

Children Receiving Inpatient Medical Care – Eligibility and Enrollment Early Support for Infants and Toddlers Practice Guide

CONTENTS

Purpose	1
Guidance	1
Timelines.....	1
Three Eligibility Options.....	1
Three Enrollment Options.....	2
Natural Environments	3
Service Scenarios.....	3
Resources	3

Purpose

The purpose of this document is to give guidance to Early Support for Infants and Toddlers (ESIT) providers regarding eligibility and enrollment processes for infants and toddlers hospitalized at the time of referral.

Guidance

Timelines

Referrals to early intervention (EI) received for children prior to discharge from the hospital have the same requirements as other early intervention referrals. ESIT EI service contracts require staff to activate a new file within three business days of receiving a new referral and to assign a Family Resources Coordinator (FRC) in the Data Management System (DMS) at least one business day prior to the FRC’s first meeting with the family. These referrals cannot be declined or put “on hold” until the child is discharged.

After receiving the referral, EI providers are required to determine eligibility and develop an Initial Individualized Family Service Plan (IFSP) within 45 days. In the event that it is not possible to meet the timeline due to factors related to the child’s hospitalization or medical condition, providers will not be considered out of compliance due to these Exceptional Family Circumstances. See the Late Services – Provision and Documentation Practice Guide for more detail on entering late reasons into the DMS.

Three Eligibility Options

Developmental Delay

A hospitalized infant is unlikely to qualify for EI services through this pathway. It is very difficult and usually inappropriate for EI staff to complete a comprehensive, multidisciplinary, standardized evaluation while the child is still



in the hospital. In some cases, there may be a comprehensive, multidisciplinary, standardized evaluation completed by hospital staff, which may be used to determine eligibility.

Qualifying Diagnosis

In order to find a child eligible based on a medical or developmental diagnosis, the diagnosis must either:

- Be included in the ESIT Qualifying Diagnoses List; or
- Be accompanied by physician documentation that the diagnosis has a high probability of resulting in a developmental delay.

An assessment tool must still be used to complete the functional child assessment in all five developmental domains prior to developing the IFSP. However, the infant does not need a standardized evaluation in order to be determined eligible for EI services. See the Evaluation, Assessment and Eligibility Practice Guide and the Qualifying Diagnoses List guidance document for more details.

Informed Clinical Opinion

Informed Clinical Opinion (ICO) may be used to determine eligibility when there is no qualifying diagnosis and available evaluation tools do not adequately capture a team's concern. Using ICO to determine eligibility in an intensive process in which the team reviews information collected from a variety of sources. See the Informed Clinical Opinion Practice Guide for more detail.

Three Enrollment Options

Interim IFSP

An Interim IFSP is appropriate when **all** of the following conditions are present. See the Interim IFSP Practice Guide for more detail.

- The child's eligibility is already established.
- The family is ready to participate in EI services.
- The child or family need immediate service coordination or Part C services in order to prevent the child's condition from quickly and significantly deteriorating.
- The urgent need for services means there is not time to complete the functional child assessment and Initial IFSP processes before starting services.

Initial IFSP

Pursuing steps toward an Initial IFSP is appropriate when **any** of the following are present:

- Eligibility still needs to be established.
- There is not an urgent need for immediate services.
- The family is ready to participate in EI services.

Close Referral

- If the family is not ready to participate in EI services, close the referral with a plan to reopen when the family is ready. The EI program can follow up with the family at a later date, the child's health care provider can send another referral or the family can make a referral on their own.
- See Late Services – Provision and Documentation Practice Guide for details.



Natural Environments

If a child is residing in an inpatient hospital, including in a Neonatal Intensive Care Unit (NICU), services provided there are considered to be provided in a Natural Environment. EI visits may happen in person or over the phone with the family and/or the hospital team. Most often, services will not be provided directly to the infant in the hospital.

Service Scenarios

Example 1. An infant about to be discharged from NICU into foster care is diagnosed with “prenatal mercury exposure” which **is not** on the ESIT Qualifying Diagnoses List. The neonatologist documents that this diagnosis has a high probability of resulting in a developmental delay and the infant automatically qualifies for EI services. No standardized evaluation is required. The team issues an Interim IFSP because the infant’s potential foster parents need immediate infant mental health services in order for this placement to be successful. The team begins services then completes the functional child assessment and issues an Initial IFSP within 45 days.

Example 2. An infant in the NICU is diagnosed with Down syndrome, which **is** on the ESIT Qualifying Diagnosis List. A standardized evaluation is not required and services are not urgent. The FRC provides service coordination as part of the enrollment process and the team arranges to complete the functional child assessment and Initial IFSP after the child is home. The Initial IFSP occurs more than 45 days after the referral and the FRC notes Exceptional Family Circumstances as the Late Reason in the DMS.

Example 3. An infant born at 37½ weeks gestation, experienced mild trauma during the birth and received nasogastric tube feeding for 1 week. The NICU physical therapists documented the quality of his motor movements as atypical. He does not have an ESIT qualifying diagnosis, although the neonatologist believes he may be showing early signs of cerebral palsy. EI therapists are not able to conduct a standardized evaluation while he is in the NICU. The EI team follows procedures outlined in the ESIT Informed Clinical Opinion Practice Guide to determine eligibility.

Example 4. The EI program receives a referral for an infant born at 24 weeks gestation with multiple serious medical complications. The family is interested in EI services after the infant comes home, but the infant will likely remain in the NICU for more than three months. The FRC enters the referral and assigns the record to a staff member with an FRC designation in the DMS (not necessarily an FRC) in order to create a permanent record of the referral and a Child ID. The FRC then closes the file and makes a plan with the family to follow up in two months to see if they are ready for services.

Resources

Late Services - Provision and Documentation Practice Guide	See Practice Guide and Video Overview on the ESIT Website
Evaluation, Assessment and Eligibility Practice Guide	See Practice Guide on the ESIT Website
Qualifying Diagnoses List guidance	See searchable Qualifying Diagnosis List, Qualifying Diagnosis List Guidance Document and Video Overview on the ESIT Website



Informed Clinical Opinion
Practice Guide

See Practice Guide on the ESIT Website

