This video will review the use and documentation of informed clinical opinion as a basis of eligibility in Early ACCESS.
Iowa’s Administrative Rules for Early ACCESS lists three ways an infant or toddler may be eligible for Early ACCESS. They are: (1) a documented diagnosed physical or mental condition, (2) a 25% delay in an area of development, or (3) the informed clinical opinion of evaluators.

The term informed clinical opinion carries different meanings for individuals and agencies. It is important to clarify the meaning and use of “informed clinical opinion” in the context of Early ACCESS. This presentation will only discuss informed clinical opinion of evaluators as the basis for eligibility in Early ACCESS.

To view a training on all three eligibility criteria, visit the Iowa Family Support Network (www.iafamilysupportnetwork.org) website. Go to Early ACCESS Professionals, then Training and Technical Assistance page.
In 2015 the Early ACCESS signatory agencies reviewed eligibility in Iowa Administrative Rules for Early ACCESS. The review led to edits in the Early ACCESS Eligibility Guiding Document. It was noticed that the web IFSP did not have a way to separate children found eligible based on informed clinical opinion from those found eligible based on a diagnosed physical or mental condition with a high probability for resulting in developmental delay. As a result of the review, in 2015 the “basis for eligibility” code IC, which stands for Informed Clinical Opinion, was added to the web IFSP system. When the change to the web system was made, a document illustrating the programming changes in the web IFSP was distributed. However, that document did not provide information on the use of Informed Clinical Opinion as a basis of eligibility.

In 2016, the Early ACCESS state work team pulled evaluation and assessment data for children who had IC as the basis for eligibility code in the web IFSP. The review of the data suggested the need for additional guidance on informed clinical opinion.

Today’s presentation aims to:
• review what informed clinical opinion means and how informed clinical opinion can be used to determine a child’s eligibility for Early ACCESS, and
• discuss and illustrate the need to document the teams reasoning for determining a child eligible based on the informed clinical opinion of the evaluators.

In addition to this presentation, we have developed an Informed Clinical Opinion Guidance Document.
We reviewed national technical assistance documents as well as other state’s IFSPs when creating the guidance document.

The guidance document is a supporting document to the Early ACCESS Procedures Manual, the manual is posted on both the Iowa IDEA and Iowa Family Support Network websites.

The guidance document provides information on informed clinical opinion, as well as examples. Documentation of informed clinical opinion in the web IFSP is also covered in this document.

Let’s move on to define and review informed clinical opinion.
INFORMED CLINICAL OPINION IS BASED ON CHILD’S DEVELOPMENT

• Informed clinical opinion makes use of qualitative and quantitative information to assist in making a determination regarding difficult-to-measure aspects of the child’s developmental status.

• Informed clinical opinion makes use of multiple sources of information that have been gathered about a child’s current developmental status.

Informed clinical opinion is used by early intervention professionals in the evaluation and assessment process in order to make a recommendation as to initial and continuing eligibility for services in Early ACCESS and as a basis for planning services to meet child and family needs.

Informed clinical opinion is the way in which qualified personnel utilize their cumulative knowledge and experience in evaluating and assessing a child and in interpreting the results of evaluation and assessment instruments. Informed clinical opinions makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of the current developmental status and the potential need for early intervention.
Informed clinical opinion can be used as the determining criteria for eligibility. It is intended that informed clinical opinion be used only when there are truly unique circumstances that may not be captured by test scores, and those circumstances or factors are significant enough to make the case that the child has at least a 25% delay even though all of the test scores do not reflect this.

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.
When norm-referenced evaluation instruments cannot be used to adequately identify the presence or absence of a developmental delay, the team must consider and analyze ALL data collected to shape an informed clinical opinion about a child’s **current** development and need for early intervention services.

In order to reach an informed clinical opinion about the development of a particular infant or toddler, multiple procedures and sources of information must be used, including the following:

- Information gathered through Record Review- this could be records received from other agencies and individuals involved with child,
- Interview information from family members and other care providers,
- Observation of the child, and
- Testing related to the current developmental status of the child.

The integration of observations, interviews and evaluation findings helps to ensure that each and every eligibility decision is made considering aspects of the whole child and family.
Iowa does not include children with environmental or biological conditions in the population of children made automatically eligible for Early ACCESS. Children who have environmental or biological conditions may have an increased risk for developmental delay, but are only eligible for Early ACCESS if an evaluation determines the presence of a 25% delay in at least one area of development.

If a child is not showing a delay, providers **cannot** use their informed clinical opinion to justify that the child qualifies for Early ACCESS based on environmental and biological conditions. Informed clinical opinion is based on data regarding the child’s current developmental status. For children who don’t qualify for Early ACCESS, providers will refer families to other community agencies for follow-up screenings and family support.

Examples of environmental and biological conditions include but are not limited to:
- Exposure to illegal substances (either pre or postnatal)
- Parent/caregiver age, education, marital status, living conditions or economic status
- History of abuse or neglect
- Nutritional deficit

Later in this presentation we will review examples of when to use and when not to use informed clinical opinion. Informed clinical opinion cannot be used to negate evaluation results that find a child eligible. If results of evaluation indicate child has at least a 25% delay in an area of development, the child qualifies for Early ACCESS.
A review of national technical assistance documents and other state’s IFSPs and procedures stated the need to document the sources and reason for using informed clinical opinion in a child’s IFSP and we agree it is necessary. Documentation is necessary for a few reasons. First, documentation provides a baseline against which to measure progress and changing needs of the child and family over time. This is especially important when completing future assessments and determining need for continuation of early intervention.

Second, documentation of the findings 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. The perceptions and impressions of early intervention providers may change over time, and documentation provides a place for IFSP teams to share their justification for use of informed clinical opinion when deciding eligibility.

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.
Examples of documentation to support the use of informed clinical opinion include:

- Identifying the sources of information reviewed. Sources of information are:
  - Information gathered through Record Review - this could be records received from other agencies and individuals involved with the child,
  - Interview information from family members and other care providers,
  - Observation of the child, and
  - Testing of the child related to the current development.

IFSP teams will summarize the information and describe the child’s current developmental status.

They will also provide justification or the reasoning of the team for concluding that the child is eligible for Early ACCESS based on informed clinical opinion.
The Early ACCESS state work team pulled evaluation and assessment data for children who had IC as the basis for eligibility code in the web IFSP. The review showed that documentation to support the use of informed clinical opinion varied greatly across the state. For consistency, the documentation of informed clinical opinion will be documented on the Meeting Tab in the web IFSP.

When selecting “IC” as a basis for eligibility code, in the eligibility section, providers will need to document the source(s) used by the IFSP team and the reason(s) for determining eligibility using informed clinical opinion. The incomplete data report in the web IFSP will catch if either the source(s) and/or reason(s) have not been completed. These need to be completed in order to submit an IFSP.

The documentation of informed clinical opinion data is reviewed by the Early ACCESS state work team to assure that informed clinical opinion is being used appropriately to make children eligible who have a need for intervention services.
Let`s log into the web IFSP to demonstrate the informed clinical opinion fields.
We are now going to review an example of when informed clinical opinion was used and show the information that was documented in the web IFSP. The guidance document also includes examples.

Example 1:
A child was referred to Early ACCESS for gross motor concerns by child’s physician. Early ACCESS completed an evaluation and the scores were average in physical and adaptive development. The evaluator observed that the child displayed left-side head preference, poor head control with pull-to-sit and in supported sitting, and right hand abilities not as mature as left.
Based on concerns noted by child’s physician and concerns noted by the evaluator, the Early ACCESS team has decided the child is eligible for Early ACCESS based on informed clinical opinion.

The sources of information and the reasoning for determining child eligible will be recorded on meeting tab of web IFSP. The documentation entered in web IFSP might look something like what is on this slide.

In the web IFSP, Interview and Observations are selected as the source(s). Under interview the provider typed, “Physician stated child has delays in fine and gross motor skills and recommends services.” Under observations the provider entered, “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. “

Next the provider had to enter the IFSP team’s reason for determine child eligible. The user selected Behavior not easily captured by screening or evaluation methods and stated the “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. The child is eligible for Early ACCESS services.”
We are now going to review an example of when informed clinical opinion should not have been used. The guidance document also includes examples.

Example 1:
A child was referred to Early ACCESS for developmental evaluation by the WIC nurse. Nurse states no real concerns, but would like to rule out any developmental concern. Early ACCESS completed an evaluation and the scores were average in all areas of development. The evaluator observed child doing well in all areas of development. The evaluator learned that mom is a single, first time younger mom who has little support of family. Mom shared with the evaluator that she did drink some alcohol during her pregnancy, she continues to drink occasionally to alleviate stress. Mom stated she is interested in learning about her child and parenting.
Informed clinical opinion was not used correctly in this example.
Informed clinical opinion is never used to make children eligible based on environmental or biological conditions. Informed clinical opinion is based on the information relating to child’s current developmental status.

Based on parent’s age, her interest in parenting support and that she drank alcohol while pregnant the Early ACCESS team has decided that the child qualifies for services.

Informed clinical opinion should not have used to find this child eligible based on reasoning shared by team. Informed clinical opinion is based on the child’s current developmental status, this team’s reasoning of the age of mother and prenatal exposure to alcohol is not based on current development of child but rather factors that put child at-risk for delay.

Informed clinical opinion is never used to make children eligible based on environmental or biological conditions. No intervention will be delivered to address the developmental needs of the child at this time. Referrals to other community agencies for follow-up screenings and family support programs are appropriate.

Children who are at-risk for delays due to environmental or biological conditions are not eligible for Early ACCESS because we are not an "at-risk" state. If you want to learn more about “at-risk” view the presentation on Early ACCESS Eligibility on the Iowa Family Support Network (www.iafamilysupportnetwork.org) website.
If you are interested in reading more about the use of informed clinical opinion in early intervention, this slide contains links to resources.


The ECTA center has a resource regarding informed clinical opinion, visit ECTA Center.org http://ectacenter.org/~pdfs/pubs/nnotes28.pdf

There is also a link to an Endpoints article on informed clinical opinion. Endpoints was a publication of the Tracking, Referral and Assessment Center for Excellence (TRACE) funded by the U.S... Department of Education. http://tracecenter.info/endpoints/endpoints_vol2_no3.pdf
If you have questions regarding informed clinical opinion, contact the Regional Early ACCESS Liaison within your Area Education Agency.

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