

Proposed Revisions to the Michigan State Plan for Part C

Sec. 303.300 State Eligibility Criteria

Established Conditions

- A. 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 developmental delay.

- B. The categories of established conditions include (but are not limited to):
 - 1. Congenital Anomalies
 - 2. Chromosomal Anomalies
 - 3. Infectious Conditions
 - 4. Endocrine/Metabolic Disorders
 - 5. Other Diseases
 - 6. Hearing Deficiency
 - 7. Other Fetal/Placental Anomalies
 - 8. Exposures Affecting Fetus
 - 9. Chronic Illness
 - 10. Developmental Disorders
 - 11. Mental Health Conditions

- C. Eligibility for *Early On* based upon an Established Condition will be determined:
 - 1. Jointly by a multidisciplinary team consisting of at least two or more qualified professionals representing different disciplines.
 - 2. Based on review of documentation of the diagnosis provided by a health or mental health care provider who is qualified to make that diagnosis.

Developmental Delay

A. Developmental Delay is defined as follows:

Age	Percent delay
Up to 2 months* old	Any delay
2-36* months old	20% delay in 1 or more areas of development (or a score of 1 Standard Deviation below the mean)

* adjust for prematurity through chronological age of 24 months

- B. Children who have developmental delay as specified in the above table, have delays in one or more of the following areas:
1. Cognitive development.
 2. Physical development, including gross and fine motor development.
 3. Communication development.
 4. Social or Emotional development.
 5. Adaptive development.
- C. Eligibility for *Early On* based upon a Developmental Delay will be determined:
1. Jointly by a multidisciplinary team consisting of at least two or more qualified professionals representing different disciplines, and
 2. Based on review of documentation of the developmental delay in one or more areas provided by a professional qualified to conduct a developmental evaluation, or
 3. Based on an Informed Clinical Opinion by a qualified professional(s) that documents that a delay that meets eligibility criteria likely exists.

Sec. 303.322 Evaluation and Assessment

Eligibility Determination

Eligibility determination refers to the collection of activities that lead to determining if a child is eligible for *Early On*. There are three (3) components to eligibility determination:

- Referral
- Orientation and intake
- Eligibility determination (including adjusting for prematurity)

Referral

Referral is the process by which the local Part C agency is notified of a suspected developmental delay or established condition for an infant or toddler, birth to age three. Notification is provided to a designated agency, which is defined as an agency that is responsible for receiving referrals (typically the intermediate school district). The federal timeline begins with this notification. Upon receiving a referral, *Early On* will:

- Enter basic referral information into the *Early On* data system. This information will help *Early On* to manage all referrals and to assess the success of its child find efforts.
- Acknowledge receipt of the referral in writing to primary referral sources (as defined in IDEA). This will ensure referral sources that their referral has been received, and assist in developing a collaborative relationship between *Early On* and its collaborative partners.
- Notify the family of the referral within 10 calendar days of the receipt of the referral by *Early On*.
- Request the family's informed consent to begin the eligibility determination process.
- Schedule an appointment with the family to begin the eligibility determination process.

Orientation and Intake

Orientation and intake is the process of providing the family with information about *Early On* and gathering information that will be used to make a determination of eligibility. During the orientation and intake process, the following actions will occur:

- *Early On* will provide parents with information about *Early On*, both verbally and in writing. This will include information about their family rights (procedural safeguards) so that they can be informed about the process and their rights and responsibilities prior to moving forward. When requesting informed consent, biological or adoptive parents must be presumed to be the parent for the purposes of *Early On* (see procedural safeguards section for exceptions).
- Parents will decide if they would like to proceed, and if so, provide informed consent to proceed with the eligibility determination process.

- Parents will sign an Authorization to Share Confidential Information form, indicating which information, if any, can be shared, by whom, and with whom (per procedural safeguards).
- If Authorization to Share Confidential Information has been given, *Early On* will request existing medical records and other existing information that will assist in eligibility determination so that evaluations and assessments already completed (that meet *Early On*'s standards) will not be duplicated.
- *Early On* will provide the family with information about categorical programs or funding sources for which they may also be eligible.
- *Early On* will develop the composition of the multidisciplinary team that will determine eligibility. The team will be composed of at least two qualified professionals from different disciplines related to the presenting child and family concerns.
- If sufficient information to document the existence of either an established condition or a 20 percent delay in one or more areas of development is not present (from requested medical records or other requested information), *Early On* will plan and carry out an appropriate developmental evaluation required to determine eligibility.

Eligibility Determination

Eligibility determination is the process of reviewing documentation about the child's health and developmental status to decide if the child is eligible for *Early On*. During eligibility determination, the following activities will take place:

- *Early On* will assemble all of the documentation it has collected that can contribute to determining eligibility. This will include at least two sources of information regarding the child's status and results of a developmental evaluation in one of five (5) developmental domains, an informed clinical opinion statement, parent report, observation, and assessment summaries. It could include documentation of an established condition.
- The multidisciplinary team will review the documentation and jointly determine if the child is eligible for *Early On*.
- If the child is determined not eligible, *Early On* will discuss the decision with the family and inform them of their procedural safeguards related to the determination. If desired, the family will also be connected to the larger early childhood system in their community.
- If the child is determined eligible, *Early On* will inform the family and if the family chooses to proceed, *Early On* and the family will discuss and plan any assessments that will be necessary to complete the development of the Individualized Family Service Plan (IFSP).

Sec. 303.342 Procedures for IFSP Development, Review, and Evaluation

IFSP Development

IFSP development is the process of convening the meetings needed to develop, obtain consent to, and implement the IFSP.

- Once the information to inform the development of the IFSP is gathered and participants are notified of the meeting (seven day notice), the initial IFSP meeting and any additional meetings (in the event that the IFSP is not developed in the course of one meeting) will take place.
- During the course of the IFSP meetings, the child outcomes entry rating will be completed with parent input.
- Upon completion of the IFSP, the parents will provide informed, written consent to proceed and implement the IFSP.
- With family consent, the service coordinator will notify the primary referral source of the disposition of the referral, and the eligibility determination and IFSP development process.
- All services listed on the IFSP will begin within 30 days of parental consent to the IFSP.
- The service coordinator will assist the family to implement the IFSP.

The initial IFSP meeting is a discussion between the service coordinator, the parent/parents of the child, other family members, as requested, an advocate or person outside of the family, if the parent requests that the person participate, a person or persons directly involved in conducting the evaluations and assessments, and, as appropriate, persons who will be providing services to the child or the family. If a person or persons directly involved in conducting evaluations and assessments and/or persons who will be providing services to the child or family are unable to attend the initial IFSP meeting, arrangements must be made for the person's involvement through other means, including participating in a telephone conference call, having a knowledgeable authorized representative attend the meeting or making pertinent records available at the meeting.

The meeting shall address (1) child's present level of physical development (including vision, hearing, and health status), cognitive development, communication development, social and emotional development, and adaptive development; (2) family's resources, priorities and concerns related to their child's development; (3) major outcomes expected to be achieved for the child and family that can be identified at the initial IFSP meeting; (4) early intervention services and supports that can be identified at the initial IFSP meeting necessary to meet the unique needs of the child and family in achieving the identified expected outcomes along with the service dates and duration; (5) other services the child may be receiving, as appropriate; (6) service coordinator's name; and (7) a plan for the child's transition from Part C services to other programs.

Sec 303.342 Procedures for IFSP Development, Review, and Evaluation

Procedures are in place that meet all Federal requirements regarding the development, review and evaluation of individual family service plans. Initial IFSP meetings are held within 45 calendar days after a local lead agency has received a referral for a Part C evaluation. The local service area must have the IFSP completed within 60 days of referral for Part C. Thereafter, IFSPs are reviewed every six months, or more frequently if the family requests or conditions warrant. The review process includes a determination of the degree to which progress is being made toward achieving the outcomes specified in the IFSP and whether modification or revision of the outcomes or services is necessary. All IFSPs are reviewed, at a minimum, by the parent(s) and service coordinator either at a meeting or in another manner acceptable to all participants.

IFSP meetings are held at least annually to evaluate and revise the IFSP content. The results of current (within six months) evaluations and information from ongoing assessments of the child and information regarding the families concerns, priorities, and resources are used to determine what services will be provided. The family is viewed as an equal team member in all phases of IFSP development and information provided by the family is central to the identification of the child's strengths and needs, and the services to be provided. IFSP meetings are conducted in settings and at times that are convenient to families. Arrangements, confirmed in writing, are made sufficiently in advance to ensure attendance of participants. Meetings are conducted in a variety of settings, including the home. Telephone conference calls may be utilized, where appropriate, to ensure the participation of necessary team members. IFSP meetings are conducted in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so. The contents of the IFSP are fully explained to the parents and informed written consent from the parents is obtained prior to the provision of early intervention services. If the parents do not consent to a particular early intervention service or withdraw consent after first providing it, that service is not provided. The early intervention services to which parental consent is obtained are provided in a timely manner, which is defined as the provision of services within thirty (30) days from when a parent/guardian consents to the provision of early intervention services.