This PowerPoint was created to inform Early ACCESS service coordinators and providers on the most significant changes made to Section 15: Annual IFSP of the Early ACCESS Procedures Manual. Not all changes to this section are discussed in this presentation. It is recommended you review Section 15 to view all of the information regarding an Annual IFSP.
The purpose of this presentation is to:
- Inform service coordinators and providers of the legal clarification that annually the IFSP team must determine whether the child continues to be eligible for Early ACCESS. Previously, teams may have practiced “once in always in” meaning, that once a child was found eligible for any reason, they would be eligible until three years of age.
- Next, we are going to introduce the new Consent for Early ACCESS Evaluation and Assessment with Prior Written Notice form.
- Lastly, we will review the Annual Eligibility Determination Decision Flowchart that was created to illustrate the decision-making process and actions that will need to occur annually to determine a child’s continuing eligibility.
On an annual basis, teams must review results of any current evaluations and assessments of the child and family to update all areas of development in the IFSP and to determine if the child continues to be eligible for Early ACCESS. While IFSP teams are used to updating and reviewing all areas of the child's development annually, reviewing data to determine if the child continues to be eligible for Early ACCESS may be a new concept. Here are the key points you should consider when it comes to annually determining a child’s continuing eligibility:

1) If current assessment information suggests that the child has a 25% delay in one area of development, or the child has a diagnosed physical or mental condition, the child continues to be eligible. Assessment information for all areas of development is documented in the IFSP and the team, including the family, will determine appropriate IFSP outcomes and services for the child and child’s family.

2) If current assessment information and additional data do not presently suggest that the child has a 25% delay in at least one area of development, and the child does
not have a diagnosed physical or mental condition, any areas of concern must be evaluated to ensure that there is no 25% delay. If there is no 25% delay in any area of concern, and the team is planning to exit the child, all areas of development need to be evaluated to assure there is not a 25% delay in any area before exiting the child. All evaluation and assessments will be documented in the IFSP.

In upcoming slides we will talk more about this decision making process. But first, we will review the definitions of evaluation and assessment.
In IDEA Part C Federal Regulations, evaluation and assessment have distinct definitions for how they are used in early intervention.

**Evaluation** means the procedures used by qualified personnel to determine a child’s initial and continuing eligibility [120.321(2)a].

**Assessment** means the ongoing procedures used by qualified personnel to identify the child’s unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child’s eligibility and includes the assessment of the child and the assessment of the child’s family [120.321(2)c].

As mentioned in the previous slide, it would be appropriate to conduct an evaluation at an annual meeting if the child does not have a diagnosed condition and assessment or additional data does not presently suggest that the child has a 25% delay. An easy way to remember this may be Evaluation = Eligibility, or E=E. For any questions about Early ACCESS eligibility criteria, refer to Section 8 in the Early ACCESS Procedures Manual.

We would also like to note that if an evaluation is needed to determine a child’s continuing eligibility, parents must sign a Consent for Early ACCESS Evaluation and Assessment with Prior Written Notice form. This is a new form that will be discussed on the following slide.

Assessment means the ongoing procedures used by qualified personnel to identify the child’s unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child’s eligibility and
includes the assessment of the child and the assessment of the child’s family [120.321(2)c].

As a reminder, evaluations and assessments are multidisciplinary. Multidisciplinary is defined as the involvement of two or more separate disciplines or professions that may include one individual who is qualified in more than one discipline or profession.

For more information on ongoing assessment, refer to Section 13 of the Early ACCESS Procedures Manual.

Since assessment is ongoing, the Consent for Early ACCESS Evaluation and Assessment with Prior Written Notice form, for the purpose of assessment, does not have to resigned.
The Consent for Early ACCESS Evaluation and Assessment with Prior Written Notice form replaces the previous Consent for Early ACCESS Evaluation with Prior Written Notice. The new form includes parent consent for initial and ongoing assessment in all areas of development, in addition to a consent to evaluate all areas of development for the purpose of determining eligibility for Early ACCESS.

The new form defines the purpose of evaluation and assessment, which is a nice clarification for both families and providers.

The previous consent form was only signed one time, prior to the initial evaluation and/or initial child and family assessment. The new consent form continues to be signed prior to conducting an initial evaluation and/or child and family assessment and is valid until the child’s third birthday. However, the form will need to be signed again if the team needs to conduct an evaluation to determine if a child continues to be eligible for Early ACCESS. A new consent is not needed for ongoing assessment of the child and family.
To help guide you through the process of determining a child's continuing eligibility, we have created a flowchart. This chart helps answer the question, “Is this child we are currently serving still eligible for Early ACCESS?” It shows the decision-making process and actions needed to determine a child's continuing eligibility, including when to conduct an evaluation and when to have a Consent for Early ACCESS Evaluation and Assessment with Prior Written Notice form signed.

This flowchart is on page 15-3 and is also a guiding document to Section 15 of the Early ACCESS Procedures Manual.
We are now going to walk through the flowchart decision making steps.

For a child who was eligible for Early ACCESS due to having a diagnosed or “known” condition (which is a condition listed in Colorado’s Established Condition Database, link: https://docs.google.com/spreadsheets/d/14ZfUsdLaMiv4ULd9oP-xkUVaPkJQ7Kj_yhrPOiFwqA/edit#gid=0) and early intervention supports and services are required for the child to make progress in development, the child remains eligible. An evaluation is not needed to determine eligibility.

For a child who was eligible for Early ACCESS due to having a diagnosed condition, and early intervention supports and services are no longer needed for making progress in development, the child remains eligible; however, parents may choose to continue or exit Early ACCESS. An evaluation is not needed when the child exits Early ACCESS. For this scenario, you would use exit code SDP (services declined by parent).

As a reminder, Iowa is using Colorado’s Established Condition Database, which means that conditions on this list qualify a child for Early ACCESS. There are a few
For a child who does not have a diagnosed condition, the team will review current evaluation and/or assessment data to determine if there is a 25% delay in at least one area of development. If the data suggests a 25% delay, the child remains eligible. An evaluation is not needed to determine eligibility.

If current evaluation and/or assessment data does not suggest a 25% delay, you must obtain a consent to evaluate. To obtain consent, the parents will need to sign a Consent for Early ACCESS Evaluation and Assessment with Prior Written Notice form. The IFSP team will evaluate the areas of concern to determine if the child has 25% delay.

If the evaluation results indicate a 25% delay in at least one area of development, the child remains eligible for Early ACCESS. Once a 25% delay in an area has been found, the child is eligible for the next year and all other areas do not have to be evaluated.
Process for Determining Continued Eligibility: No Diagnosed Condition or 25% delay

- If evaluation indicates no 25% delay in any area, discuss whether supports and services are required for progress in development.
- If YES = child is eligible (informed clinical opinion).
- If NO = child is no longer eligible.
  - Exit code PMA if younger than 2 years 9 months old.
  - Exit code EOP or ENR if 2 years 9 months or older.

If the evaluation of the areas of concern do not indicate a 25% delay, then all other areas of development must be evaluated to assure there is no delay.

If no delay is present, and the IFSP team has analyzed all data collected related to the current developmental status of the child, and the team feels that early intervention supports and services are required in order for the child to make progress in development, the child is eligible for Early ACCESS services based on qualified professional judgement, also know as informed clinical opinion.

For additional information on finding a child eligible for Early ACCESS based on informed clinical opinion refer to Section 8 in the Early ACCESS Procedures Manual or view the Eligibility PowerPoint presentation posted on the Iowa Family Support Network, link: https://www.iafamilysupportnetwork.org/early-access-iowa/prof-prov/training-technical-assistance.

If early intervention supports and services are not required for progress in development, the child is no longer eligible for Early ACCESS and the family is offered referrals to community resources and supports upon exit.

In this case, if a child is younger than 2 years 9 months of age at exit, you would use
exit code PMA (Program completion prior to age three).

If a child is 2 years 9 months of age or older, you would use code EOP (exit to other programs) or ENR (Exit with no referral to other programs) and a transition plan is required prior to exit.
Questions

If you have questions regarding determining continuing eligibility annually, contact the Early ACCESS Regional Liaison within your Area Education Agency or the Child Health Specialty Clinics Early ACCESS Program Manager.

If you have other questions related to Early ACCESS procedures, submit a question online through “Early ACCESS Procedures Questions” located on Iowa Family Support Network and Iowa IDEA web pages.

If you have questions regarding how to determine continuing eligibility, contact the Early ACCESS Regional Liaison within your Area Education Agency or the Child Health Specialty Clinics Early ACCESS Program Manager.

If you have other questions related to Section 15 or questions on any other section of the Early ACCESS Procedures Manual, submit a question online through “Early ACCESS Procedures Question” located on Iowa Family Support Network and Iowa IDEA web pages.

Link to submit questions on Iowa Family Support Network website: https://www.iafamilysupportnetwork.org/early-access-iowa/prof-prov/answers

Link to submit questions on Iowa IDEA: http://www.iowaideainfo.org/vnews/display.v/SEC/IFSP%7CQuestions%20about%20EA%20Procedures%3E%3ESubmit%20a%20Question