBTAIN** parental written consent with Form 3-3, Authorization for Programs to Release Information, **PRIOR** to sharing information.


1. **SEND** finalized report to child's primary health care provider and others chosen by the parent.

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### 3.5 Assessments

#### 3.5.1. Specific:

1. **DETERMINE** if prior authorization is required prior to assessment.
  - a. **REFER TO** Connecticut Birth to Three Insurance, System of Payments Procedure.
  
2. **DESCRIBE** the following in assessment:
  - a. Family's daily activities and child's functioning and participation during those activities and routines.
    - (1) **IF** child is determined eligible through use of medical records or due to a diagnosed condition,  
  
**THEN ADDRESS** comprehensive information in areas of development during initial assessment.
    - (2) **IF** a child is found **NOT** eligible **BUT** shows some degree of developmental delay,  
  
**THEN INCLUDE** in the evaluation report.
    - (3) **EXPLAIN** decision to parents regarding decision and explanation of developmental delay.
    - (4) **PROVIDE** parents with information about appropriate community resources and programs.
  
3. **PERFORM** assessments upon eligibility determination, including:
  - Child assessment
  - Family-directed assessment
  - a. **IDENTIFY** the unique strengths and needs for a child assessment, including:
    - (1) Participation in daily activities.
    - (2) Identification of appropriate supports to meet needs.
      - **REVIEW** evaluation results.
      - **PERFORM** an observation of the child.
      - **IDENTIFY** a child's needs in each area of development.


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4. **IDENTIFY** during family-directed assessment the family's:
  - Resources
  - Priorities
  - Concerns
  - Necessary supports and services
  - a. **ENSURE** the family participates in assessment voluntarily.
  - b. **BASE** assessment on use of an assessment tool and family interview.

3.5.2. Ongoing:

1. **DETERMINE** if prior authorization is required prior to assessment.
  - a. **REFER TO** Connecticut Birth to Three Insurance, System of Payments Procedure.
2. **CONSIDER** all child and family assessments following initial assessment as ongoing assessments, formal and informal.
  - a. **REFER TO** Individualized Family Service Plan (IFSP) Handbook for assessment tools available to gather information.
3. **PERFORM** ongoing, informal assessment during each meeting with the child.
  - a. **USE** one of the following authentic curriculum-based tools:
    - The Hawaii Early Learning Profile (HELP)
    - The Carolina Curriculum for Infants and Toddlers with Special Needs (The Carolina)
    - The Assessment, Evaluation, and Programming System for Infants and Toddlers (AEPS)
    - Early Start Denver Model (ESDM)

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4. **COMPLETE** an approved curriculum-based assessment for all children enrolled in Birth to Three System for at least 6 months:
  - Within initial three months of services.
  - In an ongoing manner.
  - Reviewed within one month of a child's exit.
  - a. **COMPLETE** Form 3-18, Child Outcome Summary Form, with information from curriculum-based assessment.
    - (1) **REFER TO** Child Outcome Summary Procedure.

3.5.3. Autism:

1. **CONSULT** available autism specialty programs based on rotation schedule in the Birth to Three data system.
  - a. Autism assessment providers in rotation **ACCEPT** transfer, ensuring families and child avoid multiple transitions.
  - b. **CONTACT** families referred to programs specializing in autism for assessment within 48 business hours for scheduling.
  - c. **COMPLETE** autism assessments within 45 days of a request.
    - (1) **DOCUMENT** reasons for delays to 45-day timeframe.
  - d. **ENTER** assessment results into Birth to Three data system within 10 days.
    - (1) **SHARE** assessment results with family and sending program in a timely manner.
  - e. **SHARE** report with Primary Health Care Provider (PHCP), with parent consent.
  - f. **REVIEW** Form 3-1, Individualized Family Service Plan (IFSP) and:
    - (1) **INCLUDE** information about the assessment.
    - (2) **UPDATE** goals.
    - (3) **REVISIT** transition plan to include transfer, if applicable.
  - g. **INFORM** family an autism specialty program may be invited to participate.



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### 3.6 Assessment and Evaluation for Individualized Family Service Plan (IFSP) Review

3.6.1. Using Form 1-6, Prior Written Notice **PROVIDE** written notice to family prior to Form 3-1, Individualized Family Service Plan (IFSP) review.

3.6.2. Multi-disciplinary team **DETERMINE** continuing eligibility of child in preparation for Annual Form 3-1, IFSP, if necessary.

3.6.3. Multi-disciplinary team **EVALUATE** IFSP during annual IFSP meeting within 12 months of initial **OR** previous annual IFSP.

1. **DOCUMENT** reasons for delay in child's Birth to Three record.

2. **COMPLETE** assessment of child and family prior to completing IFSP.

3. **IF** qualified under Birth to Three Personnel Standards to complete evaluations and assessments,

**THEN** child's primary interventionist **PROVIDE** assessment information in collaboration with family and team.

a. **ADDRESS** all five areas of development during assessment.

b. **REFER TO** Personnel Standards Procedure.


3.6.4. Using results from the following **DETERMINE** status of outcomes and services required:

- Current outside evaluations
- Curriculum assessment
- Family assessment

3.6.5. **REFER TO** Attachment 1, Evaluation and Assessment Cycle.


3.6.6. **IF** a family of an eligible child exits prior to receiving any Birth to Three services decides they would like to receive Birth to Three supports,

**THEN CONTACT** Child Development Infoline for re-referral.

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### 3.7 Children Found Not Eligible for Birth to Three

- 3.7.1. **OBTAIN** parental consent with Form 3-3, Authorization for Programs to Release Information, to release evaluation results to the referral source or Primary Health Care Provider (PHCP).
- 3.7.2. **IF** child is found **NOT** eligible for Birth to Three **AND** mental health concerns are identified, **THEN REFER** child to licensed mental health care provider for evaluation and treatment.
- 3.7.3. **IF** a child is found **NOT** eligible **BUT** shows some degree of developmental delay, **THEN DISCUSS** with the parents and **INCLUDE** the following in evaluation report:
- Evaluation results.
  - Appropriate community resources and program information.
- 3.7.4. **DETERMINE** the following for ineligible children:
1. If additional disciplines were required on initial evaluation team.
  2. Necessity to administer another tool to confirm the child is not eligible for Birth to Three.
- 3.7.5. **ENCOURAGE** parent to enroll their child in developmental monitoring through Ages and Stages Questionnaires.
- Online through Child Development Infoline at [cdi.211ct.org](http://cdi.211ct.org) or 800-505-7000.
- 3.7.6. **INFORM** parents their option to request a new eligibility evaluation one month after the last evaluation by contacting Child Development Infoline, when appropriate.
1. **IF** there is a significant change in the child's development **OR** new medical information received affecting eligibility, **THEN PERFORM** re-evaluation sooner.
  2. **DETERMINE** if prior authorization is required prior to re-evaluating.
    - a. **REFER TO** Insurance, System of Payments Procedure.
- 3.7.7. **DISCUSS** records destruction information with parents.
1. **REFER TO** Document Control and Records Procedure.

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3.7.8. **ENSURE** parents are aware of their right to dispute results of eligibility determination on the evaluation, including:

1. Discussing with evaluator(s) how their child's abilities and needs compare with Connecticut's eligibility criteria.
2. Offering new information to the evaluator(s), such as a recent medical diagnosis that might affect eligibility.
3. Contacting the Birth to Three Family Liaison and requesting eligibility decision be reviewed.
4. Sending a written complaint or request for a hearing to the Birth to Three Director.
  - a. **PERFORM** the following when a parent calls Family Liaison or files a written complaint:
    - (1) Family Liaison **REQUEST** a copy of the evaluation and any other available information from the program.
    - (2) Family Liaison and Birth to Three medical advisor **REVIEW** evaluation report and supporting documentation.
    - (3) **IF** during the course of the review, it is discovered that information was overlooked or the evaluation process was flawed,  
  
**THEN RE-CONSIDER** the eligibility determination or **RE-EVALUATE** the child.

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### 3.8 Additional Information

#### 3.8.1. Data Entry:

1. **USE** the Birth to Three data system to document child's eligibility.

#### 3.8.2. Screening:

1. **IF** submitting for reimbursement for both evaluation **AND** assessment services, **THEN CREATE** separate evaluation and assessment reports.
  - a. **ENSURE** all providers participating in the evaluation/assessment and licensed practitioner sign and date report.
  - b. **PRESENT** eligibility evaluation and assessment information as one complete packet to the family per best practices.
2. **SCREEN** children 16 months or older for Autism Spectrum Disorder (ASD) during the initial evaluation and assessment process for both:
  - Children 16 months of age or older at time of referral (adjusting for prematurity up to two years of age).
  - Child does **NOT** have a prior positive screen or ASD diagnosis.
  - a. **OBTAIN** parental permission prior to screening for ASD.
    - (1) **USE** Form 1-4, Consent to Conduct an Evaluation or Assessment.
  - b. **IF** child is at least 16 months of age **AND** parent declines ASD screening, **THEN INCLUDE** documentation noting parent declined ASD screening.

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3. **USE** a published, validated screening tool for ASD, such as:

- Modified Checklist for Autism in Toddlers Revised with Follow-Up (M-CHAT-R/F)
  - Brief Infant Toddler Social-Emotional Assessment (BITSEA)
- a. **LIST** screening tool on Form 1-4, Consent to Conduct an Evaluation or Assessment.
- (1) **USE** Autism Diagnostic Observation Schedule 2nd Edition (ADOS-2) for children 12 months and older.
  - (2) **USE** the following diagnostic instruments for children 24 months or older:
    - Autism Diagnostic Interview-Revised (ADI-R)
    - Childhood Autism Rating Scale 2nd Edition (CARS 2) for children 24 months and older

**END of Instructions**

**4.0 REVISION HISTORY**

Location	Description of Change
All	New Human Factored Procedure in New Template.



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**Attachment 1, Evaluation and Assessment Cycle**

	Initial Eligibility Evaluation	Initial Assessment	Continuing Eligibility Evaluation	Initial Eligibility Evaluation	Initial Assessment
<b>Purpose</b>	<ul style="list-style-type: none"> <li>Documents eligibility status and reasons for eligibility decision.</li> <li>Includes five areas of development.</li> </ul>	<ul style="list-style-type: none"> <li>Documents child's unique strengths and needs within family routines in five areas of development and early intervention services appropriate to meet needs.</li> <li>Informs COS.*</li> </ul>	<ul style="list-style-type: none"> <li>Documents continuing eligibility status and reasons for eligibility decision.</li> <li>Includes five areas of development.</li> </ul>	<ul style="list-style-type: none"> <li>Informs team and family of progress, strengths, and next areas of development.</li> <li>Informs COS.*</li> </ul>	<ul style="list-style-type: none"> <li>Informs assessment report prior to Annual IFSP, report for school transition/exit and/or COS.*</li> <li>Includes five areas of development.</li> </ul>
<b>Who</b>	<ul style="list-style-type: none"> <li>Multi-disciplinary.</li> <li>May be a single discipline if: confirming a diagnosed condition or using medical records to substantiate significant delay.</li> </ul>	<ul style="list-style-type: none"> <li>Multi-disciplinary.</li> </ul>	<ul style="list-style-type: none"> <li>Multi-disciplinary.</li> </ul>	<ul style="list-style-type: none"> <li>Updating curriculum can be done as part of home visit by paraprofessional.</li> <li>Assessment by a specific discipline.</li> </ul>	<ul style="list-style-type: none"> <li>Primary Interventionist (if qualified to complete assessments) with input from other team members.</li> </ul>
<b>Tools</b>	<ul style="list-style-type: none"> <li>Standardized, norm-referenced (SNR) tool if determining developmental delay meeting initial eligibility criteria.</li> </ul>	<ul style="list-style-type: none"> <li>SNR if used during eligibility evaluation OR curriculum-based tool if child has been determined eligible through use of medical records or diagnosed condition.</li> </ul>	<ul style="list-style-type: none"> <li>SNR or authentic curriculum-based tool.</li> </ul>	<ul style="list-style-type: none"> <li>Authentic curriculum-based tool (ongoing).</li> <li>Additional tools based on needs (i.e. sensory profile, articulation).</li> </ul>	<ul style="list-style-type: none"> <li>Authentic curriculum-based tool.</li> <li>SNR tool may be used (supports transition).</li> </ul>
<b>Family</b>		<ul style="list-style-type: none"> <li>Documents family's resources, priorities, concerns and supports necessary to enhance family's capacity to meet developmental needs of child.</li> <li>Use of published tool in addition to interview.</li> </ul>		<ul style="list-style-type: none"> <li>Family assessment should be ongoing, especially when changes are noted.</li> </ul>	<ul style="list-style-type: none"> <li>Family assessment should be ongoing, especially when changes are noted</li> </ul>
<b>Forms Needed</b>	<ul style="list-style-type: none"> <li>Form 1-4, Consent to Conduct Evaluation/Assessment</li> <li>Form 1-6, Prior Written Notice</li> <li>Form 3-3, Authorization for Programs to Release Information</li> </ul>	<ul style="list-style-type: none"> <li>Form 1-4, Consent to Conduct Evaluation/Assessment</li> <li>Form 1-6, Prior Written Notice</li> </ul>	<ul style="list-style-type: none"> <li>Form 1-4, Consent to Conduct Evaluation/Assessment</li> <li>Form 1-6, Prior Written Notice</li> </ul>	<p>Ongoing curriculum:</p> <ul style="list-style-type: none"> <li>Form 1-4, Consent to Conduct Evaluation/Assessment</li> <li>Form 1-6, Prior Written Notice</li> </ul> <p>Additional tools:</p> <ul style="list-style-type: none"> <li>Form 1-4, Consent to Conduct Evaluation/Assessment</li> <li>Form 1-6, Prior Written Notice</li> </ul>	<ul style="list-style-type: none"> <li>Form 1-4, Consent to Conduct Evaluation/Assessment</li> <li>Form 1-6, Prior Written Notice</li> </ul>

Child Outcome Summary Process (COS\*). Refer to Connecticut Birth to Three Child Outcome Summary Procedure.



EFFECTIVE DATE  
**7/1/2024**

DOCUMENT NUMBER  
**[Document Number]**

LEVEL OF USE DESIGNATION  
**Information Use**

REVISION  
**[Rev #]**

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DOCUMENT TITLE  
**Evaluation and Assessment Procedure**

**Attachment 2, Child Referred - Initial Eligibility Determination**

