**Informed Clinical Opinion in Early ACCESS**

**Purpose:**

In 2015 the “basis for eligibility” code IC, Informed Clinical Opinion, was added to the web IFSP system. A document illustrating the programming changes was distributed when the IC code was added to the web IFSP system. However, that document did not provide information on when to use IC as basis of eligibility and how to document the reason for determining a child eligible based on informed clinical opinion.

This informed clinical opinion guidance document was created in response to the need for understanding when to use IC and how to document informed clinical opinion as the basis for eligibility in Early ACCESS.

**When to use ICO:**


For infants and toddlers who do not have a diagnosed mental or physical condition at the time of referral or a 25% delay in one or more of the following areas: cognitive, adaptive, communication, social emotional, and physical development including vision and hearing, informed clinical opinion may be used to determine eligibility for Early ACCESS.

Informed clinical opinion can be used as the determining criteria for eligibility especially when norm-referenced evaluation instruments cannot be used to adequately identify the presence or absence of a developmental delay. Possible reasons for using informed clinical opinion to establish eligibility for early intervention services include:

- There is no test that can be used because of the child’s young age.
- The child has a significant health concern or illness that makes testing difficult.
- The child has limited arousal level or ability to participate in the assessment.
- Using a norm-referenced evaluation instrument would require significant adaptations for the child to perform the required items, which would invalidate the results of the norm-referenced evaluation instrument.
- Cultural considerations might invalidate the results of any norm referenced evaluation instrument.

The use of informed clinical opinion requires the team to consider and analyze ALL data collected through Record Review, Interview, Observation, and Testing (RIOT) related to the current developmental status of the child. The team must document the sources of information used in this determination.

Additional resources for using informed clinical opinion as a basis for eligibility:

When NOT to use ICO:

Informed clinical opinion is never used to make children who are at-risk for developmental delay due to environmental and biological conditions eligible for Early ACCESS.

Some examples of environmental and biological conditions are: exposure to illegal substances (either pre or postnatal), parent/caregiver age, education, or economic status, and housing arrangements of family.

Children with environmental/biological conditions are only served in Iowa if they have a 25% delay in at least one developmental area OR they have a physical or mental condition that makes them automatically eligible.

For example, children exposed to drugs are not eligible for Early ACCESS based on the exposure. Drug exposure is considered an environmental/biological condition. There are some permanent conditions children have because of exposure to substances. An example is fetal alcohol syndrome (FAS) which is permanent and is a physical condition that makes a child with the FAS diagnosis eligible for Early ACCESS. The fact that a child is exposed and doesn't have the syndrome doesn't make them eligible and informed clinical opinion cannot be used to make them eligible.

If providers have families that do not qualify for Early ACCESS, consider referrals to other supports in the community. www.iafamilysupportnetwork.org may be a good resource if you are not familiar with resources in your community. The local Title V child health agency can offer developmental monitoring of the child. For information on child health and the locations of child health agencies, click on the hyperlinks above.

Need to document ICO:

It is necessary to document the source(s) and reason(s) for using informed clinical opinion for a few reasons. First, documentation provides a baseline against which to measure progress and changing needs of the child and family over time. Second, documentation can facilitate transition when families move from one Area Education Agency to another, change service providers, or additional service providers are added to the IFSP team. Third, documentation of the sources and use of informed clinical opinion can provide information to assure that procedural safeguards were provided in the evaluation and assessment process and the determination of eligibility.

How to Document ICO:

The use of Informed Clinical Opinion (IC) code is documented on the web IFSP Meeting Tab:
When selecting “IC” as a basis for eligibility code, you will need to document the source(s) used by the IFSP team and the reason(s) for determining eligibility using Informed Clinical Opinion.

The following source(s) were used by the IFSP team to support using Informed Clinical Opinion to determine eligibility:

- Review (medical or early intervention records from other agencies/states):
- Interview (evaluator, parent, or physician statements):
- Observations:
- Tests (valuation Results):

Provide the reason(s) for determining this child eligible using Informed Clinical Opinion:

- Atypical development or Atypical Behaviors:
- Behavior not easily captured by screening or evaluation methods:
- Lack of progress/regression of skills:
- Other:

Example 1:

The following source(s) were used by IFSP team to determine child eligible based on Informed Clinical Opinion:

- Interview (Evaluator, parent, or physician statements): Family has concerns about child’s behavior and communication. The parent noted that their child started using words to communicate at 10 months, but at 12 months is no longer using words to communicate.

- Observations: ECSE teacher observed that child occasionally uses gestures (will give items to others to request help/more, occasional use of eye contact) to get what he wants and has some self-stimulating behaviors, such as hand-posturing, when excited about something or playing with toys.

- Tests (Evaluation Results): DAYC-2 scores were in the low-average range for social-emotional and communication. The child does not qualify for Early ACCESS based on 25% developmental delay.
Provide the reason(s) for determining this child eligible using Informed Clinical Opinion:

- **Atypical development or Atypical Behaviors:** Evaluators observed self-stimulating behaviors such as hand-posturing, more interest in objects than people, and limited eye contact with caregivers.

- **Lack of progress/regression of skills:** Although the DAYC-2 scores did not show a 25% delay in the area of communication, there is a concern regarding regression of communication skills due to the fact that the child had begun to use words at 10 months and has since stopped using words to communicate at 12 months.

**Example 2:**

The following source(s) were used by IFSP team to determine child eligible based on Informed Clinical Opinion:

- **Interview (Evaluator, parent, or physician statements):** Physician stated child has delays in fine and gross motor skills and recommends services.

- **Observations:** The child displays a left-side head preference and poor head control with pull-to-sit and in supported sitting. Right hand abilities are not as mature as the left.

Provide the reason(s) for determining this child eligible using Informed Clinical Opinion:

- **Behavior not easily captured by screening or evaluation methods:** Child received average scores in the areas of physical development and adaptive behavior. However, the symmetry of the motor patterns is a concern. Due to the motor patterns, the IFSP team has determined the child is eligible for Early ACCESS services.

**Example: When not to use the IC code**

**Example 1:**

The following source(s) were used by IFSP team to determine child eligible based on Informed Clinical Opinion:

- **Interview (Evaluator, parent, or physician statements):** The parents shared that the older brother has a history of delayed gross motor skills.

- **Observations:** Child has limited opportunity to practice skills as he is held most of the day.
Provide the **reason(s)** for determining this child eligible using Informed Clinical Opinion:

- **Other:** Based on the family report of older brother’s delayed motor skills it is the opinion of the evaluator that the child’s development should be monitored in Early ACCESS.

  *Note:* The above reason is not a proper use of the IC code because the reason for eligibility is not based on the current developmental status of the child, but the family history of an older sibling. No intervention is being delivered to address the need of the child at this time.

**Example 2:**

The following **source(s)** were used by IFSP team to determine child eligible based on Informed Clinical Opinion:

- **Interview (Evaluator, parent, or physician statements):** The mother reports alcohol consumption while being pregnant. Mom expresses interest in parent education.

- **Observations:** Mom is a young parent (18 years old), dad is not present.

Provide the **reason(s)** for determining this child eligible using Informed Clinical Opinion:

- **Other:** Based on the prenatal history of substance use and the possible of future developmental delay the child is eligible for Early ACCESS to monitor the child.

  *Note:* The above reason is not a proper use of the IC code because the reason for eligibility is not based on the current developmental status of the child, but the prenatal exposure to alcohol (with no diagnosis of fetal alcohol syndrome) and maternal age. No intervention is being delivered to address the need of the child at this time. Children who are at-risk of delays due to environmental or biological conditions are not eligible for Early ACCESS because we are not an "at-risk" state. Referrals to other support programs would be appropriate.